



BINDING SERVICES
Tel +44 (0)29 2087 4949
Fax +44 (0)29 20371921
e-mail bindery@cardiff.ac.uk

**DETERMINANTS AND CONSEQUENCES OF TEENAGE PREGNANCY.
A CASE STUDY FOR LINKING EDUCATION AND MOTHERHOOD IN
SIERRA LEONE.**

By

OLIVIA BAIETE-COKER

This Dissertation is submitted to the University of Wales in fulfilment of the
Requirements for the degree of

DOCTOR OF PHILOSOPHY

March 2004

CARDIFF UNIVERSITY OF WALES.

UMI Number: U187804

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



UMI U187804

Published by ProQuest LLC 2013. Copyright in the Dissertation held by the Author.
Microform Edition © ProQuest LLC.

All rights reserved. This work is protected against
unauthorized copying under Title 17, United States Code.



ProQuest LLC
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106-1346

DEDICATION

This piece of work is dedicated to God Almighty for his Grace and Guidance throughout the period of my work and for giving me the strength to complete it.

To my two children, Athene and Alton, for their invaluable support in helping me to cope with the entire work from start to finish.

‘To God be the Glory, Great Things He Hath Done’

ACKNOWLEDGEMENTS

This dissertation has resulted from the efforts of a number of people without whose support I would have found it difficult to complete the work.

My sincere and profound gratitude goes to Prof Tom Gabriel, retired Director of the Population Centre, formerly of the University of Cardiff, and now in the University of Keele. Without his sympathetic understanding, cooperation and encouragement throughout the difficult period of my studies, I would not have been able to complete this work. His assistance in getting the Centre, then at Cardiff University, to provide me with reasonable funds to undertake the fieldwork, is highly appreciated. Prof Gabriel also became the last of a number of Supervisors to see me through completion of the work.

My grateful thanks go, also, to Prof. Roy Richards, Postgraduate Research Leader of the School of Biosciences, who had to supervise me for a short time when the Population Centre moved from Cardiff to Keele and I was left without a supervisor. His remarkable alertness and interest over my work is highly appreciated.

To some past members of staff of the Cardiff Centre, namely, Mr Steve Kinzett, Ms Irene Banda-Ber, Mrs Lynne Cooke, I extend my grateful thanks for their support during the early stages of this work. To a colleague and friend, Dr Henry Lassie, I say 'thank you' for his advice, based on his own experience and interest on the work.

My sincere and grateful thanks go to Ms Sarah Gape, Postgraduate Secretary, School of Biosciences, who is always very willing to help.

Finally, to Athene and Alton whose love for their mother was demonstrated through their interest and help given throughout the entire duration of the research study. Their support was invaluable.

Finally, I thank the Lord for everything.

ABSTRACT

In Sub-Saharan Africa, 15-19 year-olds account for a large segment of the growing population. The region has the world's highest rate of early child-bearing, with more than 50 percent giving birth before the age of 20. Adolescents who become pregnant must drop out of school. Health problems, lack of education and the responsibilities of parenthood combine to further restrict their life options.

Sierra Leone, being a Sub-Saharan country does not only perpetuate the same problems, but the situation is exacerbated by her adverse economy, political instability, endemic corruption, inequalities to access resources and the generally very low literacy rates to which females contribute the most.

In this thesis, the author's argument is that despite the government's intention to improve female education in particular, administrative inequalities and financial constraints experienced all over the country will prove inhibitive, as girls will continue to be excluded from enrolment ratios as well as drop out from the school system.

A field study was undertaken to investigate whether teenagers who drop out of the system because of pregnancy or related issues would welcome the continuation of formal education to achieve their desired goals. Questionnaires for In-school and Out-of-school Respondents were used to investigate perceptions and actualities.

Problems encountered included limitations to the field study caused by the war which was current. Lack of proper and concise data in the country constituted a great obstacle to the researcher's work progress.

The findings revealed that researches into education for young women who drop out of school needs to be given more attention by the government and academics, for the development of a structured approach which would be integrated into the education system. Education is central to social progress and national development and unless education is provided in its entirety, the country's development will continue to stagnate.

TABLE OF CONTENTS

	PAGE
Declaration	i
Dedication	ii
Acknowledgement	iii
Abstract	v
Table of Contents	vi
List of Tables	x
List of Maps	xiii
List of Figures	xiii
Abbreviations	xiv
List of Appendices	xv

Chapter One General Introduction

1.1	Introduction	1
1.2	Statement of the problem	5
1.3	Aim of the Study	8
1.4	The Research Strategy	9
1.5	The Research Study	10
1.6	The Research Questions	11
1.7	Issues Guiding the Study	12
1.8	Significance of the Study	14
1.9	Conceptual Framework	15
1.10	The Structure of the Dissertation	17

Chapter Two An Overview of Adolescent Fertility In Sub-Saharan Africa

2.1	Introduction	19
2.2	Adolescents Fertility	20
2.3	Africa's Fertility	22
2.4	Socio-Cultural and Economic Environments	24
2.5	Educational Involvement	29
2.5.1	The Education System in Sierra Leone	31
2.5.2	Adult – Non Formal Education System in S.L	34
2.6	Early Marriage	35
2.7	Contraceptive Use	37
2.8	Male Influences	41
2.9	Conclusion	46

Chapter Three A Review of Determinants and Consequences of Teenage Pregnancy

3.1	Introduction	48
3.2	Proximate Determinants of Adolescent	49
3.2.1	Age at Menarche	51
3.2.2	Age at Marriage	55
3.2.3	Exposure to Sexual Activity	58
3.2.4	Educational Attainment	61
3.2.5	Contraceptive Use	62
3.2.6	Abortion	64
3.3	Health & Social Consequences.	65
3.3.1	Maternal Mortality	66
3.3.2	Infant Mortality	68
3.3.3	Abortion	70
3.3.4	Adoption	72
3.3.5	Abandonment	73
3.3.6	Psycho-social Effects	74
3.3.7	Low Status of Women	75
3.3.8	Conclusion	76

Chapter Four Some Factors Influencing Teenage Pregnancy In Sierra Leone.

4.1	Introduction	78
4.2	Geographical/Brief Background of S.L	79
4.3	Demographic Trends	81
4.4	Education	82
4.5	Cultural Norms/Practices	87
4.6	Rural/Urban Living Differences	90
4.7	Economic Conditions	92
4.8	Family Planning/Fundamentals Issues	96
4.9	Civil Wars	99
4.10	Conclusion	99

Chapter Five Sexual Education

5.1	Introduction	101
5.2	The Concept of Education	101
5.3	Family Life/Sex Education	105
5.4	STD/HIV and AIDS	115
5.5	The Role of Family Planning Association	120
5.6	Adult Education Programmes	123
5.7	Conclusion	126

Chapter Six Research Methodology.

6.1	Introduction	128
6.2	Purpose of the study	130
6.3	Study Location	131
6.4	The Research Design	132
6.5	Selection of Respondents	138
6.6	The Research Sample	139
6.7	Access to Respondents	142
6.8	Instrumentation	144
6.9	Validation of Instrument	147
6.10	Method of Data Analysis	148
6.11	Complementary Qualitative Methods	149
6.12	Analysis of Qualitative Data	153
6.13	Timing	157
6.14	Problems Encountered During the Field Work	160
6.15	Conclusion	163

Chapter Seven Presentation and Analysis Of Questionnaire Results.

7.1.	Introduction	164
7.2.	Personal Characteristics Section One	165
7.2.1	Comparative Summary Section One	178
7.3.	Educational Pursuits/Attainment	179
7.3.1	Comparative Summary: Section Two	190
7.4.	Cultural Practices	191
7.4.1	Comparative Summary: Section Three	195

7.5.	Sexual Attitudes and Behaviour	196
7.5.1	Comparative Summary: Section Four	204
7.6	Future Trends	204
7.6.1	Comparative Summary: Section Five	206
7.7	Conclusion	206

Chapter Eight Discussions of Findings.

8.1	Introduction	209
8.2	Summary of Findings	209
8.3	Discussion of Findings Quantitative	211
8.4	Discussion of Findings Qualitative	215
8.5	General Discussion	216
8.6	Conclusion	219

Chapter Nine Linking Education with Teenage Pregnancy.

9.1	Introduction	221
9.2	Rationale and Policy Implications	222
9.3	Creating (Public) Awareness	224
9.4	Identifying Needs	225
9.5	The Structure	226
9.6	Assessment and Enrolment	227
9.7	The Learning Setting	229
9.8	Course Contents	231
9.9	Accreditation	233
9.10	Project Funding	234
9.11	Monitoring Evaluation	235
9.12	Anticipated Problems	236
9.13	Conclusion	237

Chapter Ten Conclusion And Recommendations

10.1	Introduction	238
10.2	Summary	238
10.3	Conclusion	241
10.4	Recommendations	244

Bibliography

Appendices

LIST OF TABLES

	PAGE
Table 1.1 Humanitarian Emergencies Created in Many Countries	4
Table 1.2 Enrolment Ratios in Sierra Leone. Primary	7
Table 2.1 Adolescent Contraceptive Prevalence Rates	38
Table 2.2 Contraceptive Use Among Married and Un-married Adolescents: Regional Means	39
Table 3.1 Comparative Menarcheal Age Among 4 Countries in the Sub-Saharan Region	52
Table 3.2 Hajnal example of Marriage Patterns	57
Table 4.1 Percentage of Women aged 20-24 Who Gave Birth Before Age 20, by Educational Level. in Selected Sub-Saharan African Countries.	86
Table 4.2 Classification of Economics by Region and Income 2001. (Sub-Saharan Africa Region).	93
Table 5.1 An example of NGO's Provision of Sex/Family Life Education Provision.	111
Table 6.1 Zonal Representation of Schools	137
Table 6.2 Selection of Sample Population	139
Table 6.3 Data Transcription of Focus Group Discussions	154
Table 7.1 Age-Group ISF and OSF Respondents	166
Table 7.2 Place of Birth of Respondents and its Relationship to Education.	168
Table 7.3 Ethnicity/Tribal Affiliation of Respondents And its Relationship to Education.	169
Table 7.4 Religious Affiliation of Respondents and its Relationship to Education.	172
Table 7.5 The Influence of Siblings Number on Education.	174

Table 7.6	Age At Marriage of Out-of-School Respondents.	176
Table 7.7	The Influence of Living Environment for Education	177
Table 7.8	Comparison of Responses to Significant Questions On Personal Characteristics.	179
Table 7.9	The Relevance of the Age At which Pupils Started Schooling.	180
Table 7.10	The Relevance of Years of Schooling In Relation to Childbearing.	182
Table 7.11	The Necessity of Schooling in Relation to Childbearing.	184
Table 7.11A	Question: (Did you go to school at 11?)	184
Table 7.12	Parents Schooling as a Determinant for Pupils Schooling.	185
Table 7.13	Pupils Expectations to finish School at the Topmost Level.	186
Table 7.14	Circumstances that would cause pupils Dropping out of school.	187
Table 7.14A.	(Question: At what level did you finish school?)	188
Table 7.14B.	(Question: why did you not go to Secondary High School?).	188
Table 7.15	Comparison of Responses to significant Questions on Educational pursuits/attainment	190
Table 7.16	Membership of Secret Societies by ISF and OSF.	191
Table 7.17	Age at which Respondents became members of Secret Society.	193
Table 7.18	Secret Society and Family Life Education	194
Table 7.18A	Secret Society and Family Planning	194

Table 7.19	Comparison of Responses to significant Questions on Cultural Practices.	195
Table 7.20	Level of Family Life /Sex Education in School	196
Table 7.20A	Did you receive Sex/ Family Life Education in School	196
Table 7.21	Sources of Information on Sexual Matters	197
Table 7.22	Knowledge of Sexually Transmitted Diseases	198
Table 7.23	Example of Sexually Transmitted Diseases	199
Table 7.24	Sexual Experience	201
Table 7.25	Pregnancy at first Sexual Experience	202
Table 7.26	Age at first Motherhood	203
Table 7.27	Comparison of Responses to significant Questions on Sexual Attitudes and Behaviour	204
Table 7.28	Question: Suppose you became pregnant, would You want to end your school career?	205
Table 7.28A	Question: Would you have liked to continue Schooling if you had the chance?	205
Table 7.29	Comparison of Responses to hypothetical question Continuing Education after pregnancy and childbirth.	206

LIST OF MAPS

		PAGE
Map 1:	Map of Sierra Leone Showing Major Towns And Neighbouring Countries of Guinea and Liberia	79

LIST OF FIGURES

Figure 1	Conceptual Model for the Education of Teenage Mothers Programme Implementation	16
Figure 2	A Tribal (Mende) Female Secret Society (Bondo) Mask worn During Initiation Ceremony for Young Women	55
Figure 7.1	Ethnic Composition in Sierra Leone	170
Figure 7.2	Religions Affiliations of the General Population Of Sierra Leone	173
Figure 7.3	Major Dropping-Out Causes of	190

ABBREVIATIONS/ACRONYMS

AIDS	Acquired Immuned Deficiency Syndrome
ANFEP	Adult and Non-Formal Education Programme
APL	Accreditation of Prior Learning
BECE	Basic Education Certificate Examination
BMA	British Medical Association
CEDPA	Centre for Development and Population Activities
CONED	Continued Education
CPR	Contraceptive Prevalence Rate
CUP	Caring Understanding Partners
DHS	Demographic Health Survey
DoE	Department of Education
ECOMOG	Economic Monitoring Group
FAWE	Forum for African Women Educationalists
FC	Female Circumcision
FGM	Female Genital Mutilation
FLE	Family Life Education
FP	Family Planning
GCE	General Certificate of Education
GNP	Gross National Product
HIV	Human Immuned Virus
ICAF	International Centre on Adolescent Fertility
IEC	Information, Education and Communication
IMR	Infant Mortality Rates
INGO	International Non-Governmental Organisation
IPPF	International Planned Parenthood Federation
ISF	In-School Female (Respondents)
JSS	Junior Secondary School
LBW	Low Birth Weight
LIC	Low Income Country
MECAS	Ministry of Education Cultural Affairs and Sports
NGO	Non-Governmental Organisation
NPSE	National Primary School Examination
NVQ	National Vocational Qualifications Organisation
OSF	Out-of-School Female (Respondents)
PEI	Pitman Examination Institute
PPASL	Planned Parenthood Association of Sierra Leone
RSA	Royal Society of Arts
RTI	Reproductive Tract Infection
SLADEA	Sierra Leone Adult Education Association
SLG	Sierra Leone Government
SLHEA	Sierra Leone Home Economic Association
SRH	Sexual and Reproductive Health
SSS	Senior Secondary School
SSSLE	Senior Secondary School Certificate Education
STD	Sexually-Transmitted Diseases

STIs	Sexually Transmitted Infectious
TB	Tuberculosis
TFR	Total Fertility Rate
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNDPKO	United Nations Department of Peace-Keeping Operations
UNESCO	United Nations Educational Scientific and Cultural
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Fund
UNIFEM	United Nations Fund for the Economic Development of Women
UPE	Universal Primary Education
UWCC	University of Wales College of Cardiff
WHO	World Health Organisation
WPPA	World Population Plan of Action
YWCA	Young Women's Christian Association
YWRU	Young Women Referral Unit

APPENDICES

LIST OF APPENDICES

- 1 List of Secondary Schools in the Western Area**
- 2 Letter of Invitation to participate in Focus Group Discussions**
- 3 Questionnaire Sample (Q1) for In-School Female Youths**
- 4 Questionnaire Sample (Q2) for Out-of-School Female Youths**
- 5 Letter to the Personal Secretary requesting an interview with the Honourable Minister of Education**
- 6 Interview Schedule with the Honourable Minister of Education**
- 7 HIV/AIDS Statistics.**

CHAPTER ONE

Chapter One

General Introduction.

1.1. Introduction.

This dissertation represents an attempt to explore some determinants and consequences of early pregnancy among adolescents in Sierra Leone. In doing so, it argues that **Teenage Pregnancy**, by its educational consequences, adversely affects the population and economic development process in Sierra Leone. The rapid rate of population growth in most developing countries which is undoubtedly fuelled by high fertility rates and youthful age structure, can be no more true for a country like Sierra Leone which has a total fertility rate (TFR) of 6.2. Over 40% of the population age is less than 15 years and 16% under 5 years (SLG/CSO 1998). World population today is also very youthful, particularly in the developing world where children under the age of 15 years constitute forty percent (40%) of the total population. (See Todaro & Smith 2003:268).

Meeting the needs of this rapidly growing population of young people who are often uninformed about the implications of their reproductive behaviour and the implications of population growth is bound to present an irksome task for any government in its path towards economic development.

This work argues too, for the provision of adequate education opportunities that will initiate and reinforce economic and social behavioural change for development in the future.

The accelerating rate of increase in the size of Sierra Leone's population, presently about 5 million is due to the country's sustained high fertility rate. Arguably, observation in Sub-Saharan Africa where fertility determinants are deeply rooted in society's cultural norms and values, suggests that no dramatic decline in fertility rates can be expected in the immediate future, although Bongaarts & Watkins (1996:639) are of a contrary opinion.

The weight of scholarly opinion today supports the view that slowing population growth will help poorer countries develop economically (Birdsall, Kelley & Sinding, 2003 eds.). While this may be true, however, the connection between economic development and population growth is sometimes confused by a "chicken-and -egg" dilemma. As Bernard Berelson once argued, the pace of fertility decline depends on the level of development, and population control is no panacea for development (Berelson 1990).

A theory of the relationship between population growth and economic development that still survives today, was first put forward by the Reverend Thomas Malthus in his work (*An Essay on the Principle of Population*) written some two centuries ago in 1798.

Malthus postulated a universal tendency for a country's population to grow at a geometric rate, doubling every 30 to 40 years, while land and food supplies on the other hand could expand only at roughly arithmetic rate, thereby causing populations forcibly to live barely on subsistence levels of income.

Nowhere was the debate on the seriousness of the consequences of rapid population growth more vocal than at the first World Population Conference held in Bucharest in 1974.

Population and development challenges are linked both with growth in the size and locations of populations (quantitative aspects) and with human quality of life (qualitative aspects), as well. For example, rapid population growth in developing countries is usually associated with an immediate stage in demographic transition that is characterised by high fertility rates and low or declining mortality rates. The pressures on public resource budgets as a consequence of a large proportion of dependant (young) persons in the population can contribute to poor health, health education and social services. These inadequacies are also likely to impact upon the health of low-income mothers and their infants most severely, as well as the education of similarly vulnerable groups.

Sierra Leone currently suffers from serious civil disorder and as Table 1.1 on the next page exhibits, she features amongst 20 countries that received international peace-keeping troops in recent years, where humanitarian necessities had arisen as a result of civil strife and unrest. (Engleman1997).

Although no single cause or theory can fully explain the reason for civil strife or disorders, such as experienced by Sierra Leone for more than 10 years, it is likely that population dynamics will have played their role.

Table 1.1.**HUMANITARIAN EMERGENCIES.**

Average Annual Population Growth Rate(%) 1990-1995	Country	Persons at Risk of Humanitarian Aid	% of Total Population at Risk
5.8%	Afghanistan	4m	19%
3.7	Angola	2.5m	25
1.4	Armenia	350,000	10
1.2	Azerbaijan	950,000	12
-4.4	Bosnia/Herzegovina	3.7m	90
3.0	Burundi	800,000	13
3.0	Cambodia	300,000	3
-0.1	Croatia	50,000	10
2.7	Eritrea	1m	28
3.0	Ethiopia	3-4m	5-7
0.1	Georgia	1m	17
2.0	Haiti	900,000-1.3m	14-20
2.5	Iraq	1.3-4.0m	6-19
3.3	Liberia	1.5m	49
2.4	Mozambique	400,000	2
1.9	North Korea	N/A	N/A
N/A	Russia (Chechnya)	300,000	27
2.6	Rwanda	2.5m	29
2.4	Sierra Leone	1.8m	38
1.3	Somalia	1m	14
1.3.	Sri Lanka	850,000	5
2.7	Sudan	4m	13
2.9	Tajikistan	1m	16

Source: Population Action International, 1997.

To imagine that rapid population growth is not a serious intensifier and multiplier of integral components of under-development, does not accord with current specialist opinion: but with appropriate policy based on adequate research data (as well as political will) economic development can be successfully achieved.

1.2. Statement of the Problem.

Despite a general consensus about the high rate of teenage pregnancy in the country, no evidence was found that the actual rates have been determined. The lack of available and reliable nation-wide data, and the infrequency of baseline surveys and fieldwork researches on social sciences as well as pertinent literature on teenage pregnancy in the country, make it difficult to ascertain and measure any significant determinants. The corollary to this is that a systematic approach to address the issue remains unidentified.

In Africa where there is almost a universal policy to expel pregnant girls from school (Ajayi et al, 1991: Gyepi-Garbrah 1985, Gorgen et al, 1998), the chances of women's education and significant participation in the labour force are reduced. Women's generally limited access to education, formal-sector employment and social security benefits which are all contributory factors to women's poverty in Least Developed Countries are also associated with women's early childbearing. Formal education systems therefore have a major role to play in the process of population education and socio-economic development.

As an example, John Caldwell cites the role of mass education within a country or cultural group as a key factor in changing inter-generation attitudes and economic relations within the family (Caldwell 1980).

The Sierra Leone Government's awareness of the importance of education was demonstrated by its modest effort of paying the school fees for the first 3 years of primary schooling for all children: but the failure of such a venture to encourage basic education, even at primary school level was evidenced by the government's inadequate financial, material and human resources.

The positive effect of education on women's behaviour concerning their fertility as well as their reproductive knowledge, contraceptive use, child health and nutrition, has been pointed out by many researchers. (See for example, Montgomery & Lloyd, 1997). On the understanding that the expansion of basic education of girls earns high rates of return and is also shown to be one of the most cost-effective means of improving local health standards, (Todaro & Smith, 2003:377), it is important and necessary that education for women and girls must be explored. Yet the interaction between economically motivated demands and politically responsive supplies in determining how many school places are provided and allocated and what kind of instructions they receive, is always a fundamental issue for many governments in Third World countries.

An analysis of past and present trends of education in Sierra Leone reveal an overall decline in the delivery system (SLG/UNICEF, 1989). The total participation rate and gender disparities for 1989/90 (the most up-to-date figures available prior to the start of the 10 year war), is an example which is given in Table 1.2 on the next page.

Table 1.2. Enrolment Ratios in Sierra Leone

Primary School Enrolment 1989/90.	
Total Participation Rate	55.4%
Gross Enrolment Ratio (Male)	65.3%
Gross Enrolment Ratio (Female)	45.4%
Net Enrolment Ratio (Male)	43.5%
Net Enrolment Ratio (Female)	30.2%

Source: S.L. Government/UNICEF 'Draft on Basic Education.

The government's overall aim to improve education prospects for women and girls is portrayed in the New Education Policy 1995 (SLG/DoE 1995), the relevant part of which is stated below:

".....definite measures to increase access and retention of women and girls in education shall be established at ever level."

However, its poor performance in allocating adequate educational resources due to other competing demands on the government's meagre financial resources, highlights the daunting prospects of enacting education policies that would increase the level of girls meaningful participation in the education process. The situation therefore poses a challenge to the government and educational planners. As such, the study therefore investigates the determinants and consequences of teenage pregnancy, conceptualizing the expansion of education, particularly to meet the needs of teenage mothers.

The idea is based on the cultural premise that 'social maturity' becomes achievable once a girls becomes pregnant/mother. Regardless of her age, she is viewed as an 'adult' and is expected to assume adult responsibilities and choose her own pathway

1.3. Aims of the Study.

The Government's acceptance of the need to intensify women's education is also clearly stated in the country's National Population Policy for Development, Progress and Welfare (1988) and is identified in the relevant clause which states 'inter alia':

".....Girls dropping out from the school system due to early pregnancy and child care responsibility should be enabled to re-enter formal and non-formal education streams." (Paragraph 66 of Population Policy 1988).

The study therefore investigates what programmes, if any, have been initiated in any part of the country to provide education for disadvantaged/pregnancy-related teenage girls who were excluded from finishing their education.

By carrying out this study, the researcher intends to

- i) determine the size of the problem in numerical strength
- ii) gain more knowledge and insight into the problems surrounding women's education and their socio-economic development
- iii) assess the prospects and problems of the Basic Education Programme, introduced by the Government in 1991 with particular reference to girls education and involvement;
- iv) examine the teaching processes and learning outcomes of the Adult Education Programmes in Sierra Leone

- v) examine the 'Continuing Education Programme' for young women and girls provided by the Young Women's Christian Association (YWCA) of Sierra Leone
- vi) identify and examine the number of women's organisations existing in the country and in what ways they are helping to develop dropout girls.

1.4. The Research Strategy.

One of the first considerations in executing a research project, concerns the appropriate strategy to be adopted to reach dependable solutions to the problems. Essentially, the project research strategy here is exploratory. As such, it contains both philosophical and methodological elements. The philosophical aspect, in which lies the search by logical reasoning for understanding the basic truth of the real world, (positivist paradigm), affords the opportunity for the investigator to thoroughly review related literature which provided a foundation of knowledge of the topic, before embarking on the project design and data collection. The review of literature was based mainly on relevant text from books, research reports, United Nations, World Bank and WHO publications, Population and Development publications, Family Planning publications and Sierra Leone documents.

The methodological aspect literally relies on the methods adopted to undertake a field work research and this is the focus of Chapter Six.

Consequently, a mix of **quantitative** and **qualitative** data collection methods forms the Strategy. In quantitative studies, the data are collected in numeric information (e.g. questionnaire survey and analysis) whilst qualitative data are obtained from narrative information, such as interviews or focused discussions.

The exploratory character of the Research Strategy was also determined by four essential factors. These included the lack of baseline data for the topic, the state of civil disorder in Sierra Leone, and the consequent constraints on fieldwork; the often sensitive nature of the subject matter under investigation; and the need to ensure maximum quality for analysis and interpretation of data collected.

1.5. The Research Study.

The study is divided into two parts – Descriptive and Correlational.

a) Descriptive.

- What are the present rates of teenage pregnancies?
- Will education for teenage mothers reduce the psycho-social and economic implications of teenage pregnancy?
- Should education be formal, non-formal or both? If formal, what should be its extent?
- What are the available infrastructural facilities and resource materials? If non-formal, should learning be geared to income generation skills only?

- What are the infrastructural facilities and resource materials available for such education? What are the possible teaching and learning processes?
- Would there be any possible assessment framework and accreditation at the end of learning?

Correlational.

- Assuming that women's education can influence changes in fertility patterns, is there a good reason to believe that the education of teenagers who have become pregnant, will influence their sexual behaviour and attitudes towards subsequent responsible behaviour and consequent decline in their fertility level?
- Will educated teenage mothers be able to act as a catalyst for a cultural change? Are the two variables – “Women's Education” and “Fertility” associated?

1.6. The Research Questions.

According to Polit and colleagues, Research Questions are in some cases considered to be direct re-wordings of statements of purpose, phrased interrogatively rather than declaratively (Polit et al, 2001:102).

The research questions here, address in particular three main issues which are based on the Problem Statement (section 1.2): the government's apparent intention to intensify women's education (section 1.3): the hypothesised expansion of education for dropout-teenagers or teen-mothers to improve their economic and social status and the provision of sex education as a means of addressing high rates of teenage pregnancy.

1. What policy or practice has been created in relation to Government's avowed interest to intensify women's education and subsequent significant development?

2. Will access to continue education, if provided, be taken up by teenage mothers or drop-outs with pregnancy-related problems?

3. What is the existing legislative policy on the provision of Sex Education and its impact on adolescent's sexuality?

1.7. Issues Guiding the Study.

Recurrent within the demographic literature is a popular school of thought suggesting that a good level of general education is a factor that is strongly associated with deferring pregnancy. Teenagers who drop out of school prematurely because of pregnancy and related problems undoubtedly become disadvantaged educationally and economically.

In Sierra Leone in particular, attempts at programmes organised to provide disadvantaged women with opportunities for improving their job and literacy skills, typically, have been those offered by UNICEF and UNESCO. With limitation in their scope, the course contents had included income-generation skills, food security, early childhood development, health education, family planning and civic literacy. An evaluation of programmes revealed that participation rate of women in 'adult literacy' and 'adult education' was estimated at only 10% (SLG/UNICEF, 1989:26). Time constraint, poverty problems, low self-esteem, cultural beliefs and programmes' irrelevance were amongst the many reasons cited to have contributed to the low participation rate.

An erroneous idea which seems to permeate many societies precludes young people's participation in 'adult education' programmes. The latter pertains to the belief that programmes were often organised for older and more mature people, which in effect, undervalues an important role adult education could play in education expansion for young people.

Note, however, that even if the argument about the requirements for registration and programmes relevance were properly defined, adult education programmes in many developing countries, not least in Sierra Leone, are often constrained by limited financial, material and human resources.

Furthermore, the 'Continuing Education Programme' run by the Young Women's Christian Association (YWCA) of Sierra Leone for teenage drop-outs apparently does not cover any aspect of Population Education, Family Life/Sex Education or Family Planning with particularly reference to Sexual and Reproductive Health that would be beneficial to their target group.

1.8. Significance of the Study.

The significance of the study lies in two important aspects of early childbearing. One is the fact that pregnancy-related mortality and morbidity complications tend to be very high for adolescent women under the age of 20 years. Biological complications which can affect both mother and child, are aggravated by poor living conditions, low nutritional levels, insufficient post-natal care and inadequate health education. Notably, Infant Mortality Rates (IMR) in Sierra Leone are still very high at 182 deaths per 1000 live births (IPPF, 2000).

Turning again to the Malthusian theory on population growth and development discussed in 1.1, is the claim that factors such as starvation, disease and wars which Malthus termed 'positive checks' would eventually provide the restraining force on population growth. Malthus, however, failed to envisage that in addition to a natural desire to replace children lost in wars, war crimes such as sexual abuse and rape of young women and girls could result in unwanted pregnancies of such levels that would subsequently restore population growth rates.

Rosen & Conly (1998:21) for example, cited a study which found that one-quarter of women in Burundian Refugee Camps were exposed to sexual violence during their stay in the camps. The reproductive health consequences of violence include unwanted pregnancies and complications, unsafe abortion and sexually-transmitted infections.

Recognizing the growing use of sexual violence as a weapon of war, a conference on the International Criminal Court in 1998 added to its definition of war crimes a statute on gender justice, stating that rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization and other forms of sexual violence are “grave breaches” of the Geneva Conventions against war crimes (UNFPA 2000:1).

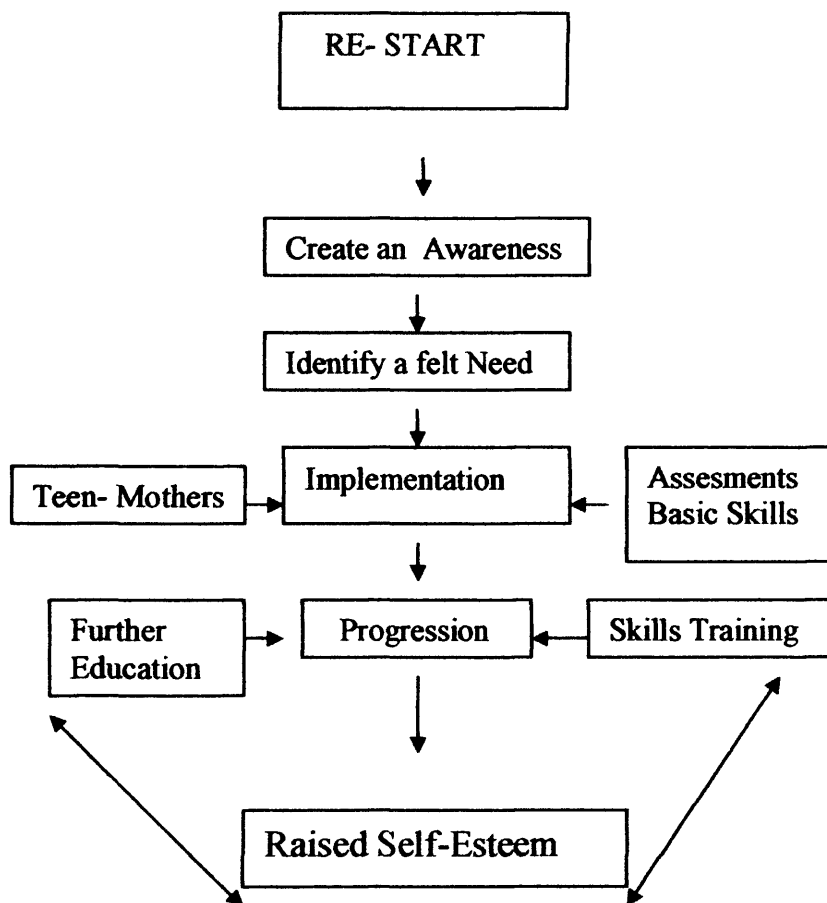
Consequent upon the recently-ended war, Sierra Leone faces a situation that predicts horrendous consequences of high rates of teenage pregnancies and sexually-transmitted diseases. (e.g. Amnesty International 1998:3).

1.9. Conceptual Framework.

A Conceptual Model (Fig.1) which envisages the establishment of a learning programme particularly for teenage drop-outs and/or mothers is demonstrated on the next page.

Figure 1.

**Conceptual Model for the Education of
Teenage Mothers Programme Implementation.**



Source: Adapted from UNESCO (1978).

Realistically, no government can control childbearing effectively without violating some aspects of Human Rights: therefore amenable approaches must be considered.

1.10. The Structure of the Dissertation.

This dissertation is structured under Ten Chapters as follows. Chapter One, a General Introduction, briefly discusses population and development issues and outlines some basic factors such as the Problem Statement, Aims of the Study, Strategy, Research Questions, Significance and Issues Guiding the Study.

According to CEDPA (2000) the Sub-Sahara African region has the world's highest rate of early-childbearing. An optimistic argument presented here is that with universal education and the eradication of poverty in the developing world, the momentum of high fertility and population growth will not continue.

Having introduced the topic and its treatment, dissertation, an overview of adolescent fertility in relation to teenage pregnancy forms the main focus of Chapter Two. A review of fundamental literature with relevance to the Determinants and Consequences of Teenage Pregnancy is presented in Chapter Three. Chapter Four offers an idea of some key factors that influence teenage pregnancy in Sierra Leone

The fragmentation of components of Sexual Education into different subjects are considered an added problem for adolescents sexuality in relation to teenage pregnancy. Chapter Five therefore explores some of these issues which also relate to the discussions in Chapter Three.

Chapter Six presents the Research Methodology, a note of the protracted civil war on the research plan and fieldwork undertaken. The Analysis and Interpretation of Questionnaire Results are presented in Chapter Seven and in Chapter Eight is a Discussion of Findings in relation to the Research Questions. Based on the findings of the study, Chapter Nine proposes the Linking of Education with Teenage Mothers. Chapter Ten finally concludes the work with a Summary and Recommendations.

The next Chapter attempts to explore some important challenges posed by Adolescent Fertility in relation to Teenage Pregnancy, particularly in the region of Sub-Saharan Africa.

CHAPTER TWO

Chapter Two

An Overview of Adolescent Fertility In Sub-Saharan Africa

2.1 Introduction.

The aim of this chapter is to examine some of the key features of adolescent fertility, its dimensions and implications particularly in Sub-Saharan Africa where fertility levels are invariably still high.

The close relationship between Teenage Pregnancy and Adolescent Fertility is an important correlate that bears relevance to the study being undertaken. Sexual activity by adolescents is a worldwide phenomenon: it is believed that more than 15 million young women aged 15-19 years give birth each year, representing 11 percent of all births worldwide (Population Concern News, 1996:3). The United States of America for example is reported to have about one million teenage pregnancies every year, whilst Sub-Saharan Africa has the world's highest rate of early child-bearing

The prediction is that by the year 2020, births to adolescent mothers in Sub-Saharan Africa would increase by an estimated 23% (CEDPA 2002).

Although there are variations between regions and within countries of sexual initiation, the growing concern generally is the reducing age factor of the commencement of sexual activity.

2.2. Adolescent Fertility.

First, it is vital to be clear about who adolescents are and what makes the fertility of this group so important. The World Health Organization (WHO) considers adolescents to be those aged between 10 and 19 years, and with the advent of lowering age at menarche (which is discussed in Chapter 3), there is an implicated concern for pre- and teenage pregnancy.

A definition of the term ‘Adolescent Fertility’ is essential if one is to fully understand the meaning of fertility of the adolescent population. The word ‘Adolescence’ may be defined as “the period of progressive transmission between childhood and adulthood” – “the state or process of growing up” – “the period of life from puberty to maturity” (Kimmel & Weiner, 1995:2),

The range of definitions which suggests an ambiguity of the precise age at which adolescence begins and ends makes it impossible for a succinct and universal definition to be given (Rice 1984:51; Kimmel & Weiner 1995:3).

Nonetheless, it is a critical period of biological and psychological changes, when physical and sexual characteristics are developed which are triggered by the endocrine, pituitary and sex glands, each of which secretes hormones that may be correlated to adolescents behaviours.

Generally speaking, adolescents do not always act in ways that serve their best interest. Their perception of their own risks of survival to adulthood can become more optimistic than the reality and they may under-estimate the risks of particular actions or behaviours which may cause their vulnerability. The latter may be particularly true regarding their 'fertility' - defined as:

'the number of children a woman within the reproductive age of 15-49 years can have without any attempt at regulation'.

(Potts & Selman, 1979:30; Lucas & Meyer, 1998:44).

Besides contributing to high fertility generally, early child-bearing predicts lasting and potentially devastating effects on adolescents themselves.

The experience of the biological beginning of adolescence which seems to coincide with the onset of puberty (Potts & Selman 1979; Gyepi-Garbrah 1985; WHO 1995), is important and relevant to the subject of adolescent fertility, particularly in the African region. Here, puberty for girls is equated with their 'Age at Menarche' when their body image and language become contextualised and implicated. (See Chapter 3 for more details).

A consensus of opinion pertaining to the phenomenon in Sub-Saharan Africa is that adolescent fertility is influenced by a number of variables which are mostly embedded in socio-economic and cultural factors.

The International Center for Adolescent Fertility, for example offers five key cultural factors that profoundly affect adolescent fertility in Sub-Saharan Africa one way or another. These include:

1. Rapid Rural-to Urban Migration
2. Increasing Educational Attainment for Women and Rising Age at Marriage.
3. Breakdown in Traditional Value Systems
4. Continuing Influence and Adaptation of Certain Traditional Factors
5. The Spread of HIV/AIDS.

2.3 Africa's Fertility.

The rapid growth of the population of Sub-Saharan Africa, said to be the fastest growing in the world (Populi 1998:5), cannot be divorced from the region's high fertility rates. Notably, almost all other regions have experienced fertility declines (Foote et al, 1993:52; Rosen & Conly, 1998:19), except the sub-Saharan region which lags behind.

The region's perceived resistance to fertility decline is not only closely associated with socio-cultural and economic factors (see for example Caldwell & Caldwell 1987:416 & 417; World Bank 1988:12 & 13; Caldwell et al 1992; Todaro 2000), but now faces the challenge of record numbers of adolescents entering their child-bearing years.

According to the World Bank Estimates, the world would have over 800 million teenagers from the year 2000 (Chaulker, 1997:3), and according to Rosen and Conly (1998:12), the number of young women aged 15-19 years in Sub-Saharan Africa is projected to almost double to 62 million by the year 2020.

In a rather cautious appraisal of population trends, Cleland and colleagues (1994) suggest that Zimbabwe, Kenya, Botswana, South Africa and Sudan show strong evidence of fertility decline, with countries like Nigeria, Senegal, Tanzania and Swaziland showing moderate decline, which indicate that there are noteworthy variations among countries and regions.

Among the predominantly Muslim States of Northern Africa, for example, fertility is reported to have declined to less than four children in Algeria, Egypt, Morocco and Tunisia, because of the improvement of access to both family planning services and education for girls. (UNFPA 1996:11).

In a region where contraceptive use is low, it is argued that a rise in the proportion of adolescents using contraceptives may signal an important step towards a general decline in Africa's fertility. Albeit, social and economic barriers make it difficult for adolescents in general, particularly unmarried ones, to obtain modern contraceptives.

Though it can be argued that the import of “western culture” and modernisation to Africa may be succeeding to alter the economic theory of fertility, the ever-persistently low economic status of the region may reverse the situation to its original status.

2.4. Socio-cultural and Economic Environments.

The relevance of both cultural and economic factors as determinants of fertility (Gyepi-Garbrah 1985a, Caldwell & Caldwell, 1987, Bledsoe & Cohen, 1993), is germane to this discussion. Despite the fact that culture varies from country to country, there are many similarities in cultural orientation amongst countries as well as ethnic groups. Irrespective of the ambiguity of what is meant by 'Culture', *'the ideas by which individuals order material experience and assign value to its elements'* (Handwerker, 1986:11) is its obtainment in many societies.

For instance, studies have continuously observed that women living in urban areas have fewer children than their rural counterparts. One explanation for this difference is that urban women live in places with larger and more dense populations, better infrastructure, better access to upper level schools, facilitated access to contraceptive methods, more employment in the formal sector and less agricultural activities.

Most women in the rural areas as opposed to those in the urban areas, uphold traditional and cultural practices which are associated with early marriage and early childbearing.

Patterns of marriage and other relationships in which sexual activity occurs are important not only for their fertility but also for their effect on the spread of Sexually-Transmitted Infections, including HIV/AIDS.

One can argue that with very few amenities and modern farming methods and technology available in the rural environments, there could be no economic advantage in restricting family size. Thus, rural fertility is therefore substantially higher than that of urban areas (Foote et al 1993:33). Realistic as it may be, rural-urban fertility differential should not remain universally unchangeable if policies to improve girls' access to schooling across the Sub-Saharan region is considered intrinsic in social organization.

The connection between rural poverty and high fertility rates tends to reinforce Africa's slow economic growth and in viewing the relationship between birth rates and per capita income, Chambers' argument of cores and peripheries of knowledge, which globally reflects a gradient from extremes of wealth to extremes of poverty, highlights a major problem for Sub-Saharan Africa.

Importantly, as Chambers (1991:4) argues,

"both internationally and within individual third world countries, centripetal forces draw resources and educated people away from the peripheries and in towards the cores". Within third world countries, skills migrate from rural to urban areas and from smaller to larger urban centres, feeding in turn the international flows of the brain drain."

This apparent chain reaction undoubtedly expands the poverty line of many developing countries. Of the world's 6 billion people, 1.2 billion live in extreme poverty (UN Briefing Papers 2002). Ironically, the people who migrate from poor to richer lands are the very ones that developing countries can least afford to lose.

While the influence of population growth on economic development already discussed in the introductory chapter remains an active debate, the rural-urban migration trap also presents a number of issues for adolescents and their fertility. Reportedly, Sub-Saharan Africa is urbanizing at rates higher than any other region in the world, reckoning that from the year 2000 about 47% of African youths between the ages of 15-24 years would live in urban areas. (International Center on Adolescent Fertility, 1992:4).

The resulting ills of urban population growth not only pose extreme health hazards of environmental by-products such as degradation and pollution from over-crowding, poor sanitation and poor living conditions, but are likely to precipitate economic hardship, particularly for young people who might be forced into immoral earnings, risking their fecundity and fertility.

In consideration also is the impact of male migrant's remittances which are extremely important to family levels of living in some labour-exporting countries and regions. However, the consequences of male absence for authority in the family and on child development, especially the female child, are likely to be profound.

Political and economic devastation sometimes caused by internal wars that often result in the displacement or destabilisation of families, with deteriorating socio-economic circumstances, exposes female adolescents to greater vulnerability in which their fertility is also implicated. The recent and in some cases, current, civil wars fought in countries like Nigeria's Ogoni state, Burundi, Ethiopia, Sudan, Somalia, Liberia and Sierra Leone are examples of such destabilisation.

Cohen's example of displacement effect (cited in Foote et al 1993:11) noted the very minor effect of displacement on fertility levels. Notably Liberia, a country with the most displacement achieved a Total Fertility Rate (TFR) of 6.3 instead of 6.5 births which it was before the war. Such modest reduction in TFR may only be temporary, but nonetheless, would be recognized by Population and Development Economists.

The country's population growth rate of about 3.4% a year, coupled with its highly pro-natalist nature and the desire for children as economic value (Lassie,1999), suggest an urge for a replacement order for children killed or lost in the Liberian civil wars (as it happened in the UK & European Countries after 1918 & 1945).

Some 50 million people around the world are described as victims of forced displacement and nearly two-thirds of the world's refugees come from the Middle East and Africa, with a handful of countries, such as Afghanistan, Iraq, Sierra Leone, Somalia, Sudan, Yugoslavia, Angola, Croatia and Eriteria being the primary source (UN Briefing Papers 2002).

Liberia, like Sierra Leone, has a largely rural population: in these agriculturally-based societies, Sub-Saharan African women face the double conundrum of sexual division of labour discriminating against them, in addition to their living in a social context of poverty and deprivation.

Female children work more in the household and on the farm, not only producing goods, but providing a range of domestic services which adults regard as wholly or partly children's work that they themselves are loath to do.

Such heavy workloads and inadequate food intake are likely to compound the problems of malnutrition which can be exacerbated by adolescent pregnancy.

2.5. Educational Involvement.

Education has long been recognized as a crucial factor influencing women's childbearing patterns. Although identifying the direction of any causal relationship between fertility and education is somewhat complex (Cochrane, 1979), the relationship between both variables is rather strong (Kritz & Gurak, 1989:100). As outlined earlier, lower levels of fertility are usually associated with higher levels of education, thereby strengthening a compelling rationale for increased investment in education for women and girls. United Nations (UN) Conferences such as the 1994 International Conference on Population and Development (ICPD) highlighted the need to improve the situation of girls by providing access to information, education and services to enable young women make healthy life choices and decisions (Friedman, 1998:7).

Recognizing the benefits of educating girls, the international community has called for eliminating gender disparities in schooling by the year 2005 as a fundamental move to achieving the goal of Universal Primary Education (UPE) by the year 2015 (Population Action International, 1998).

Not only will such a motion prove an arduous task for many developing countries, but according to Cincota & Engleman, 1997:12, financial and political difficulties will restrain governments' investments in human assets which should encapsulate female education and its associated benefits.

Ample empirical evidence exists that educational discrimination against women hinders economic development as well as reinforces social inequality. According to Todaro (2000:334) expanding educational opportunities for women is economically desirable for four reasons:

1. The rate of return on women's education is higher than that on men's in most developing countries.
2. Increasing women's education not only increases their productivity on the farm and in the factory but also results in greater labour force participation, later marriage, lower fertility, and greatly improved child health and nutrition.
3. Improved child health and nutrition and more educated mothers lead to multiplier effects on the quality of a nation's human resources for many generations to come.
4. Because women carry a disproportionate burden of the poverty and landlessness that permeates developing societies, any significant improvements in their role and status via education can have an important impact on breaking the vicious cycle of poverty and inadequate schooling.

The important role played by the expansion of educational opportunities for women in socio-economic development is no longer open to debate.

Nevertheless, the question as to how this desirable element is conceptualised, legislated and implemented in many developing countries, to yield the highest rates of return remains burning.

2.5.1. The Education System in Sierra Leone.

In the case of Sierra Leone, the Education System forms an integral part of the “New Education Policy 1995”, that encapsulates the **Basic Education** concept, otherwise referred to as the 6-3-3-4 system. With its aim to provide 'basic education' for all and enhance the participation of women and girls in the education process, the structure of the 6-3-3-4 system consists of 6 years of **Primary** schooling: 3 years of **Junior Secondary School (JSS)**: 3 years of **Senior Secondary School (SSS)** and 4 years of **Higher /Tertiary Education**.

Primary schools, though controlled by the Department of Education, are operated by private proprietors, churches, local governments, university colleges or large business organizations (SLG,1995:10). The same is true for Pre-Primary/Nursery education which is non-formal, optional and is usually provided for children between the ages of 3 and 6 years, prior to entering primary education. Gerard O'Donell (1994:99) notes that the way a school is organized and operated does have a considerable impact on educational achievement and the same can be argued for an education system.

The Sierra Leone Government's inability to provide pre-school education suggests that only "privileged" children can have the opportunity, within the private sector, to enlarge their social awareness and interaction with others outside their familial environments, prior to starting formal education. The considered effect therefore amounts to a system of educational selection and bias from the very beginning, in that first consideration for primary enrolment is often given to children with pre-primary or nursery education.

After 6 years of primary schooling which starts at the age of 6 years, students proceed to **Junior Secondary School** by sitting and passing the **National Primary School Examination (NPSE)**. They then continue at this level with 3 years broad-based general education in preparation for senior secondary, technical and vocational education or employment, terminating with the sitting of the **Basic Education Certificate Examination (BECE)**. The end of this level, in conjunction with the 6 years primary education forms the final part of the basic education process.

The **Senior Secondary School (SSS)** which is another 3-year circle, completes the secondary school course that is intended for students around the ages of 15 and 18 years, who must possess the BECE qualification before into this level.

Apart from continuing and improving students' general basic education, the SSS course contains an element of specialisation and preparation for higher/tertiary education – hence it is delivered in two categories of General Senior Secondary and Specialist Senior Secondary Schools.

Higher/Tertiary Education is the culmination of all formal education received up to the completion of secondary schooling and demands entry qualifications not lower than a number of General Certification of Education (GCE) Ordinary and/or Advance levels, or the Senior Secondary School Certificate (SSSCE) or their equivalents. Higher education could be pursued at any of the following:

- The University of Sierra Leone with its constituent colleges and institution
- Polytechnics;
- Technical/ Vocational Institutes
- Professional schools such as the Medical School, the National School of Nursing and the School of Hotel and Tourism.

One important arm of the education system is the **Guidance and Counselling Services Unit** of the Education Department. The Guidance and Counselling Services are imperative at all levels in schools and educational institutions, with a “modus operandi” of ensuring that no area of students' educational development such as their cognitive/intellectual, emotional/affective, physical and socio-moral aspects lag behind.

The **Examination Component** of the educational system is rigidly enforced to be more responsive to the objectives of the 6-3-3-4 system. However, this may disadvantage female students. Notably, with the National Primary School Examination (NPSE), re-sits are not encouraged, which jeopardises future opportunities for female students if they failed.

2.5.2. Adult and Non-Formal Education System In Sierra Leone.

Moving slightly away from the bureaucratic set-up of the education system is the **Adult and Non-Formal Education**. This is provided under the aegis of the Department of Education, jointly supported by the National Commission for Basic Education and the Adult Education Committee. One of its many aims is to help improve the country's low literacy rate and provide adult education for early school leavers, particularly girls. Notably, the work to be done in this area of education as suggested by the Government is many and varied (Sierra Leone Government New Education Policy 1995:25).

The poor linkage established between the formal education system (especially the Basic Education component) and non-formal/adult literacy system, raises doubts about the Government's intention to intensify education for dropout girls (See section 1.3).

2.6. Early Marriage.

The scene is presented in two configurations of 'married' and 'unmarried' adolescents who may be faced with the problems of early child-bearing.

Early marriage which contributes to early child-bearing is certainly not unique to many countries in the Sub-Saharan Region.

About one-third of Indian women marry at the age of 18 or younger (International Family Planning Perspectives 1993:42), though improved educational and occupational opportunities are predicted to lower that proportion.

The mean age at first marriage varies considerably from country to country, and it is not uncommon to find the ages of 12 and 13 (usually the onset of puberty) being popular marriageable age for girls in the rural areas. Some regions of Nigeria and Ethiopia, for example, have legal minimum "age at marriage" of 9 years and 12 years respectively (Bledsoe & Cohen, 1993:78). Mali is also considered to have a high proportion of adolescent marriages with an extremely low age at first marriage, in that most women were married by the age of 16.

Marrying young drastically reduces a young girl's opportunity for education and economic ability as well as risking her reproductive health.

Age at marriage directly affects fertility, through the length of exposure to the risk of child-bearing: but if the trend of the increase in school enrolment continues, then age at first marriage will also continue to rise, despite mixed trends in Africa.

Notably, countries like Kenya and Uganda have showed a rising “age at marriage” trend, whilst others like Liberia, Mali, Cameroon and the Ivory Coast have not shown any change for the past five years (International Center on Adolescent Fertility, 1992).

The experience of conception and realisation of pregnancy may seem to be more difficult for unmarried adolescents who are often castigated on moral codes. Almost all African societies, though pro-natalist in practice, encourage and respect chastity before marriage (MacCormack 1994:24) and in order to circumvent the problems of premarital births, traditional societies often encourage early marriage, that is often preceded by early initiation of young girls into traditional female secret societies, intended to ensure the preservation of a girl’s virginity through the ritual of female circumcision (see Calder et al, 1993:228; Black & Debelles 1995:159; Azadeh, 1997:8).

With early child-bearing, poor medical outcome is strongly associated with inadequate prenatal and postnatal care which carries high risks for both “married” and “unmarried” adolescents alike. Regardless of any form of marital status, their physiological and biological immaturity for reproduction is unlikely to be significantly different. If at menarche girls have approximately 4% more to grow in height and 12-18% in their pelvic area (WHO 1995:11), then the many problems of maternal mortality in Sub-Saharan Africa may be transparently insurmountable.

2.7 Contraceptive Use.

There appears to be a general consensus that contraceptive prevalence is relatively low amongst adolescents (Hirsch, 1990:1 Armstrong 1991:2; Amazigo et al 1997:30; Population Reports, 1998:17).

Most international comparisons of contraceptive use tend to focus on the activities of married women rather than unmarried women. As the customs governing marriage and the formation of marriage-like unions vary from country to country, the definition of a union equivalent to marriage may vary from study to study. However, it often includes some form of consensual union, many of which are found in Sub-Saharan Africa. The real difficulty arises not from the definition of marriage, but from the sensitivity of questioning unmarried teenagers about their sexual activities and practice of contraceptive use.

However, as Koontz and Conly (1994:3) report, regardless of marital status, a high proportion of adolescent pregnancies are unintended, ranging from 50 to 90% in unmarried adolescents and 25 to 40% in married adolescents.

In a study undertaken in Kenya on Adolescent Sexuality, Knowledge, Perceptions and Practices, it was reported that 11% of sexually active adolescents were using contraceptives (Ajayi et al, 1991). The need for the acceleration of Information, Education and Communication (IEC) programmes in both the rural and urban settings to link access to contraceptive services may be necessary to increase usage.

However, the cultural expectation of high fertility which is bestowed on married adolescents may act as barriers to contraceptive orientation. Once married, adolescent women are under pressures to have children. These features are shown in contraceptive prevalence rates. (See Table 2.1).

Table 2.1 Adolescents Contraceptive Prevalence Rates

Illustrative Countries	CPR (married women all ages)	CPR (married women, 15-19)	CPR (single women, 15-19)
Cameroun	7.1%	2.5%	19.7%
Madagascar	7.3%	2.5%	5.5%
Kenya	31.5%	10.1%	20.4%
Ghana	13.4%	13.2%	23.4%
Senegal	7%	1.5%	Not available

Source: Africa Bureau 2001 Wrap-Up Presentation June 1999.

Jennifer Hirsch (1990:1) reported that married teens who have ever used contraception ranged from 13% in Ghana (confirmed in Table 2.1), to 1% in Benin, Nigeria and Ghana. Furthermore, as Hirsch reported, countries like Kenya, Sierra Leone and Tanzania do not issue contraceptives to unmarried adolescents (ibid).

The difficulty remains in the application of implicit laws and policies that either inhibits or reduces access to family planning services and the use of modern contraceptives by unmarried adolescents. Related to this discussion is an idea of a comparison of contraceptive use among married and unmarried adolescents selected from some 19 countries in Sub-Saharan Africa and Latin America/Caribbean regions, given in Table 2.2.

Table 2.2 CONTRACEPTIVE USE AMONG MARRIED AND UNMARRIED ADOLESCENTS: REGIONAL MEANS

	Sub-Saharan Africa (19 countries)	Latin America/Caribbean (19 countries)
Contraceptive prevalence rate (Modern methods)		
Married women ages 15-19	3.0	3.7
Contraceptive prevalence rate (Modern methods) Un-married women ages 15-19	2.5	0.8
Contraceptive percentage of users (All methods): Married women ages 15-19	44.8	65.2
Contraceptive percentage of users (All methods): Un-married women ages 15-19	59.0	21.2

(Source: Africa Bureau 2001 Wrap-Up Presentation June 1999 (on line))

Although, as shown in the Table 2.2, Latin American/Caribbean countries show some difference in the prevalence rates between married and unmarried teenagers, overall, there is no significant difference in the use of modern contraceptives by married and unmarried adolescents, particularly in the Sub-Saharan Africa region. Bledsoe & Cohen (1993), believed that contraceptive use by adolescents may be under-reported. Whilst this is possible, it must be borne in mind that exposure to sexual intercourse, pregnancy, and child-bearing is less for unmarried adolescents who are not in stable relationships, than for those who are married or are in union. On the other hand, sexually active adolescents are inclined to use traditional methods in order to avoid costs and embarrassment.

Noticeably, in the example of adolescents' contraceptive use given in Table 2.2, is recorded a significant percentage for "all methods", which is likely to include traditional methods. The fear of side-effects, or impairment of fecundity believed to be carried by western contraceptives is one explanation for their irregular or non-use.

In a study conducted in 1990 among some Yoruba women and traditional healers, Jinadu and colleagues (1997, 56-64) found that knowledge of traditional contraceptives was nearly universal among the Yoruba population and had a prevalence rate of 7.1%.

They also noted that the use of traditional contraceptives was significantly more common among uneducated and adolescent women. Easy accessibility to traditional medical practitioners and the belief that traditional contraceptives are devoid of complications were two main reasons given for their use.

Using contraceptives from the initial experience of sexual intercourse may be controversial for adolescents whose apprehension about the early start and the length of exposure to contraceptive use may be inimical to their and fecundity. Furthermore, according to adolescent's characteristic feature describe in sub-paragraph 2.2, a degree of self-worth and responsibility which only can come with age and education, may be required.

2.8. Male Influence

The lack of a systematic knowledge of men's reproductive lives and fertility patterns, and in particular adolescent men, constitutes a serious gap in this area of study (Bledsoe & Cohen 1993:176). Until the emergence of the AIDS epidemic, men did not appear to suffer adverse social and health consequences from sexual activities like their female patterns do, which is one explanation that may be offered for the omission from the adolescents' sexual reproductive literature

There is also society's double standard that condemns the young woman and absolves the young man for their sexual activities.

Men's role in enticing young girls to engage in premature and premarital sexual activities should be considered a significant factor in the consideration of early child-bearing and its implications. Their pretext of marriage and the insistence to prove a girl's fecundity prior to marriage, often misled their victims into unprotected sex and unplanned pregnancy.

There is also an increased risk of sexually-transmitted diseases (STD) and HIV/AIDS to which young women are open. Many unmarried young men become sexually active at younger ages, because of social pressures as well as physiological changes which encourage them to take risks, often to the detriment of their own health and that of their partners (Population Reports 1998:17; UNFPA 2000:4).

In fact, a 1995 study of unmarried urban youths undertaken in Guinea found the mean age of first sexual intercourse for men was 15.6 years (Population Reports 1998:17).

Another notable influence is the seductive role played by older men. The practice of "Sugar Daddies" (that is, wealthy older men) offer gifts and money to young, innocent women in exchange of sexual favours (see also Gorgen et al, 1998:69).

This is common in many countries in Africa, particularly in Sub-Saharan Africa where poverty gaps tend to be worse, and the share in poverty rising than in South Asia where it is falling. (Todaro & Smith 2003:222).

Irrespective of the finer details of definitions, poverty clearly implies “deprivation” which Third World populations, particularly women and children suffer and according to Todaro & Smith (2003:230), women make up a substantial majority of the world’s poor. To the extent that they do, most women seek to meet their immediate needs. In countries like Nigeria, Ghana, Liberia, Guinea and Sierra Leone are found typical examples of such men considered to be “sugar daddies”.

Nigeria’s “Alhajis” for example (Barker & Rich 1992), are popular perpetrators whose wrong doings are overshadowed by economic difficulties that compel young women to fall victims of these “human hawks”. In the face of unintended pregnancies and related problems, many teenage girls are left abandoned to their fate.

Paradoxically, many young women’s preference for wealthy older men, based on parental advice, is in consideration that economic responsibility for pregnancy and childbirth and the offer of marriage were more likely to be provided by older men.

However, the shift to older partners also has important implications for the transmission of Sexually-Transmitted Diseases. Just as in the case many young men who are encouraged to acquire sexual maturity by 'exploring' with multiple partners, older men were also more likely to have had multiple partners.

A fact that economic factors do lead to irresponsible sexual behaviour that fosters many unwanted pregnancies, particularly in young women, cannot be over-emphasised. In an on-line discussion held in February 1999 on "Teenage Pregnancy and Girls' Education, adult men, especially teachers and school administrators were again blamed for contributing to teenage pregnancies (Development Forum Highlights 2002).

The lack of explicit policies/laws in many countries in Sub-Saharan Africa, to protect women against sexual exploitation and harassment meted out to them, because of poverty and powerlessness, precludes them from seeking any redress: and any attempt at the latter is likely to result in ridicule and victimisation. Moreover, (sexual) violence against women in Africa is widespread as economic and social change weakens traditional protection for women and girls (Rosen & Conly 1998:21).

Albeit, many cultures condone or at least tolerate a certain amount of violence against women, much to the extent that some physical abuse is justified under certain conditions (UNFPA 2000:5).

In some illiterate polygamous societies where female gender roles play a great part, the most senior wives (both in age and status) are empowered to identify and have their husbands marry younger women who would take over their 'sexual activities'. In many cases, the younger women's refusal to cooperate and copulate often results in physical abuse. As a reminder, a woman's power to extricate herself from any unsavoury condition is influenced by her level of education.

The "Safe Sex" projects and "Awareness Raising" of the HIV/AIDS epidemics in the region, may not have significantly altered many people's apathetically disbelieving attitudes regarding the AIDS epidemic.

The situation is made even worse when reported cases of AIDS are denied in some countries, coupled with an upsurge of quack cures such as the 'Pearl Omega' invented by a Professor Arthur Obel of Kenya (See Open File, May 1996).

In recent times male involvement in some developing countries has been supportive of women's reproductive health and empowerment, through participation in seminars, workshops and integrated educational programmes (UNFPA 2001:58).

Male involvement projects are now focused to reach a variety of channels, such as their workplaces, football clubs, local pubs and other male dominated areas.

As an example, the Johns Hopkins Population Communication Services launched the “Caring Understanding Partners” (CUP) Challenge Initiative in Ghana, Kenya, Uganda and Zambia, to encourage men who attend football matches to become more sexually responding to prevent HIV/AIDS whilst they learn more and discuss sexual matters more freely with their partners. (Population Reports 1998:29).

2.9. Conclusion.

To conclude this chapter, it is important to note the critical socio-economic position of adolescents, whose existence and fertility are implicated in social, educational, medical and financial ramifications.

Largely as a result of increased school enrolments, early child-bearing is reducing. However, the lack of economic opportunities reduces girls’ aspirations and discourages them from pursuing an education. Without education and work options, many marry young and have large families, thus stimulating population growth.

Contrarily, from the discussion, it is clear that adolescents are also faced with high risks of infertility.

Having considered some of the key issues pertaining to adolescent fertility, the next chapter will examine some determining factors and consequence of teenage pregnancy.

CHAPTER THREE

Chapter Three

A Review of Determinants and Consequences of Teenage Pregnancy

3.1 Introduction

The previous chapter saw the extent to which adolescent fertility and teenage pregnancy are implicated in the nexus of population growth and economic development. This chapter therefore examines some basic factors underlying teenage pregnancy, whether sanctioned or unsanctioned, that generally results in educational and social exclusion. Two levels of meaning are distinguished under physiology and wider social, cultural and community understanding of factors involved in teenage pregnancies: these are the Proximate Determinants of Teenage Pregnancy and the Health and Social Consequences.

World Bank estimates suggest that from the year 2000, there would be over 800 million teenagers in the world (Chaulker, 1997:3) and in sub-Saharan Africa in particular, the number of women aged 15-19 years is projected to reach 62 million by the year 2020 (Rosen & Conly, 1998).

If such projections were to be realised, a key question to be asked is what would be the economic and social implications for national development, if the problems of teenage pregnancy are not addressed?

An extensive demographic literature has been devoted to examining the role of female education in promoting socio-economic advancement, transforming attitudes, and changing cultural practices.

Yet the "equity argument" suggests that gender-neutral policies bypass females because of the specific restraints they face, particularly in the area of educational development and social security programmes.

3.2. Proximate Determinants of Teenage Pregnancy.

Using the intermediate variables framework of Davis and Blake, 1956 cited in Lucas and Meyer (1994:46), Bongaarts and Porter (1984) enumerate eight intermediate variables with direct effect on fertility, that are termed *proximate determinants of fertility*. These are:

1 Proportions of women married or in sexual unions

- a) age at first marriage
- b) the proportions of women who never enter sexual unions
- c) the frequency of divorce, widowhood, and re-marriage
- d) exposure outside marriage:

2 Patterns of sexual activity

- a) frequency of intercourse
- b) postpartum abstinence
- c) spousal separation

3 Breastfeeding and lactational amenorrhea

4 Contraception (including sterilisation)

5 Induced abortion

6 Foetal loss (spontaneous intra-uterine mortality)

7 Natural infertility

8 Pathological infertility.

To be more precise, the concept of 'Proximate Determinants' or 'intermediate variables' refers to certain behavioural and associated biological factors such as the age at menarche, and menopause, the age at first sexual union or marriage and of first birth, the duration of breast-feeding and post-partum sexual abstinence, which among other things, directly influence the level of natural fertility. Consequently, any social, economic or cultural factors must operate through one or more of these behavioural and biological factors to influence fertility levels (see Kirk & Pilet, 1998:7-17)

In societies where fertility control is not widely practised, the patterns of stable sexual unions are a major determinant of fertility: and in Sub-Saharan Africa where women tend to marry with imminent pregnancy, there is a plus effect on fertility. Lucas & Meyer (1994:46) state that within the reproductive period, the birth period and rate of child-bearing are determined by proximate determinants 3 to 8 (see preceding page). However, while these proximate determinants are linked with all women within the reproductive age of 15-49 years generally, they are unlikely to be key determinants for women aged 15-19 years who are less stable and whose child-bearing patterns are subject to other *Explanatory Variables* (such as their attitudes, education, income and environment).

One means of examining the effect of the intermediate variables on fertility is to focus on the three stages of reproduction a woman passes through.

These are, sexual intercourse (coitus), becoming pregnant (conception) and successful gestation (parturition) (see Lucas & Meyer 1994:46). In an attempt to facilitate the effect of the proximate determinants on child-bearing by adolescents and teenagers, is a simple framework of fertility analysis which condenses some key intermediate variables.

Sexual Union	Pattern of Sexual Activity	Contraception
↓ age at marriage never married divorce, widowed exposure outside marriage	↓ frequency of intercourse postpartum abstinence spousal separation breastfeeding	↓ contraceptive use induced abortion

Within the wider social environment, particularly in Sub-Saharan Africa the undermentioned intermediate variables with direct effect on early child-bearing are considered to be:

Age at Menarche

Age at Marriage

Exposure to Sexual Activity

Educational Attainment

Contraceptive Use

Abortion.

3.2.1. Age at Menarche.

The onset of a girl's first menstrual period is known as the 'age at menarche'. There is a dearth of systematically collected data on the onset of menarche and ovulatory functions for many countries.

However, there are speculations from a variety of countries suggesting that the age at menarche has been declining in most developed and developing countries (Potts & Selman 1979:14; Adadevoh et al, 1988; Bledsoe & Cohen, 1993:168). Although biological and genetic influences may play an important role in attaining early menarche, it has been suggested that good nutrition which may help to generate the amount of body weight necessary to initiate menstruation (see for example, Moghissi & Evans, 1977:18; Potts & Selman 1979:15; Goodharts & Shills, 1990:774; Kimmel & Weiner 1995:66) will lead to a constant decline of about a year per generation.

Table 3.1 below illustrates mean menarcheal ages in 4 countries in the Sub-Saharan region presented by Adadevoh and colleagues (1988).

Table 3.1 **Comparative Menarcheal Age Among 4 Countries In The Sub-Saharan Region.**

Country	Mean Menarcheal Age(Yrs)	Year
Nigeria	14.3	1950
Nigeria	14.4	1953
Nigeria	13.95	1968
Nigeria	13.85	1979
Senegal	14.09	1953
Ethiopia (Urban)	13.68	1972
Ethiopia (Rural)	14.58	1984
Ghana (Urban)	13.74	1986
Ghana (Rural)	14.75	1986

Source: Adapted from Table Presented by Adadevoh et al (1988) on the Study of Menarcheal Age in Ghanaian School Girls.

A cross-sectional study undertaken by them in 1988 of Ghanaian school girls discovered that those of the most affluent in a social class one structure had the lowest menarcheal ages as against those in a poor class three structure.

Age at menarche is considered to be an important correlate of reproduction performance in women and an indicator of probable early sexual relations and child-bearing, (Urdu 1979:433; Borgerhoff- Mulder 1989:179-192; Ajayi et al, 1991:206). Because it is believed that more teenagers nowadays begin sexual relations at much younger ages than others did in the past, this fact suggests that initial focus for sexual information and education must start sooner rather than later, if the phenomenon of teenage pregnancy is to be abated. Kontz & Conly (1994:2), report that surveys conducted in Kenya and Uganda noted that sexually active youths on average had experienced intercourse by the age of 15 or younger.

On the issue of early sexual experience, Middleton et al (1994:145) agree that programmes of sex education, sensitively planned and implemented from an early age, can do much to reduce rising rates of unwanted teenage pregnancies. Notably, however, the provision of sex education in many primary schools, (globally), is both discretionary and controversial. Consequently, many young girls become disadvantaged of the opportunity of secondary school education and beyond: the message to them may have been received too late. (Further discussion of sexual information is included in Chapter Five.)

On the other hand, attaining Menarche in some Third World countries is both a memorable and significant event, marked as it is, by traditional rites and cultural practices among certain ethnic or tribal groups that bestow social adulthood. Menarche, in many countries along the West Coast of Africa, for example, saw the initiation into female secret societies like the 'Sande' or 'Bondo' society of Liberia and Sierra Leone. The practice of clitoridectomy or female circumcision at this time, being the main ritual of the society, symbolizes a woman's purity and adult womanhood. (See also sub-paragraph 2.6 of Chapter 2). Matthew Lockwood confirms this by citing Mende women from Sierra Leone who are seen as active sexual beings and whose sexual appetite needed to be curbed by clitoridectomy (Lockwood 1995:21). Importantly, female circumcision, also referred to as Female Genital Mutilation (FGM) has been outlawed in Ghana, Djibouti, Burkina Faso, Ivory Coast, Togo, Tanzania and Senegal (UNFPA 2000:54).

The societies, which conduct their activities in what is known as 'Bondo Bush' in Sierra Leone, or other secluded areas in towns and villages, act as training institutes for adolescent girls. 'Cultural sex education' (particularly on the subject of marriage and procreation), as well as basic fundamental training in housewifery, domestic science and personal hygiene is given to them during their internment.

Until the past few decades when formal education became widely available in the Third World, young girls were confined to the 'Bush' or similar secret locations for a long period of training.

During this time, deliberate adolescent fattening, discussed by (MacCormack 1982), aided the promotion of nutritional improvements that enhanced early menarche and puberty, required for physiological and mental maturity for reproduction.

In Sierra Leone in particular, every 'initiation' or 'graduation' ceremony is preceded by the 'Bondo Devil' which dances around the town or village, always lead by high-ranking officers, followed by other members of the female society. The idea is to signal and invite marriage proposals for the young women who have 'graduated' from the cultural institutions.

(Figure 2 below is an example of the mask worn by a 'Bondo Devil'.)



Figure 2

A Tribal (Mende) Female Secret Society (Bondo) Mask worn during the initiation ceremony for young woman.

3.2.2 Age at Marriage.

Age at marriage is significant as it creates exposure to sexual intercourse.

Early age at marriage is one factor that affects early/teenage childbearing.

Notably, and according to the World Health Organisation, only a small percentage of female adolescents in industrially developed countries marry early, although cohabiting appears to be increasingly common, especially from the age of 18 years. (WHO, 1995). It can be argued that by this age a conscious rational decision must have been taken, along with the many risks associated with teenage pregnancy: but the inherent problems may not be as acute as could be imagined for pregnancies with lower ages. However there is the probability that the absence of marriage could create instability and non-commitment of responsibility for pregnancy and childbirth from either party.

Marriage generally is considered to be a social and cultural institution which guarantees and maintains the mechanism of traditional belief systems and high levels of fertility. In most societies, reproduction is closely linked to marriage, so that it becomes desirable for marital fertility, and although marriage may be seen as the main determinant of legitimate reproduction, premarital pregnancy is not necessarily regarded as unwanted or illegitimate. In countries like Botswana and Liberia, for example, social groups culturally accept premarital births as a way for young women to prove their fertility before getting married. (Kontz & Conly, 1994:2).

Early age at marriage remains most common in many traditional societies and this correlates positively with teenage pregnancy, and subsequent high fertility. In earlier times, marriages might be arranged during childhood, but never took place until the onset of puberty.

The timing of marriage with respect to other stages and events in the reproductive cycle is itself of great significance to the nature of the needs and problems surrounding it. Basically, economic rationality was considered to be a prime factor, especially for parents, who balanced economic benefits against economic costs. 'Marriage Contracts' for instance on behalf of their children were entered into for which they received payment in cash or kind. Bledsoe & Cohen (1993:39) report that from the birth of a baby girl, contracting marriage could be in lieu of payment to a traditional practitioner or herbalist for treatment received by any of the parents.

The diversity of minimum legal ages seen across the continents of Asia and Africa depicts the wide variety of traditional practices, cultural values and family norms that are found in traditional/customary law marriages, which are compatible with adolescent marriages and child-bearing. In the African context the process may follow one of the under-mentioned three types of marriage patterns identified by Hajnal (1953:111-136)

Table 3.2 Hajnal Example of Marriage Patterns

Type 1	Type 2	Type 3
Government laws which are generally based on the laws of their respective former colonial powers and invariably practised in urban cities	Religious laws, mostly based on teachings of Christianity and Islam	Local traditional laws or customary forms of marriage.

The predominance of any of the above varies by region and ethnicity and because in many developing countries, the rural population constitutes the greater majority (Murdock 1980:16; United Nations 2001:11), traditional customs and beliefs are more favoured and practised.

Thus, initiation into the female secret society already discussed in 3.2.1.becomes a related issue in the sequence of events following the practice of clitoridectomy or female circumcision and early marriage.

According to WHO (1995:16), a legal age of marriage can be very low, such as 12, 14 or 15 years and these are consistent with marriages in many Islamic or Muslim societies. Marrying very young not only exposes a girl to teenage pregnancy and the risks of health problems, but drastically reduces her opportunity for education and formal employment. The reverse is also true when age at marriage rises (Cochrane 1979). If age at marriage continues to rise globally, as has been reported for some countries, then early teenage pregnancy may naturally decrease.

Due to urbanization with changes in the rural family systems and increased education, the nature of marital unions or marriages is changing in most societies both in terms of timing and prevalence. With wealth flows shifting from children to parents rather than from parents to children, bride-wealth, though still very important in Africa, is also changing in its form.

3.2.3. Exposure to Sexual Activity.

Exposure to sexual activity and consequent pregnancy may present different scenarios for marital and non-marital teenagers in most developing countries. The measurement of exposure presents a particular problem for teenage pregnancy because the teenage years are critical for the transition into a condition of sexual exposure, contraceptive use and important decision-making.

Entry into a 'union' or marriage which is expected to start the process of regular exposure to sexual intercourse and childbearing (Potts & Selman 1979:67) is an example of such an exposure. If, according to Gage (1995:1), the conventional marker of the beginning of sexual exposure to the risk of pregnancy is the date of first union or marriage, then exposure to sexual activity, albeit through marriage becomes another considered determinant of teenage pregnancy.

However, very low age at marriage could warrant sexual delay or abstention from sexual intercourse, allowing for physiological maturity, which interferes with sexual exposure and the commencement of sexual activities. The Hausas of Northern Nigeria, for example, are believed to exercise such discretion over sexual exposure (Bledsoe & Cohen 1993): the same is reported by Reisman (1992:84) for the Fulani of Burkina Faso. Nevertheless, the period of abstinence may not be long enough to delay sexual intercourse and avoidance of early pregnancy and child-bearing. Arguably, marriage widely remains an institution that implies regular sexual activities and exposure to pregnancy than any other relationship. Anything that happens within the context of "marriage" is usually approved by society or cultural practices.

On the other hand is societies' unreasonable expectation to repress sexuality and reproduction of unmarried adolescents, who may be in long and stable relationships where sexual activity becomes inevitable.

Moreover, an imbalance in the relative power and strength of both sexes to negotiate sexual encounters, often results in an unequal power relationship where girls may be drawn to the position of making financial demands that exposes them to 'sex' and reproduction (Leach 1994:222).

Sexual initiation during the early and teenage years which may result in accidental conception, may be stimulated by the exposure to many factors such as romantic fantasies, feelings of being in love, peer pressures and the introduction to some sexual “scripts” shown to them by their immediate social environments. Sexual messages through the media are also likely to expose teenagers to sexual explorations. In Britain for example the magazine ‘**More**’ which is directed at young people is believed to be too sexually explicit and therefore very controversial.

Although exposure to sexual activity may be influenced by many factors, it can be argued that with sexual education, information and communication, the right chord will be struck at the right time, which means that adolescents would be able to make sensible and rational decision in the event of 'sexual exposure'.

The myth that knowledge is dangerous, leading to greater sexual activity for young people could lead to more disastrous consequences. Knowledge is essential to combat ignorance, fear, frustration and excessive risky behaviours.

This opinion is underscored by the World Health Organisation, which reviewed 35 studies in several countries on sexuality education and contraception. The review concluded that appropriate sexuality education does not encourage earlier initiation of sexual intercourse, but rather delays it (Kontz & Conly, 1994:2).

3.2.4 Educational Attainment.

Researches have revealed that adolescent child-bearing is closely related to interrupted and often incomplete education. The effect is especially important since educational attainment affects not only future occupational opportunities and potential earnings, but child-bearing as well. A lack of education particularly for girls, badly damages their capacity to develop in constructive ways and exposes them to greater risks of social and economic hazards. Bledsoe & Cohen (1993:99), citing other colleagues, referred to a curvilinear relationship between fertility and education, which shows a predictable negative relationship between the highest level of formal education received and giving birth as teenagers. Women with completed secondary or higher education are much less likely to have given birth as teenagers. In this regard, contraceptive use which is the next topic for discussion in this section, must be considered an influencing factor.

The argument for very little or no educational attainment pre-empting teenage pregnancy is straightforward. In the past, when girls had few expectations of formal education, pregnancy posed little disruption in their lives.

Girls were often kept at home to help with household chores and child care duties, as a result of which sexual surveillance became necessary. Gorgen et al (1998:67) explained that a young girl who did not go to school was expected by her family to marry early, in order to reduce the cost of feeding and clothing her. However, nowadays, pregnancy does mar the prospects of girls who would hope to pursue their education further.

The overriding issue of poverty and economic hardship no doubt pre-empted teenage pregnancies for young girls. Secondary education in most developing countries requires substantial commitments of money and school materials that many parents could ill afford: hence primary education which is free or is at very minimal cost in some countries, may become the terminal point of education for many young girls in an environment of economic hardship.

3.2.5. Contraceptive Use.

Discussion on the merits and demerits of contraceptive use by adolescents has already been presented in section 2.6. Contraceptive use among both unmarried and married youths is lower in developing countries than in developed countries. Reportedly, low levels of contraceptive use by adolescent women generally supports the suggestion that adolescents may not be “developmentally ready for the responsibility that is required to be effective contraceptive users” (White and DeBlassie 1992:188).

The decision to use contraceptives certainly involves the 'acknowledgement' that sexual intercourse is going to take place. Sometimes the fluidity of relationships among many adolescents often coincides with a spontaneity of sexual intercourse that goes without the use of contraceptives. Whilst married women may have to acquiesce to the pressures of having children (earlier discussed in section 2.6), young unmarried women with limited knowledge of their reproductive physiology and contraceptive use may think that the risk of becoming pregnant is less than taking the trouble to prevent it. The widely available choices of modern contraceptives, which by and large are not commensurate to the costs, accessibility, confidentiality, convenience and sometimes embarrassment associated with obtaining them, are inhibitive factors, that expose young girls to the risk of unwanted pregnancy.

In the Netherlands, for example, assurance of confidentiality in all contraceptive services is said to be a key factor in reducing the teenage pregnancy rate to the lowest of all developed countries. On the other hand, 'traditional' methods of contraception, though unreliable, may provide the confidentiality being sought after by young girls. In countrieslike Ghana, Kenya, Nigeria and Togo for example, a large number of sexually active unmarried adolescents were found to be using traditional methods of contraception. Bledsoe & Cohen (1993:21) referred to the practice as an anomaly. They failed to realise that in many developing countries, including Sierra Leone, the use of modern contraceptives is still regarded as a "foreign practice".

3.2.6 Abortion.

Studies on the relationship between contraceptive behaviour and abortion illuminate the fact that complications from an unsafe abortion are the result of non-use of an effective or any method of contraception, prior to pregnancy. Adolescents are a population particularly affected because of reasons already discussed in sub-paragraph 3.2.5. Abortion laws in most developing countries, and in Sub-Saharan Africa in particular are restrictive, permitting abortions only for a narrow range of indications, such as saving the pregnant woman's life. Where there are relatively less restrictive laws, adolescents may have to face the problems of administrative screening, parental consent, confidentiality and cost. This may lead to clandestine abortionists and attempts at performing 'self abortion' by taking heavy doses of drugs such as "quinine tablets" which can be very dangerous. The effectiveness of the quinine tablets in some cases, (personal knowledge of the writer) may promote reliance for some young girls.

A study in Nigeria cited in International Planned Parenthood Federation (IPPF 1992-1993) found that abortion complications accounted for 72% of all deaths to young women under the age of 19 years. The clinical literature identifies haemorrhage and sepsis as the two most common complications of abortion. More of this will be discussed later when dealing with the health and social consequences. The other edge of the sword is that abortion done by competent health personnel in anti-septic conditions carries few complications.

The upshot is reminiscent of the scepticism of young girls to use modern contraceptives. The potential scope of using abortion as contraceptive may encourage a girl to become pregnant and when the abortion costs cannot be met, the pregnancy becomes existent.

3.3. Health and Social Consequences of Teen Pregnancies.

Many of the health and social consequences which emanate from teenage pregnancies are by no means far removed from the factors that have been considered as determinants in sub-section 3.2. Moreover, scientific study on early childbearing shows that in addition to social and economic consequences, health risks and outcomes of teenage pregnancy carry high rates of complications, maternal morbidity and mortality, and premature and/or low birth-weight babies. The health consequences are even more serious for teenagers under 15 years of age. Although health risks can be greatly reduced with appropriate prenatal care and good nutrition (Strobino,1987), the lives of adolescents are endangered because of the reproductive cycles of pregnancy, childbirth and lactation which are nutritionally demanding.

Normally, pregnancy is accompanied by physiological changes that affect almost every function in the body. Many of these changes are apparent in the early weeks of pregnancy and form an integral part of the maternal fetal system, which creates a favourable environment for the developing child. Worthington-Roberts and Williams (1996) noted that these changes are necessary to regulate maternal metabolism, promote fetal growth and prepare the mother for labour, birth and lactation.

NutriGenie (1997), also confirms that maternal nutrition during pregnancy plays a very important role in both maternal and fetal welfare. Women generally, particularly adolescent girls in Sub-Saharan Africa, are prone to under-nutrition due to many reasons such as poor dietary habits and economic constraints. Kurtz et al (1994) report that due to inadequate food intake, the energy expenditure required by girls' physical workload is likely to compromise their nutritional status and growth. This therefore becomes a serious problem for young girls who marry at early ages, (as discussed in 3.2.2), and are expected to give birth soon after marriage.

3.3.1. Maternal Mortality.

Whether one compares proportional mortality or cause-specific maternal mortality, it is true that causes of maternal deaths among teenagers are different from older women, for many reasons. For a start, adolescents may not have reached the optimum of their height and pelvic growth - a factor that is likely to cause complications such as obstructed labour and of death.

It is important to be aware of the fundamental role played by nutritional status on girls' biological and reproductive life span. An example of nutritional status at work is seen at achieving menarche or puberty early (see 3.2.1). Nutritional status, prior to pregnancy is vital, if iron-deficiency anaemia which is likely to cause maternal death, neurological problems or mental retardation in offspring, is to be prevented. Pregnancy increases the need for energy and protein (WHO 1995:7) which can be found in good nutrition.

It is true to say that in many third world countries, the problems of inadequate nutrition, poor living conditions and insufficient medical care which contribute to the general poor health of women, are aggravated by pregnancies of any age and become life threatening.

Although prenatal and ante-natal care may aid successful outcomes of pregnancy, many teenagers do not attend these clinics, either for reasons of concealment of their pregnancy, financial constraints or embarrassment they would face because they are either too small, or have dropped out of school. Consequently, important information and/or advice regarding their pregnancy would be lost.

In Bangladesh for example, about 40 percent of deaths among teenagers could be attributed to maternal causes (WHO 1988). The picture is not rosy in Sierra Leone either where maternal deaths remain high. According to Gyepi-Garbrah (1985a: 26), Stiles found that out of the six maternal deaths which occurred in her study of induced abortion in Sierra Leone, three of them (ie 50%) were among teenaged females aged 15-17. In Addis Ababa, Ethiopia, teenagers are also twice as likely to die from pregnancy-related conditions as women aged 20-24 (United Nations, 1989).

Another cause of maternal death which is very likely to affect teenage mothers in developing countries is Hemorrhage. Hemorrhaging is quite common soon after delivery and this can be caused by prolonged labour, a rupture or tear in the cervix or vagina, or as a result of poorly performed abortion.

Royston & Lopez (1987:215) defined a maternal death as

“the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the size of the pregnancy, from cause related to, or aggravated by the pregnancy or its management, but not from accidental or incidental causes.....”

The chances of contracting Sepsis (i.e. severe infection) after childbirth, abortion or any relevant medical condition are high in many developing countries. There is the possibility that teenage women may be more open to sepsis because of sexually transmitted diseases probably acquired by multiple partners. Similarly, ectopic pregnancy, which among other pregnancy-related conditions, has been identified by Lattenmaier et al (1988) as a result of severe infections, can cause instant death if not diagnosed quickly.

3.3.2 Infant Mortality.

The suggestion that teenage mothers are likely to give birth to babies who may not survive holds. Several studies have indicated that infants born to adolescent mothers are more likely to be born prematurely and to have low birth-weight (Makinson 1985, WHO 1988, Kimmel & Weiner 1995, Ewbank & Gribble 1993, Bledsoe & Cohen 1993). Low birth-weight (LBW) which can lead to neurological problems and slower development of a child, is also the single most important determinant of neonatal mortality. LBW is typically defined as weighing less than 2,500 grams at birth (Ewbank & Gribble, 1993, citing Susser et al, 1972). It is estimated that approximately 17 percent of all births in developing countries are LBW (WHO 1980).

A number of factors which tend to be correlated with LBW include , maternal age, inadequate prenatal care, inadequate maternal weight gain, physically demanding work, short birth intervals, tobacco or alcohol consumption, a history of sexually transmitted diseases, gestational age and length of interval since previous pregnancy. Maternal weight gain is significant during the course of pregnancy as it is strongly related to infant birth weight, length of gestation and fetal growth (Story & Alton, 1995).

Whilst adolescents in developed countries may be associated with cigarette smoking and alcohol drinking that may cause low birth weight of their babies, those in developing countries may have to contend with physically demanding work, and poor nutrition (section 3.2 refers). However, a common phenomenon identified generally, is adolescents' little or non-use of prenatal care, a characteristic which has earlier on been mentioned in this second part of the chapter.

Ewbank & Gribble (1993:126), in citing other researchers, (ie, Oruamabo and John, 1989; Wright 1990), state that ante-natal care is associated with a lower risk of LBW because some of the biological factors that contribute to the condition can be controlled or monitored through regular medical attention.

The World Health Organisation gives an idea of infant mortality status. For example, it states that in developed countries, the primary causes of infant mortality are sudden infant death syndrome (36%), congenital

anomalies (18%), infections (14%), injuries (9%) and perinatal conditions (6%): whereas in developing countries, the primary causes are diarrhoeal diseases, acute respiratory infections and immuno-preventable diseases - all of which are aggravated by malnutrition and are strongly associated with poor environmental conditions (WHO 1988). Hobcraft (1985) found environmental factors associated with early child-bearing might even be more important than physiological ones. Related to this point is the aspect of re-location of unmarried adolescent mothers, prior to, or soon after delivery. Separating mother and infant in order to conceal childbirth and to give the mother a chance of continuing schooling may result in infant deaths. Environmental factors which may not be conducive for the baby and the absence of the 'bonding' between mother and child may become calamitous.

3.3.3. Abortion.

Sub-paragraph 3.2.6, suggested that abortion done in aesthetic condition and successful is likely to become a determinant of pregnancy for contraceptive sceptics. However, amidst the divisiveness of political and religious controversies surrounding abortion, unmarried teenagers may experience conflicting emotions of whether to go to term with their pregnancy or have an abortion, especially if they want to continue with their education. Gorgen et al (1998:67) report that according to school regulations in Guinea, a pregnant young woman must be expelled, unless she was married.

She could however be allowed to return to school after delivery, which is not the case in Sierra Leone and many other West African countries.

In the circumstance, the desperation of a young girl could result in illegal abortion. Where abortion is illegal, it is usually performed in medically sub-standard and unsanitary conditions, which may lead to a high incidence of complications and resulting in chronic morbidity and often death. The facilities and skills of the abortion provider, the method used and certain characteristics of the woman herself, such as her general health, presence of reproductive tract infections (RTI) or sexually transmitted disease (STD), age, parity, and the stage of her pregnancy are also compounding factors for fatality. Other complications such as septicaemia, haemorrhage, genital and abdominal trauma, perforated uterus or poisoning can lead to death if left untreated. Death may also result from secondary complications such as gas gangrene and acute renal failure (WHO 1994). Research literature on post-abortion Family Planning (FP) services in Sub-Saharan Africa is virtually non-existent, which most likely reflects the lack of the services in general in the region.

Long-term consequences of unsafe abortion which may include chronic pelvic pain, pelvic inflammatory disease, tubal occlusion, secondary infertility, increased risk of spontaneous abortion in subsequent pregnancies and also ectopic pregnancies, call attention to the way they erode the foundation of pro-natalist ideology as well as jeopardise the lives of young women.

In Sub-Saharan Africa and in many other developing countries where the demand for children as economic benefits and risk insurance is a powerful reason for high fertility, (eg Caldwell & Caldwell: Todaro & Smith 2003) married women may spend fortunes on 'witch doctors' and traditional healers or herbalists to be able to procreate, when in some cases their fecundity has been impaired by poorly-performed abortion.

3.3.4. Adoption.

Children born to unmarried adolescents tend to face a number of socio-economic problems. In the absence of a consenting father for the baby, and where support from the mother's family is lacking, '*Adoption*' which is more common in developed countries than in developing countries, may be considered. In the past, many adolescent mothers had given up their children for some kind of adoption.

Recent years have seen less of the practice because of the legality surrounding it. Adoption also carries with it dangers for both mother and child, if the service is not properly organised, or the adopted parents become unsuitable later on. Sometimes there are feelings of guilt by a mother of an inability to care for the baby.

Adoption in third world countries is uncommon, especially in traditional societies where members of extended families are likely to look after an infant born to an unmarried adolescent.

Child fosterage, which has no legal implications, is more common in West Africa and the Sub-Saharan region. The DHS used to examine the

percentage of first-born children under 5 years of age, found that in Liberia, Senegal, Togo and Zimbabwe, unmarried women foster their small children out more than married women do, although in Botswana and Uganda married women aged 15-19 years were found to foster out their children more than unmarried women, whilst Kenya and Ghana showed no appreciable differences in fostering by mother's marital status (Bledsoe & Cohen, 1993:164).

3.3.5. Abandonment.

Many adolescents who carry their pregnancy to full term may abandon the babies either because they are faced with economic hardship, or do not want to be identified with a child at that particular time of their life. Most babies found abandoned in developed countries are cared for by Social Services, which are non-existent in many countries in the developing world. In some cases the mothers may decide to come forward and take responsibility if prosecution for abandonment is dropped and financial assistance is also provided.

On the contrary, in developing countries, babies abandoned are found dead probably due to infanticide, because adolescents who may have successfully concealed their pregnancy to full term, have a desire to continue their education.

In addition, the adolescent may be ill-equipped to deal with the problems of child care, single-parenting or non-supportive parents. Some babies born with abnormalities may be abandoned because the young mothers

cannot face any embarrassment in society. As an example, and also a case that is not isolated, an abnormal baby born with cephalopelvic disproportion in some rural settings in Sierra Leone was left abandoned to die because the baby was feared to be the result of some 'witchcraft' or 'devil' worship. (Researcher's personal knowledge).

3.3.6. Psycho-social Effects.

Teenagers from both developed and developing countries may face psycho-social problems almost alike. Sometimes the process of going through labour can be very traumatic for the young mothers, and at the end they may feel very depressed and resent their babies. Post-natal Depression is recognised and treated in many developed countries, whilst the reverse is true in many developing countries. Counselling before childbirth in this case becomes very necessary. According to Gyepi-Garbrah (1985), some psychiatric literature also provides evidence of overt and repressed hostility of parents towards an unwanted child.

It is believed that some children who are physically abused or battered are victims of parents going through psycho-social problems.

Arguably, such problems are uncommon in Sub-Saharan Africa in general and Sierra Leone in particular.

Although there is a paucity of literature on this last aspect, the fact is, that because of the high value placed on children, positive and supportive attitudes are shown when the child is born.

Girls who drop out school because of pregnancy face significantly reduced socio-economic prospects. Most of them may enter premature marriages, or, deliver their babies out of wedlock. They would have to subsist on whatever assistance they can obtain from relatives, relatives or the society.

3.3.7. Low Status of Women.

Because in most developing countries adolescents have to leave school when they become pregnant, their ambition to complete their education may be lost. Here, the influence of social class structure becomes an important factor. Thus, girls from upward social class who may have the support of their family will be able to avail themselves of every opportunity to further their education. Others who find themselves in adverse circumstances may resort to more pregnancies, petty crimes, and prostitution.

On the other hand, the provision of social benefits in developed countries such as children's allowances, unemployment benefit, housing accommodation may be regarded as an incentive package for adolescents to continue child-bearing.

3.3.8 Conclusion.

The rate of child-bearing among teenagers in both the developed and developing countries varies considerably, from extremely high levels to fairly low levels.

Although the general consensus is that teenage pregnancy is a worldwide concern, there seems to be no socio-economic reasons for teenage pregnancy in developed countries where economic growth and social facilities are secured.

However conflicting reports exist as to whether teenage pregnancy in developing countries is increasing or decreasing. Discussions of some proximate determinants presented in this chapter suggest that factors such as age at menarche, early marriage and exposure to sexual activity are crucial for understanding adolescent fertility and teenage pregnancy. The problem of low-levels of contraceptive use, in the absence of effective sexuality education, is considered a major factor that would lead to teenage pregnancy.

Drawing from the above submission of what might lead to teenage pregnancy are the health and social consequences. It is worth stating that although the health aspect worldwide cannot be overlooked, psycho-social problems in the developed, and socio-economic, in the developing world characterise many teenage pregnancies. To this end, reviews of national policies and/or practices which limit or prohibit the use of contraceptives by adolescents are crucial to the future reduction of teenage pregnancy rates.

Perhaps what is required most is a holistic approach to identify appropriate policy response to the health and social consequences, taking into consideration the proximate determinants of adolescents fertility.

The next chapter will examine some factors that influence teenage pregnancy in Sierra Leone.

CHAPTER FOUR

Chapter Four Some Factors Influencing Teenage Pregnancy In Sierra Leone

4.1 Introduction

This chapter briefly examines the social stratification of Sierra Leone in the context of its geographical location and demographic trends, as it attempts to locate the model of teenage pregnancy within the confines of socio-economic and socio-cultural factors. In doing so, it suggests that neighbouring countries tend to share common problems that define their state of development.

Worldwide concern about teenage pregnancies suggests that it is almost impossible to pinpoint a strategy to successfully reduce the incidence globally. Perhaps what is more important is to examine 'cause-specific' problems of teenage pregnancies within regional and national parameters, taking into account the vast differences in economic growth and environmental factors. The suggestion that *"for a girl to become pregnant, she must be fertile, must have had sexual intercourse and must have failed to use effective contraceptive"*, (Bury 1984:32), apparently neglects to acknowledge the circumstance in which sexual intercourse might have occurred. Teenage pregnancies in any Sub-Saharan African country is not a phenomenon that can be isolated and examined within a simple social construct or demographic variable, as Sierra Leone's example here illustrates.

4.2. Geographic Location and Brief Background of Sierra Leone.

To suggest that demographic variables such as population distribution and immigration can be influenced by a country's geographic location and physical environment is not unrealistic. As the Map (below) will show, Sierra Leone is located on the West Coast of Africa and shares borders with the Republic of Guinea to the North and North-East, and Liberia to the South-East, whilst its coastline overlooks the North of the Atlantic Ocean.

Map 1



Map of Sierra Leone Showing Major Towns and Neighbouring Countries of Guinea and Liberia.

Its mangrove swamps and beautiful beaches along the coast offer an added attraction to the tourist industry, albeit with potential 'exploitation' of young girls who ply the beaches for various reasons. Many indigenous Sierra Leoneans are part of larger ethnic networks extending into several countries in the West Africa sub region such as Nigeria, Ghana, Ivory Coast, The Gambia, Guinea and Liberia and with shared traditional and cultural values. A small minority of the population, descendants of freed slaves from Britain and the United States of America, are known as the 'Creoles' or 'Krios'. With imported 'Westernised' culture and sophisticated outlook, they tend to be highly educated: though forming only 2% of the population significantly reduces their impact of education on the other indigenous tribes.

With a population estimated at about 5 million, the country is divided into four Administrative Regions, namely, The Western Area, Southern, Eastern and Northern Provinces. The Western Area encompasses the capital city, Freetown, which, even before the wars has always been over-populated.

The close proximity to her neighbouring countries of Guinea and Liberia has not only fostered regional trade relations (eg, the defunct 'Mano River Union'), but tend to have similar characteristic features in certain areas as well.

On the basis of tribal affiliation and cultural orientation, there appears to be dual representation of tribes within the neighbouring countries, with some influence on traditional and cultural practices. The tribes include for example, the Mende, Krim, and Vai found both in the south-east of Sierra Leone and the Liberian border: the Madingo, Fullah and Susu tribes found in both areas of the north-east of Sierra Leone and the Guinea border. In most of these tribal groups, ritualistic creeds and codes of "secret societies" exist that prepare boys and girls for their future adult roles. Even with urbanization and modernization these societies are considered strongly attached to their objectives; and with low literacy rates, cultural practices are likely to continue.

4.3 Demographic Trends.

According to the 1985 Census, fertility which measures actual childbearing is still high: total fertility rate, according to Population Action International (1998), is 6.5. There are however substantial differences in the regions. Similarities in terms of demographic variables amongst the three neighbouring countries are seen in their high fertility, high infant mortality, low literacy rates and low life expectancy. According to estimates in the World Factbook (1998), Total Fertility Rate (TFR) for Guinea is 5.59, followed by Liberia with 6.09 and Sierra Leone with 6.23: Infant mortality rate (IMR) in the same order is 128/1000, 103/1000 and 129/1000 deaths. With low literacy rates of 35.9%, 38.3% and 31.4% respectively in such societies, the prospects of imminent improvement of female education remains doubtful.

Maternal mortality rates in the country are also high at 1,800 per 100,000 live births, and include complications of pregnancy and childbirth. These are a major cause of deaths amongst women, often attributed to early marriage and early child-bearing. Sierra Leone also has one of the world's highest infant and child mortality rates, which account for about 50% of all deaths in the country (e.g. Population Action International 1998).

4.4 Education.

Over the past 30 years, Sierra Leoneans were noted for their educational achievements, trading activities, entrepreneurial skills and arts and crafts work, particularly wood carving. However, both the level of education and infrastructure have declined sharply, due to mismanagement of resources and endemic corruption. It can be argued that corruption is seen as the oil that makes inefficient bureaucratic systems work better, whilst at the same time eroding the fabrics of sound administrative machinery.

That Education plays a key role in the development process has been repeated many times over. It is therefore not unusual for many governments to make it an integral part of 'National Population Policies'. (e.g. for example, Nigeria's Population Policy, 1988:10, Sierra Leone National Population Policy 1988:17, the Gambia's Population Policy, 1992:22, Tanzania Population Policy, 1992 :19).

The concept of 'policy' is in itself difficult to comprehend, as it has no clear demarcation. Although the idea connotes a principled approach or plan in matters that may affect public or individual interests, the notion of consistency is very important. This is because where no enunciated policy exists, there is an implicit recognition that the way things are done is indeed a policy. Thus, it is argued that the enforcement of compulsory schooling even if only at primary level, would undoubtedly help to extricate very young girls from the traumas and consequences of early marriage and early child-bearing.

The institution of 'Customary Law Marriage' common among many tribes in Sierra Leone makes it possible for a 'Fullah' or 'Temne' bride to be as young as 10 years of age instead of being a school girl. The country's laissez-faire attitude in enacting explicit policies on many important issues such as education, has greatly impaired the development of education generally. Both literate and illiterate place enormous weight on the importance of schooling; therefore there is a general inclination for parents to send their children to school. In 1988 for example, the gross primary enrolment rate for Sierra Leone was 53% (World Bank 1988). However, economic demise and political instability over the last decade have escalated school drop-out rates - a major trend of teenage pregnancy in the country. From the early 1980s, as the economic crisis deepened, access to education, always limited, has worsened, causing many poor children to withdraw from school.

Although the Government is committed to improving children's education and welfare, it lacks the means to provide basic education and health services for them (Sierra Leone Human Rights Report 1999:8). Due to Government's low level of funding for public education, shortage of schools and teachers, and parents inability to meet school fees and other costs, many children are forced to discontinue their schooling and enter the workforce. Additionally, attending schools that operate on 'shift' basis because of inadequacy of school accommodation and materials could be a dropping-out cause. Many students who attend the afternoon sessions perform badly because of general fatigue and malaise from either side. The result has usually been that students lose interest, and discontinue the process of schooling. As might be expected, female students drop out either with pregnancy or soon after becoming pregnant.

More serious is the fact that young women, who usually have to assist in the 'domestic management' and 'pool of financial resources' for the family, drop out of school. This increases their chances of becoming pregnant sooner than later, for historically, adolescent child-bearing has been related to interrupted and often incomplete education (Riesman 1992).

In speaking of the possible effective use of compulsory schooling, attention is directed at the very low literacy rate of the country which stands at 15%. Illiteracy helps to strengthen traditional norms and practices, and makes it difficult to communicate new ideas, especially to the rural communities.

Focusing on early education as a perceived strategy for reducing teenage pregnancy, educational psychologists believe that earlier rather than later years of childhood is the key time for learning and for personality development, (Forster & Sheffield 1973:21). Against this background, it is argued that an educational policy for compulsory schooling, even if at primary level only, would help to increase female enrolment rates, encourage high educational attainment for women and in the process undermine cultural practices that lead to early teenage pregnancy.

In Warwick's study of population policies from eight developing countries (selected from Asia, Africa, Latin America and the Middle East), noted how 'the political context often shapes the precise contents of a population policy as well as the language in which it is offered to the public' (Warwick, 1982:91). An example from Sierra Leone Population Policy reads:

"Every effort should be made to attain the national goal of Universal Primary Education (UPE) as soon as possible. The problem of high drop-out rates should be tackled, keeping in mind the socio-economic content and the needs of the labour market. Primary education should become effectively available, free and compulsory, matched by legislation on the prohibition of child labour and is effective enforcement. This may remove an inducement to large family size when children would no longer supplement family income."

Few policy-makers would disagree that this policy statement in the context of school dropout rates and primary education is more suggestive than mandatory, leaving issues at the discretion of the individual.

Data from the early 1960s reported in the New Education Policy 1995, revealed that despite the generally low level of education in the country, males have consistently maintained a higher level of attainment than females in all age groups. In 1963, the literacy rate of adolescent males

aged 15-19 years was 23% as compared with their female counterparts of only 7% (Gyepi-Garbrah 1985:13). Research has continued to suggest that women with secondary or higher education are much less likely to have given birth as teenagers. (Bledsoe & Cohen 1993:100).

Although one might argue on the incompatibility with long period of schooling and high risks of teenage pregnancy, evidence has shown a predictable negative relationship between the two variables. Table 4.1 below is an example to show that high levels of education may reduce the chances of teenage pregnancy.

Table 4.1 Percentage of Women aged 20-24 Who Gave Birth Before Age 20, by Educational Level in Selected Sub-Saharan African Countries.

Country	Highest Level of Education Attained.			Total	Sample Size
	None	Primary	Secondary Or Higher		
Botswana	62	61	43	55	926
Burundi	28	26	22	27	779
Ghana	61	51	16	51	867
Kenya	76	69	38	58	1320
Liberia	61	72	64	64	1030
Mali	69	63	A	67	530
Nigeria	72	56	27	54	1676
Senegal	69	40	29	59	895
Togo	69	53	32	56	661
Uganda	74	71	40	68	985
Zimbabwe	68	71	28	49	840

Source: Bledsoe & Cohen , 1993. (Extracted from DHS Standard Recode Files.)

In the United Kingdom for example, and in many other developed countries, it is mandatory for children to attend school until the age of 16. While such legislation may not defer teenage pregnancies generally,

it may help to close the gender gap as well as reduce the possibility of drop-out rates and raise the age at marriage.

4.5. Cultural Norms and Practices.

While socio-economic developments tend to differ from country to country, the expansion of education has not conferred profound cultural changes in several instances. In Sierra Leone, the practice of early marriage continues to be the norm. Gyepi-Garbrah (1985:14) states that the mean age at marriage was 16 years. Age at marriage ranges from 15 years in the rural areas to 18 years for the capital city Freetown and 17 years for other urban cities, and could be much less within some of the tribes in Sierra Leone. Early findings had revealed that there are tribe-specific marriage differentials (Devis, 1973:501) within the country.

Most African women marry young and contribute to the high fertility rates characterised by the Region. In some parts of Nigeria for example, the minimum legal age of marriage is 9 years and in Ethiopia, it is 12 years (Hirsch 1990: Barker 1992).

The issue of regional as well as rural/urban differences discussed *inter alia* spills over to cultural norms and traditional practices which are highly extolled in many rural areas and some urban cities through rural-urban migration. Several studies have indicated that certain cultural norms and traditional practices help to increase high fertility rates. Hammel (1990:457) classifies the various concepts of culture that have been used in anthropology as:

"an identifier of social groups; a body of autonomous tradition; a set of coherently patterned behaviours; an artistic expression of human experience; and a set of symbols negotiated between social actors.

Thus, kinship formation and African marriage customs which originated from necessity, have become significant cultural practices which are worthy of note. The extended household system in Sierra Leone for example, originated from necessity, dating back to the days when tribal warfare and civil strife were rife. People found it necessary to organize themselves into groups in order to ward off attacks by an external enemy. Gradually, the system assumed social and economic significance (Joko-Smart, 1983:10). However, one disadvantage of a large family household, which is relevant to this discussion, is that it is often difficult for parents to keep close checks on all their children. The movements of adolescent girls may not be adequately monitored: it is also not unusual for men to lure young girls into premature sexual activities resulting in cases of "sex abuse" such as incest or rape. These issues are mostly 'swept under the carpet' to avoid family feuds and embarrassment in court proceedings. Such sexual exploitation (though unspoken) often results in many unwanted teenage pregnancies.

Polygamy which is widely practised among many of the indigenous tribes in Sierra Leone, also used as a political and economic weapon, is characterised by large family household. A farmer, for example may have two or more wives with many children, whilst a 'tribal ruler' or 'section chief' may have scores of them. In the rural areas, it is common practice for many young girls, on reaching the age of puberty, to be married to the household or 'compound' of a chief. Lesthaeghe et al (1989) argue that kinship organisation plays a role in determining levels of polygamy and

according to Bledsoe & Cohen (1993:40), one of the most distinctive features of marriage in Africa is polygamy, a phenomenon that has considerable bearing on adolescent marriage.

In Sierra Leone, almost all polygamous marriages are customary unions and geared by Sierra Leone Customary Law which is virtually unwritten. According to Joko-Smart (1983:31), there are no less than 12 tribes in Sierra Leone, each having its own customary law. Although marriage differences do exist, there are many similarities among tribes, particularly with early marriage where no legal age limit exists.

Many other cultural norms and traditional practices are shared by almost all the tribes, except the Creoles.

Almost all the other tribes possess traditional educational institutions such as the **Poró** (for men) and "**Sande**" or "**Bondo**" (for women), secret societies with rites of passage into adulthood. Initiation of females was, and in many cases still is, a prerequisite for marriage, done at or around the age of puberty (Gyepi-Garbrah 1985d:19; Barker 1992:6; Bledsoe & Cohen 1993:77). As the practice provides economic sustenance for 'practitioners', they become fastidious and manipulative in their behaviour, highlighting for instance, the 'prestigious social class' and political affiliation that initiation accords. Many 'Sande' officials are high ranking members of their society, with strong political connections. Whilst non-initiates are exposed to cultural exclusion and disrespect among their caste or clan, the potential of early marriage for initiates is increased, as discussed in section 3.2.1.

Arguably, not all teenage pregnancies stem from early marriage. Early marriage is rare amongst the Creoles, whose keen ambition for high educational attainment and career development tend to delay marriage intentions. However, if it is postulated that greater education levels are generally associated with more premarital sex, then the risk of teenage pregnancies for the Creoles is also great.

Having inherited a legacy of Christian traditions carried to Africa which reinforces a deep-seated adult discomfort with discussing adolescent sexuality and related matters, (Center for Population Options, 1992), Creole children are at a disadvantage to receive any home-based sex or family life education or information on contraceptive use.

4.6. Rural/Urban Living Differences.

Though not unique in the struggle of international development, Sierra Leone maintains its specificity. Until the Western Area became so heavily populated, the bulk of the population had been spread over the three provincial regions namely, the Northern, Southern and Eastern Provinces. The imbalances in the developmental process, such as the land allocation system and wealth holdings created since the colonial era, co-exist with educational and cultural differences that are experienced within the country.

Prior to the prominence of the mining industries, agricultural productivity boosted the country's past economic growth. With an annual growth rate of 7% between 1950 and 1972, Sierra Leone had one of the fastest growing economies in the West Africa sub-region (Zak-Williams, 1990:23). Rice production for export sales and home consumption, in addition to other produce like tobacco, cocoa and piassava, had kept the population in the provincial regions quite stable and satisfied - the same fact that had undermined the school enrolments in provincial rural areas.

By the application of authority over age (Gabriel 1991:59), children's farm labour, and early marriage for girls' productive and reproductive roles dictated by their parents and elders, eliminated schooling. In her study of 'Mende Farming' in the Gola Chiefdom of Sierra Leone, Leach (1994:99) observed the linkage between marriage and farming. Earlier, a study conducted in the early 1970s, showed that over 70% of women aged 15-19 years were already married (Gyepi-Garbrah 1985).

In large-scale agricultural production both for consumption and market sales which is typical of the rural areas, young women and girls are marginalized to 'slash and burn', fetching water, cutting fuel wood and charcoal for domestic use and doing petty trading. Strong local market infrastructures hardly developed in these areas, thus denying women the opportunity to invest and save for their own development and that of their children.

The difference in socio-economic and socio-cultural conditions between the Provincial Regions and the Western Area transcends all aspects of child-bearing. The Western Area (the capital city Freetown and its immediate environs) had comparatively low fertility levels, due to the influences of the Creoles and other foreign highly-educated elites. However, the influx of internal migrants from the various tribes, as well as immigrants from neighbouring countries, seems to have influenced the changing pattern.

The practice of re-location of students to Freetown and other main cities, in search of the well-established secondary schools and other educational institutions, has a negative impact. Problems of accommodation, financial difficulties and unaffordable essential educational materials often caused teenage girls to turn to male relatives or friends for financial help. Often, these resources would be provided in exchange for sexual favours. As noted, many social and economic factors are significant predictors of early child-bearing. (See section 2.8, also Senderowitz and Paxman 1985:20).

4.7. Economic Conditions.

Despite being rich in minerals, including Diamonds, Gold, Titanium bearing Rutile, Bauxite and other agricultural, forestry and aquatic produce, Sierra Leone ranks among the world's poorest countries and is also classified by the World Bank as a **Low Income Country (LIC)**.

(See Table 4.2 on page 94).

The country's main source of income from the mining industries, particularly of diamond, rutile and gold and also agricultural produce and forestry, with Tourism also providing potential to earn major revenues.

According to Foreign and Commonwealth Office Country Profiles (2003:4), the country's major trading partners are Greece, Belgium, UK, the Netherlands, USA and Germany. However, poor implementation of economic policies, coupled with endemic corruption and political instabilities have severely damaged the economic to the extent that 74% of the population are living on less than \$2 a day (Foreign & Commonwealth Office Profiles 2003:3).

Table 4.2.

**Classification of Economies by Region and Income, 2001.
(Sub-Saharan Africa Region).**

Angola	LIC	Ethiopia	LIC	Mozambique	UMC
Benin	LIC	Gabon	UMC	Namibia	LIC
Botswana	UMC	Gambia	LIC	Niger	LMC
Burkina Faso	LIC	Ghana	LIC	Nigeria	LIC
Burundi	LIC	Guinea	LIC	Rwanda	LIC
Cameroon	LIC	Guinea Bissau	LIC	Sao Tome/Principe	LIC
Cape Verde	LMC	Lesotho	LIC	Senegal	LIC
Central Africa	LIC	Liberia	LIC	Seychelles	UMC
Chad	LIC	Kenya	LIC	Sierra Leone	LIC
Comoros	LIC	Madagascar	LIC	Somalia	LIC
Congo Dem. Rep.	LIC	Malawi	LIC	South Africa	UMC
Congo Rep.	LIC	Mali	LIC	Sudan	LIC
Cote d'Ivoire	LIC	Mauritania	LIC	Swaziland	LMC
Equatorial Guinea	LMC	Mauritius	UMC	Tanzania	LIC
Eritrea	LIC	Mayotte	UMC	Togo	LIC

Source: Extracted from World Bank Development Report, 2002.

Key: LIC - Low Income
LMC- Lower Middle Income
UMC – Upper Middle Income

Sierra Leone and her neighbouring countries are highlighted in red.

As LICs, the group tends to share its poverty across national borders, like many others in the Region.

The country's heavy reliance on imports for domestic consumption has helped to plunge the economy into its serious crisis. The immediate post-independence period saw attempts by successive Governments to establish an import substitution sector. Various fiscal and infrastructural inducements were offered to local and foreign companies to set up manufacturing outlets in Sierra Leone, many of which failed, largely because of narrowness of the domestic market and the high important content involved in manufacturing outlets. To date, there is practically no major manufacturing company in the country.

In the mining extraction, increased private sector involvement and direct benefits for rural communities have usually followed devaluation. This in part, is true for Sierra Leone which during the immediate post-independent era conducted successful businesses in agriculture and minerals with overseas companies, but now suffers high inflation and recession. The exchange rate, for example, which at Independence in 1961 was at par with the US S\$ (i.e. \$1 = Le1) is now \$1 = Le3,000, and on the fluctuating scale.

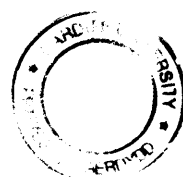
With Gross National Product, (GNP), income of \$210 (Population Reference Bureau, 1993), being one of the lowest in the Sub-Saharan Region, it is not surprising that the majority of the population live below subsistence level.

Economic activities are low generally and therefore earning power is also low, thereby damaging parent's capacity to successfully educate their children. The result on the general population has been widespread poverty and endemic corruption, with an ever- widening gap between the rich and the poor.

Any improvement in the economy in Sierra Leone will no doubt depend, largely, on managing the diamond fields to prohibit illicit mining, as well as instituting a system to combat corruption, so that a steady stream of revenue flows to the National Coffers for the benefit of all.

Since the early 1970s, the main criteria for acquiring higher social status and prestige have slowly changed from lineage membership and seniority in age to those of education and occupation, at least in the urban areas where education and vocational skills are highly valued (Gyepi-Garbrah, 1985:21). This has not been without economic difficulties.

The fact that the level of education in the country is generally low, the population predominantly rural, and with low levels of economic activities, shows that many people suffer from financial strains. Unfortunately, young girls appear to bear the brunt of such circumstances, as they are required to help domestically and financially in the home. Schildkrout's studies in Kano, Nigeria (1986), and also Orubuloye et al (1993), give an insight into girls' participation in the trading economy to help the family.



As noted by WHO (1995:5), one of the most dangerous economic hardships in many countries, is the need for young people to find income, no matter how or at what cost to themselves. Such economic pursuits as already discussed earlier, are exploitative and vulnerable for many young teenage girls in Sierra Leone.

A counselling project organised by PPASL in 1987 revealed that in some cases, parental pressures are put on girls to leave school to reduce family costs and to help in the home. The caveat that '*a woman's place is in the home*', is generally applied.

4.8. Family Planning and Fundamental Issues.

Accessibility to contraceptives information and family planning services is one that constitutes the most thorny problem in the country, not only for adolescents but for most reproductive women, generally.

For instance, a 1969-70 study in the country found that the proportion of females aged 15-49 who have ever practiced family planning ranged from 4% in the villages and 12% in the towns to 18% in Freetown. (Gyepi-Garbrah 1985e:21).

Whilst contraceptive use is low for women of all ages in the Sub-Saharan Region, it is even lower for adolescents. The World Fertility Survey data from the early 1980s show that among married teens, contraceptive use ranged from a high of 13% in Ghana to as low as 1% in Benin and Nigeria.

The observation by many researchers that teenagers do not always use contraception for various reasons is one that holds for many teenagers in Sierra Leone.

Inaccessibility to both contraceptive information and services are a major contention faced by many teenagers. Like many other Sub-Saharan countries, there are concerns for teenage pregnancy in the country.

Yet adolescent needs are hardly met. Until now, the Government does not run family planning clinics per se. The task has since 1978, been left to the Planned Parenthood Association of Sierra Leone (PPASL) which is the leading family planning association and is aided by other providers such as the Sierra Leone Home Economics Association (SLHEA), the Sierra Leone Methodist Mission and the Marie Stopes International.

Their scope is hampered not only by human and financial resources, but by the very nature of the country's under-development, portraying poor road networks and infrastructural maladjustments.

The fact that majority of the population not only live in the rural areas, but in little remote villages, illumines the difficulties of the problem of inaccessibility. For a teenager to use any contraceptive method, she must be able to have the correct information and accessibility. For the married teens, contraceptive use may defeat the purpose of early marriage and early child-bearing, a pronatalist ideology which has already been mentioned much earlier.

In societies where it is claimed that young unmarried women do not need contraceptive advice simply because they should not have sexual relations, some family workers may become unhelpful in their intolerance of sexually-active school girls.

In-school teens on the other hand, claim lack of knowledge and mis-information about contraceptive usage to be the main reasons for pregnancy-related behaviour.

The latter, which is transmitted through Family Life Education in schools is peripheral as care is taken to keep students uncontaminated both by knowledge of, and experience in 'sex' and reproduction. Although family planning associations can be helpful in this regard because of their expertise and experience, there is a negative perception accorded their work by some people that will make them unwelcome in school venues.

However, some family planning associations like Ethiopia, Tanzania and Kenya have begun programmes of counselling services and small-scale distribution of non-prescriptive contraceptives (IPPF1996:3). Young people naturally, do not want to be subjected to the moralizing of adults on their sexuality (Brandrup-Lukanow et al 1991:13). To a large extent, they share the values of their parents or any other adults in their attitudes on sexual relationships, marriage and other matters.

Yet their actions in everyday life are governed by several factors. They would therefore no doubt welcome the teaching of Family Life/Sex Education in schools. Further discussion on this will appear in the following chapter.

4.9. Civil Wars.

The current level of displacement in Sierra Leone as a result of the civil wars which started in 1991 presents a dark cloud in the horizon for teenage pregnancies. The boomerang effect of many of these wars is that the reduction of the population size becomes a catalyst for high fertility through the replacement order. Moreover, the horrors of many of such wars which are always associated with crimes such as sexual abuse, abduction and rape are mostly carried on young women and girls (see Chapter Two). The situation predicts many unwanted teenage pregnancies and sexually-transmitted diseases.

Having examined some practical factors that are likely to cause teenage pregnancies, a more realistic approach would probably be to acquire a sound knowledge of one's sexuality and reproduction.

The next chapter is designed to throw some light on the subject.

4.10. Conclusion.

Consideration of the information presented in this chapter suggests that the prevention of teenage pregnancy in Sierra Leone is far from being a simple and straight-forward task.

While education, through the medium of schooling may prove a successful strategy, the problems of accessibility and affordability still remain insurmountable, especially for those living in the rural areas.

Economic problems in the country as a whole, and political instability both create conditions of difficulty for young people with low levels of educational attainment.

Traditional and cultural norms and values may be shifting under the pressure of modernization and greater urbanization. However, these latter two factors have been linked elsewhere with increasing teenage pregnancies. So, the risks inherent in social and economic change in the country remain high for increasing or at least maintaining levels of teenage pregnancies.

The next chapter starts a review of educational measures that can be employed to counteract this trend.

CHAPTER FIVE

Chapter Five

Sexual Education.

5.1 Introduction.

Discussion so far on this work has been intended to reinforce the idea that there is a link between women's struggle for their total well-being and the acquirement of sexual education. Sex education is a crucial part of preparing children for their lives now and in the future as adults and parents: yet sex education remains a controversial and sensitive topic in many countries.

This chapter therefore discusses and analyses the subject of sex education, focussing on its provision, aims and contents. In doing so, it attempts to examine the influence of sex education on teenage pregnancy and sexually-transmitted diseases, taking into consideration claims that it encourages early sexual activity. It also examines its relationship with population education and relevant adult education programmes.

5.2. The Concept of Education.

Perhaps one of the least understood aspects of socio-economic development is the role played by Education generally. Yet presently, investments in education of women and girls in the contemporary world are regarded as important human resources in the development process.

Indeed, a major purpose of the conference of the International Women's Year (1975) was to call attention to the under-utilised potential which women and girls have to contribute to development (UNESCO 1975:16). The Beijing international women's conference(1995) reinforced this point, and took forward policy in that area.

A major and often overlooked factor in the developing world, particularly Africa and Asia, is the crucial role played by women in agricultural production. Nearly all tasks associated with subsistence food production are performed by women and girls, for which they receive very little or no financial reward or recognition. The diversity of women' duties, which also involves demanding tasks, makes it imperative that women must keep good health, thereby necessitating good education of which sexual education must be a part. Yet, many government-sponsored programmes continue to exclude women, and because of conflicting values presented in many societies, women's potential, as pointed out at by the International Women's Year, is likely to remain under-utilised in the nearest future.

World population today is very youthful, particularly in the developing world where children under the age of 15 constitute 40% of the total population of Third World countries. (Todaro 2000:218). As Todaro explains, 46% of Nigeria's population and 48% of Ethiopia's population was under 15 years of age in 1997.

The same is true for Sierra Leone with over 40% (Kandeh, 1991) and many other countries in the Sub-Saharan Region where fertility levels are still high.

There is very little doubt that this trend will continue for as long as it takes to curtail high fertility levels, and some of the negative economic, social and environmental consequences of population growth generally. Since youthful age structure can generate rapid population growth rates, especially in developing countries, the critical issue to be addressed is seen as the extent to which national governments can formulate and implement social policies that can have definite impact on early child-bearing. Consequently, the need to assign importance to **Sexual and Reproductive Health Education** for all youths must become paramount.

In societies where early marriage and early child-bearing are encouraged, levels of education and general aspirations of girls tend to be low. On the other hand, contemporary youths tend to experience a greater degree of 'freedom' in their reproductive and social lives which may generate some uncertainty and distress. Arguably, this could be prevented with the provision of successful sexual education.

Many social scientists assert that one factor strongly associated with deferring pregnancy is a good level of education. However, education refers, not just the acquisition of technical knowledge, but the understanding with sensitivity and intelligence of the whole problem of living.

Citing Mikolaj Kozakiewicz in Meredith (1989:23), the German word 'Erziehung' which means education was defined by him as follows:

"planned and purposeful influencing of young people in order to form them physically, mentally and morally, with the final goal of enabling them to become a personality with a strong character, and a sense of responsibility",

The role of formal education is not limited to imparting the knowledge and skills that should enable individuals to function as economic change agents in their societies: it also imparts values, ideas, attitudes and behavioural change as well. In this context, sexual education must be seen to form an integral part of education generally. Indeed, sexuality and reproduction is an important area of human experience, and therefore every modern society must provide young people with the necessary factual information on their Reproductive and Sexual Health. In the United Kingdom, for example, 'The Health of the Nation Strategy' identified Sex Education as one of the central means for achieving the targets aimed at reducing teenage pregnancies, sexually-transmitted diseases and the HIV infection (Ray 1994).

Yet, though vital, sexual education is somewhat amorphous in character, and in many countries, is controversial or ill-defined. It has shown that relaying standard messages, in many cases based on a biomedical model, nearly always leads to failure.

The contents of the message may have to be phrased in the light of a particular society's set of values and/or attitudes that may consequently lose the effectiveness of the message. The preferred choice of the term **'Family Life Education'** as opposed to **'Sex Education'** used by many West African schools, is a point to be noted.

5.3. Family Life/Sex Education.

In reality, the terms 'Family Life Education' (F.L.E. for short) and 'Sex Education' should not be used interchangeably in favour of each other, because of various differences that their contents and methodologies may present. The reason for the inter-changeability in this argument is two-fold: one is that, although there may be several possible ways to provide sexual information to youths generally, there is the global idea that educational approaches which are mostly school-based, could be more successful. Consequently the teaching of Sex/Family Life Education increasingly has been included in schools' curricula.

In The Gambia, for example, it was reported that among young men and women who had ever attended Family Life Education lectures, the vast majority (88% of single men, 95% of single women and 60% of ever-married women), had attended it in school. (Kane et al 1993:54).

Furthermore, as pointed out by some social scientist or school authorities, school-based sex education, linked with contraceptive services, plays an important role in the prevention of teenage pregnancy (Effective Health Care :1997:9, Green 1997:81).

The second reason is that despite the possible differences that may be found in the provision of Family Life and Sex Education programmes, many societies assume that the choice of terminology (see 5.1 above) is of little or no significance and that one choice of name is synonymous with the other.

The choice of terminology in some cases does not only depend on the scientific use and cultural values only, but also on a country's politico-religious and moral ideologies. For instance, the widespread use in Sierra Leone of the term Family Life Education (popularly called F.L.E.), abhorring the use of the word 'sex', is indicative of the direction of prevailing moral ideas, in which sexual matters are not for public discussion or knowledge. Reference has been made in Section 4.2 in the preceding chapter about a deep-seated adult discomfort in discussing sexual matters with adolescents.

In addition is the elusive nature of FLE on some sensitive aspects of reproductive and sexual health matters.

Characteristically, these are portrayed within carrier subjects such as Biology of Reproduction, Population Issues, Geography and Social Ethics. This practice raises some doubt as to the realisation of the underlying rationale to reduce early pregnancy rates among adolescents.

Countries like Ethiopia and Kenya are reported to adopt similar approach to the teaching of FLE (IPPF 1992). However, because the limited extent to which Family Life Education programmes are actually implemented, and the considerable amount of varied information they cover, the role of Family Life/Sex Education in helping to reduce the phenomenon of early child-bearing may be less effective than it might be. In England and Wales, for example, the efficacy of sex education programmes seems to be judged in relation to the levels of teenage pregnancy (Jones et al: 1985: Baldo et al 1993). Concerns are therefore being expressed in the UK, where pregnancy levels among teenagers are considered the highest in Europe, with conception rates in girls aged under 16 rising yearly (Office of National Statistics, 1996). Pugsley (1995:8) states that conception rates of 69 per 1000 are seven times higher than those of both Holland and Sweden. As research from the Northern European countries suggests, a pragmatic acknowledgment by society of adolescent sexuality, as well as the contents, context and scope of sex education must be made.

In Kenya, where births to adolescent women represent up to 20% of the country's total fertility rate of 6.7, only a few schools, Churches, Family Planning organisations and Social Service agencies recognised the information gap and provided the necessary information and services. (Barker & Rich, 1992:199).

Understandably, the aims of Sex/Family Life Education and related courses may well include the prevention of unwanted pregnancies; but this aspect may be neither explicit nor even uppermost in teachers' minds. Ultimately, the quality of provision is dependent on the skills and confidence of the teachers (Thompson & Scott 1992). According to the Nigerian Educational Research and Development Council, 1990, cited in Bledsoe & Cohen (1993:102), few secondary school teachers in Nigeria actually knew much about the subject outside their own informal sources.

In Greater Banjul in The Gambia, West Africa, sexuality education programmes seem to follow the same pattern as already described above. Lectures on Family Life Education, which cover topics on Human Reproduction, Anatomy and Physiology, Family Planning and Sexually-Transmitted Diseases are offered in more than half of the secondary schools, youth centres, hospitals, clinics, vocational centres, and the Gambia Family Planning Association.

While the Gambia model seems to cover a wider spectrum of the adolescent population, by contrast, Sierra Leone's provision of Family Life Education remains patchy and uneven. Not only do the programmes which are delivered mainly in schools, ignore a large proportion of out-of-school children and youths (Gyepi-Garbrah 1985:11: IPPF/UWCC 1992:4), but deprivation of all forms of education, caused mainly by the ten years horrific civil wars has exacerbated the problems.

Prior to the start of the war era, however, FLE/Sex Education programmes to reach the out-of-school youth population were initiated. It is argued that in situations of low socio-economic status, low levels of academic achievements and interests are closely related, and as Judith Corlyon (1999:2) also points out, sexual activity increases as socio-economic status decreases.

The **Youth-to-Youth** project which was sponsored by the International Planned Parenthood Federation (IPPF) and jointly implemented by a number of Non-Governmental Organisations (NGOs) in the West African sub-region was an attempted venture to improve on the country's adolescent reproductive health. In 1986, the Sierra Leone Home Economics Association (SLHEA) started the implementation of the Youth-to-Youth Peer Education Project for out-of-school youths in rural and urban areas.

The main object of the project was to promote responsible sexual behaviour and positive youth development through peer counselling and education and peer distribution of non-prescriptive contraceptives referrals for family planning and health services. However, the Project which had shown signs of achieving successful results became constrained. Funding and time scales constraints which are normally imposed by Non-Governmental Organizations (NGOs), International Non-Governmental Organisations (INGOs) and Donor Agencies at macro and micro levels affected the life of the project adversely.

The invaluable work of NGOs which include religious groups, private foundations and charities, research organisations and other dedicated professionals (such as doctors, nurses family planning workers) who work together towards a common concern, cannot be over-emphasised. One great value NGOs have is that they are less constrained by political imperatives and are motivated by humanitarian ideals – that is, they can be effective as risk takers in ways which are impossible for Governments. It is estimated that NGOs in developing countries are affecting the lives of some 250 million people (Todaro & Smith, 2003:659).

An illustration of Sex/Family Life Education programmes with well-defined goals, activities and results provided by two NGOs, is given in Table 5.1.

Table 5.1. An Example of NGO's Provision of Sex/Family Life Education Provision.

Goals	Major Activities	Impact	NGO
To provide reproductive health info./ education and counselling to students to prevent unwanted pregnancies & STDs etc.	Organised discussions, lectures & drama: distribution of information materials: trained peer promoters in halls of residence to give information & counselling to others.	Peer promoters reached over 7000 students with counselling/contraceptives: incidence of unwanted pregnancies declined: awareness of youth sexual & reproductive health improved.	Association for Reproductive & Family Health, University College Hospital, Ibadan, Nigeria.
Goals	Major Activities	Impact	NGO
To empower youth with knowledge about human sexuality, reproductive health, responsible parenthood and population issues.	Training of youths (incl. Peer promoters) in FLE/Sex Education: Clinic counselling: Sex educ. discussions, film shows, drama etc. in project centres & schools: distribution of information materials.	Roughly 28,000 youths participated in sex education discussions at programme outlets. Within 4 yrs of starting project, over 7000 youths became regular condom users. Over 500 adolescents went through FLE training.	Family Guidance Association of Ethiopia, Addis Ababa, Ethiopia.

Source: Extracted from "Programs in Profile: Serving the Sexual Health Needs of Youth. Selected Examples from the Developing World." (Population in Action, 1994).

Michael Bratton (1989:572) points to modern indigenous movements in West Africa and Africa in general which are no doubt similar in nature and characteristics to NGOs. These community-based organizations are small self-help groups that are primarily engaged in welfare activities tending to emerge wherever there is specific emergency or need. The war being sporadically fought in Sierra Leone, for instance, precipitated the emergence of various self-help groups that are assisting in the welfare of many people. So, as States provisions retreat under pressures of economic hardships and social demands, NGOs which tend to gain increasing leverage, provide the services which are the traditional responsibilities of the States.

By so doing, they unconsciously strengthen governments weak actions and political rhetoric. The complexities and controversies surrounding the subject of Sex/Family Life Education suggest that any attempt to offer a clear and distinct definition may prove problematic. Whilst the meaning of Sex Education *per se*, is considered to be unclear with contrasting opinions about what constitutes it, (Ungpakorn 1992:13 and Seex 1992:23), Family Life Education is perceived to be too narrow and not really honest in its objective or intention (Meredith 1989:23).

However, to assert that Family Life/Sex Education has become a plausible vehicle for delivery of factual information to all young people on issues such as preventive factors, (not only for teenage pregnancies and sexually-transmitted diseases, but also on how to develop the skills necessary to handle their sexual relationships, Pugsley 1995:6), is not to imply that sound and explicit policies which offer clear definitions, the aims of programmes and how these would be implemented and evaluated, do not need to be revisited.

While it has been acknowledged that school-based Sex/Family Life educational programmes may offer the best approach, Koontz and Conly (1994:1) believe that the school systems in most countries have largely failed to meet the sexual health education needs of youth and children.

Paradoxically however, revelations emerging from reports of the HIV/AIDS pandemic and research on sexual behaviour have compelled the teaching of Sex/Family Life Education in many schools and youth centres to respond accordingly to the needs of sexual needs of young people, and to offer a shift from the traditional *contraceptive* paradigm to a *safe sex* model.

It must be acknowledged, however, that for any government, 'sex' is a highly problematic and sensitive area within which to locate social policy. Official policies on sex education in a number of countries are therefore either silent, restrictive, or ambiguous. Under the 1993 (UK) Education Act, the teaching of Sex Education in England and Wales is compulsory, though not compulsorily attended. By contrast, francophone countries like Chad, for example, rationalised their restrictions on Sex Education by citing laws based on the French Anti-Contraception Law of 1920, which prohibited "anti-natalist propaganda" (Senderowitz and Paxman, 1985).

The unfortunate reality is that countries like Sierra Leone with no explicit policy or legislation specifically addressing sexual education for adolescents, often have little government support for establishing, expanding or improving sex education programmes. Nevertheless, with the emergence of the contemporary HIV/AIDS pandemic, closely associated with opportunistic sexually-transmitted infections and diseases,

Sex/Family Life Education has been increasingly included not only in schools' curricula, but also in modular schemes of some teacher training colleges.

The same is true in Sierra Leone. Under the new National Education Master Plan and Policy, 1997-2006, Family Life Education which has been infused into the Basic Education system (section 2.4), as a component of the Education Policy, calls for the integral development of the child. The Guidance Counselling Services which operate under the aegis of the Guidance Counselling Unit of the Department of Education, and made available at educational institutions at all levels, are the schools' mechanism for ensuring that no one area lags behind at any stage during a student's programme. The Unit is manned by at least 6 professionals, three of whom must be based at the Regional Headquarters.

Four major developmental areas of the child that must be addressed by the Guidance Counselling Services are:

- i) **The Psycho-Motor or Physical Development**
- ii) **Cognitive or Intellectual Development**
- iii) **Affective or Emotional Development**
- iv) **Socio-Moral Development**

The Socio-Moral Development, within which is located the ethos of Family Life Education, involves *"decision-making in situations where values accepted from parents come into conflict with peer group values."* (SLG/DoE, 1997:39).

Trained and qualified Guidance Counsellors are essential to the Family Life Education programmes, This necessitates the production of more teachers trained in guidance and counselling, as FLE programmes start from class four in the primary schools, right up to the Senior Secondary School (SSS) levels. Family Life Education is also taught to students at the Milton Margai College of Education and Technology, in order to equip teachers with the skills and expertise to deliver sexuality education to children and youths.

5.4. STDs/HIV & AIDS.

Despite well over a decade of intensive efforts, the AIDS epidemic continues to spread rapidly, particularly in the developing world. Since the discovery of the HIV virus in the 1980s many countries in the Sub-Saharan Region have remained relatively unperturbed. The low level of both reported and diagnosed cases of the epidemic at the onset, explains the initial lukewarm and sometimes cynical attitude by both governments and the people. However, the WHO estimated that by the end of 2001, nearly 22 million people had died of AIDS since it was first identified in the 1980s, with the large majority of deaths occurring in sub-Saharan Africa. ((Todaro & Stephen, 2003:398). Though usually thought as an issue of health-care systems and delivery, AIDS is equally an issue of economic development, as both human and financial resources are lost when the disease strikes.

An equally important reason for concern is the official position in Freetown to health-related matters. They lack the resources to establish and maintain services, which is perhaps partly explained by the poor financial capacity of many West African states. According to the World Health Organisation (WHO) there is an estimated three hundred-and-thirty million global cases of Sexually-Transmitted Diseases (STD), sixty five million of which occur in Sub- Saharan Africa. (WHO 1995).

Very little reliable published data exists on this subject for Sierra Leone as a whole, and because of the paucity of information, the actual rates may be extremely difficult to ascertain. However, what is known about STDs among adolescents indicates that the diseases are widespread. In the Sexual and Reproductive Health Clinic of Planned Parenthood Association of Sierra Leone (PPASL) in Freetown, 562 and 694 cases were seen and treated in 2000 and 2001. Gonorrhoea is observed to be highly prevalent, whilst other STDs seen in decreasing frequency in the country include monilia, trichomonas, chancroid, chlamydia and herpes genitalis (PPASL 2001).

Sexually-transmitted diseases have been a much neglected area in public health in most of the developing world, despite overwhelming evidence of their impact on health. Very little or no education is given to young people on their harmful effects.

The issue of Sexually-Transmitted Infections (STIs) is important, not because they can cause acute symptoms such as genital ulcers and discharge, but because they can have damaging long-term disease (STD) effects on health (e.g. chronic pain, infertility, ectopic pregnancies, puerperal sepsis, cervical cancer), and equally damaging effects on the foetus and newborn child. There is a consequent link with Reproductive Tract Infections (RTIs) which are considered a source of significant maternal and neonatal morbidity and mortality.

Adler and colleagues (1996:49) underscore the fact that interventions aimed at young people in many countries, usually focus on sexual or reproductive health rather than concentrating exclusively upon STIs, to which adolescent are susceptible. International surveillance statistics indicate that 70% of infections occur in the 15-24 age group (Adler et al. 1996).

Recent studies have also shown that sexually active teenagers are particularly vulnerable to STIs for many reasons, chief of which are their behavioural patterns of multiple partners. Another reason is their feelings of invulnerability which may make them disregard the issue of 'safer sex' (Cleland & Ferry, 1995). In many developing countries, of which Sierra Leone is no exception, the imbalance in gender power makes it difficult for many young women to negotiate protection against infections by using condoms during sexual intercourse (Elias & Heise, 1993).

Furthermore, against the background of poor economic infra-structural support, circumstances may put pressures on individuals, especially unemployed young females, to enter into prostitution or adopt a para-commercial sexual way of life and without the use of protection against sexual infections.

The report by Amnesty International (1998) on '**Summary of Atrocities Against Civilians**' in Sierra Leone which features all kinds of abuses against children, not least sexual abuse of young girls, forecasts high levels of teenage pregnancies and sexually-transmitted diseases. The WHO (1993) states that STDs are also responsible for the second largest loss of healthy life years in women of child-bearing age.

Many STIs are not only asymptomatic in both men and women, which makes diagnostic detection difficult, but they play a significant role in the transmission of the HIV infection. These medical problems strongly emphasize the risks associated with teenage sexual intercourse, particularly with multiple partners. Thus, sexuality education which gives information and imparts knowledge about responsible behaviours is reinforced by these points.

The indiscriminate use of antibiotics in many developing countries (Rampen 1978, cited in Gyepi-Garbrah, 1985), which may appear to reduce the high incidence of the many STDs, is a serious matter both for diseases longevity in individuals and any drug resistant strains making later treatment more difficult.

Penicillin and some other antibiotics stolen from medical centres and pharmacies are available from street hawkers in Sierra Leone. The seriousness of such a matter in Sierra Leone is aggravated by the chronic nature of many STIs which appear asymptomatic in victims after taking a few shots of antibiotics. As the germs do not die but stay in the genitalia, they are easily transmittable to another person through sexual intercourse.

Numerous studies have shown the ease with which the HIV infection can be transmitted during vaginal intercourse, and as epidemiological studies have shown, there is a close association with STDs and the acquisition of the HIV infection. Accordingly, control and treatment of STDs would undoubtedly reduce the incidence of HIV cases.

Evidence from Grosskurth's 1995 study in Uganda underscores the suggestion that the control of sexually transmitted infections can play a major part in HIV prevention, (Grosskurth 1996). Although there has been considerable debate in determining which STDs facilitate the transmission of the HIV infection, Laga et al (1994) report that epidemiological studies suggest that an individual with a genital ulcer caused by syphilis, chancroid or herpes has a four-fold greater risk of becoming infected with HIV rather than non-ulcerative STDs such as gonorrhoea, chlamydia and trichomoniasis which carry only two to three fold greater risks.

The inter-relationships between HIV/AIDS and Reproductive Tract Infections (RTIs) and STDs are critical (Wasserheit, 1992), as the presence of untreated RTIs makes women (and men) more vulnerable to acquiring HIV infection and accelerates the progression of HIV disease (Laga, 1992; Wasserheit, 1992). The UNDP hypothesis that young women may be particularly vulnerable to the HIV infection due to the immaturity of the genital tract (Preble et al 1994:500), bears relevance to the subject of teenage pregnancy and its concomitant consequences. The United Nations report that HIV/AIDS is the leading cause of death in Africa and is the fourth most common cause of death worldwide (UNFPA 2000:3).

Whilst the limitation of health care provision, STI education and management within the frustrated economy of Sierra Leone is serious, the resurgence of the *Mycobacterium Tuberculosis*, (TB) equally poses a dilemma for the country. The estimated proportion of TB cases attributed to HIV infection in 1995 was 9% globally, but 26% in Sub-Saharan Africa (Mugerwa, 1998). Mugerwa points out that the increase in TB in the Region may have resulted from several factors including civil conflicts leading to displacement, overcrowding, famine and malnutrition. All of which are prevailing conditions in Sierra Leone.

5.5. The Role of Family Planning Association

The assertion that Population Education may yield valuable results is based on the fact that population issues affect all aspects of life.

Population Education is an educational innovation which stems from the concept of human population information, education and communication. As defined by the United Nations Population Fund (Sadik 1991:36, 42), population education is the “promotion of awareness and understanding of population issues.” Although there is no intention to reduce the potential of Population Education in promoting awareness and understanding of population issues with particular reference to reproduction and health, there are inherent complexities which may emerge when implementing population education programmes. Apart from the possible misconceptions which may surround it, goals and contents of Population Education differ between countries and require different priorities to be set accordingly. These range from reducing population growth rates, and improving family health, to trying to lower adolescent pregnancies. Meredith (1991:30) states that *'Population Education may be centred mainly, if not exclusively, around procreation and with anti-natalist views, human reproduction is discouraged, placing strong emphasis on contraceptive use.'*

On another level, Population Education does help to elucidate some demographic variables which influence the health of the population. In Sub-Saharan Africa, for example, rapid population growth was, and probably is still, not widely perceived as a problem.

Concerns over problems of adolescent fertility are believed to have initiated many Population Education programmes which among other issues, dealt largely with Family Life Education (Sadik 1991:171).

It is obviously against this background that many governments have successfully designed nationally standardised curricula for Family Life and Sex Education programmes. (see section 5.3).

Population Education may take place either in the formal school system, where it is designed to meet the needs primarily of school-aged youths, or in the wide range of non-formal educational programmes serving people of all ages (Sadik, 1991:150). The importance of such education, in reducing population growth rates, as well as addressing Health Issues, was recognized by the 1974 World Population Plan of Action (WPPA) and supported at the 1984 Mexico International Population Conference. This urged all governments to ensure that adequate education, including Family Life/Sex Education and also Family Planning information and services are made available to adolescents of both sexes.

Compared to other African countries, Sierra Leone used to have a fairly well developed population and family life education programme for its adolescent population. In fact, according to Population Reports (1998), by mid-1982 the country had "*the only established national programme in Africa south of the Sahara.*"

This programme which was directed by the Institute of Education of the University of Sierra Leone, had its Advisory Committee comprising representatives from all three constituent colleges of the University, the SLHEA, PPASL, the Central Bureau of Statistics, the Ministry of Education and the Ministry of Development Teachers College. The programme, however, encountered a number of problems, not least of which was the small proportion of the school-age population attending schools. For instance, in 1981 only 39% of the children of primary school age, 12% of secondary school aged children and 1% of those aged 20-24 years in higher education (World Bank, 1988) were enrolled.

5.6. Adult Education Programmes.

Until recently, it was generally assumed that adults continue to acquire new knowledge and skills in much the same way as they did when they were children.

Whatever it is, there can be little doubt that compared to children, adults bring a massive amount of acquired knowledge and experience to new learning situations. People attend adult education programmes from widely varying backgrounds at different stages of their lives, each one an individual with his or her own personal strengths, anxieties and expectations.

Notwithstanding, it must be borne in mind that the method by which adults are taught must have some effect on their motivation and continued participation.

Adult education provision (described in Chapter Two) in the education system in Sierra Leone is sometimes dysfunctional and fragmentary. Its provision, though heavily biased towards Literacy and Numeracy, lacks coordination and the kind of training and education that would promote basic skills and social development. However, adult classes may be considered as one vehicle for channelling Sex/Family Life Education by way of talks, lectures and drama. Given that people stay mentally active, involved and interested, a talk or lecture can be a quick and effective method of transmission from one person to a number of others (Daines et al, 1998:10).

In its own words, the New Education Policy (1995) states that:

"the work to be done in the area of Adult and Non-Formal education are many and varied. There is a need to prioritise and focus on specific areas such as literacy and the education of women and girls, particularly those living in the rural areas...."

(sub-paragraph 2.13.4: 25)

The inequalitarian nature of many developing-country educational systems which is analogous to Sierra Leone, clearly shows a wide gap between government's intention and its action.

Perhaps the least understood aspect of socio-economic development is the inability for many governments in developing countries, to be prepared to reduce their dependence on foreign aid and development assistance. In the interim therefore, adult education has been provided by many NGOs, some of which can be identified in the Adult Education Committee list above.

The Sierra Leone Adult Education Association (SLADEA), which works in partnership with the Ministry of Education, the People's Educational Association (PEA), the Institute of Adult Education and Extra-Mural Studies of the two Universities in the country and the German Adult Education Association in Germany is to be commended for its work on adult education. Although SLADEA, now in the third decade of existence is making determined efforts to improve the provision of adult education nationwide, many of its programmes remain patchy and narrow, focussing on literacy and numeracy for illiterate adults.

Arguably, physical conditions have a great effect on learning, influencing a student's motivation either positively or negatively. Paradoxically, the majority of adult education programmes are organised in the rural areas where poor facilities contribute to programmes' failures. In some cases, infra-structural remoteness combined with workers' debauchery, greed, and lack of interest for both the learner and teacher, account for many inactive programmes and closures of classes.

5.7. Conclusion

The revision in the demographic and health debates discusses the importance of the reduction of teenage pregnancies in many societies. If it is acknowledged that young people develop sexual feelings and desires as a natural part of their development, not implanted by sex education, then Family Life/Sex Education must be given a comprehensive approach.

This, therefore calls for relevant sexuality education for parents, guardians and adolescents alike, which would eliminate any harmful cultural practices as well as reduce the controversy surrounding the subject.

Contrary to popular opinion, it has been stated that sexuality education does not appear to encourage earlier sexual activity: rather it teaches young people the skills they need to practice safe and responsible sexual behaviour (Koontz & Conly, 1994:1: Sex Education Forum, 1995:2).

Providing quality sexual and reproductive health information and services for adolescents generally will no doubt enable both young men and women to balance a safe' child-bearing model with other aspects of their lives.

Encouraging a shift in popular perception of Family Planning Associations, from one concerned solely with contraception to one that is multi-disciplinary, with the capability of providing and integrating adequate and appropriate teaching and learning materials for sexual and population education, into adult education programmes, may also prove beneficial.

The writer thinks that programmes handled by Family Planning Associations, whose ethos is 'population' centred, and have moved beyond 'contraceptive use', have the capability to span a large proportion of the adolescent population. They can provide factual information and services that are necessary for adolescents' needs. Notably, family planning associations remain undervalued and marginalised in many countries.

After chapters reviewing some fundamental questions of adolescent fertility, determinants and consequences of teenage pregnancy, factors that may influence the incidence of teenage pregnancy in Sierra Leone, and sexual education, the following chapter begins a consideration of the exploratory project undertaken for this work.

CHAPTER SIX

Chapter Six

The Research Methodology

6.1. Introduction.

This chapter describes and discusses the various methods that were used in the process of data collection during the field study. Research methodology in social anthropology and sociology as defined by contemporary researchers like Seymour-Smith (1992) includes methods for research design; for the carrying out of ethnographic fieldwork; and for the analysis and evaluation of data (see Seymour-Smith, 1992:245). Frankfort-Nachmias & Nachmias (1996) for example, define methodology in this way:

"a methodology is a system of explicit rules and procedures upon which research is based and against which claims for knowledge are evaluated. "

(Frankfort-Nachmias & Nachmias, 1996:13).

Conducting an investigation on issues bordering on personal lifestyles and relationships, particularly those involving adolescent sexuality, sexual behaviour and early child-bearing undoubtedly raises methodological challenges. The mere mention of the word 'sex' in public or to a stranger, in a Third World country like Sierra Leone, often presents shyness or embarrassment. Consequently, 'triangulation' or 'multiple approaches' which will be further discussed under the subject of the research design, constituted the most appropriate form of methodology.

Baseline data too were lacking for work of this kind, requiring the researcher to provide them. The ongoing civil war in Sierra Leone did much to reduce opportunities for data collection and testing too.

The method of data collection undertaken via the questionnaire survey is outlined and examined in relation to appropriateness of the chosen methodology. Included in the section are the Purpose of the Study, the Study Location, the Research Design, Selection of Respondents, the Research Sample and Access to Respondents. These are followed by Instrumentation, Validation of Instrument and Method of Data Analysis.

Moving to the matter of conducting research on sensitive topics, an outline of focused discussions and personal interviews undertaken is presented under Complimentary Qualitative Methods. The importance of Timing is examined in relation to the appropriateness of the project, and this is followed by the Problems encountered.

The chapter ends by summing up the importance of methodological perspectives and research methodology which have informed the current research.

6.2. Purpose of the Study.

There are two main purposes of surveys. One is to obtain descriptive information about the target population and second, to examine relationships between various variables and explain existing differences. It is fair to say that the subject of teenage pregnancy in this particular study, lacking baseline data, is one that requires descriptive information, especially about adolescents' behaviour that relates to some of the determinants that this study is trying to identify. The purpose requires to establish and determine whether, and to what extent or degree, relationships exist between teenage pregnancy and such variables such as biological factors, levels of education, financial resources, home environments, tribal affiliation and other related variables.

According to research theory, descriptive research involves data gathering that helps to test hypotheses or answer questions related to the current status of the subject of the research. Correlational research establishes the nature of a relationship between two or more variables.

The understanding that the research will be descriptive and correlational is outlined in the introductory chapter (Chapter One) of this work.

Moreover, actual realities of social problems experienced by many young women and girls, particularly during this warring era underscore the purpose of the study.

6.3. Study Location.

The fieldwork for this study was conducted in Freetown in the Western Region - the latter being one of three constituent Regions of Sierra Leone originally selected for the study. The effects of 'social organisation' or 'stratification' of societies which reflect cultural values and differences appertain to the issue of selection. The Western Region is the most urbanised in the country, embracing all the richness of social development and the import of the western culture. Indeed, the very first University on the West Coast of Africa (i.e. Fourah Bay College) was located in Freetown, in the Western Region.

The Provinces on the other hand, embracing all that is indigenous and culturally specific, assign great importance to traditional practices like early marriage, early child-bearing and high fertility because of children's domestic and economic values. Against these backgrounds, major Provincial Towns like Makeni and Bo were identified as part of the study location. Prominent in these towns are two of the largest ethnic groups, the Temnes and Mendes who uphold cultural practices.

These towns, it was envisaged, would provide a wealth of primary data which would be different from that of the Western Region with all its modernity.

Paradoxically, however, the Western Region continues to exhibit traits of a complex mixture of 'Western' and 'Traditional' cultures, undoubtedly precipitating the problems of adolescent sexuality and behaviours. As the situation of insecurity remained volatile and safe access to the Provinces became impossible, Freetown represented the only indisputable and sensible choice for locating the study. A report by Amnesty International (1998) which focuses on the atrocities carried out in the country as a whole in 1998, attested to the situation of insecurity. It states amongst other things that:

“In the days immediately after their removal from power by ECOMOG, AFRC and RUF forces indiscriminately killed unarmed civilians, looted and burned houses, both in Freetown and other towns. As rebel forces were pursued eastwards by ECOMOG forces through towns such as Bo in the Southern Province, Kenema and Koidu in Eastern Province and Makeni in Northern Province during February, March and April 1998, they were responsible for widespread killings, torture and ill-treatment, including rape and other forms of sexual assault and abduction. Villages and towns were burnt to the ground, destroying thousands of homes.....”

(Amnesty International Report 1998)

6.4. The Research Design.

The research is largely descriptive and is without doubt exploratory. Its orientation is to ask questions, assess determinants relating to teenage pregnancy, and seek new insights into solutions for the problems.

Adams & Schvaneveldt (1985:107) maintain that exploratory techniques allow for flexibility and freedom in problems that are being investigated. Thus, the use of both quantitative and qualitative methods of investigation was considered appropriate for this study.

Quantitative methods usually involve the use of questionnaires, and according to O'Donnell (1985:27), quantitative research methods are virtually synonymous with the social survey. By the same token, qualitative methods take into consideration socio-cultural sensitivity that makes it difficult to document certain questions and answers pertaining to sexual matters. Many theorists believe that by combining methods in the same study observers can partially overcome the deficiencies likely to flow from employing one investigator or one method. (Denzin 1989:236, Cohen & Manion 1985:254).

As stated,

"Triangular techniques in social sciences attempt to map out, or explain more fully, the richness and complexity of human behaviour by studying it from more than one stand-point and in so doing, by making use of both quantitative and qualitative data..... Exclusive reliance on one method may bias or distort the researcher's picture slice of reality he is investigating. He needs to be confident that the data generated are not simply artefacts of one specific method collection....."

(Cohen & Manion, 1985:254).

The survey method which uses questionnaires and is designed primarily for quantitative analysis served as the main research instrument.

"Survey data can be used in a variety of ways such as explanation and testing of hypotheses..... It is the primary base for data collection in the social sciences.

(Adams & Schvaneveldt: 1985:114)

This was complemented by qualitative methods such as focussed group discussions and personal interviews, which would be described fully later on.

Social surveys can be conducted in at least three stages, namely, the selection of a sample; the collection of information from the sample; and the processing of the information (on the basis of quantitative values) (see O'Donnell, 1985:27). Therefore, if logic is concerned with valid reasoning, then it was thought necessary to first finalise the construction of the questionnaires before the selection of respondents and sample size.

Feuerstein, (1986) reminds us that a questionnaire is a group of written or printed questions which is used to collect information from respondents who will provide answers to questions put to them, such as, what they do, think, possess, expect, feel, want, need, plan or have experienced (Feuerstein:1986:76): and in order to elicit correct responses from respondents, the questionnaires must be properly constructed.

In this regard, the researcher's relationship with the Planned Parenthood Association of Sierra Leone (PPASL), as a former Assistant Programme Officer proved useful in enhancing the fieldwork plan.

On the advice of the Association's Research and Evaluation Committee, two sets of questionnaires very similar in format were designed. PPASL's reputation of being "experts in the field" has been earned through their numerous fieldwork experiences and baseline surveys for Family Planning and related projects undertaken.

Cohen & Manion (1998) assert that experts are essential, particularly in a complex culture where knowledge expands so rapidly that no one can be an expert at everything. Based on the Committee's expert advice, respondents were considered under two groups, namely, **In-School Female (ISF)** and **Out-of School Female (OSF)** youths. Homogeneity, (Frankfort-Nachmias & Nachmias 1996:230), for ISF respondents was assumed on the basis of similar characteristics shared by students through the school influence.

A visit made to the Department of Education earlier on to explain the nature of the research and obtain relevant information on the education system was fortuitous, since a list of secondary schools operating in the Western Area of Freetown was given to the researcher.

This facilitated the process of selecting the target schools. A three-stage **random sampling** method was used to select ISF respondents as detailed below:

1. The first stage of selection was to categorize all the secondary schools in the Western Area into zones, namely, East, West and Central zones.
2. The second stage dealt with the elimination of all 'male only' secondary schools. This action was necessary because the target population considered was female students. Unfortunately, the list of schools obtained did not differentiate 'single sex' schools from 'mixed' schools (see Appendix 2).
3. The third and final stage dealt with zonal representation of schools from which ISF respondents were selected. To be more explicit, schools in the Western Area are categorised into 3 zones. Since, as outlined from the outset, it would be difficult to obtain a large sample size, it was decided to have zonal representations of schools. As the school numbers in the three zones were disproportionate, a method of selecting a one-third majority of the numbers was applied. Each zone was taken in turn and by dividing the total number of schools in the zone by 3, the required number of schools representing the zone was obtained.

Table 6.1 notes the result of the selection of schools within the three zones.

Table 6.1

Zonal Representation of Schools.

Zone	No. of Schools	Total Utilised
Central	6	2
West	16	5
East	21	7
Total	43	14

Source: Researcher's Fieldwork, 2000.

The next step was the permission from Principals/Heads of the selected schools to carry out the survey. Although time constraint for the researcher and a large degree of uncertainty of the country's political situation meant that initial letters for permission had to be replaced by spontaneous visits to each of the 14 Heads of the chosen schools, the personal contacts turned out to be very useful.

The importance of permission (Bell, 1987 in this study is significant to recall, since it played a double role both in accessing negotiations for data collection and obtaining information regarding schools operations within the Diaspora. Many schools from the Provinces and Rural Areas which had been temporarily transferred to Freetown until the country's return to normality operated on a 'shift' basis due to inadequate accommodation and school materials.

The situation had created erratic and complicated schools' operations that warranted clarity before any contact or relationship with the selected schools could be established.

6.5. Selection of Respondents.

The selection of respondents was determined largely by the nature of the study and the characteristics of the target population. Bearing in mind the latter aspect and working on the advice of some experienced school authorities and teachers, pupils in the Junior Secondary School (JSS) levels were identified as In-School Female respondents for the questionnaire survey. The selection of this group coincided with pertinent observations relating to some implementations of the composition of the new 6-3-3-4 education system (already described in section 2.5).

Homogeneity of the pupils was assumed on the basis of similar characteristics influenced by the school aura.

According to the new system, the age of 15 years may seem crucial for students who are at crossroads of their education when they reach the end of the JSS level. At the crossroads are the end of the JSS level that forms the final part of a broad-based education from Class 1 in the primary school, and the beginning of the Senior Secondary School (SSS) levels, the culmination of which invariably marks a turning point in the students' educational lives.

Coincidentally, the age of 15 years may be regarded as strongly influenced by biological and psychological characteristics that are evidenced by physical and sexual behavioural changes. (See section 2.2 also).

Although it may be argued that selection of respondents was apparently influenced by some bias, since advice was obtained about the selection of respondents, the compelling factor in this case assumes that the response rate would be higher than it would be for any other group.

6.6. The Research Sample.

Initially, a purposive selection which would be representative of a cross-section of schools in the Western Region was considered and a sample population of 2100 In-School Female respondents (ISF) was identified.

Table 6.2 below is illustrative of the result of the sample originally selected.

TABLE 6.2. SELECTION OF SAMPLE POPULATION.

Zone	Schools	JSS1 Pupils	JSS2 Pupils	JSS3 Pupils	Total Pupils
Central	2	50	50	50	300
West	5	50	50	50	750
East	7	50	50	50	1050
Grand Total	14	150	150	150	2100

Source: Researcher's Fieldwork 2000

The idea of accessing 14 secondary schools in the Western Region and presenting them with a modest amount of 150 questionnaires each, to be completed by pupils and returned within a short period of time was perceived by the researcher to present little or no problems. However, as the daily events pertaining to the war unfolded, it became quite clear that her perception did not match the reality and any intention to obtain a large sample size would be unrealistic. A combination of factors which included the country's total insecurity at the time, the uncertain and erratic operations of schools, and the inadequate time frame within which the field work was to be completed, none of which the researcher could control, became the stark reality on the ground. One example that threatened the researcher's stay was a volatile scenario which she had witnessed. The scenario had involved a UN civilian and some "off duty" Sierra Leone Army trainee soldiers on "check points" restrictions, that had threatened to ignite a resurgence of the war.

As it has been acknowledged from the outset, and taking into consideration the aforementioned explanation, an acceptable minimum sample size became a realistic option.

Peil (1982:40) observes, though with caution, that:

“if a group is truly homogeneous, a large sample is unnecessary (one or two people can provide as much information as 500), but beware of assuming homogeneity.”

Suggestions by other theorists about the accepted minimum sample size include Blakok (cited in Adams & Schvaneveldt 1985:185), who contends that an n value of 50 is a minimum size for statistical purposes. Similarly, Champion, (cited in Adams & Schvaneveldt,1985) and Cohen & Manion (1998:89) believe that 30 is held by many to be the barest minimum for researchers' plan to use some form of statistical analysis on their data. Consequently, a total of 50 questionnaires for ISF respondents was distributed to 5 schools, in stead of the 14 originally chosen schools: a total of 40 questionnaires (80%) was received back and 5 were disqualified.

Due to the sudden temporary closure of one school, as a result of wild disturbances, a batch of 10 questionnaires was not collected.

By using a **stratified sampling** method a total of 50 OSF respondents were selected from the three Displaced Camps and a class of the YWCA Continuing Education (YWCA CONED) Programme. A total of 30 OSF questionnaires (i.e 10 to each displaced camp) was distributed to female youths with ages ranging between 12 and 19 years: 20 of the same questionnaires were handed to the YWCA CONED tutor for her students.

One point about using stratified sampling is the underlying idea to use available information on the population

As stated by Frankfort-Nachmias & Nachmias

“to divide it into groups such that the elements within each group are more alike than are the elements in the population as a whole.”

(Frankfort-Nachmias & Nachmias, 1996:188).

Information about female youths in the Displaced Camps as well as those attending the YWCA CONED programme had already been given to the researcher. A total of 45 questionnaires from the target population was received back, out of which 12 were disqualified, leaving a balance of 33 to be analysed. Thus, a final sample size for both In-school and Out-of-school respondents amounted to 68 as the sample.

6.7 Access to Respondents.

Access to respondents are known by researchers to present many obstacles, not least to formal bureaucratic organisations of which educational establishments are no exception. For this study, however, access to both ISF and OSF respondents presented very little or no serious problems. In the case of ISF respondents, the writer, though naïve in her first experience as a researcher, was nevertheless quite conversant with access negotiations, particularly in the schools' domain.

The researcher's past role as Resource Development Officer with a family planning association, PPASL, had afforded her the opportunity to have met many Heads/Assistant Heads and Senior Members of Staff during her fundraising efforts which were executed in many local schools.

Gaining access and continuing to negotiate the same during the period of her fieldwork via these 'gatekeepers', whose control of the bureaucratic process remained unchanged, was like re-activating old friendly ties. Moreover, PPASL's transformational change from Family Planning (FP) to Sexual and Reproductive Health (SHR), focussed on young people between the ages of 10 and 30 years, (PPASL, 2000).

This meant that their Information, Education, Communication (IEC) and Counselling programmes were intensified with more campaigns to many schools and youth clubs. Accompanying the IEC staff on some of their campaigns gave some outsiders the impression that the researcher had returned to her old job.

Theoretically, a deception of a limited nature could sometimes be used in social research. For instance, William Kornblum studies had involved 'Chicago's south Slavic' ethnic groups. Kornblum was interested to find out how Yugoslav immigrants adapted in the United States.

He also was interested to make contacts with American-born Serbian and Croatian residents, which led him and his wife to settle in the local community. However, he identified himself as a researcher only to a few, whereas to most residents he was a teacher at the Indiana University. Subsequently, and in order to fulfil his particular interest in understanding the community's political leaders, especially unionist politicians, Kornblum subsequently took up a job as a sub-foreman at a steel mill in South Chicago that became the focus of his study. (See Frankfort-Nachmias & Nachmias (1996:296/7)).

Access to OSF respondents was also gained through the involvement of PPASL's IEC staff whose co-ordination and networking with other interested groups on health and reproductive matters was exemplary.

In this way, initial informed consent relating to the study (Cohen & Manion 1998:354), which is a legal principle that is used amongst other things, to determine and regulate participation in research (LoBiondo-Wood & Haber, 1998) was obtained.

6.8. Instrumentation.

The questionnaire being the main instrument of the data collection was used to collect quantitative data.

One way of collecting data is by asking questions which will obtain straightforward answers. In essence, therefore, a questionnaire can be defined as a group of written or printed questions used to gather information from respondents who will provide answers to the questions. A simple list of questions thereby formed the basis of the questionnaire.

McKernan (1996) describes three types of questionnaire and how they are administered to respondents: the *mail questionnaire* as the name suggests, is sent directly to respondents through the post to be completed and returned to the researcher. Next is the *group-administered questionnaire*: it is one in which a group from the sample concerned is gathered together to complete the questionnaire: the final is the *personal contact questionnaire*, which became the preferred choice. The two sets of questionnaire designed to motivate both ISF and OSF respondents to provide the information sought, referred to as Q1 and Q2 are embodied in Appendices 3 and 4 respectively.

Very similar in format, the questionnaires covered five sections, namely,

Personal Characteristics, Educational Pursuits, Cultural Practices, Sexual Attitudes and Behaviour and Future Trends to Continue Education.

Both Q1 and Q2 contained Factual Questions, Subjective Experiences, Closed-Ended and Open-Ended Questions and Rating Scale Questions.

Factual questions were asked to provide information on respondents background, environments, habits and the like. These are evident in questions 1.1 to 1.5 in both sets of questionnaires which are identical. Unlike Q2, the omission of questions 1.6 to 1.11 in Q1 assume that pupils should be unmarried whilst attending school. Arguably, and has been evidenced in unpublished circumstances, there could be pupils who were 'customarily married', but would not reveal the fact. Replacing those questions therefore, are those to determine factors that would lead to early pregnancy whilst going to school.

In theory and as a matter of importance, the questions in a questionnaire can either be closed-ended or open-ended, as evidenced in Q1 and Q2. The appropriateness of either depends on a number of factors.

These include, the objectives of the questionnaire, the respondents level of information about the topic in question and other related matters. Any ambiguity in the questionnaires was adequately cleared by the researcher during briefing sessions she had with the 'gate-keepers' and her fieldwork assistants, prior to the administration of the questionnaires.

Using a private arrangement with payment of a small sum, the researcher solicited the assistance of two trusted Welfare Workers to help administer the questionnaires.

The two workers who were her subordinates during her tenure of employment with PPASL became the researcher's assistants during the fieldwork exercise.

6.9. Validation of Instrument.

A successful research relies on valid instrumentation, and two main aspects which researchers usually look for are **Validity** and **Reliability**. While validity is concerned with the qualitative aspect of the research, reliability on the other hand, focuses on the quantitative matters and in order to ensure their perspective, a pilot study must be undertaken. Cohen & Manion (1994) point out that it is vital that at some stage in the design process the questionnaire must be pilot-tested to ensure that respondents fully understand the meaning and clarity of the questionnaires.

Pilot surveys may be conducted to also test the strengths and weaknesses and/or the validity and reliability of the research instruments. As reminded, a pilot study is often a miniature of the main study. It is pre-tested on respondents that are similar to those who would participate in the main study, with the proviso that no individual of the pilot study should be represented in the main study. Cohen & Manion (1998:92) remind us that an ideal questionnaire must possess the same properties as a good law – *it must be clear, unambiguous and uniformly workable* and its design must minimize potential errors from respondents and coders.

On this point, Q1 and Q2 were pilot-tested on Class VI pupils of both Congo Town and Lumley Primary Schools, and a group of YWCA Vocational Youth Workers, all of whom were within the age group of 12 and 16 years. Although time constraint did not permit the analysis and discussion of findings of the pre-tested questionnaires, the pilot exercise provided the need to restructure and present a new set of questionnaires which were headed **'Revised After Pre-testing'** (See appendices 3 and 4.

6.10. Method of Data Analysis

In the modern world, data collected for analysis are almost always coded, stored, retrieved and analysed, using computerised systems.

The data analysis for this study was no exception. By using a specialised computerised programme known as the Statistical Package for Social Sciences (SPSS), the analysis of the data collected was achieved.

A first step in the analysis process was the development of a coding frame, assigning numeric codes to certain observations or variables, such as 1 for **Age** and 2 for **Place of Birth** and so on. Codes can also be used to group various classifications of concept, namely, occupations or religions. Information on the coding frame was then recorded on a code book which served as a guide for later use in the computerized statistical analysis package.

A summary of Tables was prepared for all the variables based on frequency distributions which allows for both units of observations and percentages to be clearly seen. In Chapter 7 is presented the interpretation of the analysis and is also demonstrative of the various Tables referred to above.

6.11. Complementary Qualitative Methods.

Turning again to the issue of research design and methodology is a reminder that in most Third World countries exist specific social problems and cultural taboos that tend to mar social research. Thus, the need to use several investigating techniques (both quantitative and qualitative) to obtain data that cannot be gathered by a single technique is emphasised. Qualitative research is generally descriptive and aims to identify patterns, relationships and themes, by examining specific instances or events. It does not test associations or predict future trends (Morse & Field 1992).

Until the advent of **Focus Group Discussion (FGD)**, the two most common means of collecting qualitative data were individual interviewing and participant observation. Kitzinger (1994:159) defines Focus Groups as 'group discussions organised to explore a specific set of issues.' As Morgan (1997:8) notes, focus groups do not only occupy an intermediate position between the two qualitative methods already mentioned above, but also possess a distinctive identity of their own.

They can provide access to forms of data that are not obtained easily with either of the other two methods mentioned above. One main advantage of focus group's use is that it provides the opportunity to observe a large amount of interaction between the group members within a limited period of time.

Another convincing argument for the use of focus discussion in this study is that it entails some cultural sensitivity and embarrassment that makes it difficult to document certain questions and answers. Three FGDs were therefore conducted at PPASL's Youth Centres at Bailey Street, Sanders Street and Greybush sites in Freetown, on three consecutive Saturdays, between 5:30pm and 7.30pm respectively. All three sessions were facilitated by both PPASL's Assistant Programme Officer (APO) for Youth Development and the researcher herself.

The researcher's choice of a mixed group for all three discussions, as opposed to all female respondents in the questionnaire survey (6.4), was the fear that sensitivity of topics could silence some views, 'dry up' conversation or even change the direction of the discussions. However, as Farquar and Das (1999) argue, all research topics have potential to be sensitive, noting that sensitivity is not fixed but is socially constructed. The gender balance in each group therefore proved advantageous as it created the effect of vibrancy that the researcher had anticipated.

In her opinion, and as it proved, young men were more chatty and would readily discuss sexual matters than their female counterparts who were always bashful. The composition of the groups also took into consideration the acknowledgement that the success of a group depends, at least in part, on the dynamics between individuals within the group, and their characteristics in relation to the topic being discussed, (Bloor et al, 2000:19).

Many of the participants were members of youth clubs affiliated to the Youth Care Club of PPASL: the latter acts as a 'parent club' that trains peer counsellors on youth matters such as adolescent sexuality and reproductive health. The relative merit of this action is the avoidance or prevention of possible conflicts that might occur when a group is too heterogeneous. Heterogeneity, as understood from Bloor and colleagues (ibid), could become the 'mother' of crushed discussions and participants' distress, resulting from diverse and conflicting views.

The groups which, for analysis purposes, were referred to as A, B & C had 10 members each, strategically selected from a total of 52 (87%) responses to 60 invitation letters sent out. (Appendix 1). As recruitment and ensured attendance of participants can be problematic for the focus group initiator, the researcher had to rely heavily on the invaluable support of the APO whose advice on selection and targeting of participants emanated from his 'modus operandi' involving youth work.

Additionally, offers of transportation and payment of honoraria ensured a hundred percent attendance rate of participants.

A great deal of facilitation was done by the APO whose knowledge and skill in that area gave the researcher the opportunity to observe group dynamics and to tape-record the discussions which was done with the full knowledge

Within qualitative research are located three broad approaches, these are *Phenomenology*, *Ethnography* and *Grounded theory*. Phenomenology explores what it is like to have a particular experience and seeks to understand the subjects' lived experiences: Ethnography, the origin of which can be found in anthropology, requires the researcher to participate in the subject's world, to ask them questions, listen and observe them, in order to understand their views. The emphasis is on describing patterns of behaviour, particularly within different cultures. Finally, Ground theory, which originated from the work of Glaser and Strauss (1967), identifies concepts from the analysis of the collected data.

Whichever approach is chosen, it is vital that the philosophical stance of the method suits the intentions of the research (Rees 1997). Adopting an ethnographic approach would appear to correspond closely with the researcher's aim of finding out from the groups some determining factors of teenage pregnancies.

By using the under-mentioned questions, the discussions were generated.

- ◆ Do you support teenager pregnancy
- ◆ Why do teenagers become pregnant whilst going to school?
- ◆ What normally happens when they become pregnant?
- ◆ What do you think of Family Life/Sex Education?
- ◆ Do you think teenage girls should use contraceptives?
- ◆ What do you know about Adult Education classes or programmes?

6.12. Analysis of the Qualitative Data.

The practical importance of interpreting the data from focus groups which requires distinguishing between what topics are found interesting and important and those that are not, rests on coding the data. Morgan (1997:63), states that there are three basic factors that influence how much emphasis a given topic should receive - how many groups mentioned the topic: how many people within each of these groups mentioned the topic: and how much energy and enthusiasm the topic generated among the participants.

Consequently, the 'prompts' which were injected into the discussions were used and coded as sub-themes, in order to evaluate how much emphasis was given to a particular topic.

The main theme which was ‘pregnancy’ was coded ‘P’, and from it the sub-themes were identified.

- P1 - Contraceptives
- P2 - FLE/Sex Education
- P3 - Abortion
- P4 - Poverty
- P5 - Dropping out/Expulsion
- P6 - Cultural Practices
- P7 - Living Environment
- P8 - Peer Pressure
- P9 - Chances for Continuing Education

Every mention of a sub-theme by each group during the transcription stage was given one point and recorded on a table, noting the frequency and the relevant page numbers. The transcript of all three groups which ran into 10 pages was summarised and read several times, trying to keep close to the data in order to maintain the groups’ views. By so doing, emerging issues were identified. Table 6.3 below is illustrative of relevant and vital information obtained from the group discussions.

Table 6.3. Data Transcription of Focus Group Discussions

Groups	Codes/Sub-theme	Frequency	Page No.
TA	P1 - Contraceptives	2, 3, 2, 1, 1,	2, 5, 8, 9,10
	P2 - FLE/Sex Education	2, 1, 2, 2,	4, 5, 8, 9
	P3 - Abortion	1, 2, 1, 1	3, 5, 6, 7
	P4 - Poverty	4, 4, 2, 3 1,	1, 2, 5, 6, 9
	P5 - Drop-out/Expulsion	2, 2 1,	6 7, 9
	P6 - Cultural Practices	1, 2, 1, 1	3, 4, 6, 8
	P7 - Living Environment	2, 3, 1,	5, 7, 9
	P8 - Peer Pressure	-	-
	P9 Chances for continuing	3, 2, 2 ,	4, 9, 10

Note: T = Text: A, B & C represent the 3 groups.

According to the Table above, emerging issues suggest that poverty is the main cause for teenage pregnancy and it is closely followed by the problems of contraceptive use. The same pattern of analysis executed for the other two groups, namely TB and TC revealed almost identical results.

To complete the aims of the study the use of some interviewing techniques was considered necessary. The interview method used in this case was of an informal nature. In theory, the main significance for the use of informal interview methods is that they can probe deeper and get more information than the formal interview. Except for the interview with the Deputy Minister of Education, all the others were unstructured and therefore informal. Polit, Beck and Hunger (2001) discuss the way unstructured interviews encourage respondents to define their own phenomena and elaborate on what is relevant to them. Though it seemed like a friendly chat, the researcher had a series of questions in mind that were asked the 5 Heads of the chosen schools, and the Principal of the YWCA Vocational Institute was the sixth person to be interviewed. Each interview lasted for about three-quarters of an hour.

The five basic questions which were asked are:

1. Does your school experience the incidence of teenage pregnancy?
2. What do you think are the causes of teenage pregnancy?
3. How do you address the issue?

4. What is your opinion about FLE/Sex Education?
5. What do you think about Government's intention to encourage teenage mothers to continue their schooling?

In the researcher's notebook, were recorded valid points extracted from the discussions. Numerical codes (1 for negative, and 2 for positive) were assigned to important points in the discussion. Notably, all the Heads interviewed had experienced the incidence of teenage pregnancies in their schools. The problem of 'poverty' being responsible for many teenage pregnancies was universal among them. However, only three Heads (50%) address the situation by arranging periodic IEC talks to be delivered by a Family Planning association. Whilst the Heads indicated that FLE/Sex Education was provided in their schools, it was noted that not much emphasis was given to it. Although the interviewees welcomed Government's intention to encourage teenage mothers to continue their education, there was an overwhelming negative response for teenage mothers to continue school-based education. Information on the operations of the YWCA Continuing Education Programme for 'drop-out' girls was also secured.

Through friendly discussions, the examination of relevant documents that would not have been made available had any other investigating technique been used, was made possible.

An example of such document was the draft 'Review' of the Education Policy by the Minister of Education, Dr Alpha Wurie, which the researcher was privileged to read. The emphasis laid on the 'confidentiality' of the report indicated the reluctance under which it was allowed to be read.

Frankfort-Nachmias & Nachmias (1996:318) refer to the ready availability of public and private archival records to social scientists and distinguish them into four basic kinds, namely, **actuarial, judicial and other official, governmental and quasi-governmental and the mass media.**

Without prejudice and as was experienced, accessing government or quasi-government documents can be difficult, not least in a country which is tainted with endemic corruption and bribery. The tense and irksome atmosphere which pervades many government departments, and in this case, the Ministry of Education, was eased by the use of these interviews. However, the interview details with the deputy Minister is provided in Appendix 6.

6.13. Timing.

The issue of timing presented its own complexities. In the first place was the researcher's observation of a striking number of young teenage girls who were either carrying babies or expecting one, most likely as a result of rape, abduction (see UN OCHA Report 2000), or even abject poverty. Girls as young as twelve years old had fallen pregnant.

A dichotomy of debate filled in the researcher's mind. Has the project been superseded by unfortunate events? Was it going to serve any useful purpose? Was this the best time to undertake a field work? May be! May be not! But then there were concerns of HIV/AIDS that would no doubt arouse interest on sexual matters.

According to the UN OCHA Report (2000), the WHO in collaboration with the UN Department of Peace-keeping Operations (UNDPKO), UNAIDS, UNFPA and UNIFEM had carried out an assessment of HIV/AIDS and found prevalent rates to be above 20% among national military and police recruits. Thus, immense support might be shown for the study.

The need for schools and relevant institutions to provide comprehensive programmes of sex and health education rivals the goals of this study which attempt to at least create an awareness of the need for young women to have optimum education, irrespective of their circumstances.

On the other hand (more negative), the researcher had arrived in the country during the last week in June when the Junior Secondary Schools were sitting the all- important BECE examination, already referred to in section 6.5.

The normal timing for this yearly examination, usually in April, had been postponed to June 2000, (due to the resurgence of the war from February 1999 till April 2000), coincided with the researcher's arrival. Arriving at such a point in time was considered 'bad timing' not only for the researcher, but also for the ISF respondents whose school schedules became fragmented because of uncertainties.

The interchange of Principals/Heads of schools for conducting the examinations which delayed obtaining initial permission (referred to in 6.5), was another contributing factor to what was considered 'wrong timing' for the fieldwork. Moreover, conducting a field study during the rains was definitely not the best of time and in the interest of the researcher. The rainy season which is from May to October, is heaviest in July and August, bringing almost every operation and the administrative machinery to a standstill. Deterring factors include dangerous roads with fallen trees and debris brought down from mountain tops and hill slopes, transportation problems, roof leakage, and general absenteeism at work and school. Needless to say that the researcher's degree of control over any of these situations was zero. Setting out one morning when it was only drizzling, to collect some documents from the Ministry of Education, and arriving at the Ministry all drenched, was an experience that would not be forgotten.

Fieldwork undertaken at this particular time, also confirmed a developmental paradigm which conceptualises erroneously that much financial gains for researchers are derived from project researches. Even though this was an individual research and academic exercise, adversely curtailed by costs of time and money, the problems of greed and corruption locally were glaring. The experience of obtaining relevant information from government and other departmental officials without proffering substantial financial rewards underscored a deep-seated culture of corruption in the country.

6.14. Problems Encountered During the Fieldwork Stage.

In the first place was the researcher's continued inability to undertake the physical exercise of her field work. This lasted for almost 5 years. During this period international flights to Sierra Leone were non-existent, making it impossible for the researcher to travel home as was originally planned. The difficult circumstances presented by the 10-year rebellion were mainly responsible for the long delays experienced to execute the original research plan. Consequently, amendments had to be made to the original plan.

Concern about the protracted delays and the imminence of the researcher's University registration in March 2001, prompted a consultation with her supervisor early in 2000.

A suggestion to explore the possibility of undertaking the fieldwork in neighbouring countries like the Republics of Liberia, Guinea or The Gambia was then made. Whilst Liberia was involved with the wars in Sierra Leone, the other two countries presented logistical and financial problems that could only be surmounted in the researcher's home country.

The first attempt to travel home was made following a fragile Peace Treaty signed in July 1998. An air-ticket for the amount of £950, which was bought to travel to Freetown in December of that same year, via The Gambia was unfortunately lost due to the two-tier system of travel which was operative then (i.e. London-Banjul, Banjul-Freetown). After a long wait for the confirmation of flight details, came the announcement by the World Service of the British Broadcasting Corporation (BBC) on the 6th of January 1999, that deadly attacks by the rebels had resumed in the country. All travel arrangements were again halted.

Finally, following the signing of another Peace Treaty in April 2000 for a lasting cease fire and a proposed General Elections for February 2001, desperate efforts were again made by the researcher to travel home within the shortest possible time to conduct the fieldwork. It was feared that any further resurgence of the war would be disastrous for the study.

Noticeably, the pattern of events surrounding the wars had shown that the dry season was the most unsafe and volatile period. During the dry season, the diamond industry is very active which underpins the greed and avarice as one of the main factors responsible for igniting the civil wars.

A physical occurrence was the imposition of the dusk-to-dawn curfew which greatly limited the scope of work for everybody, not least the researcher who had time constraint to contend with from every angle. The late start of the general administrative bureaucracy, coupled with the early closing of business enterprises were also constraining factors. There was constant lack of electricity which prevented any follow-up paper work at night.

Insomnia due to mosquito bites and intermittent gun shots to scare off night raiders who operate in the dark, gave the researcher bouts of serious headaches throughout the period of stay. Finally, the lack of finance has always been blamed for the failure of many projects. In a country where nearly 10 years of civil wars had wrecked almost every infrastructure and the administrative machinery, the economy is bound to be in ruins.

The difficulties of travel and access to target population in areas which were once accessible by vehicular and pedestrian transportation cannot be exaggerated.

The scarcity of petrol and the closure of petrol stations at early hours of the day exacerbated the transportation problems, culminating in the over-populated streets that caused vehicles to move at snail's pace. However, none of these experiences could measure that of travelling with a 'rebel' in the same public transport. Following a heated argument between the taxi driver and a passenger, in a fit of temper and shaking his fist at the passenger, the driver boasted that he could kill anybody without compunction. This was more than enough to warn the researcher to conduct her data collection within the shortest time possible, and return to Britain quickly.

6.15. Conclusion.

The researcher has paid attention to methodological clarity and the challenges that her research topic threw up. However, the purity of methodological principles occasionally had to be modified by the extreme (i.e. war) circumstances in which the research was conducted, (i.e. you the reader, are very lucky to have this at all!). However, the researcher does not believe that the situation which has been explained fatally flawed what is after all an exploratory and descriptive study.

The next chapter analyses the data collected, using the methods that have been explained in this chapter.

CHAPTER SEVEN

Chapter Seven

Analysis And Interpretation of Questionnaire Results

7.1. Introduction.

This Chapter discusses the analysis of responses to a range of questions designed to investigate and determine particular issues that may be related to early childbearing and its social consequences in Sierra Leone. The analysis in this Chapter, together with findings from other chapters, overall, form the basis of a discussion of the exploratory research questions/aims that is presented Chapter 8.

Based on the Purpose of the Study (see Chapter 6, sub-paragraph 6.2), as well as the expert advice of the Family Planning Association (i.e. PPASL) (see also sub-paragraph 6.4), two sets of questionnaires, almost identical in their structure, facilitated collection of the data sought.

Both questionnaires for **In-School Female (ISF)** youths, namely Q1 and **Out-of-School Female(OSF)** youths, Q2, took into consideration the theme of the thesis, of which adolescent sexuality, sexual experiences and behaviours remain sensitive and crucial for any intervention on teenage pregnancy. The latter suggests that because of pupils' cultural and interactive process which is influenced by the education level attained, the 'Perception' of ISF respondents may not parallel that of OSF respondents who may have experienced the 'Actual' reality of early childbearing or its periphery.

The underlying reality, which embraces, for example, cultural norms and practices, and rural/urban living differences (see for example Chapter 4, subparagraphs 4.5 and 4.6), is assumed to generate inequality in social relations that are likely to be portrayed in the overall responses. This therefore strengthened the reason for the use of the two questionnaires. Where relevant and feasible, a clear comparative/contrasting analysis of ISF and OSF responses will be made of significant factors that are considered relevant to the issues under investigation.

In all five Sections (except section two) of both questionnaires similar headings such as Personal Characteristics, Cultural Practices, Sexual Attitudes and Behaviour and Continuing Education demarcated the Sections. The heading of 'Educational Pursuits' in Q1, as opposed to 'Educational Attainment' in Q2 reflects the situation of each population, that whilst Q1 respondents were actively pursuing their educational aspirations, Q2 respondents on the other hand, had terminated their formal education.

The analysis will, as far as possible, present statistical and/or tabular representations of answers from the respondents to sum up the findings.

7.2. Section One: Personal Characteristics.

Factual questions such as Age, Place of Birth, Place of Residence, Ethnic Group/Tribe and Religion of respondents are important features of Personal Characteristics that could either positively or negatively affect the self-actualization and/or emancipation of women generally.

Access to schooling for example, is an important determinant of enrolment, class placements and eventual levels of educational attainment. Observably, there has been a considerable reticence on the part of government to legislate for a compulsory nation-wide primary and secondary school attendance. The quantity of school places in primary, secondary and tertiary levels, determined largely by political processes and the limits of government's meagre financial resources, can give an insight into the government's rhetoric on its education policy.

Although several other variables such as cultural traditions, gender, social status, education of parents and family size certainly influence the prospects of education generally, in the absence of a compulsory policy, any prejudice or hindrance pertaining to any aspect of Personal Characteristics will naturally undermine any good intention of the education process.

Table 7.1. Age Group of ISF and OSF Respondents.

Age Group	ISF Respondents		OSF Respondents	
	No.	Percentage	No.	Percentage
10 – 14 years	11	31.4	4	12.1
15 – 19 years	16	45.7	23	69.7
19 plus years	7	20.0	5	15.2
Missing value	1	2.9	1	3.0
Total	35	100.0	33	100.0

Source: Researcher's Fieldwork, 2000.

As shown in Table 7.1, respondents were clustered predominantly in the 15-19 age group in both questionnaires: 16 (45.7%) ISF and 23, (69.7%) OSF respondents, respectively.

This clearly suggests that respondents in the 15-19 age group is a significant cluster requiring action orientation. The distinctive and crucial nature of the age of 15 which juxtaposes itself, underlies the implication of the 6-3-3-4 system already discussed in the previous chapter. Its closure of an education era at the Junior Secondary School level and opening of another at the Senior Secondary School level, may in part explain why the 15-19 age group emerged predominantly for both ISF and OSF respondents.

Considering, however, that selection of ISF respondents was mainly from the Junior Secondary School (JSS), where pupils' ages ranged between 12 and 15 years, (see 6.5), it was anticipated that responses from the 10-14 age group, i.e. 11 (31.4%) ISF respondents, would have predominated the others. One possible explanation for this result could be that pupils could be slightly older than the prescribed ages for the JSS level. On the other hand, a small proportion, 4 (12.1%) OSF respondents were from the 10-14 age group. In an ideal situation where every child went school, a nil response could have been reported for the latter.

The proportion of women aged 15-19 years that remains in school in various countries has always exercised the minds of adolescent fertility theorists. (see for example Bledsoe and Cohen, 1993).

Surprisingly, however, 7 (20%) ISF respondents, as against 5 (15.2%) OSF respondents in the 19-plus age group were still in school.

Table 7.2. Place of Birth of Respondents and its Relationship to Education.

ISF Respondents			OSF Respondents	
Place of Birth	No.	Percentage	No.	Percentage
Freetown/Western Area	13	37.1	11	33.3
The Provinces	22	62.9	22	66.7
Total	35	100.0	33	100.0

Source: Researcher's Fieldwork, 2000

Table 7.2 above indicates that a high percentage of both ISF and OSF respondents, 62.9% (22) and 66.7% (22) respectively, were born in the Provinces: 37.1% (13) ISF respondents and 33.3% (11) OSF respondents respectively, were born in Freetown or the Western Area. This result which is not surprising is reflective of the country's Administrative Division which surreptitiously influences the phenomenon of teenage pregnancy. With the existence of three Provinces and one Western Area, the mass of the population is in the Provinces. Through processes of political manipulation, the Provinces have been robbed of their wealth, namely gold, diamond, timber and mineral resources as well as the development of their infrastructure, which now tends to fuel the rural-urban in-migration process. The positive association between urbanization and per capita income is one of the most obvious and striking facts of the development process.

While it is true that there could be cost-reducing advantages of agglomeration caused by in-migration, it is also true to say that the population growth caused by the accelerated rural-to-urban migration is chiefly responsible for rapid growth of shanty towns, increased crime rates, pollution, congestion and absolute chaos that tend to outweigh the urban benefits.

Table 7.3. Ethnicity/Tribal Affiliation of Respondents and Relationship to Education.

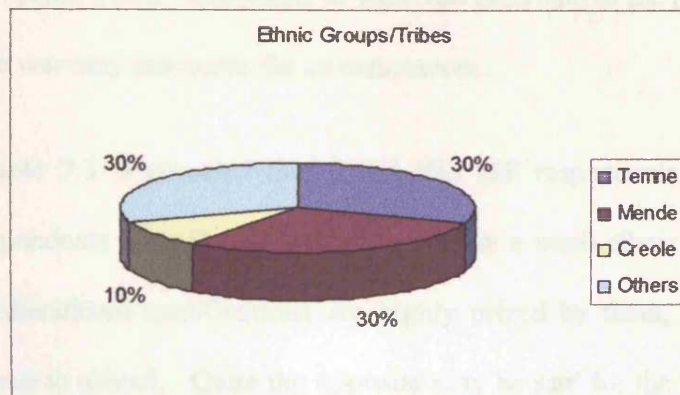
Ethnicity/Tribe	ISF Respondents		OSF Respondents	
	No.	Percentage	No.	Percentage
Kono	2	5.7	2	6.1
Madingo	2	5.7	1	3.0
Limba	3	8.6	9	27.4
Mende	9	25.7	8	24.2
Temne	9	25.7	8	24.2
Fullah	2	5.7	1	3.0
Susu	1	2.9	1	3.0
Creoles	5	14.3	2	6.1
Sherbro	2	5.7	1	3.0
Total	35	100.0	33	100.0

Source: Researcher's Fieldwork, 2000.

Table 7.3. lists the 9 most widespread tribes or ethnic groups of respondents. Historically, there has always been a slight controversy over the number of ethnic groups/tribes in Sierra Leone. The number of tribes which ranges between 12 and 20 is reflective of subgroups' distinctive dialects and cultural norms that originally set them apart. In course of time, however, subgroups such as the Gallinas, Vai and Gpa, now subsumed by the large Mende tribe, exemplify the way the numbers have been reduced.

The composition of the Ethnic Groups/Tribes of Sierra Leone is presented in Figure 7.1.

Figure 7.1. Ethnic Composition in Sierra Leone.



Source: Extracted from The World Factbook, 1998.

Of significance here is the emergence of the two most populous and indigenous tribes, the Mende and Temne whose rivalry for numerical strength, political supremacy and stature seems to be demonstrated here also in Table 7.3 by 9 (25.7%) ISF respondents representing each of the two tribes. Unlike the Mende, perceived to come next to the Creoles who are keen in pursuing education, the Temne are seen to be 'retarded' and uninterested in education generally and in educating their female children in particular.

The result assumes that the complementary features of social organisation, including among others, women's education, may be influencing the Temne of the need to educate their female children. On the other hand, the Temne's apparent intransigent attitude towards female education may be a matter of

‘Perception.’ According to Buchanan & Huczynski (1997), Perception, is a matter of positive or negative judgement based on a striking characteristic. Also, shown in Table 7.3, is a tie of 8 (24.2%) OSF respondents for each of the Mende and Temne tribes. According to what has been said of the Mende, the effects of the war may extenuate the circumstances.

In the same Table 7.3 is revealed that 5 (14.3%) ISF respondents and 2 (6.1%) OSF respondents were Creoles. The Creoles are a small ethnic group, believing that educational qualifications are highly prized by them, always send their children to school. Quite the opposite may be said for the Limba, as shown in the above-mentioned Table. Only 3 (8.6%) were ISF respondents as against 9 (27.4%) who were OSF respondents.

The evidence seen here is linked to popular suggestions that the Limba are mostly uneducated and backward in their development. The most common occupation for the men is house-servants and/or palm wine-tapping whilst the women are either market traders or housewives.

Members of the 9 most common tribes, namely, Kono, Madingo, Fullah, Susu and Sherbro occur in small numbers and are therefore insignificantly represented by both sets of respondents.

Table 7.4. Religious Affiliation of Respondents and its Relationship to Education.

ISF Respondents			OSF Respondents.	
Religion	No.	Percentage	No.	Percentage
Christian	25	71.4	16	48.5
Muslim/Islam	10	28.6	17	51.5
Total	35	100	33	100

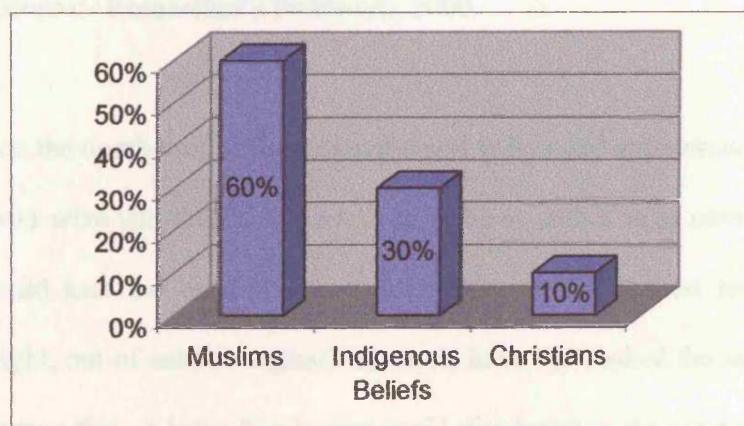
Source: Researcher's Fieldwork, 2000.

Table 7.4 above attempts to show respondent's association between religious beliefs and education. It is not easy to offer a convincing explanation of why the majority of ISF respondents (71.4%) are Christians and 51.5% OSF respondents are Muslims. Though Christians put a higher worth on schooling and are more likely to bother to send their children to school, they are in the minority and account for 10% of the total population. The Muslims on the other hand make up 60% of the country's population. (See Figure 7.2). By the logic of temporal order, one would have expected the data to record the reverse. Christianity, it is locally believed, propagated concepts of prestige, privileges, values and status. Therefore, many pupils gravitate towards the Christian religion presumably for several reasons, the most common being the influence of peer group pressure and the fear of 'ranking' and 'marginalizing' by some Catholic diehards.

Some societies believe that Catholic schools generally are associated with high moral codes and disciplinary standards that generally attract parents' attention and interest to have their children enrolled with them.

The same is true for Sierra Leone where, the Catholics' partiality in restricting certain privileges and facilities to Catholic pupils only, encouraged pupils of other faiths to accept Catholicism. This discussion is also illustrative of the competing strands of the Catholic religion and fertility regulation, vis-à-vis the use of the Rhythm method as opposed to modern contraceptives use.

Figure 7.2. Religious Affiliations of the General Population of Sierra Leone.



Source: Adapted from the World Factbook, 1998.

Table 7.5. The Influence of Siblings Number on Education

ISF Respondents			
Respondents	Percentage	Siblings each	Total Siblings
1	2.9	2	1 x 2 = 2
6	17.1	3	6 x 3 =18
6	17.1	4	6 x 4 =24
4	11.4	6	4 x 6 =24
8	22.9	7	8 x 7 =56
3	8.6	8	3 x 8 =24
2	5.7	9	2 x 9 =18
1	2.9	10	1 x 10 =10
2	5.7	12	2 x 12 =24
No response	2	-	2 x 0 =0
Total	35		200

Source: Researcher's Fieldwork, 2000.

The question on the number of siblings was thought to be more appropriate to respondents who were still attending school, as children with a large number of siblings could lose the opportunity of completing at the highest level. Though hindsight, out-of-school respondents could have been asked the same question. It is true that a large family size could disadvantage the prospects of formal education -one possible reason for dropping out of school.

The number of brothers and sisters of ISF respondents is shown in Table 7.5.

Four respondents (11.4%) had 6 siblings each: 8 (22.9%) had 7 each: 3 (8.6%) had 8 each: 2 (5.7%) had 9 each: 1 (2.9%) had 10, and 2 (5.7%) had 12 siblings each. Two did not respond or perhaps did not have any siblings.

Interestingly, when the total number of siblings shared among the 35 respondents was averaged, it coincidentally reflected the country's prevailing Total Fertility Rate (TFR) of 6.0 children per woman.

The implications for large numbers of children especially in Africa are all too familiar. Among some tribes in Sierra Leone, it was common practice for the education of the eldest child to be halted at some stage so that he/she could start work early to help provide financial support for their younger siblings' education. In very large families, children would drop out according to their birth orders and in the cultural aspect of sex preference it was the education of girls that was traded off.

Furthermore, and until recently, child-fostering once very popular along the West Coast of Africa, permitted various child-rearing costs to be spread among relatives (Ainsworth, 1990). This strategy helped to keep children in school.

Table 7.6. Age at Marriage for Out-of-School Respondents.

OSF Respondents		
No.	Percentage	Age at Marriage
1	3.0	13
1	3.0	14
3	9.1	15
4	12.1	16
1	3.0	17
Subtotal 10	30.3	-
No response 23	69.7	-
Total 33	100.0	-

Source: Researcher's Fieldwork, 2000.

The question which was intended to give an insight into the minimum age at marriage, was directed at OSF respondents only, as pupils were not supposed to be married whilst going to school.

Even if they were married, in culturally traditional circumstances, they would not declare it. As indicated in Table 7.6, a total of 9.0% of respondents (ie 3.0% or 1 each) were married at the ages of 13, 14 and 17 years respectively; whilst 9.1% (3) and 12.1% (4) OSF respondents were married at 15 and 16 years respectively.

However, a high percentage of the respondents, 69.7% (23 out of 33) did not answer this question, which undermines the results.

Although, according to the data shown in the Table, there is an evidence of early age at marriage, the pattern of response is not convincing enough to firmly locate the finding that age at marriage is either low or high. It is not known why such a high number of respondents did not answer the question. The evidence however, is suggestive that young women might becoming more aware of their own potential and educational opportunities available for women other than marriage, and are therefore ambivalent about early marriage.

Table 7.7. The Influence of Living Environment for Education.

ISF Respondents		
With whom do you live?	Respondents	Percentages
Both Parents	10	28.5
Father only	1	2.9
Mother only	9	25.7
Relatives	7	20.0
Guardian	8	22.9
Total	35	100.0

Source: Researcher's Fieldwork, 2000.

Without doubt, a suitable familial environment and financial resources are crucial for a successful completion of a school career. In view of this, the question on living environments was directed at in-school respondents only. According to Table 7.7, 10 (28.5%) respondents were living with both parents which is the expected norm: 9(25.7%) were living with their 'mother only' for which a combination of factors may be responsible.

In the practice of polygamy a wife could be allowed to stay with her children at her chosen place of residence. Similarly also, children who are born of ex-marital affairs, as well as children of single parents usually stay with their mothers. In the past, both parents had established roles, with the father being the stronger authoritarian figure.

Today, with economic responsibilities invariably being shared by both parents, the scene is beset with tension, frustration and despair, with the children caught in the middle. The strategy of Fostering by Relatives and Guardians are revealed in the Table. Seven (20.0%) and 8 (22.9%) respondents lived with relatives and guardians, respectively. The system provides a support mechanism for pupils whose parents' meagre resources can ill-afford their educational costs.

7.2.1. Comparative Summary: Section One.

Apart from three questions which were specifically directed at either ISF or OSF respondents all the other questions in Section One were answered by both ISF and OSF respondents.

In order to give a clear picture of the analysis of responses, a systematic comparison of significant responses to some pertinent questions is given in a tabular form that follows.

Table 7.8. Comparison of Responses to Significant Questions On Personal Characteristics.

Questions/Issues	ISF Responses	OSF Responses	Remarks
Age Group of Respondents	15-19 (45.7%) emerging predominantly	15-19 (69.7%) emerging predominantly	Similarity in responses: identifying 15-19 age group as cluster for action orientation.
Place of Birth of Respondents	Majority (62.9%) born in Provinces	Majority (66.7%) born in Provinces	Similarity in responses: high percentages of respondents born in the Provinces confirming pop. Mass.
Ethnicity/Tribe of Respondents	Mende & Temne - 25.7% each: most populous tribes	Mende & Temne - 24.2% each: most populous tribes	High percentages for Mende & Temne demonstrated by both ISF & OSF respondents as populous tribes: also educational implications.
Religious Affiliation of Respondents	Christianity 71.4%: Muslim 28.6%	Christianity 48.5%: Muslim 51.5%	Variance in responses - not surprising & probably true picture given: reason for ISF high percentage for Christianity discussed under Table 7.4

Source: Researcher's Fieldwork, 2000.

7.3. Educational Pursuits/Attainment.

The success of many developing countries in expanding educational opportunities, particularly for women and girls, has been reported to be remarkable (Engleman, 1997). Significant successes, nevertheless, may elude countries like Sierra Leone which is faced with many political, administrative and economic problems.

This section therefore analyses and discusses responses to questions posed to both ISF and OSF respondents, as they appear in Q1 and Q2. In order to determine the effect of educational status and related matters on early childbearing, specific questions were directed at the relevant respondents.

Table 7.9. The Relevance of the Age at which Pupils Started Schooling.

(Question: How old were you when you started going to school?)

ISF Respondents		
No.	Percentage	Age started School
6	17.1	3
2	5.7	4
8	22.9	5
7	20.0	6
6	17.1	7
4	11.4	8
1	2.9	9
1	2.9	12
Total	35	(54)

Source: Researcher's Fieldwork, 2000.

The age at which children start school can greatly influence the outcome of their educational pursuits and/or attainment. This is particularly true for girls whose age at menarche becomes a determinant in the adolescent fertility equation. Discussion on this aspect which is presented in 3.2.1, points to the inherent implications of early menarche which can be attained even at primary schools, with its potential for early childbearing in the absence of, or ineffective Sex/Family Life Education programmes.

In Table 7.9, 8 respondents (22.9%) started schooling at 5 years of age which is the statutory age for starting school: 7 respondents (20%) started schooling at the age of 6 years, followed by 6 (17.1%) who started at the age of 7 years, and 4 (11.4%) started at the age of 8 years. One respondent each (2.9%), started at 9 and 12 years respectively.

Assuming an average age of 7 years (extrapolated from the data presented in Table 7.9) becomes the statutory age for starting school, and coupled with the expected duration of 6 years at primary, then the age of 13 years which is a significant marker for the teen-years becomes crucial and complex for a number of social factors that serve to influence sexual attitudes and behaviours. It is true to say that much of the burden of responsibility presently, for informing young people about their emotions and sexual matters falls at the door of the education system.

But the divergence on opinions regarding the starting age for sexual education at school, which in Sierra Leone is heavily balanced towards secondary schools indicates an ordeal for girls in primary schools. Discussion on the attainment of early menarche and its relationship to early childbearing which is given in 3.2.1 is also pertinent in this analysis.

In the absence of an explicit sex education policy, vital information on sexuality and reproduction would be coming too late to those adolescent girls who attain menarche early and are still in primary schools.

Table 7.10 The Relevance of Years of Schooling In Relation to Childbearing.

(Question: How many years have you been going to school?)

ISF Respondents		
No.	Percentage	Years schooling
4	11.8	7
2	5.9	8
6	17.1	9
3	8.0	10
6	17.1	11
5	14.3	12
2	5.7	13
2	5.7	14
2	5.7	15
1	2.9	16
1	2.9	17
No response 1	2.9	-
Total 35	100.0	(132)

Source: Researcher's Fieldwork, 2000.

The number of years female adolescents attend school is in itself implicated in their fertility behaviour. Bledsoe & Cohen, (1993) identified the need for more education for woman which would make them less likely to have children before the age of 20 years. The pattern of responses portrayed in Table 7.9 seems to be associated with the idea, as significant numbers of respondents comprising two groups of 6 respondents (17.1% each group) indicated that they have been attending school for 9 and 11 years respectively; 5 respondents (14.3%) have been attending for 12 years.

Three other sets of 2 respondents (5.7% each set) have been attending for 13, 14 and 15 years respectively and 1 respondent (2.9%) each has also been attending for 16 and 17 years respectively. Evidently, the prolonged length of time indicated by the latter two, and a few others as attending school may seem more of 'the exception than the rule'. However, the 6-3-3-4 education system offers the opportunity for a minimum of 12 years schooling (i.e. Primary 6, Junior 3 and Senior 3) which interestingly, coincides with what the researcher extrapolated.

When taken on average (i.e. the data presented in Table 7.9), it is reckoned that pupils would attend school for at least 12 years and when this is added to a calculated average age of 7 years (see discussion under Table 7.8), by which time children must have started school, the possibility for staying in school up to the age of 19 years becomes more feasible. In fact, in Table 7.1 is noted that 7 (20%) of ISF respondents were in the 19+ years age group.

However, given the problems of adolescent sexuality, premarital sex and non-contraceptive use, which can be translated into pregnancy risks, the prospects of long years of schooling may prove more problematic and daunting.

Table 7.11. The Necessity of Schooling in relation to Childbearing.

(Question: Does school seem necessary to you?)

ISF Respondents		
School Necessity	No.	Percentage
Yes	34	97.1
No response	1	2.9
Total	35	100.0

Source: Researcher's Fieldwork, 2000.

As can be seen in Table 7.11, an overwhelming proportion of the ISF respondents 97.1% (34 out of 35) saw the art of schooling as a necessity.

Similarly, responses to a corresponding question asked the OSF respondents revealed that they also were of the same opinion. See (Table 7.11A below.)

Table 7.11A. (Question: Did you go to school at all?)

OSF Respondents		
Any Schooling?	No.	Percentage
Yes	25	75.8
No	8	24.2
Total	33	100.0

Source: Researcher's Fieldwork, 2000.

The fact that 25 (75.8%) of the respondents went to school is indicative that schooling was of necessity to them. Eight (24.2%) respondents however, indicated that they did not go school, suggesting that they were more or less illiterate that add to the high percentage (80%) of women illiterate in the country.

Though the country has one of the highest illiteracy rates in the world, many of the illiterate populations are excellent with the use of 'lingua franca', "Krio" which is the commonest medium of communication and through which vital information can be transmitted.

There is every reason to believe that there are important spill-over benefits to an individual's investment in education. An educated person is able to provide benefits to people around him/her such as reading for them, or pioneering innovations that would benefit their community. Usually, formal education is needed in complementary relationship with ongoing access to information. Thus, it is expected that by the force of cultural transmission children of parents who went to school themselves are more likely to be sent to school. Table 7.12 demonstrates such expectation.

Table 7.12. Parents Schooling as a Determinant for Pupils' Schooling.

(Question: Did any of your parents go to school?)

Parents Schooling	ISF Respondents		OSF Respondents	
	No.	Percentage	No.	Percentage
Yes	25	71.4	15	45.4
No	10	28.6	18	54.6
Total	35	100.0	33	100.0

Source: Researcher's Fieldwork, 2000.

As indicated in Table 7.12 above, three-fourths or 71.4% of ISF respondents' parents had attended school. On the contrary, 45.4% (less than 50%) of OSF respondents' parents had gone to school.

Although the pattern of response seems to support a theoretical base of the impact of parents education over their children's education, as demonstrated by ISF responses in Table 7.12, it is also demonstrative of societal change towards a strong desire for education nowadays. According to Table 7.12, 18 (56.4%) of OSF respondents' parents did not go to school and yet 25 (75.8%) OSF respondents did attend school.

A woman's own schooling in particular has a powerful effect on the schooling that her children receive. With education, her position as a 'role model' which runs parallel to better health for her children, should produce an exemplary and beneficial effect. Yet education is costly and parents' hopes and aspirations for their children to acquire satisfactory education may be dashed by the government's all-round inefficiencies.

Table 7.13. Pupils Expectation to Finish School at the Topmost Level.

(Question: Would you like to finish schooling at the topmost level?)

ISF Respondents.		
Expectation	No.	Percentage
Yes	34	97.1
No	1	2.9
Total	35	100.0

Source: Researcher's Fieldwork, 2000.

Almost without exception, girls who entered secondary school have ambitions to finish and proceed to Further Education.

This expectation is indicated by the responses in Table 7.13 : 97.1% (34 out of 35) respondents answered that they would like to finish school at the topmost level.

Table 7.14. Circumstances that would cause Pupils Dropping out of School.

(Question: What do you think would make you drop out of school?)

ISF Youths		
Causes for dropping-out	No.	Percentage
Financial Problems	19	54.3
Unwanted Pregnancy	6	17.0
Death of Parents	4	11.4
Early Marriage	2	5.7
Cultural Demands	1	2.9
Class Failures	1	2.9
Others (specify)	1	2.9
Missing	1	2.9
Total	35	100.0

Source: Researcher's Fieldwork, 2000.

In Table 7.14 above, is indicated that Financial Problems was the main reason that would cause 19 (54.3%) ISF respondents to drop-out of school. Six (17.0%) believed that Unwanted Pregnancy would cause them to drop out of school whilst 4 (11.4%) believed that Death of Parents would be the cause: and 2 (5.7%) indicated that Early Marriage would cause them to drop-out of school. Only one (2.9%) respondent each thought that other causes such as Cultural Demands and Class Failures would cause them to drop out.

In order to get a comparative analysis between what was ‘perceived’ and the ‘actual’ causes for dropping out of school, a paralleled question was posed at the OSF respondents and in Table 7.14A and 7.14B is given their responses.

Table 7.14A. (Question: At what level did you finish School?)

OSF Respondents		
Level finished school	No.	Percentage
Primary	15	45.4
Secondary	9	27.3
No response	9	27.3
Total	33	100.0

Source: Researcher’s Fieldwork, 2000.

Indicated in Table 7.14A , 15 (45.4%) respondents finished at primary school level, 9 (27.3%) at secondary level: 9 (27.3%) did not answer the question.

Table 7.14B. (Question: Why did you not go to Secondary/High School?)

OSF Youths		
Why finished at Primary	No.	%
Financial Problems	12	36.7
Death of Parents	3	9.1
Early Marriage	3	9.1
Pregnancy-related	3	9.1
Cultural Demands	1	2.9
Ill-health	1	2.9
Others (specify)	1	2.9
No response	9	27.3
Total	33	100.0

Source: Researcher’s Fieldwork, 2000.

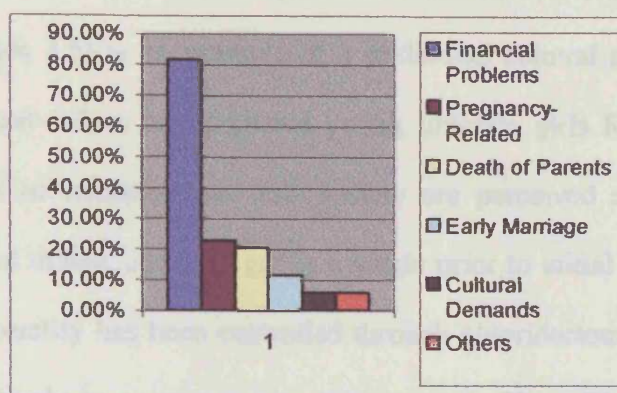
As revealed in Table 7.14B, Financial Problems caused 12 (36.7%) respondents to finish schooling at primary level: this was followed by 3 (9.1%) who reported that Death of Parents caused their dropping out of school. Similarly, Pregnancy and related matters and Early Marriage caused three respondents each (9.1% each) as clearly shown in Table 7.14B to finish prematurely. The response on Cultural Demands 1 (2.9%) which surprisingly, appears to be very low is suggestive that since education or civilisation has not had any adverse effect on the general population, it certainly must have influenced the perception on cultural demands so that they no longer seem important. One (2.9%) respondent each reported that ill-health and others (not specified) caused them to finish at primary school level.

According to the data a total of 9 (27.3%) did not answer the question and therefore gave no reasons why they did not go to secondary school. Observably, there is a tie of 9 OSF respondents each who did not respond to the questions pertaining to Tables 7.14A and 7.14B. Though the reason for this coincidence is certainly not clear, there is a possible linkage to the result. The secrecy that embraces some cultural/traditional practices and which tenets are held very strongly by many illiterate people, may have prevented the respondents from revealing such a cause for dropping out of school.

In Figure 7.3 that comes up in the next page is demonstrated clearly the main causes for pupils dropping out of school, and of which financial problems are rated top of the list.

Figure 7.3.

Major Dropping-Out Causes.



Source: Researcher's Fieldwork 2000.

7.3.1. Comparative Summary: Section Two.

Table 7.15. Comparison of Responses to Significant Questions on Educational Pursuits/Attainment.

Questions/Issues	ISF Responses	OSF Responses	Remarks
Schooling necessity	97.1%	75.8%	High percentage of both respondents (Tables 7.10 & 7.10A) indicative of their support for education
Parents' schooling as determinant of children's schooling	71.4%	45.5%	Variance in results (Table 7.11) indicative of idea that parents who went to school must send their children to school also.
Major Dropping-out Causes	54.3%	36.7%	Both sets of respondents indicate financial problems as major cause of dropping out of school

Source: Researcher's Fieldwork, 2000.

7.4. Cultural Practices.

The “Sande” or “Bondo” female secret society (already referred to in subparagraph 3.5) is an example of a traditional cultural practice that once upheld moral values and prepared young illiterate girls for marriage rites. The rituals of initiation into this society are perceived as ensuring three fundamental things: a) that a girl is a virgin prior to initial marital union: b) that her sexuality has been controlled through clitoridectomy and c) that she will be unlikely to engage in any extra-marital affairs. The practice is also surrounded by social, religious and political ethos which are reflected in some tribal issues in the country. Because the practice is often associated with Islam or the Muslim religion, the Creoles who are predominantly Christians do not practise it. However, now faced with the challenges of modernity, economic constraints, and a strong desire to acquire formal education, the practice now tends to be losing its strong hold on young women.

Table 7.16 Membership of Secret Societies by ISF and OSF Respondents.
(Question: Do you belong to any secret society?)

ISF Respondents			OSF Respondents	
Membership	No.	%	No.	%
Yes	16	45.7	26	78.8
No	16	45.7	7	21.2
No response	3	8.6	0	0
Total	35	100.0	33	100.0

Source: Researcher's Fieldwork , 2000.

According to the results shown in Table 7.16, there is a tie of 16 (45.7%) ISF respondents each who are members and non-members respectively, whilst 3 (8.6%) did not answer the question. On the other hand 26 (78.8%) OSF respondents reported that they were members whilst 7 (21.2%) were not.

Initially, the speculations for the 16 ISF respondents who indicated non-membership were that they must be mainly from the Creole ethnic group or background. But according to Table 7.3, only 5 ISF respondents were Creoles. It is possible that because of the stigma now attached to the practice of female circumcision, as a result of criticisms from the WHO, western medical practices, feminists and many other international women's organisations, educated young girls are embarrassed to admit their association. Moreover, because of the many medical problems associated with the operations, and the healing process which could last longer than expected, membership could be suspended until the completion of schooling. This would explain also why OSF respondents had more members than ISF respondents, as indicated in Table 7.16.

The age at which respondents became members of their society was a relevant question for both sets of respondents. For the majority of uneducated women who are expected to spend longer periods in the 'Bush' than their educated counterparts, lessons on sexuality, marriage and reproduction are believed to be given to them during their 'training'.

Table 7.17 Age at which Respondents became Members of Secret Society.

(Question: How old were you when you became a member?)

ISF Respondents			OSF Respondents		
No.	%	Age	No.	%	Age
1	2.9	3	1	3.0	5
1	2.9	5	2	6.1	7
1	2.9	7	2	6.1	8
1	2.9	9	6	18.2	9
1	2.9	10	6	18.2	10
2	5.7	12	4	12.1	12
1	2.9	13	4	12.1	13
4	11.4	15	1	3.0	14
1	2.9	16	1	3.0	19
1	2.9	18	-	-	-
1	2.9	19	-	-	-
20	56.8	No response	6	18.2	No response
Total 35	100.0	-	33	100.0	-

Source: Researcher's Fieldwork, 2000.

Reportedly, 95% of female circumcision is performed on girls from a day old to 16 years of age (Royal College of Nursing, 1994: cited in Wright, 1996).

As Table 7.17 indicates, respondents were initiated into society at different ages ranging between 3 years and 19 years. A total of 4 (11.4%) ISF respondents were initiated at the significant age of 15 years and 2 (5.7%) at the age of 12 years. An overwhelming number of 20 (56.8%) did not respond, which is suggestive of the embarrassment now faced by students who are initiates. Because of the exposure of the harmful and hazardous effects of the operation, the practice is now considered barbaric.

On the other hand, 2 sets of 6 OSF respondents (18.2%) each, were initiated into membership at the ages of 9 and 10 respectively: also, 2 sets of 4 OSF respondents (12.1%) each, were initiated into membership at 12 and 13 years, respectively. The traditional concept of initiating adolescent girls at the onset of puberty, in order to safeguard their virginity, is what is demonstrated by OSF responses in Table 7.17. Virginity, it would seem, is a social construct into which a girl must be initiated (See Hicks, 1993:79).

Table 7.18 Secret Society and Family Life Education.

**(Did Your Secret Society teach you about
Family Life Education?)**

ISF Respondents.

Family Life Education	No.	Percentage
Yes	14	40.0
No	1	2.9
No Response	20	57.1
Total	35	100.0

Source: Researcher's Fieldwork, 2000.

Table 7.18A Secret Society and Family Planing.

**(Did Your Secret Society teach you
about Family Planning?)**

OSF Respondents.

Family Planning	No.	Percentage
Yes	8	24.2
No	25	75.8
Total	33	100.0

Source: Researcher's Fieldwork, 2000.

The level of influence of a Secret Society on young women's sexuality and low fertility is relatively insignificant (see Tables 7.18 & 7.18A). Although 14 (40%) of ISF respondents (Table 7.18) indicated that they received lessons on Family Life/Sex Education, the study raises doubts about the appropriateness and relevance to the issues of teenage pregnancy, when virginity and the prospects of marriage are intertwined. It is not known why 20 (57.1%) OSF respondents did not answer this question: perhaps they did not understand it. However, turning again to the question of membership, it was demonstrated in Table 7.16, that 16 ISF respondents were non-members: three others did not answer the question. The inference drawn is that lessons on Family Life Education, if any, could not reach them if they were non-members. Also clear from Table 7.18A is the indication that OSF respondents, 25 (75.8%) do not receive any Family Planning lectures or instructions. The information which is not surprising, attests to a belief held within most traditional cultures that 'family planning' increases promiscuity.

7.4.1 Comparative Summary: Section Three.

Table 7.19 Comparison of Responses to Significant Questions on Cultural Practices.

Questions/Issues	ISF Responses	OSF Responses	Remarks
Society membership	45.7%	78.8%	Significant difference (33%) in responses: cultural practice presumably sliding because of education.
FLE/FP	40%	24.2%	both ISF & OSF low % indicative of society FLE/FP malfunction.

Source: Researcher's Fieldwork 2000.

7.5 Sexual Attitudes and Behaviour.

Sexual attitudes and behaviours are as important in this analysis as any other issue. Adolescents bear an increased risk of exposure to pregnancy and sexually-transmitted diseases through ignorance and/or risky sexual behaviours. Given the understanding that Family Life/Sex Education could be inadequately and inefficiently provided (see 5.2), the objective of this section was to understand the extent of exposure to pregnancy and related problems resulting from sexual attitudes and behaviour.

Table 7.20 Level of Family Life/Sex Education in School.

(Do you receive Sex/Family Life Education in School?)

ISF Respondents

Sex/Family Life Education	No.	%
Yes	18	51.4
No	17	48.6
Total	35	100.0

Source: Researcher's Fieldwork, 2000.

Table 7.20A (Did you receive Sex/Family Life Education in School?)

OSF Respondents

Sex/Family Life Education	No.	%
Yes	12	36.3
No	13	39.3
No Response	8	24.4
Total	33	100.0

Source: Researcher's Fieldwork, 2000

The result of responses as recorded in Table 7.20 and 7.20A reveals somewhat over 50% of ISF respondents, 18 (51.4%) were receiving Sex/Family Life Education, whilst 17 (48.6%), were not. It is also clear from the analysis that about 50% of OSF respondents (i.e. 12 out of 25) who had gone to school (see Table 7.10A) had received Sex/Family Life education.

Table 7.21 Sources of Information on Sexual Matters.

(Question: Which is your best source of Information on Sexual Matters?)

ISF Respondents			OSF Respondents	
Sources	No.	%	No.	%
School	10	28.6	6	18.1
Friends	11	31.4	13	39.4
Parents	7	20.0	-	-
Media	5	14.3	2	6.1
No response	2	5.7	12	36.4
Total	35	100.0	33	100.0

Source: Researcher's Fieldwork, 2000.

As indicated in Table 7.21, both ISF respondents 11 (31.4%) and OSF respondents 13 (39.4%) reported that they received their sexual information mostly from their friends. This undoubtedly has its complications as more often than not, inexperienced adolescents popularise myths rather than correct facts to their peers.

Table 7.22 Knowledge Of Sexually Transmitted Diseases.

(Question: Do you know what are Sexually Transmitted Diseases?)

ISF Respondents			OSF Respondents	
Knowledge	No.	%	No.	%
Yes	31	88.6	13	39.4
No	3	8.5	9	27.3
No response	1	2.9	11	33.3
Total	35	100.0	33	100.0

Source: Researcher's Fieldwork, 2000.

According to the response, information obtained from the questionnaire data about knowledge of sexually-transmitted diseases appeared encouraging initially. In Table 7.22, 31 (88.6%) ISF respondents and 13 (39.4%) OSF respondents reported knowing what were Sexually-Transmitted Diseases (STD). Only 3 (8.5%) ISF respondents said they did not know and one did not answer the question. Similarly, 9 (27.3%) OSF respondents did not know what were Sexually-Transmitted Diseases. It is however difficult to understand why 11 or 33.3% OSF respondents gave no response to the question. Notably, from personal experience, 'no response' is synonymous to 'no knowledge' which may be an attributable reason in this case.

However, when examples of STDs were requested from both groups of respondents, (see Table 7.20), it became doubtful as to how much knowledge respondents had, particularly with regards to problems and complications, which are opportunistic in adverse reproductive circumstances.

Table 7.23 Examples of Sexually-Transmitted Diseases.
(Please give an example of Sexually-Transmitted Diseases)

Example	ISF Respondents		OSF Respondents	
	No.	%	No.	%
AIDS	25	71.4	6	18.2
Gonorrhoea	3	8.6	6	18.2
Chlamydia	1	2.9	-	-
Syphilis	1	2.9	1	3.0
No response	5	14.2	20	60.6
Total	35	100.0	33	100.0

Source: Researcher's Fieldwork, 2000

Table 7.23 above presents issues of concern for adolescents sexuality and fertility. According to the results indicated in the Table, out of a wide range of STDs presented for selecting an example, AIDS emerged as the popular choice: 25 (71.4%) ISF respondents and 6 (18.2%) OSF respondents chose AIDS: 6 (18.2%) OSF and 3 (8.6%) ISF respondents selected gonorrhoea , whilst 1 (2.9%) ISF and OSF respondent each selected chlamydia and syphilis respectively.

The point to note here is, that whilst the HIV/AIDS virus is transmitted sexually, it was expected that the more commonly known STD such as gonorrhoea, chlamydia or syphilis which could have possibly been, and are more likely to be contracted by adolescents would have been identified. AIDS is obviously the advanced stage of the HIV infection, is more serious and expensive to treat, and is fatal.

Giving AIDS as an example of STD negated responses to the question of whether respondents had experienced an STD, which would have required conventional or traditional treatment. (Some of the complications of untreated STDs are discussed in chapter 4.3).

Upon reflection, however, the writer conjectured that the recent assessment of the prevalence rate of HIV/AIDS found among national military and police recruits would have resulted in intensive Information, Education and Communication (IEC) programmes for the prevention of the HIV/AIDS infection. These programmes had undoubtedly left a vivid memory in respondents' minds. There is therefore the possibility that the relevant information which had been given, were fresh and so superseded all others.

Table 7.24 Sexual Experience

(Question: Have you had any sexual experience?)

OSF Respondents		
Sexual Experience	No.	Percentage
Yes	30	90.9
No	2	6.1
No response	1	3.0
Total	33	100.0

Source: Researcher's Fieldwork, 2000.

Personal experience with conducting baseline surveys on Knowledge Attitude and Practice (KAP) on family planning issues with adolescents has shown that questions about sexual experience could only be answered truthfully by those who were out of school. Based on this premise, only OSF respondents were investigated on their sexual experience.

As the data in Table 7.24 show, 90% of OSF respondents had had sexual experience. The idea that sexual freedom is more common among young people with nothing constructive to do may coincide with other cultural factors, some of which have been explored in Chapter 4.

Table 7.25 Pregnancy at First Sexual Experience.

(Question: Did you get pregnant the first time you had sex?)

OSF Respondents		
Pregnancy at First Experience	No.	Percentage
Yes	14	42.4
No	15	45.5
No Response	4	12.1
Total	33	100.0

Source: Researcher's Fieldwork, 2000.

One of the many myths common amongst adolescents is that pregnancy cannot result at the first experience of sexual intercourse. According to the data in Table 7.25 above, four (12.1%) OSF respondents did not answer the question: 14 (42.4%) said they did get pregnant, whilst 15 (45.5%) indicated that they did not get pregnant the first time they had sex. Non-pregnancy could have been due to chance, respondents' use of contraception, or infertility caused by the presence of an STD.

The insignificant difference noted between the two percentages of the result (42.5% & 45.5%) clearly suggests that except where conscious decision is made, the use of contraceptive methods is advocated to prevent any unplanned pregnancy. Lack of information about contraceptive use and limited access to family planning methods have always been highlighted as part of adolescent's problems.

A subsequent question to determine how early or late first motherhood was achieved was posed, the result of which is indicated in Table 7.26 below.

Table 7.26 Age At First Motherhood.

(Question: How old were you when you first became a mother?)

OSF Respondents.

Age at First Motherhood	No.	Percentage
11	1	3.0
13	2	6.1
14	2	6.1
15	4	12.1
16	7	21.2
17	3	9.1
18	1	3.0
20	1	3.0
Not answered	12	36.4
Total	33	100.0

Source: Researcher's Fieldwork, 2000.

Examples of pre- and teenage motherhood are shown in Table 7.26..

Although 3 (9.1%) respondents became mothers when they were 17 years, the cluster is around 16 years, 7 (21.2%) which seems to be a popular age for teenage motherhood : this is followed by the age of 15 years with 4 (12.1%) respondents: two respondents (6.1%) were 13 years, and one (3.0%) was 11 years old when they became mothers for the first time. Also, one (3.0%) each, achieved motherhood at 18 and 20 years respectively which is more The findings which are not unique to adolescents in Sierra Leone emphasise world concerns about teenage pregnancy.

The fact that the examples depict motherhood starting at the ages of 11, 13, 14, 15, and 16, underscores the concern for health, social and economic consequences, all of which are discussed in sub-paragraph of Chapter 3.

7.5.1. Comparative Summary: Section Four

Table 27. Comparison of Responses to Significant Questions on Sexual Attitudes and Behaviour.

Questions/Issues	ISF Respondent	OSF Respondent	Remarks
Sex/Family Life	51.4%	48% (of 12 out of 25 OSF respondents who went to school)	Both respondents exhibit similarly fair average of Sex/FLE with much room for improvement.
Sexual Information	31.4%	39.4%	Both sets of respondents indicated friends being the main source of getting info.
STD knowledge	88.6%	39.4%	Large difference in results indicating vulnerability of out-of-school youths, & possible complicated involvement with in-school youths.

Source: Researcher's Fieldwork, 2000.

7.6. Future Trends: Continuing Education.

Continuing education after pregnancy and childbirth which is the locus of this investigation, is almost impossible in many parts of the Sub-Sahara African Region. This is true particularly in least Sierra Leone, where significant moralising and moralistic overtones are evident. Pregnant school girls, whether married or not, are either expelled from school, required to drop out voluntarily or at best attend night schools, as in Liberia. Arguably, such strictures have been blamed on implicit laws and policies.

The hypothetical question asked is, 'will teenage mothers be prepared to take up the opportunity of a second chance, if they are offered?'

Table 7.28 Question: Suppose you became pregnant, would you want to end your school career?

ISF Respondents		
End Schooling?	No.	Percentage
Yes	12	34.2
No	22	62.9
No response	1	2.9
Total	35	100.0

Source: Researcher's Fieldwork, 2000.

Clearly, as the responses indicate, the majority of them would want to continue their schooling. In Table 7.28 above, 22 (62.9%) ISF would not want to end their schooling career whilst 12 (34.2%) would not mind ending their schooling. Almost the same question in a reflective manner, was asked the OSF the respondents whose responses are indicated in Table 7.28A. A clear majority (72.7%) indicated that they would have liked to continue at school if they had the chance.

Table 7.28A Question: Would you have liked to continue schooling if you had the chance?

Chance to continue	No.	Percentage
Yes	24	72.7
No	1	3.0
Missing	8	24.3
Total	33	100.0

Source: Researcher's Fieldwork, 2000.

7.6.1. Comparative Summary: Section Five.

7.29 Comparison of Responses to hypothetical question of Continuing Education after Pregnancy and Childbirth.

Question/Issue	ISF Respondent	OSF Respondent	Remarks
Continuing Education	62.9%	72.7%	Both sets of respondents show an inclination to accept the hypothetical case by demonstrating high percentages.

7.7 Conclusion.

The analysis of data in this chapter has produced evidence suggesting that some conditions or factors are closely linked to the phenomenon of teenage pregnancy. In the provinces and rural areas, the problems of accessing and maintaining attendance at schools presents considerable difficulties.

This has important implications: research has suggested that the longer a girl stays in school, the less likely she is to become pregnant. Other problems such as religious influence, large family size, starting age and number of years of schooling, living environment and the ability to meet schooling costs, family life/sex education provision were found to be closely associated with the phenomenon of teenage pregnancy in Sierra Leone. The most significant of all was the problem of an adverse economic situation which is ubiquitous at all levels. The majority of respondents from both sides indicated that financial problems were a major factor for pupils dropping-out of school. However, a summary of the other findings appear below.

♦ **Place of Birth in relation to Education.**

Access to school is an important determinant for enrolment and eventual levels of educational attainment. Until significant improvements in this area are made, the increase in school enrolments and eventual progression to high levels will remain doubtful.

♦ **Religious Affiliation in relation to Education.**

According to the findings, there is some degree of influence of Christianity on education in Sierra Leone. However, unless a realistic approach to accept premarital sex and contraceptive use is adopted, the influence will be counter-productive.

♦ **The Influence of Siblings Number on Education for Girls.**

The pattern of responses which coincidentally reflects the country's TFR of 6.0 children shows large numbers of siblings. The implications include girls educational trade-off where sex preference prevails, or school drop-outs due to adverse economic circumstances which many parents are facing.

♦ **The Influence of Living Environment on Education.**

Suitable familial environment and the ability to meet schooling costs were found to be crucial for a successful completion of a schooling career. The augmentation of parents' affordability usually provided by relatives and guardians may be proving difficult in the face of the adverse economic situation.

♦ **The Implication of the Starting Age of Schooling and The Provision of Family Life and Sex Education.**

A computation from the data collected revealed that the average age when children start attending school and the duration of 6 years primary schooling (13 years altogether) is implicated for a legislation of the provision of Family Life/Sex Education in schools.

♦ **The Implication of Years of Schooling and Childbearing.**

The analysis of the data revealed speculations of pupils attending school up till the age of 19 years. The implications underscore the importance of Family Life/Sex Education provision and education on contraceptive use.

♦ **Major Dropping-Out Causes and their Implications.**

A total of 90% of all respondents indicated that financial problems were responsible for students dropping out of school. This undoubtedly reflects the country's adverse economic situation which has been referred to many areas of this study.

CHAPTER EIGHT

Chapter Eight Discussion of Findings.

8.1. Introduction

This Chapter discusses the analyses of the quantitative and qualitative data obtained from the study. It attempts to evaluate relevant and important findings which are related to the study's Aims and Research Questions.

According to Rees (2003:86), research questions are often stimulated by topics felt to be problematic and the choice of topic may also be prompted by a desire to improve the quality of services. Accordingly, the Research Questions in this study seek to identify strategies that will address some of the problems of teenage pregnancy in Sierra Leone.

8.2. Summary of Findings.

As the data reveal, the problems of teenage pregnancy in Sierra Leone may be wider and deeper than had been imagined. Clearly, the results of this study cannot generalise for the country as a whole, nor for the Western Region in particular, where the field study was undertaken. They are however consistent with the exploratory design, and provide answers to the research questions.

Sierra Leone's confrontation with certain challenges at regional level, as well as well as some internal peculiarities, underscore the need for more innovative means to address the many problems of teenage pregnancy.

Many of the issues have been discussed in Chapters Three and Four.

The overriding issue of poverty and economic hardship eats into educational provision and pursuits, both at micro and macro levels. Persistent adverse economic circumstances prevailing in Sierra Leone provide a 'fertile soil' that breeds endemic corruption, social inequalities, dissatisfaction and injustice. The challenge of sexual education, examined in Chapter Five, together with relevant findings emerging from the analysis of the quantitative data, direct attention to the need for explicit policy on Family Life/Sex Education provision. With Chapter Six outlining the methodological procedures of data collection, the analysis of the questionnaire survey is presented in Chapter Seven. Since the discussion in this Chapter tries to weave together significant findings of the study, many analytic references are made to survey data obtained and presented in Chapter Seven.

Principal findings of the study include the general adverse economic conditions of the country: the Government's inability to legislate for compulsory schooling: some drawbacks in the basic education system and their implications for female education: the provision of Family Life/Sex Education, through the emphasis of the Guidance and Counselling Curricula, and its implications.

Existing socio-economic and demographic patterns documented in this study indicate a strong likelihood for high-risk sexual behaviour, sustaining the phenomenon of teenage pregnancy as well as developing STDs.

An important reason for concern is the country's focus solely upon Freetown, the capital city, metaphorically exchanging places with Sierra Leone. Being one of the strategic cities along the West Coast, Freetown is both an *entrepot* and is perhaps the foremost primate city in the region, apart from Banjul and Senegal. Much growth in its size has occurred within the last two decades, with a huge influx of diverse ethnic groups from both the interior and adjacent countries. Consequently, the population of the city which primarily had consisted of the Creoles has been diluted. The present population which includes the indigenous tribes of the Temne, Mende, Limba, Creoles and many others, explains the plurality which has characterized the ethnographic composition of the city.

Increasing migrations within the West African region in recent years, created by the economic depression ravaging the country, are likely to increase deviant sexual behaviours, particularly amongst young people. At this point, the focus is directed at the survey data which are integrated in this discussion.

8.3. Discussion of Findings - Quantitative.

A 5-part questionnaire covering questions on socio-economic and socio-cultural variables was answered by 35 In-School and 33 Out-of-School female respondents. The data for the survey collected on Personal Characteristics indicated that 62.9% ISF and 67.7% OSF respondents were born in the Provinces.

The finding points to socio-economic and socio-cultural variations between the Provincial regions and the Western Area, which transcend all aspects of environmental living differentials, with significant implications for teenage pregnancies. Notably, the Provinces which encapsulate much of the rural areas, explain part of 'rural poverty' in the Sierra Leone context.

Perhaps the most valid generalization about the poor being disproportionately located in rural areas, is associated with this finding. As some social-economists have observed, whether it is in the realm of productive economic investments, or in the fields of education, health, housing and other social services, government's expenditures have always been directed towards the urban-sector bias. This observation is relevant for Sierra Leone where economic crises, coupled with the effects of the war, have precipitated the neglect of rural development.

Even before the wars, the problems of rural-urban migration in search of well-established schools and other educational institutions, as well as job opportunities (section 4.6), have always existed. Much of the increase in the size of Freetown's population today is attributed to such speculative migration which has the tendency to enlarge the size of the urban unemployed, experienced in less developed countries.

The relationship between in-migration and the strong likelihood for high-risk sexual behaviours are well documented by Adegbola et al (1995:83). In their study on *'Sexual Networking in Freetown against the background of the AIDS Epidemic'*, it was reported that 59% of migrants into Freetown were females, as opposed to 41% males.

About 79% of the total migrants were aged between 1 year and 39 years. Together, these factors cause low incomes and low levels of living, which are manifested in poor health, nutrition and of course education.

The Educational Pursuit/Attainment analysis, amongst others, which focussed on the controversial subject of Sex Education provision, shows that there is need for sex education to be provided in primary schools, at varying degrees. The discussion on this controversial topic has been presented in Chapter Five. Whilst some opponents believe that sex education may encourage early sexual activity, others believe that if provided before young people became sexually active, sex education would be more effective in delaying pregnancy, and in particular, provide factual and necessary information on relevant sexual matters.

Findings from the study reveal that if children start schooling at 6/7 years of age and the duration of primary schooling is 6 years (section 2.5.1), there is the likelihood for a girl achieving menarche (section 3.2.1) at primary school. Whilst both public health and educational arguments can be put forward to support the provision of sex education in primary schools, the absence of a clear central directive to this effect, together with a consensus on its substantive nature, does create difficulty for many primary and secondary schools.

Furthermore, as the analysis of data, part two of the questionnaire revealed, 51.4% of ISF respondents were receiving FLE/Sex whilst 48.6% were not. This finding suggests that provision may be fragmented and patchy in schools.

Similarly, the majority of respondents, 31.4% ISF and 39.4% OSF respondents had indicated obtaining sexual information from their friends. The data also show that knowledge of sexually-transmitted diseases was lacking amongst respondents. The study therefore points to the justification of a clear directive for FLE/Sex Education for all youths.

A good reason for this direction is the official attitude in Freetown to health-related matters. According to Adegbola and colleague (ibid), records of the World Health Organization tend to report some apathy in the Sierra Leone Government, towards a number of health-related programmes of global concern. In part, West African scarcity of financial resources may be the cause.

The educational analytic data on the variable of school's necessity showed a high rate of positive response. Overall, 97.1% ISF respondents and 75.8% OSF respondents were inclined to acquire knowledge by attending school. With financial constraints emerging from the data collection as a major restraining factor, the economic burdens of children's schooling could be made lighter with Government's support. The attempt to provide primary educational opportunities has probably been the most significant of many Least Developed Countries. In most countries, education takes the largest share of the budget and with the other competing demands on the Government, education in Sierra Leone is likely to remain daunting.

The analysis of the variable on motherhood revealed that, out of 33 OSF respondents, 21 (63.6%) achieved motherhood at various ages ranging from 11 years to 20 years, clustering at 15/16 years of age (Table 7.26). The implication of the relationship between early menarche and early child-bearing is demonstrated by the finding, indicating that motherhood in the sample population, started at 11 years of age. Green (1997) states that one in 10 girls will start their periods (i.e. menarche) at primary schools and that a quarter, by the end of the first year in secondary school.

The 'Future Trend' analytic data of the hypothetical question of continuing education after pregnancy and childbirth, attracted a huge response from both ISF respondents (62.9%) and OSF respondents (72.7%). This finding suggests that a clear education policy and programmes implementation to address the problems of female drop-outs and/or teenage mothers, were necessary if Government's rhetoric were to be translated into positive action for women's development.

8.4. Discussion of Findings – Qualitative.

The qualitative component of the study confirmed the survey findings. The three focus group discussions confirmed that teenage pregnancy, to a large extent, was the result of adverse financial difficulties, causing many young girls to play a double role of 'sex providers' at night and students by day.

The data collected on contraceptive use informed the study that although many youths would like to use contraceptives, they could not afford their costs. As some were students, they were embarrassed to go to family planning clinics.

Furthermore, the reluctance of young men's use of condoms, suggestive of the lack of knowledge, as well as the serious implications for sexually-transmitted diseases and AIDS, corroborated the findings from the quantitative data that Family Life/Sex education was either unevenly provided, biased, or non-existent in many schools.

The ministerial enquiry on the effectiveness of the Basic Education, informed the study that whilst some problems had been identified with the system, effective evaluation for a redress had been prevented by the long-lasting war. However, plans were afoot for regular evaluation and reviews.

Findings from the interviews with the 5 Heads of schools and the YWCA Principal revealed that whilst some school authorities were in agreement that the depressed economic situation pre-empted teenage pregnancies, they unanimously rejected any idea of teenage mothers continuing their education in school.

8.5. General Discussion

The general discussion focuses on the Research Questions (1.6), recalled here as follows:

1. What policy or practice has been created in relation to Government's avowed interest to intensify women's education and subsequent significant development?
2. Will access to continue education, if provided, be taken up by teenage mothers or drop-outs with pregnancy-related problems?
3. What is the existing legislative policy on the provision of Family Life/Sex Education and its impact on adolescents' sexuality?

Regarding the first research question, the study finds no explicit policy or practice instituted by the Government to intensify women's education generally, and the reduction of teenage pregnancies in particular. However, the study identifies that Government's concern over the deplorable education system, initiated a number of education policies and programmes which included the Basic Education system. Unfortunately, as the study found, the relevance of the functional theory is greatly diminished by its failure to enact compulsory school education, even at primary school levels. Much of the literature on fertility and education has consistently pointed to the correlation between formal education and low female fertility levels. For the majority of uneducated women in Sierra Leone, learning about womanhood and women's reproductive health comes during their initiation into the traditional secret societies. Although low levels of education may have very little or no impact on low fertility levels, yet it can be argued that compulsory education at least primary level, would encourage early participation in female education.

The study further identifies that the structure of the current education system suggests a potential for educational failure within the basic education system which could redress any progress made in the area of young women's development.

This potential is inherent in the rigid application of the examination components of the NPSE and BECE examinations (2.5.1). Failure at these examinations offers no suitable alternative to continue formal education.

The dichotomy of debate, illustrative of the competing strands of political illusiveness and societal hypocrisy on the matter of sexual education clearly answers research question number three, which is in contrast to the existence of a clear legislative policy on the provision of Sex/Family Life Education. The tone of government's directives emphasises the provision of 'Guidance Counselling' which should address the four major developmental areas of the child (section 5.3), and yet silent on explicit directives for sexual education.

Additionally, both the quantitative and qualitative data revealed the inadequate provision of Family Life/Sex Education, which suggests the need for an explicit policy that is not infused into the curricula of the Guidance Counselling.

The overwhelmingly positive response revealed by the quantitative data on the question of continuing education after pregnancy and childbirth, signifies the answer to research question number two.

Returning to the Aims of the study, (section 1.3, (iv), the study, examined the Continued Education Programme provided by the YWCA of Sierra Leone, and discovered that the syllabus for drop-out teenagers was inadequate and irrelevant to some of their needs. The syllabus is divided into two parts:

Part I - deals with the Institute's Song and Prayers, the National Pledge and Anthem, the Lord's Prayer and the Grace.

Part II - usually called the 'Current Affairs Section', deals with national issues as well as international news. No attempt is made to include Family Life Education or similar topics in the syllabus.

On the subject of NGO programmes regarding women's education and development, (section 1.3 (v), the study was informed (through the ministerial interview), that though a plethora of women's organisations had existed, they were either politically or economically motivated. Only the Young Women's Christian Organization (YWCA) and the Forum for African Women Educationalists (FAWE) were addressing the issues of women's education and development.

8.6. Conclusion

The study concludes, that because of the adverse economic circumstances emerging as a major contributing factor, the phenomenon of teenage pregnancy might prove a hard to accomplish. Contraceptive use is a considered a second key proximate determinant. Although accumulated evidence indicates that the use of family planning by young women, particularly teenagers is less important a determinant of their fertility than age at entry into union, programmes designed to inform and motivate sexually active young girls, may yield fruitful results in the area of reproductive and sexual health. According to the data, there is need for a well designed education and health policies, to be implemented through relevant educational and related health programmes in all spheres of educational provision, which would address the overall challenge of teenage pregnancy.

The study therefore proposes in Chapter Nine, a project that supports the concept of educating teenage mothers. Considerable evidence has been adduced that the better the education of the mother, the better the health of her children. Usually, formal education is needed in complementary relationship with ongoing access to current information, particularly on basic health knowledge. It is envisaged that the project would disseminate such information which would be beneficial for both mother and child.

CHAPTER NINE

Chapter Nine **Linking Education with Teenage Pregnancy.**

9.1 Introduction.

The previous chapter has attempted to identify key aspects of teenage pregnancy, drawing attention to the findings that support the concept of educating female teenage dropouts and/or teenage mothers. The proposed project is based on the results of the analytic data (see 8.3.) which show an overwhelming support for education generally.

Ideally, it should be the Government's responsibility to incorporate the education of teenage mothers into its education system. This means that basic policy issues will be necessary to incorporate the support of all schools. As this would be difficult for the Government to initiate, implementation of such project could be undertaken, initially by voluntary or Non-Governmental Organizations (NGOs).

The contributions made by NGOs towards national development, particularly youth development, has been discussed in Chapter Three. To this end, the Adult and Non-Formal Education system, which identifies itself with the Government's framework in the Country Plan for achieving Basic Education, can be utilised. It is therefore assumed that as long as the proposed project is in line with the educational policy guidelines for economic development, and is both justifiable, feasible and acceptable, it should under normal circumstances, receive both Government and community support.

9.2. Rationale and Policy Implications.

Lack of correct information and knowledge about contraception, sexually transmitted diseases, the implications of unplanned pregnancies and illegal abortions which are neither new, nor peculiar to the country is evidenced in the data analysis presented in Chapter Seven. The integrated discussion presented in Chapter Eight supports the rationale.

Furthermore, it is acknowledged that the development of any project must fall within the objectives of the government's population programme and/or country plan. One influence of the political context is upon the organizational embodiment of programme implementation – who does what? The Department of Education, being responsible for changes and developments in education in the country has stated among other things in the Sierra Leone New Education Policy 1995 that:

“Definite measures to increase access and retention of women and girls in education shall be established at every level.”

(Section B5.7)

Also as stated,

“.....There is a need to prioritise and focus on specific areas such as literacy and the education of women and girls, particularly those living in the rural areas.....”

(Section 3.2.1)

One strategy aimed to be implemented within the National Education Action Plan is:

“the re-admission of “mother-girls” into schools.

(Section 3.2.4 (d))

However, a careful assessment of this strategy does not only reveal the usual rhetoric which very often puts them at peril, but also, pressures from anti-social and prejudiced groups that might bear on government goodwill and undermine the strategy. Religious leaders, for example, are often sceptical about the government intention in this context.

Underscoring the rationale for the proposed project is the findings that have been discussed and presented in Chapter Eight. Through the provision of formal education and skills training, young mothers or dropouts would be able to engage to find employment that would help reduce their financial strains, which might necessitate deviant behaviours.

Bearing in mind that education can be pivotal for behavioural change and peer counselling, it is assumed that a multiplier effect would be beneficial if lessons on Family Life/Sex Education and Contraceptive education and use were provided.

Significantly, as the analysis of the quantitative data demonstrate, 62.9% ISF respondents (Table 7.28) and 72.7% OSF respondents (Table 7.28A), were in favour of returning to school whilst a small proportion would rather not, being mindful of their friends' "tease" " (*"my friends will laugh at me"*).

9.3. Creating Public Awareness.

It has been argued that not all teenage pregnancies are unwanted and that further research is needed to determine whether negative social consequences are related to some pregnancies when a conscious decision is made to give birth. (Peckham 1992). In this context, teenage mothers may consider it unnecessary to re-start or continue their education. Thus, the idea of awareness raising of the concept of providing education for drop-out women would be useful.

The knowledge that very young mothers and their babies face real health risks, as reviewed in Chapter Two, is likely to be limited to health and related professionals, some academics and research students. Therefore, awareness raising of the associated fertility and health problems as well as the educational consequence, necessitating the need to participate in the project, will become one of the main focal points of the proposed project.

As relevant sections in this study have already directed, society's cultural norms and traditional values can serve as fertility determinants. The idea of creating public awareness within a wider community for the need to inform and educate people on some of the negative health and social consequences of early child-bearing will supposedly muster support for the project.

9.4 Identifying Needs.

A focal element in this strategy would be the clear distinction between 'Perceived' and 'Felt' needs. The tendency for a project to turn sour, even from its inception, often stems from faulty assumptions and combined slipshod methodology and implementation processes. There are a number of ways by which needs assessment could be done, namely, through sensitization seminars, meetings of community leaders', youth forums' and simple questionnaire surveys.

Once the need has been correctly identified, the project could be implemented through the force of the bottom-up approach – that is to say, the model of the project will be formulated to suit students desires and goals. The aims of the project would be about developing potential, improving low status and providing education, particularly on sexual health needs.

These are themes which cannot be provided in isolation: so the underlying theme which underpins the whole project would be geared towards raising self-esteem, developing interactive and communicative skills and building 'power' for reproductive and sexual health. Planning for learning also starts at the point of needs assessment. What education do the intended participants need at their particular levels of development? The result of the needs assessment should help to determine the appropriate concepts, education, procedures and skills provision.

9.5. The Structure.

The project's structure considers the conceptual model (Figure 3) and simple basic policy issues. A 'referral unit' which should liaise with female schools, maternity hospitals/clinics, family planning clinics and other related bodies to recruit students, should be appointed and directed by the Ministry of Education. As far as possible, the term 'teenage mothers', 'young mothers' or 'pregnant school girls' and the like must be avoided in order to avoid any prejudice. Therefore, the referral unit could be known as the 'Young Women's Referral Unit' (YWRU).

1. The YWRU should provide services to a wider group of young women, both pregnant and non-pregnant who are disadvantaged by some adverse circumstances
- 2 YWRU should maintain a relationship with schools which is important so as to provide educational support and advice on school's syllabus, educational progression and career pathways for students

- 3 Effective provision should allow access to school's curriculum and YWRU should keep an 'open door' policy
- 4 YWRU should supervise curriculum audit: regular monitoring of staffing complement, project's resources and students development must be maintained.

A variety of student-centred learning methods including tutorials, role plays, seminars, case studies and course work could be used as appropriate to enable students to focus on their continuing education goals. Motivational teaching should also be explored in order to prevent students' boredom, lack of interest and termination of the course. An example of de-spirited students found at the YWCA Continued Education Programme (CONED) during the researcher's fieldwork expressed their displeasure over methods of teaching, the physical environment and unpleasant manner in which they were treated. Not only were the students taught like junior pupils and in an old-fashioned way, but that they were made to wear special uniforms that set them apart from other students. The atmosphere in which the proposed students must learn is vitally important. Implementation of the project would be supervised by a Steering Committee which should be appointed by the Ministry of Education, in conjunction with the YWRU team.

9.6. Assessment & Enrolment.

Students should be individually assessed during 'Enrolment Week' which would have been advertised. The main aim for assessment will be for confirming and validating students' educational status.

Course placement will take into consideration student's ability, prior learning and specific interest. Daines et al (1998:94) give a clear picture of assessment and this is quoted below:

"Where assessments used to identify areas of strengths and weaknesses, potential ability or aptitude, it is described as diagnostic: where assessment takes place during a learning sequence and is used to provide feedback to the student about how s/he is doing and progressing towards a desired end, it is described as formative: where assessment is used to measure the extent of the learning that has taken place at the end of a sequence, it is described as summative."

All three methods of assessments should be used in the project as necessary.

Following the diagnostic assessment, students will be enrolled and streamlined into their specific study areas of interests, using the Accreditation of Prior Learning (APL) system. APL is the process by which existing attainment, skills, knowledge or competence of a candidate is recognized and given credit. It means that students need not undertake additional training in areas where they are already competent. However, evidence of prior learning which can come from school attainment, independent studies, experience of skills training should be confirmed by certificates, letters of recommendation, testimonials or similar proof of learning.

Assessment should not raise any unnecessary anxiety in the students. Nevertheless, nothing must be taken for granted and where evidence of educational attainment is needed, it must be pursued and corroborated.

Assessors must try not to be judgmental and must take a positive attitude overall, remembering that the students are 'special' whose sensitivity might jeopardize the success of the project.

9.7. The Learning Setting.

The gross inadequacies of resources faced by the government, coupled with political bureaucracy and correctness would render the idea of Government implementing the project, impracticable. On the other hand, the idea of using the private sector to provide the learning setting could be a feasible choice. The establishment or maintenance of private institution has always been guaranteed by the government as referenced in Part II Section 3c of the Education Act No.63 of 1964 (SLG. DoE: 1995). However, establishing a new institution from the inception stage of the project would be ill-advised due to constraining factors upon new institutions. Therefore, integrating the proposed project into an existing structure of an adult education programme would be worth exploring.

The Government has strong support for the involvement of local NGOs that implement and finance specific projects or activities which are geared towards national development. Thus, a suitable NGO could be identified. Agenda 21 of the UN Declaration for Sustainable Development which stresses the partnership of NGOs and Governments recognizes and supports the work of NGOs.

In this regard the Sierra Leone Adult Education Association (SLADEA) – which was established in 1978 to promote 'Adult Education' as a major strength for national development in Sierra Leone, is considered suitable for implementing the project.

With suitable infrastructure, regular funding from the German Adult Education (known as DVV in Germany) and branches all over the country, SLADEA should be able to integrate the project into its overall Programme.

The Association's ongoing Programmes/Projects for the planned period of 1999-2003 include:

- ◆ SLADEA/UNICEF Basic Education Project for Women and Female Youths
- ◆ The Laubach Literacy Project for Peri-Urban Women
- ◆ The Structural Adjustment and Poverty Alleviation Micro-Credit Scheme for Women
- ◆ The Accelerated Literacy Programme.

According to its role played in Adult and Community Education provision in the country, SLADEA seems to have the capacity and capability to subsume the proposed project within its administration.

Noticeably, SLADEA Headquarters is housed in a new complex building which seems to be under-utilised. Negotiations for its use could be initiated by the Government, either on gratis, or for a small fee.

Another possible NGO/Government collaboration for project implementation could be PPASL which already has a prototype 'development class' in one of its Youth Centres in Freetown. The Association's commitment to move away from its traditional image of family planning services, towards a holistic and integrated Sexual and Reproductive Health (SRH) paradigm, is based on the need to promote 'healthy living' for all. PPASL already has integrated projects, one of which is a learning centre for typing-cum-counselling class for both young women and men. Furthermore, a 'Gender Sensitive Sexual and Reproductive Health Model Clinic' in Freetown, intended to be opened by the year 2003 as a referral and learning/training centre, may have similar connotation. As such, the activities of PPASL underscore its capacity and capability for integrating the proposed project into its overall programme.

9.8. Course Contents.

Deciding upon what the course contents for a particular group of learners should be, may prove difficult. Course contents would be based on several factors, one of which would be the knowledge and skills of the teaching staff.

However, with the knowledge of the intending students obtained from the assessment exercise, and the purpose and scope of the intending course, it would not be unrealistic to attempt to write specific guidelines to co-exist with school syllabuses and health and population subjects.

To ensure effectiveness of this strategy, a systematic approach will be to direct activities distinctly for the 'Formal' and 'Non-Formal' areas. Using the formal system, it is envisaged that students who must have already acquired some education could progress from where they left off and be prepared to undertake tertiary or further education. This would mean that relevant syllabuses must be consulted. On the other hand, skills training to address economic survival, and basic Literacy and Numeracy should depict the non-formal sector.

It is deemed that most educational policies in both developed and developing countries are often formulated not as direct consequence of quantitative forecasting outcomes, but presumably by the complex nature of the educational life of societies. The inferred concern here is how to develop (mentally, physically and skill-wise) those young girls who dropped out early or never went to school, to better appreciate their potentials and be responsible citizens.

Core subjects for both the formal and non-formal sectors should include among others, Health Education, Family Life and Family Planning Education, Maternal and Child Health including parenting skills, and Community Studies.

9.9. Accreditation.

With learning envisaged to be initiated using formal and informal approaches, it will be essential to adopt a suitable framework which will enable all aspects of achievement to be measured. Moreover, it is anticipated that students commitment to the project would be motivated by their expectation of achieving some kind of 'qualification' or recognition at the end of their learning. It has been observed that vocational education and skills training (with the exception of secretarial practice) in the country mushroomed without the development of any particular accreditation. Thus, many students degenerate halfway through courses without achieving 'competence' resulting in the termination of the projects or programmes.

Students who show aptitude for educational development and are interested in acquiring recognised qualifications should be encouraged to sit for the relevant examinations as and when the opportunity presents itself. In this case, it would be necessary for accreditation to be negotiated.

Accredited bodies such as the Pitman Examination Institute (PEI), the Royal Society of Arts (RSA), the National Vocational Qualifications (NVQ) could be contacted for advice on their qualifications framework. On the other hand, national qualification like the BECE, could be developed either to continue in mainstream education, or for ending up in the occupational fields for which the qualifications would be intended.

9.10. Project Funding.

It is proposed that funding of the project would be for at least 3 years after which students would be required to pay minimal fees to support the project's sustainability. Evaluation of the project at the end of the three years would prove whether it could be judged successfully. If successful, (as in the case of the YWCA Vocational Institute which started with 10 students in a secluded part in the YWCA Hall and has grown in numerical strength), students would no doubt be prepared to pay for a priceless education.

Information obtained from the present study and from other sources reveal that projects which offer fresh approaches in the area of demographic, social, and health interests are likely to attract funding. Moreover, the focus on women's development, particularly in Third World countries over the last two or more decades has been phenomenal.

It is therefore hoped that a project proposal of good quality sent to the relevant and interested International Non-Government Organisations (INGO) or Donor Agencies, will attract funding. Initially, however, it is envisaged that funds could be obtained locally from SLADEA's annual budget and from the government. Funds can also be solicited from local INGOs such as UNDP, UNESCO or WHO whose supportive role in the country's development can always be relied on.

9.11. Monitoring and Evaluation.

Constant monitoring of the project would be undertaken, with designed monitoring methodologies. However, monitoring would be on the following:

- ◆ Students regular attendance and participation
- ◆ Standardisation of lesson plans
- ◆ Appropriateness, Management and Use of Resources
- ◆ Appropriateness of Course Contents
- ◆ Standards of Achievement, Attainment and Motivation.
- ◆ Drop out Rates.

Periodic audit of the finance and administration of the project would be carried out by appointed external auditors to keep the project on track.

An end-of-course evaluation involving the students would be conducted at an appropriate time, preferably during the penultimate session. Evaluation process could involve simple questionnaires, small group discussions, a consensus of opinion report on the project, or individual 'talks' given by the students at an 'end of course' ceremony. By carrying out evaluation at such a point, the final session of the course can be planned to remedy or correct any anomaly. Students should be encouraged to be objective to give their honest opinion about courses, whilst teachers should not take criticisms personally.

It is hoped that the feedback which would be provided by a range of ongoing, formative evaluations, coupled with the outcome of students achievements, will allow modifications to be made to subsequent courses. Furthermore, a systematic and continuous review of evaluation reports should predict the project's sustainability and replication or otherwise of the project.

9.12. Anticipated Problems.

First, it is envisaged that administrative bureaucracy and financial mismanagement might present some problems. The history of mismanagement which characterises a great deal of project implementation, generally, and Sierra Leone in particular, has not been reversed. The downturn of the country's economy will no doubt present an opportunity for misappropriation of funds and resources that will undermine the project's existence.

The economic and financial indiscipline which governs the emergence of an oligarchy, has tended to perforate the entire social structure, with the result that CORRUPTION has become the order of the day.

Students who may be young mothers might have childcare problems which might exclude them from active participation in the project. The prospect of the project providing childcare or nursery facilities for students in the early stage would be unthinkable. Such idea would only be realised if, and when the project is subsumed by the Government. The provision of accommodation for the nursery and the deployment and training of staff are an expensive exercise which could be facilitated by the government.

9.13. Conclusion.

The central objective of this project is to assist adolescent women, whose education has been truncated by early pregnancy or related causes to develop their potential ability to become economically independent. Links between economic and demographic parameters are plausible.

The Government of Sierra Leone, being devoid of any form welfare benefits, worsens the economic status of a teenage mother. Thus, implementation of the project would provide basic skills and vocational training, to equip teenage mothers with the requirements for employment generally, and improved status eventually.

CHAPTER TEN

CHAPTER TEN SUMMARY, CONCLUSION AND RECOMMENDATIONS

10.1. Introduction.

The main purpose of this Chapter is to present a summary of the study, draw conclusions, particularly from the analysis of data presented in Chapter Seven, and offer some relevant recommendations in relation to the issue of adolescent fertility and education. Suggestion for future research, based on particular findings which will need further investigations, will also be made.

10.2. Summary.

This study is an exploratory venture which has identified some salient factors that are associated with school dropouts and early pregnancy in Sierra Leone. Fundamental weaknesses resulting from the limitations and methodology caused by the war must first and foremost be acknowledged.

The population of Sierra Leone which is just over 5 million, is one of the fastest growing in the region. At an annual growth rate of 4.1% and a Total Fertility Rate (TFR) of 6.2 the population is set to double within 23 years. The population's youthfulness is shown by 45% being under the age of 15 years and 3% aged 65 years and above. Literacy rate for the total population is 31.4%.

Whilst male literacy accounts for 45.4%, female literacy is only 18.2% (SLG, 1998). This latter information presents a critical problem for women's development generally. Problems of poor female enrolment ratios and dropouts from the school system which are associated with the phenomenon of teenage pregnancy were confirmed by the study. There is a universal acknowledgment that early child-bearing negatively affects educational attainment, particularly in the absence of provision for continued education.

In Chapter One is given the General Introduction, outlining the issues that prompted the research. It further relates the issues to the conceptual framework and the model suggested for educating teenage mothers.

Chapter Two which gives an Overview of Adolescent Fertility in Sub-Saharan Africa observes that a prediction of decline in fertility levels, which include adolescent fertility, will face many obstacles. The relevance of both cultural and economic factors as determinants of fertility takes into consideration fertility differentials between urban and rural women. The fact that the welfare of women and children is strongly influenced by the development process, underscores the importance of integrating women into development programmes.

Thus, women's education and socio-economic development are intertwined.

In Chapter Three, attention is drawn to some Determinants and Consequences of Teenage Pregnancies generally, and the educational consequence in particular. Chapter Four specifically looks at Some Factors Influencing Teenage Pregnancy In Sierra Leone, which bears a link to Chapter Three. Discussions in Chapter Four highlights the adverse economic circumstances prevailing in the country and concludes that teenage pregnancy in situation would be difficult to prevent..

Chapter Five contains a discussion on Sexual Education., noting that education on sexually-transmitted diseases, including HIV/AIDS was of great necessity and should be provided for all youths. Notably as already discussed, Sub-Saharan Africa is reported to be the worst affected region in the world An estimated 28.1 million Africans were living with HIV/AIDS at the end of 2001 (Appendix 7). In Sierra Leone, there is a prevalence of 68,000 people (new africa.com 2002). The need for family planning associations to shift from their fundamental roles to one that is multi-disciplinary, with the capability of providing adequate and appropriate teaching and learning materials for sexual and population education generally was underscored.

The methodology process for the research study is presented in Chapter Six whilst the analysis of the questionnaire data and discussion are presented in Chapter Seven.

The analysis also underscores the financial constraints being a major cause for young girls inadequate participation in the school system. Furthermore, government's inability to cope with the provision of essential services, not least education for all, and in particular, women's education is found by the study to exacerbate the problems of teenage pregnancy. Chapter Eight discusses the findings in relation to the Research Questions and the Aims of the study. Based on the findings discussed in Chapter Eight, Chapter Nine proposes project which conceptualises the education of teenage mothers, adopting the framework demonstrated in Figure 1. The chapter also discusses some of the possible problems which could emanate from the implementation of the project.

10.3. Conclusion.

The subject of teenage pregnancy provides a rich collection of essays from a variety of perspectives.

The social and economic status of teenage mothers has always been the subject of increasing interest worldwide throughout several decades. One significant consequence of this phenomenon is that it increases the chances of poverty. The roots of teenage pregnancy are suggested to be found in macro and micro poverty. At the macro level, it reflects governments inability (or ideological reluctance) to prioritize social amenities, such as the adequate provision of health or education. Such trends exist more in the developing, than the developed world.

At the micro level, poverty is known to weaken the capacity of adults to cope with daily contingencies, not to talk about the cost of children's schooling and maintenance. The effect of the latter manifests itself in situations such as child fostering in Sierra Leone, which is discussed under Table 7.5, presented in Chapter Seven.

The school system which fails to act as a channel of upward mobility in Sierra Leone, is in part, due to the government's inadequacies of human, material and financial resources in the provision of education. The study therefore points to the need for prioritization of an Education Policy that would legislate compulsory schooling.

Taken altogether, the general conclusion of this study suggests that the phenomenon of teenage pregnancy will remain unabated, mainly because of poverty which is the common factor in Sierra Leone. Against this background, curative rather than preventive measures are considered a suitable remedial strategy.

Objectively, however, teenagers should not be condemned beyond redemption if they became mothers during their teenage years. As UNFPA (2000) has directed, reproductive rights are human rights. Therefore, as far as practicable education should be linked to motherhood, that will create empowerment, resulting in an improved status of women.

The study emphasises that education induces crucial transformations in the locus of reproductive and contraceptive decisions. The school as a social institution provides general and practical knowledge, credentials for employment, an expanded social network and socialization in modern values. These are attributes that could be acquired at any stage: thus teenage mothers, if given the opportunity to be educated would become catalysts for change.

As a final illustration for the need to link education and motherhood, consider the spread of sexually-transmitted diseases and HIV/AIDS. Many people think that sex education may have little effect either way, that it is unlikely to override the many other personal and social influences on sexual behaviour. Thus, the issue of contraceptive use has become an important factor to be applied in the ratio of labour force opportunities for women. Actual use of contraception among adolescent women may be considered a function of either interest or motivation in delaying, spacing or limiting child-bearing within a population, or the accessibility of contraceptive services to that population. Effective access may in turn, be defined in terms of awareness or knowledge of sources of family planning information and other service providers. The proximity to one or more of those services might limit utilization of those services. Such constraints which may include the cost of contraception, social barriers and the quality of services available, would invariably be addressed by the proposed education project.

Finally, this study reiterates that there are important spillover benefits to an individual's investment in her health or education. For an educated person provides benefits to people around them. An educated mother in this instance would be able to read and understand vital information pertaining, not only to her health, but also to that of her child and probably to her peers and neighbours as well.

10.4. Recommendations.

Based on the findings of this study, the following recommendations may be of relevance to address the phenomenon of teenage pregnancies, which in turn fuels population growth rate in Sierra Leone.

- 1) That a legislation on compulsory schooling be made to conform with the Education Policy which aims at providing 'Basic Education For All'. At very little or no financial costs at the primary level, all parents should be able to send their children to school. As research has documented, fertility levels are lower for women with primary schooling than those without any schooling at all.
- 2) To make personal and social health education a statutory part of the national curriculum and give teachers, health, population and family planning professionals the appropriate training to deliver it. Where necessary, education must be accompanied by services.

3) The government to appoint an Independent Advisory Group/Committee on Adolescent Fertility and Reproductive and Sexual Health that would monitor the implementation and reviews of the above policies.

4. Sex Education to be regarded as a fundamental entitlement for all young people, with an explicit policy by the Government for the provision of Family Life/Sex Education provision at all schools, at varying degrees.

The study ends with the reminder that:

“Health and well-being can be partly attributed to good personal and sexual relationship, but sex is not and has never been without risk particularly for young teenagers.”

Phelps et al, 1994:127

APPENDIX ONE

List of Secondary Schools in the Western Area

LIST OF SECONDARY SCHOOLS IN THE WESTERN AREA FREETOWN,
SIERRA-LEONE

NO CENRTAL ZONE

- 1 Albert Academy, Berry Street.
- 2 Muslim Brotherhood, Berry Street.
- 3 Govt. Model Sec. School, Berry Street.
- 4 Govt. Rokel Sec. School, Tower Hill.
- 5 Hartford School for Girls, Circular Road.
- 6 United Muslim Association Sec. School, Fort Street.

WEST ZONE

- 7 Services Sec. School, Juba.
- 8 Sierra Leone Grammer School, Murray Town.
- 9 Western African Colligate Sec. School, Wilkinson Road.
- 10 Herman Gmeiner International Sec. School Lumley Road.
- 11 Vine Memorial Sec. School, Congo Cross.
- 12 Methodist Girls High School, Wilberforce.
- 13 Government Sec. Technical School, Congo Cross.
- 14 YWCA Vocational Sec. School, Brookfield's.
- 15 Freetown Sec. School for Girls, Brookfield's.
- 16 St. Joseph Sec. School, Brookfield's.
- 17 Prince of Wales, Kingtom.
- 18 St Edwards. Sec. School, Kingtom.
- 19 Lemont College, Brookfield's.
- 20 Sierra Leone Behesti Sec. School, Murray Town.
- 21 Lebanese Sec. School, Brookfield's.
- 22 International Sec. School, Kingharman Road.

EAST ZONE

- 23 Annie Walsh Memorial School, Kissy Road
- 24 St. Helena Sec. School, Kissy
- 25 Methodist Boys High School, Kissy Mess Mess
- 26 Richard Allen High High School, Kissy
- 27 Muslim Congress Sec. School, Kissy
- 28 Bishop Johnson Memorial School, Fourah Bay Road.
- 29 Independence Memorial School, Kissy.
- 30 Ahmadiyya Sec School, Kissy Dock Yard
- 31 Municipal Sec. School, Kissy Dock Yaqrd.
- 32 Ansarul Islamic School, Guard School.
- 33 Laura Dove Vocational Inst. Dan Street.
- 34 Browne Commercial Sec. Wellington.
- 35 St. Joseph Vocational Inst. Kissy.
- 36 Huntingdon Sec. School, Jui

- 37 Peninsula Sec. School, Waterloo
- 38 Rural Training Int. Waterloo.
- 39 Ahmadiyya Agricultural Sec. School, Regent.
- 40 Mountain Rural Sec. School, Regent.
- 41 York Sec. School, York
- 42 Senge-pieh Memorial Sec. School, Halmilton
- 43 Tombo Sec. School, Tombo

APPENDIX TWO

Letter of Invitation to participate in Focus
Group Discussion

c/o Planned Parenthood Association of Sierra Leone
45 Adelaide Street
Freetown
Sierra Leone.

12th July 2000.

Dear Friend,

I am a research student at the Sir David Owen Population Centre at the University of Wales Cardiff. I am conducting a research on the determinants and consequences of teenage pregnancy in Sierra Leone, with the aim of linking education with motherhood.

One study of my research concerns students' perceptions of teenage pregnancy whilst in school, and the reflections of those who were pregnant whilst attending school. I am intending to conduct this other part of the research on a mixed group involving both sexes of in- and out-of school youths. This research will take the form of a Focus Group Discussion to determine what main factors cause teenage pregnancy and what are some of the consequences.

I am writing to ask if you will like to participate in this discussion. Participation is of course voluntary and totally confidential. This means that only 'pseudonyms' (i.e. no real or true names) will be used. The discussion will take place at Bailey Street/Sanders Street/Greybush on starting at..... and will last for about 1-2 hours.

You will receive an amount of Le5000 to cover your travel expenses.

Yours sincerely,

Olivia Baiete-Coker
(Research Student)

APPENDIX THREE

**QUESTIONNAIRE ONE – Q1 (In-School)
(Revised After Pre-testing)**

QUESTIONNAIRE –Q1 (In-School Respondents)

THIS QUESTIONNAIRE IS INTENDED TO COLLECT DATA ON ISSUES OF TEENAGE CHILD-BEARING AND THE PROSPECT OF CONTINUING EDUCATION AFTER CHILDBIRTH. IT WILL THEREFORE BE APPRECIATED IF YOU CAN SPARE SOME TIME TO ANSWER THE QUESTIONS.

PARTICIPATION IN THE QUESTIONNAIRE SURVEY IS ENTIRELY VOLUNTARY. HOWEVER, YOUR CO-OPERATION WILL BE HIGHLY APPRECIATED.

YOU DO NOT HAVE TO WRITE YOUR NAMES ON THE QUESTIONNAIRE.

BEFORE COMPLETING THE QUESTIONNAIRE;

Please read all the questions carefully and understand them before you answer them.

Please try to answer all questions.

Please indicate your answer with a tick () within the appropriate brackets.

Olivia Baiete-Coker
(Research Student)

REVISED AFTER PRETESTING.

DO NOT WRITE YOUR NAMES!

Q1 (In-School Youths)

Determinants and Consequences of Teenage Pregnancies: A Case Study for Linking Education and Motherhood in Sierra Leone.

We are currently researching the issue of teenage childbearing and the prospect of continuing education. It would therefore help us greatly if you would spare a few moments to answer the questions on this form.

Please tick your answers or appropriate brackets as indicated.

SECTION ONE: PERSONAL CHARACTERISTICS.

- 1.1. Age Group: (10-14) (15-19) (19+) (Please tick appropriate group)
- 1.2. Place of Birth.....
- 1.3. Place of Residence.....
- 1.4. Ethnic Group or Tribe.....
- 1.5. Religion: (Please tick one): a: Christian () b: Muslim ()
c: Non-believer () d: Other (specify).
- 1.6. Father's Occupation (if alive) Civil Servant ()
Commercial Firm employee ()
Farmer ()
Businessman/Trader ()
Army Officer ()
Other (specify).....
- 1.7. Mother's Occupation (if alive) Housewife ()
Civil Servant ()
Commercial Firm employee ()
Farmer ()
Market trader/Business woman()
- 1.8. Do you have any brothers and sisters? Yes () No ()
- 1.9. How many altogether?.....

1.10 If 'No', are you an only child? Yes () No ()

1.11. Do you all go to school? Yes () No ()

1.12. What class are you in?.....

1.13. With whom are you living at present? Both parents ()
Father only ()
Mother only ()
Relatives ()
Guardians ()
Friends ()
Alone ()
Other (specify).....

SECTION TWO: EDUCATIONAL PURSUITS.

2.1. How old were you when you started going to school?.....

2.2. In what year did you start?.....

2.3. How many years have you been going to school?.....

2.4. Does school seem necessary to you? Yes () No () Not sure ()

2.5. Did your parents go to school? Yes () No () Not sure ()

2.6. If yes, was it Father only (): Mother only (): Both Parents ():

2.7. Who is responsible for your schooling?

Father only ()
Mother only ()
Both parents ()
Government ()
Charity Organisation ()
Relatives ()
A Guardian ()
Yourself ()
Other (specify).....

2.8. Would you like to finish schooling at the topmost level?
Yes () No () Not sure ().

2.9. What would you like to be when you finish school? (please tick one)

- Housewife ()
- Teacher ()
- Doctor ()
- Nurse ()
- Lawyer ()
- Commercial Farmer ()
- Dressmaker ()
- Hairdresser ()
- Chef ()
- Other (specify).....

2.10. What do you think would make you drop out of school?
(please tick one)

- Financial problems (): Death of parent(s) ()
- Early marriage ()
- Cultural Demands (): Class failures ()
- Feeling too old to continue ()
- Pregnancy (): Other (specify).

SECTION THREE: CULTURAL PRACTICES.

3.1. Do you belong to any Secret Society? Yes () No ()

(If yes, answer all questions in this Section).

(If 'No', proceed to **Section Four**)

If yes, what is the Secret Society? a) Sande b) Bondo:

c: Other (specify).....

3.2. How old were you when you became a member?.....

3.3. Does your Secret Society teach you about Family Life Education?

Yes () No ()

3.4. Does it teach you about any of the following? (You can tick up to three)

- a) Puberty (): b) Motherhood (): c) Cooking ():
- d) Not to have more than one man (): e) Marriage (): f) No sex before marriage ():
- Any other (specify).....

3.5. Do you think your Secret Society is helping to educate you about your sexuality? Yes () No ().

SECTION FOUR: SEXUAL ATTITUDES AND BEHAVIOURS.

- 4.1. Do you have any knowledge of Sex Education? Yes () No ()
- 4.2. Do you receive Sex/Family Life Education in school? Yes () No ()
- 4.3. If yes, how old were you when you started Family Life/Sex Education?.....
- 4.4. Do you receive Sex/Family Life Education at home? Yes () No ()
- 4.5. Which is your best source of information about sexual matters?
(Please tick one) School ()
 Friends ()
 Parents ()
 Media ()
 Other (specify).....
- 4.6. Were you taught about modern contraceptives? Yes () No ()
- 4.6. If yes, name one type of modern contraceptives.....
- 4.7. Would you classify yourself as being “sexually active”? Yes () No ()
- 4.8. Should adolescents who are sexually active be allowed to use contraceptives? Yes () No ()
- 4.9. If yes, what age do you think they should start using contraceptives?
(please tick one group) (0 - 9) (10-14) (15-19) (19+)
- 4.10. Do you know what are Sexually-Transmitted Diseases? Yes () No ()
- 4.11. If yes, please give an example.....
- 4.12. Have you ever had one? Yes () No ()
- 4.13. If yes, did you get treatment for it? Yes () No ()
- 4.14. If yes, where did you get treatment?

APPENDIX FOUR

**QUESTIONNAIRE TWO – Q2
(Out-of-School)
(Revised After Pre-testing)**

QUESTIONNAIRE TWO (Q2) (Out-of-School Female Youths)

Determinants and Consequences of Teenage Pregnancies: A Case Study for Linking Education and Motherhood in Sierra Leone.

SECTION ONE: PERSONAL CHARACTERISTICS.

- 1.1. Age Group: (10-14) (15-19) (19+) (Please tick appropriate group)
- 1.2. Place of Birth.....
- 1.3. Place of Residence.....
- 1.4. Ethnic Group or Tribe.....
- 1.5. Religion: (Please tick one): a) Christian () b) Muslim ()
c) Non-believer () d) Other (specify).
- 1.6 Marital Status: a Married () b) Single() c) Divorced ()
d) Widowed e) Separated () f) Living Together ()
g) Other Specify ()
- 1.7. If married, what type of marriage? (If single proceed to Section Two)
a) Monogamous (Church/Registry) ()
b) Monogamous Mosque ()
c) Polygamous ()
d) Traditional/Customary ()
- 1.8 How old were you when you got married?

SECTION TWO: EDUCATIONAL PURSUITS.

- 2.1. At what level did you finish school?
a. Primary () b) Secondary ()

2.2 If Primary, why did you not go to Secondary/High School? Was it because of : (Please tick one)

- a) Family financial problems () b) Early Marriage ()
c) Failure to get a Secondary School of your choice ()
d) Pregnancy () e) Death of parent(s) ()
f) Too old to continue schooling () g) Other (specify).....

2.3. If Secondary, at what level did you finish?.....

2.4. How old were you when you finished school?.....

SECTION THREE: CULTURAL PRACTICES

3.1. Do you belong to any secret society Yes () No ()
If yes answer all questions in this Section. If no proceed to **Section 4)**

If yes, what secret society? a) Sande b) Bondo c) Other (specify

.....
3.2. How old were you when you became a member?.....

3.3. Does your secret society teach you about Family Life Education?
Yes () No ()

3.4. If yes, does it teach you about any of the following? (you can tick more than one).

- a) Puberty () b) Motherhood () c) Cooking () d) have one man ()
e) Marriage () f) No sex before marriage () g) any other (specify)...

3.5 Does your Secret Society teach you about Family Planning?

SECTION FOUR: SEXUAL ATTITUDES AND BEHAVIOURS.

4.1. Have you had any sexual experience? Yes () No ()

4.2. Did you get pregnant the first time you had sex? Yes () No ()

4.3. If yes, is the child still alive? Yes () No ()

- 4.4 How many children do you have?.....
- 4.5 How old were you when you first became a mother.....
- 4.6. Do you practise family planning? Yes () No ()
- 4.7 If yes, what method do you use? a) Modern () b) Traditional ()
- 4.8. If modern, what type? (tick one) a) the Pill () b) Condom ()
c) Spermicides () d) Sponge/Cap () e) Injectables ()
f) Other (specify).....
- 4.9 Did you have any knowledge about sex before your first experience?
Yes () No ()
- 4.10 Do you have any knowledge about Sex/Family Life Education?
Yes () No ()
- 4.11 Do you know what are Sexually-Transmitted Diseases? Yes ()
No ()
- 4.11a If yes, please give an example.....
- 4.12 Have you ever had one? Yes () No ()
- 4.13. If yes, Did you get any treatment for it? Yes () No ()

FUTURE TRENDS: CONTINUING EDUCATION.

- 5.1 Why did you drop out of school? (tick one) a) Pregnancy ()
b) Financial Problems () c) Class Failures () d) Expulsion d) Other
(specify)
- 5.2 Are you engaged in any of the following at the moment? (tick one)
a) Full-time employment () b) Part-time employment () c) Continuing
Education () d) Adult Education () e) Vocational Training () f)
Voluntary Work g) Nothing () h) Other (specify).....
- 5.3 Would you have liked to continue to go to school after having the baby?
Yes () No ()

5.4 What kind of education would you like?

- a) Community Education () b) Further Education c) Vocational Skills ()
d) Income-generation skills () e) Other (specify).....

5.5 Do you think sexually active teenagers should be encouraged to use modern contraceptives? Yes () No ()

5.6 If teenage mothers are given more education, do you think they would have less number of children? Yes () No ()

5.7 Do you agree that if teenage mothers are given more education, they would have better chances to secure good jobs?

Strongly agree () Agree () Disagree ()

5.7 Do you agree that if teenage mothers are more educated they would increase their level of contraceptive use?

Strongly agree () Agree () Disagree ()

Thank you for your co-operation.

APPENDIX FIVE

**Letter to the Personal Secretary to the Hon.
Minister of Education, requesting an
interview with the Minister.**

C/o Planned Parenthood Association of Sierra Leone
45 Adelaide Street
Freetown
Sierra Leone.

12th June 2000.

The Personal Secretary to the
Hon. Minister of Education
Ministry of Education
New England
Freetown.

Dear Sir/Madam,

Request for an Interview with the Hon. Minister of Education.

I am a research student at the Sir David Owen Population Centre at the University of Wales Cardiff. I am conducting a research on the determinants and consequences of teenage pregnancy in Sierra Leone.

One aspect of my research will be looking into the education system of the country, with particular reference to women's education. I will also be interested to find out the status of the Basic Education System which was introduced in the early 1990s.

I will therefore be grateful to meet the Hon. Minister for a short discussion, if can oblige. I will telephone you in a few days' time to find out if I can be accommodated.

Many thanks for your co-operation.

Yours sincerely,

Olivia Baiete-Coker
(Research Student)

APPENDIX SIX

Interview Schedule for the Hon. Minister of
Education, Freetown and the researcher.

**INTERVIEW WITH THE HON. MINISTER OF EDUCATION
AND THE RESEARCHER ON MONDAY 17TH JULY, 2000
AT 11.00 AM, AT NEW ENGLAND, FREETOWN, SIERRA
LEONE.**

The researcher was received by the Personal Secretary to the Hon. Minister who welcomed her and then took her in to the Minister's office. After a short informal interaction, the formal interview started.

Researcher: Mr Minister, what is the status regarding the 6-3-3-4 education system which was introduced in the country in the early 1990s?

Hon. Minister: The 6-3-3-4 which is presently operating in the country was launched at the start of the 1993/94 academic year with the first intake of pupils into Junior Secondary School (JSS). Since that time, and even before, the country has been in a state of internal siege with rebels attacking randomly and causing tremendous direct and indirect damage to the society, the economy and the system of education. At barely 20%, not only does Sierra Leone have one of the lowest literacy rate in the world, but it also has one of the smallest literate middle level work-force.

There is a large positive correlation between the literacy rate of a country, the size and competence of its middle level manpower and its rate of development and size of economy. The system of the GCE 'O' and 'A' levels that we are familiar with in Sierra Leone which were inherited from the British was not designed to address these issues, but the 6-3-3-4 system is so designed and is realistic.

Researcher: It is noted from the New Education Policy, 1995, that every child must pass the National Primary School Examination (NPSE) in order to gain access to Secondary Schools. Failure to pass this examination may have its implications, particularly for young girls who might drop out from the school system. What are the alternative arrangements made by the Government to address this situation?

Hon. Minister: Sierra Leone is far behind its Anglophone sister countries in West Africa in the change to a 6-3-3-4 system of education. They have experienced some problems that are similar to the ones we are only just encountering at an earlier time and have dealt with these problems and continued with the 6-3-3-4 system. We are learning from their experiences and hopefully will get things right. So far, there have been little or no failures of pupils as they sift through the system. The Government has already acknowledged the need for access to regular information on such problems.

My Ministry's concern for the quality of education at the primary level, and overall basic education level, has been appreciated by the World Bank. The next World Bank, IDA project on education will therefore focus on improving

the quality of primary level education which will ensure that pupils are provided with the quality of education that will yield 100% success.

Researcher: The Basic Education Certificate Examination (BECE), just like the NPSE is another qualifying examination which is also very important in the education system. How effective is this qualification?

Hon. Minister: The BECE is a national examination and is required to progress to higher or tertiary level of education. For those candidates who fail the BECE, one year in-school repetition is possible. The first BECE in fact took place during the final week of July and the first week of August 1996. A total of approximately 11,889 registered candidates took the examination. Papers in 19 different subjects, including 4 indigenous languages were offered. Each candidate sat 8 subjects inclusive of 4 compulsory subjects of Language Arts (English), Mathematics, Integrated Science and Social Studies. The new curriculum of the BECE is more geared towards the production of the literate and competent middle level manpower needed by the country.

Researcher: What do you think are some of the constraining factors for improving education for girls?

Hon. Minister: The problem of cost and finance of education in terms of ways to reduce private costs and minimize undue burden of recurrent expenditure to government, is one constraining factor. The issue of teachers and teaching work force and how to best ensure qualified, well motivated and committed teachers is another problem. The social sectors, particularly education in Sierra Leone appear to have been the worst affected by the economic down-turn and the rebel war. Urban living conditions are extremely difficult, while rural life is at the subsistence level. On the whole, the existing situation in education is characterized by poor access, inefficiency and gross resource starvation.

The overall purpose of the Education Master Plan which should cover the period 1997 to 2006 should address many of these problems. One of the objectives of the Master Plan is to improve the status, participation and welfare of women and girls, through educational opportunities. However, as you will have known, we have just secured peace from the long and devastating war and it is only fair to say that things take time. I am sure that in the not too distant future, we should be able to realise some progress with the education system.

Researcher: From personal knowledge, I know that there are lots of women's organisations in the country who work on women's issues. How much does their work contribute to women's education?

Hon. Minister: Yes, I agree that there is a plethora of women's organisation in the country. Unfortunately, many of them disintegrated during the war. Nevertheless, there are a few who still have projects that are geared towards women's education and development. The YWCA, FAWE, University Women are doing a good job.

FAWE has appreciated the problem of government's inability to train and maintain teachers to fully implement the 6-3-3-4 education. One of its many projects is geared towards campaigning and ensuring that school-aged children, particularly girls, who are out of school, attend school.

Researcher: What is government's policy on the teaching of Sex/Family Life Education in schools?

Hon. Minister: Well, as far as I know, this is embodied within the Guidance Counselling Curricula. Sex/Family Life Education should be provided at all schools. However, the same problems of inadequate staff characterize the whole system. We need trained teachers in this area who will effectively deliver the service.

Researcher: Finally, Mr Minister, we know that if a girl becomes pregnant whilst attending school, her formal education is very likely to be terminated. What is government's policy for continuing her education after childbirth?

Hon. Minister: At the moment, there is no explicit policy on that. However, I can tell you that there are cases where girls who have returned to school (not the same school though), have been allowed to continue their education. The Ministry has just appointed a Women's Education Unit within the Ministry which will organize and facilitate sensitization campaigns and workshops on some of these issues. As I said earlier, things take time. However, the Ministry will undertake a comprehensive review of some of its strategies with a view to formulating explicit policies on some ambiguous matters. I am sure that the next time I see you again, we will have made tremendous strides.

Researcher: Well Mr Minister, I must thank you very much for giving me this opportunity to have this interview with you. I do appreciate it. Thank you very much and I wish you all success with upgrading the education system.

Thank you.

(The interview lasted for about an hour)

APPENDIX SEVEN

**HIV/AIDS STATISTICS – DECEMBER
2001 (Source: UNAIDS)**

HIV/AIDS STATISTICS

	Adults & children living with HIV/AIDS As of end 2001	Children (< 15 years) living with HIV/AIDS As of end 2001	Adults & children newly infected with HIV During 2001	Children newly infected with HIV During 2001	Adult prevalence rate As of end 2001	% of HIV+ adults who are women As of end 2001	Adult and child deaths from HIV/AIDS During 2001	Deaths in children (< 15 years) from HIV/AIDS During 2001
Sub-Saharan Africa	28.1 million	2.4 million	3.4 million	700 000	8.4 %	55 %	2.3 million	500 000
North Africa & Middle East	444 000	20 000	80 000	12 000	0.2 %	40 %	30 000	6 000
South and South-East Asia	6.1 million	200 000	800 000	65 000	0.6 %	35 %	400 000	40 000
East Asia & Pacific	1 million	7 000	270 000	3 000	0.1 %	20 %	35 000	1 500
Latin America	1.4 million	40 000	130 000	10 000	0.5 %	30 %	80 000	8 000
Caribbean	420 000	20 000	60 000	6 000	2.2 %	50 %	30 000	5 000
Eastern Europe & Central Asia	1 million	15 000	250 000	1 000	0.5 %	20 %	23 000	100
Western Europe	560 000	4 000	30 000	500	0.3 %	25 %	6 800	100
North America	940 000	10 000	45 000	500	0.6 %	20 %	20 000	100
Australia & New Zealand	15 000	200	500	100	0.1 %	10 %	120	100
TOTAL	40 million	2.7 million	5 million	800 000	1.2 %	48 %	3 million	580 000

Source : UNAIDS, December 2001, AIDS epidemic update.

BIBLIOGRAPH

- Adadevoh S W K Agble T K Hobbs C Elkins T E (1988) Menarcheal Age in Ghanaian School Girls International Journal of Gynaecology and Obstetrics (Vol.30) 63-68
- Adams G R and Schvaneveldt J.D. (1985) Understanding Research Methods New York: Longman
- Adegbola O, Babatola O Health and Oni, J. (1995) Sexual networking in Freetown against the background of the AIDS epidemic. Health Transition Review, Supplement to Vol.5 (81-112).
- Adler M. Foster S. Grosskurth H. Richens J. Slavin H (1996) Sexual Health and Health Care: Sexually Transmitted Infections - Guidelines for Prevention and Treatment London: Department for International
- Ainsworth M (1990) Socio-economic Determinants of Fertility in Cote d'Ivoire. Living Standards Measurement Study Working Paper No.53: Washington DC: The World Bank
- Ajayi A A. Marangu L T. Miller J. Paxman J M (1991) Adolescent Sexuality and Fertility in Kenya: A Survey of Knowledge, Perceptions and Practices" Studies in Family Planning Vol.22 (4) 205-217.
- Allen I (1987) Education In Sex and Personal Relationships: Policy Studies Institute, Longmead: Blackmore Press
- Allman J (1978) Women's Status and Fertility in the Muslim World USA: Praeger.
- Amazigo U. Silva N. Kaufman J. Obikeze D. (1997) Sexual Activity and Contraceptive Knowledge and Use Among In-School Adolescents in Nigeria. International Family Planning Perspectives Vol. 23 (1) 28-33
- Amnesty International (1998) Sierra Leone 1998: A Year of Atrocities Against Civilians: Amnesty International London.
- Andorka R (1978) Determinants of Fertility in Advanced Societies London: Methuen.
- Armstrong E (1991) Adolescents and Condoms: The Centre for Population Options Washington DC.
- Azadeh, H (MD) (1997) Female Circumcision, Genital Mutilation and Childbirth – A Mother and Child Tragedy. British Journal of Theatre Nursing Vol 7 (7) 8-9
- Baiete-Coker O. (1992) Family Planning and Women's Education: Towards Fertility Decline In Sierra Leone Unpublished M.Sc. University of Cardiff, Wales.

Baldo M Aggleton P Slutkin G (1993): Does Sex Education lead to earlier or increased sexual activity in youth? International Conference on AIDS Geneva: WHO

Barker K and Rich S (1992) "Influences on Adolescent Sexuality in Nigeria and Kenya: Findings from Recent Focus Group Discussions: Studies in Family Planning Vol.23 199-210

Bell J (1987) Doing your Research Project Milton: Keynes Open University Press.

Berelson B (1990) - The Great Debate on Population Policy: An Instructive Entertainment. International Family Planning Perspectives Vol.16 (4) 126-128

Birdsall N. Kelley A.C and Sinding S.W. (2003) eds. Population Matters: demographic change, economic growth, and poverty in the developing world Oxford, Oxford University Press.

Black J A and DeBelle G.D. (1995) Genital Mutilation in Britain. British Medical Journal Vol 310: 1590.

Blalock H.M. (1970) An Introduction to Social Research: Englewood Cliffs, New Jersey: Prentice-Hall Inc.

Bledsoe C K and Cohen B (1993) Social Dynamics of Adolescent Fertility Washington DC. National Academy Press

Bloor M Frankland J Thomas M Robson K (2000) Focus Groups In Social Research. London: Sage Publications.

Bongaarts J and Potter R G (1984) Proximate Determinants of Fertility New York: Academy Press.

Bongaarts J and Watkins S C (1996) Social Interactions and Contemporary Fertility Transitions: Population and Development Review 22(4): 639-682

Borgerhoff-Mulger M (1989) Menarche, Menopause and Reproduction in the Kipsigis of Kenya. Journal of Biosocial Science Vol.21 179-192.

Brandrup-Lukanow A. Mansour S. Hawkins K (1991) Adolescent Sexual and Reproductive Health. Report of the Workshop CIE, Paris

Bratton M (1990) Non-Governmental Organizations in Africa: Can They Influence Public Policy? Development and Change (21) 87-117

Buchanan D and Huczynski A. (1997) Organizational Behaviour: An Introductory Text (3rd ed) London: Prentice Hall

Bury J (1984) Teenage Pregnancy in Britain: London: Birth Control Trust

Calder B L Brown Y MR Donna I R (1993) Female Circumcision, Genital Mutilation: Culturally Sensitive Care. Health Care of Women International Vol 4 (3) 228.

Caldwell J (1980) Mass Education as a Determinant of the Timing of Fertility Decline Population and Development Review No.6(2): 225-249

Caldwell J C (1982) The Theory of Fertility Decline London: National Academic Press

Caldwell J C and Caldwell P (1987) The Cultural Context of High Fertility In Sub-Saharan Africa Population and Development Review Vol.13 (3) 410-418

Caldwell J.C. Orubuloye I.O. Caldwell P (1992) Fertility Decline in Africa: A New Type of Transition. Population and Development Review 18 (2)

CEDPA (2002) Adolescent Reproductive Health In Sub-Saharan Africa. Online: World-Wide Web (<http://www.cedpa.org/trainprog/saharan/addfact.htm>)

Chambers R (1991) Rural Development: Putting The Last First New York: John Wiley & Sons

Chaulker (Lady) (1997) Promoting Better Reproductive Health: Responding to the needs of young people. Overseas Development Administration: London.

Cincotta R P and Engleman R (1997) Economics and Rapid Change: The Influence of Population Growth. Occasional Paper 3: Population Action International Washington DC.

Cleland J and Ferry B (1995) Risk Perception and Behavioural Change: Sexual Behaviour and AIDS in the Developing World. World Health Organisation: Geneva.

Cleland J and Rodriguez G (1988) The Effects of Parental Education on Marital Fertility in Developing Countries Population Studies Vol.42 (3) 419-442

Cochrane S H (1979) Fertility and Education: What Do We Really Know? Baltimore and London: John Hopkins University Press

Cohen L and Manion L (1998) Research Methods In Education (4th ed.) London: Routledge

Collins English Dictionary and Thesaurus (1995) Glasgow: Harper Collins.

Corlyon J (1999) Teenage Pregnancy And Parenthood Highlight No.165: London: National Children's Bureau

Daines J. Daines C. Graham B. (1998) Adult Learning: Adult Teaching. England: The Lavenham Press

Davidson J (1970) Outdoor Recreation Surveys: The Design and Use of Questionnaires for Site Surveys: London: Countryside Commission

Denzin N.K. (1970) The Research Act in Sociology: A Theoretical Introduction to Sociological Methods London: The Butterworth Group

Denzin N.K. (1989) The Research Act: A Theoretical Introduction to Sociological Methods (3rd ed.) Englewood Cliffs, New Jersey: Prentice-Hall Inc.

Department of Education (1995) New Education Policy for Sierra Leone Freetown: Sierra Leone Government

Devis T.L.F (1973) Fertility Differentials Among the Tribal Groups in Sierra Leone: Population Studies 27(3): 501-504.

Douglas C. & Kimmel I. (1995) Adolescence - A Developmental Transition New York, Chicester: John Wiley & Sons Inc.

Effective Health Care (1997) "Preventing and Reducing the Adverse Effects of Unintended Teenage Pregnancies" Effective Health Care Vol.3 (1)

Elias C.J and Heise L. (1993) "Challenges for the Developed of Female Contreolled Virginal Microbicides", London: AIDS 8, 1-9

Engleman R. (1997) Why Population Matters Washington DC: Population Action International

Ewbank D.C. & Gribble J.N. (1993) Effects of Health Programs on Child Mortality In Sub-Saharan Africa Washington DC: National Academy Press

Feuerstein M T (1989) Partners in Evaluation: Evaluating Development and Community Programmes with Participants: Macmillan: London.

Foote K. Kenneth A. Hill H. Martin L.G. (ed) (1993) Demographic Change In Sub-Saharan Africa Washington DC: National Academy Press

Foreign Office Country Profiles (2003): Countries and Regions: Country Profiles: The Republic of Sierra Leone: Website: <http://www.fco.gov.uk/servlet/Front>.

Forster P. & Sheffield J.R. (1973) The World Year Book of Education: Education and Rural Development: London Evans Brothers Ltd.

Frank O. (1983) "Infertility in Sub-Saharan Africa: Estimates and Implications" Population and Development Review 9(1) 137-144

Frankfort-Nachmias, C. & Nachmias D. (1996) Research Methods In The Social Sciences (5th ed.) London, New York, Sydney, Auckland: Arnold Press

Freedman R. (1998) Do Family Planning Programmes Affect Fertility Preferences? Studies In Family Planning Vol.28(1) 1-11

Frisch, R.E. (1974) "Critical Weight at Menarche, Initiation of the Adolescent Growth Spurt, and Control of Puberty: In M.M. Grumbach, G.D. Grave & F.E. Mayer (eds) Control of Onset of Puberty New York: Wiley

Gabriel T. (1991) The Human Factor in Rural Development: London: Belhaven Press.

Gage A.J.(1995) An assessment of the Quality of Data on Age at First Union, First Birth and Sexual Intercourse for Phase II of the Demographic and Health Surveys Program. Calverton, Maryland USA: Macro International Inc

Gille, H (1985) - "The World Fertility Survey: Policy Implications for Developing Countries" International Family Planning Perspectives: Vol. 2 (1)

Goodharts, R.S. & Shills, M.E. (1990) Modern Nutrition in Health and Disease (6th ed) Philadelphia, USA: Lea & Febiger

Gorgen R. Yansane M.L. Marx M and Millimounou D (1998) Sexual Behaviour and Attitudes Among Unmarried Urban Youths in Guinea: International Family Planning Perspectives Vol.24 (2)

Graham W. Brass .W and Snow R. W (1989) Estimating Maternal Mortality: The Sisterhood Method Studies In Family Planning Vol.20(3) 125-135

Green J (1997) A Survey of Sex Education in Primary Schools in the Northern and Yorkshire Region. International Journal of Health Education Vol.35 (3) 81-86.

Green J, (1997) – A Survey of Sex Education in Primary Schools in the Northern and Yorkshire Region International Journal on Health Education Vol. 35 No.3 (81-86)

Gribble J. and Douglas C (1993) Effects of Health Programmes on Child Mortality in Sub-Saharan Africa Washington DC: National Academy Press

Grosskurth H (1996) Controlling Sexually-Transmitted Diseases in Africa: A District Level Approach (Unpublished Draft for Discussion) London School of Hygiene and Tropical Medicine

Gyepi-Garbra, B. (1985a) - Adolescent sexual Activity Is High and Increasing In Most African Countries Boston: Pathfinder Fund.

Gyepi-Garbra, B. (1986) "The Health Consequences of Early and Increasing Problem in Sub-Saharan Africa" International Family Planning Perspectives 12(1).

Hajnal J.(1953) "Age at Marriage and Proportion Marrying" Population Studies Vol.VII (No.2) 111-136

Hammel E.A. (1990) "A Theory of Culture for Demography" Population and Development Review Vol 16 (3) 433-454

Handwerker W.P. (1986) Culture and Reproduction: An Anthropological Critique of Demographic Transition Theory London: Westview Press

Harrison J. & Koblinsky A. (1995) "Mother Care Matters": A Quarterly Newspaper and Literature Review On Maternal and Neonatal Health and Nutrition Vol 5(2 & 3)

Hawthorn G. (1970) The Sociology of Fertility London: Collier-MacMillan

Hayes, C. D. (1987) Risking The Future: - Adolescent Sexuality, Pregnancy and Childbearing Washington DC: National Academy Press

Hicks E K (1993) Infubilation: Female Mutilation in Islamic North Eastern Africa. New Brunswick: Transaction Publishers.

Hill M.R. (1988) "Do Family Planning Facilities Meet the Needs of the Sexually Active Teenagers?" British Journal of Family Planning Vol.13 (4) 148-151

Hirsch J. (1990) "African Teens are Sexually Active But Do Not Use or Cannot Get Contraception" Washington DC: The Facts, Centre for Population Options

Hobcraft J (1985) Family-Building Partners, in Cleland J and Hobcraft J (ed) Reproductive Change in Developing Countries: Oxford University Press.
Hopkins University Population Information Programme.

Humm (1989) The Dictionary of Feminist Theory New York London: Harvester Wheatsheaf Press

International Centre for Adolescent Fertility (1992): Adolescent Fertility in Sub-Sahara Africa.: The Centre for Population Options: Washington DC.

International Family Planning Perspectives (1993): The Spread of AIDS along Truck Routes: International Family Planning Perspectives Vol.19 (2)

IPPF (1992) Reproductive health services for adoleccents International Planned Parenthood Federation:London.

IPPF (1996): Youth Participation within IPPF International Planned Parenthood Federation: London.

IPPF (2000): IPPF Charter on Sexual and Reproductive Rights. Terracotta: London.

Jinadu M.K Olusi S O Ajuwon B (1997) Traditional Fertility Regulation among the Yoruba of South Western Nigeria: A Study of Prevalence, Attitudes, Practice and Methods. African Journal of Reproductive Health (1) 56-64.

Joko-Smart H.M. (1983) Sierra Leone Customary Family Law Freetown:Fourah Bay College Bookshop Ltd.

Jones, E.F. (1985) Teenage Pregnancy in Developed Countries: Determinants and Policy Implications Family Planning Perspectives Vol.17(2) 53-63

Kandeh H.B.S. (1991) "The Population Situation In Sierra Leone" Freetown: Population Education Seminar, University of Sierra Leone.

Kane et al (1993) Sexual Activity Family Life Education and Contraceptive Practice Among Young Adult in Banjul, The Gambia Studies in Family Planning Vol 24 (1)

Kaplan A. (1973) The Conduct of Inquiry Aylesbury: Intertextbooks

Kaplan A. (1999) The Development of Capacity Geneva, New York: UN Non-Governmental Liaison Service (NGLS)

Kelly A.C. & Schmidt R.N. (1995) "Aggregate Population and Economic Growth Correlations: The Role of the Components of Demographic Change" Demography Vol.32 (4)

Kimmel, D.C. & Weiner, I.B. (1995) Adolescence: A Developmental Transition (2nd Ed.) New York: John Wiley & Sons Inc.

Kirk D and Pillet B (1998) Infertility Levels, Trends and Differentials In Sub-Saharan Africa. Studies in Family Planning Vol.29 (1) 1-27.

Kitizinger J Introducing Focus Group. In May N and Pope C Qualitative Research in Health Care. London BMJ Publishing Group.

Kontz S and Conly S.R. (1994) Youth at Risk: Meeting the Sexual Health Needs of Adolescents: Questions and Answers. International Action International Washington DC.

Kritz M M and Gurak (1989) Women's Status, Education and Family Formation in Sub-Saharan Africa: International Family Planning Perspectives Vol.15 (3) 100-127

Kurien C.T. (1978) Poverty, Planning and Social Transformation Bombay, Calcutta, Madras, New Delhi, Bangalore: Allied Publishers Private Ltd.

Laga M., Alary M, Nzila N, Manoka A.T, Tuliza M., Behets F. Goeman J, St Louis M. and Poitot, P. (1994) "Condom Promotion, Sexually-Transmitted Diseases Treatment,

and Declining Incidence of HIV-1 Infection in Female Zairian Sex Workers" The Lancet 544: 246-248

Lassie H.M. (1999) "The Influence of Poro and Sande Secret Societies on the Cultural and Economic Determinants of Natural Fertility in Liberia (West Africa): University of Cardiff, Wales: Unpublished Thesis

Leach M. (1994) Rain Forest Relations, Gender and Environment in Gola, Sierra Leone: In Lockwood M. (ed.) Structure and Behaviour in the Social Demography of Africa Manchester: Manchester University Press.

Lee R.M. (1993) Doing Research on Sensitive Topics London: Sage

Lesthaeghe R and Jolly C. (1995) "The Start of the Sub-Saharan Fertility Transition: Some Answers And Many Questions" Journal of International Development 17(1): 25-45

Lesthaeghe R J Kaufmann G Meekers D (1989) The Nuptiality Regimes in Sub-Saharan Africa in Lesthaeghe R (ed) Reproduction and Social Organisation in Sub-Saharan Africa: Berkley, University of California Press.

Lesthaeghe R J (1989) Reproductive and Social Organisation In Sub-Saharan Africa. Berkeley: University of California Press.

Lettenmaier C.L Liskin C.A Church A Harris J A (1988) Mothers Lives Matter: Maternal Health in the Community Population Reports Series L No7 Baltimore: John

Lloyd CB (1994) Adolescent Fertility in Sub-Saharan Africa Population and Development Review Vol.20 (1)

LoBiondo-Woods G & Haber J (2002): Nursing Research: Methods, Critical Appraisal and Utilisation. (4th ed.): St. Louis, Missouri: Mosby.

Lockwood M (1995) Structure and Behaviour in Social Demography of Africa Population and Development Review 21 (1) 1-32.

Lucas D and Meyer P (1994) Beginning Population Studies (2nd ed.) The Australian National University: Australia: Paragon Press.

MacCormack C P (1982) Ethnography of Fertility and Birth London: Academic Press

MacCormack C P (1994) Ethnography of Fertility and Birth (2nd ed.) Prospect Heights Illinois: Waveland Press Inc.

Makinson C (1985) The Health Consequences of Teenage Fertility Family Planning Perspectives Vol 17 (3)

Martin T C and Juarez F (1995) The Impact of Women's Education on Fertility In Latin America: Searching for Explanations International Family Planning Perspectives Vol.21 (2)

Massey E D (1988) School Sex Education. Why, What and How?: London: The Family Planning Association Unit

McDonald P (1985) Social Organisation and Nuptiality in Developing Societies: In Cleland and Hobcraft (eds) Reproductive Change in Developing Countries Oxford: Oxford University Press

McKernan J (1996) Curriculum Action Research: A Handbook of Methods and Resources for the Reflective Practitioner (2nd ed.) London: Kogan Page

MECAS (1989) Ministry of Education and Cultural Affairs: Sierra Leone.

Meekers D. (1993) "Sexual Initiation and Premarital Childbearing In Sub-Saharan Africa: DHS Working Papers: Columbia, Maryland: Macro International Inc.

Mehta C.R. & Patel N.R (1996) "SPSS Exact Tests 7.0 for Windows" Chicago: Marketing Department SPSS Inc.

Meredith, P (1991) The Other Curriculum: European Strategies for School Sex Education: London: International Planned Parenthood Federation

Middleton W. Harris P. and Hollely C (1994) Condom Use by heterosexual students: justifications for unprotected intercourse. Health Education Journal 53 147-154.

Mikolaj K (1989) The Notion of Sex Education: Reflections on Key Concepts"In The Other Curriculum

Moghissi K S and Evans T N (1977) Nutritional Impact on Women: Through Life with Emphasis on Reproduction New York, San Francisco, London: Harper & Row

Montgomery M Kouame A Oliver R (1995) The Trade-Off Between the Number of Children and their Schooling: Evidence from Cote d'Ivoire and Ghana. Research Division Working Papers No.82 Population Council. New York.

Montgomery M R and Lloyd C B(1997) Excess Fertility, Unintended Births, and Children's Schooling New York: Working Papers No.100 Population Council

Morgan D L (1997) Focus Groups As Qualitative Research (2nd ed) London: Sage Publications

Morse J M and Field P A (1996): Nursing Research: The Application of Qualitative Approaches: London: Chapman and Hall.

Mugerwa R.D (1998) "Tuberculosis in the era of HIV problems, challenges and Hopes for Africa. Africa Health No. 2

- Murdoch W W (1980) The Poverty of Nations: Baltimore: London John Hopkins University Press
- National Population Policy (1988) Population Policy for Socio-Economic Development Lagos, Nigeria
- National Population Policy (1988): Population Policy for Development, Progress and Welfare: Freetown, Sierra Leone
- National Population Policy (1992): Population Policy for Socio-Economic Development Banjul, The Gambia.
- National Population Policy (1992): Population Policy for Economic Development Tanzania.
- NutrieGenie (1997) Pregnancy Nutrition. Retrieved from the World-Wide Web: (<http://pages.prodigy.com.AC/nutriegenie/ngpn41.html>)
- O'Donnell G. (1994) Mastering Sociology (3rd ed). Handmills: Macmillan.
- Orubuloye I O, Caldwell P and Caldwell J C (1993): The Role of High-Risk Occupations In the spread of AIDS: Truck Drivers and Itinerant Market Women in Nigeria: International Family Planning Perspectives Vol.19 (2) 43-48.
- Peckham S. (1992) Unplanned Pregnancy and Teenage Pregnancy: Southampton, Wessex Research Consortium, Institute for Health Policy Studies
- Peil M. (1982) Social Science Research Methods: An African Handbook Bungay: Richard Clay, Chancer Press Ltd.
- Phelps F A Mellanby A R Crichton N J Tripp J H (1994) Sex Education: The Effect of a Peer Programme on Pupils (aged 13-14) and Their Leaders Health Education Journals
- Polit D Beck C and Hunger B (2001) Essentials of Nursing Research: Methods, Appraisal and Utilisation (5th ed.) Philadelphia, New York, Baltimore: Lippincott
- Population Action International (1998) Educating Girls: Gender Gaps and Gains. Population Action International: Washington D.C.
- Population and Health Monitor (1996) UK: Office for National Statistics: London
- Population Concern News (1995) Sexual Health crisis hits Africa's young hardest Washington:D.C
- Population Concerns News 1996- Sex Education and Young People: Wave of Controversy Over Teenage Sexuality. Population Concerns: Washington D.C.

Population Reference Bureau (1994) Fertility Change in SSA: A review of the evidence in T. Loefer and V. Hertrich eds, The Onset of Fertility Transition in SSA Belgium :IUSSP

Population Reports (1998) Reproductive Health: New Perspectives on Men's Participation: Population Reports Series J No.46

Populi (1998) Adolescent Reproductive Health: Teenagers get it right through peer groups: The UNFPA Magazine Vol.25 No.2 New York.

Potts M. and Selman P (1979) Society and Fertility Plymouth: Macdonald and Evans Ltd.

PPASL (2001) "Sexual and Reproductive Health Community Based Services" Freetown, Sierra Leone: PPASL Programme Budget.

Preble E.A., Elias C.J and Winikott B. (1994) Maternal Health in the Age of AIDS: Implications for Health Services in Developing Countries AIDS Care Vol.6 (5)

Pugsley L (1995): Sex Education, Ideology and Indifference. Unpublished Dissertation: University of Wales Cardiff.

Pugsley L. (1998) Sex Education: Ideology and Indifference: An Empirical Study of Policy and Practice University of Cardiff Wales: Unpublished Dissertation

Ray C. (1993) "Sexual Education Forum" Highlight No128 London: National Children's Bureau

Rees C. (2003) Introduction to Research for Midwives (2nd ed) Edinburgh, London, New York: Books for Midwife.

Rice F.P. (1984) The Adolescent: Development, Relationships and Culture Boston, London: Allyn and Bacon Inc.

Riesman J (1992) Adolescent Childbearing And Educational Attainment: Washington DC: The Facts, Centre for Population Options

Rosen E.J and Conly R.S (1998) Africa's Population Challenge: Accelerating Progress in Reproductive Health. Population Action International Washington D.C.

Royston E and Lopez A D (1987) On the Assessment of Maternal Mortality World Health Statistics Quarterly No.40 214-224

Sadik N (1991) Population Policies and Programmes: Lessons Learned From Two Decades of Experiences New York: United Nations Population Fund

Sanderowitz J and Paxman J M (1985) Adolescent Fertility: Worldwide Concerns

Sanusi M (1991) Sierra Leone: Why Do So Many Children Die? Africa Health

Schildkrout (1986): Children as entrepreneurs: Case studies from Kano, Nigeria In S M Greenfield and A Stricken eds. (195-223). Entrepreneurship and Social Change. Washington DC New Academy Press.

Seex J. (1992) A Strategy for Education: A Health Authority Approach In HIV/AIDS and Sex Education for Young People London: The All-Party Parliamentary Group On AIDS Occasional Paper (No.3)

Sex Education Forum (1995) The effectiveness of Sex Education Occasional Parliamentary Briefing Paper No 1 National Children's Bureau: London.

Seymour-Smith C. (1992) The Dictionary of Anthropology London: Macmillan Reference Books

Shirin L (1990) "Motherhood Contributes to Poverty for Women" Canada: The Citizen

Sierra Leone Human Rights Report (1999): Country Information and Policy Unit: London

SLG/CSO (1998) Sierra Leone in Figures 1998 Sierra Leone Government Central Statistics Office Freetown: Sierra Leone.

SLG/DOE (1995) New Education Policy For Sierra Leone Freetown. Sierra Leone.

SLG/UNICEF (1989) National Conference on Education for All by the Year 2000 Freetown: UNICEF

Story M. and Alton, I (1995) Nutritional Issues and Adolescent Pregnancy Nutrition Today Vol 30 (4) 142-151

Strauss A and Glaser B (1967) Qualitative Analysis for Social Scientists: Cambridge: Cambridge University Press

Strobino D.M. (1987) The Health and Medical Consequences of Adolescent Sexuality and Pregnancy: A Review of the Literature: in S.L. Hofferth and C.D. Hayes eds. Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing. Vol.II 93-122 (National Research Council) Washington DC: National Academy Press

The Facts (1993) Adolescent Pregnancy: A Summary of Prevention Strategies

The World Factbook (1998): Washington DC: Central Intelligence Agency

Thompson R. and Scott L. (1992) "An Enquiry into Education. Sex Education Forum. London.

Thompson R.(1994) Developing and Reviewing a School Sex Education Policy - A Positive Strategy London: National Children's Bureau

Todaro M P (2000) Economic Development (7th ed) Reading: Addison-Wesley

Todaro M P and Smith S C (2003) Economic Development (8th ed.) Boston: Addison-Wesley.

Toynbee P (1998) To Cut Teenage Pregnancies School Must be the Political Battle Ground UK: Daily Guardian

Udry J R (1979). Age at Menarche, At First Intercourse and at First Pregnancy: Journal of Biosocial Sciences 11, 433-441.

UNDP/World Bank (1989) African Economic and Financial Data Washington DC: The World Bank

UNESCO (1975) Report Studies "Education and Poverty" Paris:Division of Educational Policy and Planning.

UNFPA (2000) The State of the World's Population: Lives Together: Worlds Apart USA, Prographics.

UNFPA (2001) UNFPA at Work 2001: Denmark, Phoenix.

Ungpakon R. (1992) "Sex Education in Schools: A practitioner's view" In HIV/AIDS and Sex Education for young people. London. The All-Party Parliamentary Group on AIDS occasional paper No3

United Nations (1989) Adolescents Reproductive Behaviours: Evidence From Developing Countries Vo2 United Nations New: York.

United Nations (1990) "Patterns of First Marriage: Timing and Prevalence" New York:

United Nations (1991 World Population and Prospects 1990 New York

United Nations (1996) Reproductive Rights and Reproductive Health: A Concise Report: New York, United Nations

United Nations (2001) World Population Monitoring: Population, Environment and Development: United Nations: New York.

Warwick D.P. (1982) Bitter Pills: Population Policies And Their Implementation in Eight Developing Countries Cambridge: Cambridge University Press
Washington DC: National Academy Press

Wasserheit J.N (1992) "Epidemiological Synergy Inter-relationship between HIV infection and other Sexually transmitted diseases" Sex Transmission Discussion 19:61-67.

White S D and DeBlassie R R (1992) Adolescent sexual behaviour: Adolescence 27 (183-191)

Windmill V. (1987) Human Growth and Development London: Edward Arnold - A Division of Hodder and Stoughton

Wise J. (1998) Teen Pregnancies Rise in England and Wales British Medical Journal Vol.316 (21)

World Bank Report (1988), Washington DC, World Bank

World Health Organisation (1980) The Incidence of Low Birth Weight: A Critical Review of Available Information WHO Statistics Quarterly Vol.33 (3) 197-226

World Health Organisation (1988) Adolescent Reproductive Behaviour - Evidence From Developing Countries World Health Organization Vol.II

World Health Organization (1993) Counselling Skills Training in Adolescence Sexuality and Reproductive Health: Geneva: World Health Organisation

World Health Organization (1995) Adolescent Health and Development: The Key to the Future: Geneva: World Health Organisation

Worthington-Roberts, B and Williams R.S. (1993) Nutrition in Pregnancy and Lactation. St Louis, Missouri: Mosby Year Book Inc.

Wright J (1996) Female Genital Mutilation :an overview. Journal of Advanced Nursing 24 251-259

Wright J (1996) Female Genital Mutilation: An Overview. Journal of Advanced Nursing 24: 251-259.

Youssef M. (1995) Working with Young People: Guide to Preventing HIV/AIDS. London: Commonwealth Secretariat

Zabin L S and Kiragu K (1992) Health and Social Consequences of Adolescent Sexuality and Childbearing in Sub-Saharan Africa Background Paper Commissioned for the Working Group on the Social Dynamics of Adolescent Fertility Washington DC: National Research Council

Zack-Williams (1990) Sierra Leone: Crisis and Despair Review of African Political Economy Vol.47-49: 22-33

