**Title**
Serious Girls and Uncontrolled Lives: Poverty, Morality, and Health in the Construction of Adolescent Pregnancy in Sierra Leone



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**Publication Date**
2021

Peer reviewed|Thesis/dissertation

Serious Girls and Uncontrolled Lives: Poverty, Morality, and Health in the Construction of Adolescent Pregnancy in Sierra Leone

by
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DISSERTATION
Submitted in partial satisfaction of the requirements for degree of
DOCTOR OF PHILOSOPHY

in

Sociology

in the

GRADUATE DIVISION
of the
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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**Acknowledgements**

First, I would like to thank the participants who contributed time, attention, and personal perspectives to the focus group and participatory activities. Second, Nadia Assad and Arnold Williams, in their work as consultants for the Population Council, provided critical support in areas from managing field work to collaborating in preliminary analyses, to clarifying translations.

Data collection was conducted through Population Council partnerships. The focus group discussions were conducted with GOAL Sierra Leone, including Mustapha Kallon, Hilton Matthews, and Kristine Jeppesen. The Asset Exercise was conducted under a joint project with Purposeful and its local partners: Community Action to Restore Lives (CARL); Children of the Nation (COTN); the Kori Chiefdom Orphanage Girls' Centre; Women's Partnership for Justice and Peace (WPJP); and Disability Rights Movement (DRM). Thank you to the Purposeful team, including Chernor Bah, Hawa Brima, Yeiwah Kaindeneh, Josephine Kamara, and Aminata S. Kamara, for their support throughout the community assessments, and to Joseph Kaifala for impromptu translations and many coffees. My colleagues at the Population Council, including Judith Bruce, Thoai Ngo, and Jessica DeMulder, supported the original versions of these projects and encouraged me to continue and complete this project. Thank you to Katherine Gambir, Angel del Valle, Corinne White, and Miriam Temin for serving as thought partners and collaborators.

Thank you to my parents, Susie Kaeser and Jerry Blake, and my brother, George Blake, who have loved and supported me in pursuing meaningful work, social justice, and reminded me to have fun, even when I ignored all their good advice. Thank you to my friends, including Lindsay Menard-Freeman, Anna Myers, Jonathan Sury and Mariko Muzzio, and Omar Robles, whose collaboration on the Asset Exercise was also incredibly valuable. This project would not have been possible without my cohort, Rashon Lane, Melanie Jeske, and Rosalie Winslow, and fellow graduate students, including Chad Campbell, Luis Gutierrez-Mock, and Meghan Visser. Finally, I would like to thank my committee, Shari Dworkin, Howard Pinderhughes, Ushma Upadhyay and Daniel Perlman, for guidance and thoughtful feedback throughout this project.

**Serious Girls and Uncontrolled Lives: Poverty, Morality, and Health in the Construction of Adolescent Pregnancy in Sierra Leone**

Sarah C. Blake

***Abstract***

In national policy, international commitments, non-governmental organizations' program documents, and public health research, adolescent pregnancy increasingly appears as a foregone conclusion: the scope and scale of the problem is taken to be synonymous with its essential nature. In settings such as Sierra Leone, where adolescent pregnancy is extremely common, this simple recitation of statistics is often and easily framed as a crisis demanding public action (Government of Sierra Leone 2018). And, with its associations with weak access to health care, household poverty, gender inequitable norms, there is little question that experiences of adolescent girls in Sierra Leone who become pregnant are characterized by hardship and risk, shaped by weak social and health services, discrimination and social exclusions (Bandiera et al. 2012; Denney et al. 2016; de Koning et al. 2013; Kostelny et al. 2016; Risso-Gil and Finnegan 2015; UNFPA 2011; UNICEF 2013). However, as sociologist Constance Nathanson has argued, "While sexuality and motherhood outside of orthodox familial boundaries are as constant as those boundaries themselves, the meanings attributed to those behaviors and the strategies advocated and implemented in their management have varied with the social and cultural setting in which the behaviors are found" (Nathanson, 1991: 104). These meanings, in turn, carry critical material implications. Drawing on a body of literature that holds social constructions: of gender, adolescence, the nature of adolescent sexuality, and adolescent pregnancy as a social and/or "health" problem, to primary, I explore how the "problem" is currently defined and situated in Sierra Leone.

The three papers that comprise my project explore the same general topic, the social construction of "adolescent pregnancy" in Sierra Leone, from three different perspectives. In the first substantive chapter, I analyzed the country's National Strategy for the Reduction of

Adolescent Pregnancy and Child Marriage (2018-2022) and the definition of the "problem" that it uses. In invoking official statistical definitions of a "health" problem, "evidence-based" approaches, girls' rights, and gendered social processes, the Strategy presents the "problem" as predefined and equated with its official statistical definition. Yet, hostility, discriminatory treatment, and health risks facing pregnant girls appeared intact, as natural consequences of pregnancy itself, while responsibility for "solving" the problem largely resided with girls, families, and rejections of the constraints imposed by "culture," nebulously defined. In Chapter 3, I drew on focus group discussions (FGDs) conducted with adolescent girls, boys, and young men in a low resource urban setting to gather perspectives on the nature of "adolescent pregnancy." As part of an individualizing discourse on "adolescence" as a period of achievement marker of girls' moral failures, interspersed with family shame, and boys' disobedience. The meaning of contraception appeared to be in flux, potentially accepted as an indication that girls are "planning for the future," or serious about education, opposed as a marker of either promiscuity, infidelity, or challenges to male power over reproduction. In Chapter 4 my data were collected from an adaptation of the Population Council's Participatory Building Assets Toolkit or "Asset Exercise"(Population Council 2015) with girls, boys, and adults in five rural communities. The Asset Exercise operationalizes human rights discourse on empowerment, centering on the idea *exercising* a right is contingent on having the resources and skills to do so *before* it is necessary and uses the question of "what age" girls need each asset to be able to use it when necessary (Kabeer 1999; Population Council 2015). Across discussions, a sex- and age-essentialist view of adolescent girlhood was common, shaping decisions to assign "assets" to adult ages: often too late for them to "use" assets to either effectively carry out gender-conforming social roles, or for a non-normative, more expansive set. Throughout, the constraints imposed by poverty and weak social infrastructure appeared influential in reinforcing the low expectations for girls. Adolescent pregnancy appeared largely as a product of girls' moral failings in combination with a sexualized social environment that put them "at risk" from early in adolescence.

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***List of Abbreviations***

| | |
|---|---|
| ASRH | Adolescent Sexual and Reproductive Health |
| AYFP | Adolescent and youth-friendly services |
| CBO | Community-based organization |
| CEDAW | Convention on the Elimination of All forms of Discrimination Against Women |
| CRA | Sierra Leone Child Rights Act |
| CSE | Comprehensive sexuality education |
| DHS | Demographic and Health Survey |
| ECOWAS | Economic Community of West African States |
| EWEC | United Nations Secretary General Every Woman Every Child initiative |
| EVD | Ebola Virus Disease |
| FGD | Focus group discussion |
| FHCI | Free Health Care Initiative |
| GoSL | Government of Sierra Leone |
| ICPD | International Conference on Population and Development |
| INGO | International non-governmental organization |
| Maputo Protocol | The Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa |
| MDGs | Millennium Development Goals |
| MICS | Multi-Indicator Cluster Survey |
| MoHS | Ministry of Health and Sanitation |
| NGO | Non-governmental organization |
| SDGs | Sustainable Development Goals |
| SRH | Sexual and reproductive health |
| STI | Sexually transmitted infection |
| UN | United Nations |
| UNCRC | United Nations Convention on the Rights of the Child |

# Chapter 1: Introduction

## Inspiration for the Project and My Location in Relation to this Work

I began working on what I usually describe as "adolescent girls' health and education" in Sierra Leone in 2014, with what was initially conceived as a 10 week project with the Population Council to do something to support a loose coalition of 14 local and international organizations that made up the Sierra Leone Adolescent Girls' Network, during the early days of the Ebola crisis, as attention in government and donor circles revolved almost entirely around containing the outbreak, halting or redirecting attentions previously directed to girls and community-based programming. For the next five years, my work in Sierra Leone expanded, and I was lucky enough to participate in the expansion of the Network as a "technical partner" to primarily locally led organizations. In my work with the Council, and, briefly, as an independent consultant for UNFPA, I saw how "adolescent pregnancy" circulated as both a powerful symbol of girls' subordinate status, and a ready-made symbol of the persistent poverty, slow progress in reducing poverty and improving health and education, violence, and deep gender inequalities. In this time, I saw successive cycles of outsize, and, ultimately, unmet promises tied to a body of programming and interventions that seemed never to be given the funding, time, or human resources necessary to form a meaningful basis for change.

Throughout this project, I have wrestled with the implications of my own position. As a white American woman tied to an influential global health research NGO, the privilege of my position, and own investment in generally making the case for ongoing "community-based interventions," "evidence," and a prioritization of "adolescent girls" within a donor-driven environment of research and intervention design shaped my sense of what a worthwhile project would entail. While I believed that there was a value in applying a social constructionist perspective to the topic of adolescent reproductive health: surfacing the interacting social norms, taken-for-granted "truths" about the nature of the "problem" of adolescent pregnancy, this could, at times, feel incredibly remote and un-useful: parsing social norms and constructs appeared

undeniably secondary to material conditions of poverty and the structural violence that kept them in place. Further, while I often felt deeply uneasy with many of the practices that are normal in global health work with and for adolescent girls: cataloging traumatic experiences to determine whether a program has effectively reduced girls' exposure to violence; or downplaying gaps between promises of social transformation and girls' "empowerment" and realities of programs introduced in contexts shaped by collective poverty and experience of structural violence. However, I also recognized that I was unlikely to affect any of the changes that would be necessary to change a broken system, but that I could easily participate in discrediting or undermining "the case" for continued investments in interventions that ultimately do provide some benefits to girls. I have struggled throughout this project to articulate what a fair critical analysis of policy documents would look like. It seemed easy, but ultimately neither interesting nor useful, to poke holes in a document that appeared to traffic in development jargon and too many stereotypes about girls, parents, and men, even as it so clearly reflected an effort to claim some modicum of control over a national agenda otherwise dominated by international, global North-led institutions. In addition, I recognize that there is a deep power imbalance between researchers and research subjects, and that the swirl of received social norms, lived experience, material conditions, and the social space of a research project are inherently complex, and that my efforts to represent participants' perspectives are fundamentally colored by my own positions, experiences, and biases. Beyond the initial parameters of my project, I found that social constructionist literature on adolescence and adolescent pregnancy; and critical global health and development offered a body of insights and perspectives that reshaped my own thinking. Rather than better accounting for "social determinants," of adolescent pregnancy, or a more robust definition of "adolescent pregnancy," this broader view challenged my assumptions about how the "problem" was situated, and what "progress" might look like when interventions came up short of their intended goals or outcomes. At times, it was difficult to both facilitate "adolescent development 101," workshops and critique the ways that "adolescence" has been constructed in

public health research: as, primarily, an individual developmental stage, rather than a social category that is constantly being negotiated and redefined. Nonetheless, I believe that both the work of informing interventions and remaining critical of essentializing definitions is valuable. While I recognize that my efforts, too, are likely to fall far short of the level of insights that I would like to be able to produce, and the action that I would hope to spark, I hope that the dissertation that follows will contribute to a necessary and challenging ongoing work to promote more ethically sound and materially impactful approaches to research, structural, and social interventions in Sierra Leone and elsewhere.

**Statement of the Problem**

In national policy, international human rights and development commitments, non-governmental organizations' program documents, and public health research, the definition of the "problem" of adolescent pregnancy often begins with quantitative data. In settings such as Sierra Leone, where adolescent pregnancy is extremely common: an experience shared by one in four girls, this simple recitation of statistics is often and easily framed as a crisis for public action. By available indications, the material circumstances, social treatment, and health risks facing adolescent girls in Sierra Leone who become pregnant are characterized by hardship (Bandiera et al. 2012; Denney et al. 2016; Kostelny et al. 2016; UNFPA 2011; UNICEF 2013). Thanks in part to both growing attention to adolescent health, and the specific priorities placed on adolescent pregnancy, and, more recently, child marriage, in global health and development agendas, attention in national policy and donor-funded interventions have focused on these issues as features of a "crisis" undermining girls' health, education, and future prospects, as well as their right to "be girls, not mothers" as the country's first National Strategy for the Reduction of Teenage Pregnancy declared (Denney, Gordon, and Ibrahim 2015; Government of Sierra Leone 2013; Risso-Gil and Finnegan 2015; Secure Livelihoods Research Center 2018). Discovering and deploying "evidence-based" approaches to the problem has occupied a central position in this agenda, prompting evaluations of interventions, and commitments to action based on "what

works" in similar settings (Bandiera et al. 2012; Denney et al. 2015; Government of Sierra Leone 2018; Kostelny et al. 2016).

National health surveys, such as the Demographic and Health Survey and Multi-Indicator Cluster Survey, show that adolescent pregnancy is common in Sierra Leone. Rates appear to be declining, with approximately one in five girls giving birth before reaching age 18, compared with closer to one-third of girls in 2013 (Statistics Sierra Leone 2018; Statistics Sierra Leone and ICF International 2014). At the same time, in Sierra Leone, data on adolescent pregnancy rates, along with those capturing age-specific maternal mortality, contraceptive prevalence, experience of sexual violence, marriage, education, and health service utilization data have been taken as a kind of essential body of evidence. These have been held up by national policy making, donors, international NGOs, and domestic civil society alike to illustrate both the severity of the "crisis," the risks of inaction: an argument made most vivid during and after the 2014-2016 Ebola outbreak, with calls from government and civil society to ensure that girls were not "left behind," and attention to adolescent pregnancy was not revoked (Denney et al. 2016, 2015; Government of Sierra Leone 2013, 2018; de Koning et al. 2013; Kostelny et al. 2016; UNFPA 2011).

For the attention to adolescent pregnancy in Sierra Leone, the nature of the "crisis," its ostensible explanations or causes, and its proposed solutions are hardly so straight-forward as these arguments suggest. As Vincanne Adams argues, "numbers are not intrinsically capable of proving anything," but only make sense as part of "storytelling" about the scope, scale, and drivers of health conditions, the subjects they affect, and the duties of social institutions to act (Adams 2013). For "adolescent pregnancy," across contexts, the extent and nature of concern relate closely to what age, marital status, and resources are considered sufficient for girls to become parents; and whether or under what conditions sex, pregnancy, childbirth or parental caregiving should be treated as deviant (Luker 1996). Official indicators and measures may be mobilized in ways that loss over a lack of resolution in fundamental questions of what makes adolescent pregnancy a matter of concern. As Janice Irvine has observed, the "metaphoric quality of

adolescent pregnancy complicates public discussion, inflames public opinion, and inhibits effective research" (Irvine 1994). This is, in part, because public health discourse, the research and interventions that follow, while ostensibly authoritative and value neutral has, in fact, long been bound up with the same discriminatory and essentializing tendencies as public understandings, influenced by religious or state authorities (Nathanson 1991). Even where motivated by genuine concern for girls' well-being, the imperative to "do something" about adolescent pregnancy has, in various places and times, prompted "tough love" approaches to withhold benefits, overly dramatize "risk," harm, and threats in messages to girls, restrictions on access to health care services, or paternalistic, coercive practices (Collins 2009; Jewkes, Morrell, and Christofides 2009; Nathanson 1991; Roberts 2017). Within community spaces, and among adolescents themselves, the definition of "adolescent pregnancy" and its status as a problem are just as bound up in received ideas about gender and sexuality, age and generational hierarchies, and the sources of social order and disorder as they are in public debates (Bhana 2016; Bhana et al. 2010; Bhana and Nkani 2014; Irvine 1994, 2006; Jewkes and Morrell 2011; Tolman 2001).

To-date, there has been relatively little research in Sierra Leone that considers "adolescent pregnancy" as a social construct, embedded in broader discourses on gender, sexuality, or age. While research acknowledges the existence of various "factors," such as gendered social norms, social processes, and structural conditions, it tends to enumerate, then move on, focusing instead on their perceived effects on individual sexual or contraceptive behaviors. While valuable in elevating the problem to public consciousness, this obscures important, even fundamental matters, including how understandings of the "problem" might be constituted in and through taken-for-granted and contested social norms and discourse on health, gender, sexuality, and social order. The limited attention to social processes, discourse, and debates that surround, constitute, and continually redefine "adolescent pregnancy" presents a gap, with potentially critical consequences for girls, boys, families, and communities in Sierra Leone.

My dissertation approaches the concepts "adolescence," as a social and developmental stage, adolescent girlhood, and "adolescent pregnancy" in contemporary Sierra Leone from a feminist social constructionist perspective. I explore the discourse, perspectives, definitions, and uses of these concepts in three distinct, but related areas: as a public policy problem, demanding a national strategic response; as a topic that circulates among urban adolescents; and, indirectly, in relation to a task intended to capture a "good" or desirable trajectory for adolescent girls' adolescence among members of rural communities. Throughout, I situate "adolescent pregnancy" in the context of both taken-for-granted and contested understandings of age, gender, sexuality, and morality in this context, and their potential implications across similar postcolonial, aid-dependent contexts.

**Population and Setting**

Sierra Leone has a population of around 8 million people, nearly half of whom are under age 18 (Statistics Sierra Leone 2016). Education, health, and economic indicators reflect widespread poverty and pervasive gender inequalities in social life, schooling, and public participation (Abdullah, Ibrahim, and King 2010; Bandiera et al. 2019; Statistics Sierra Leone and ICF International 2014; Statistics Sierra Leone and ICF Macro 2020). The 1991-2002 civil war was characterized by pervasive sexual violence against girls and women, and by extensive reliance and involvement of child combatants (Abdullah et al. 2010; Ferme 2018; Mazurana et al. 2002; McKay 2004; Shepler 2005; Stark 2006). Post-conflict reconstruction efforts and legal reforms incorporated substantial investments in approaches intended to redefine gendered definitions of childhood and adulthood: freeing adolescent combatants of culpability for violence, treating age 18 as a minimum age of marriage, and expanding children's rights to participate in broader decision-making processes that affected them (Mazurana et al. 2002; McKay 2004; Shepler 2005; Stark 2006). The reconstruction, however, largely fell short of meeting needs or fulfilling promises to support survivors of sexual assault, many of whom were adolescent girls (Abdullah et al. 2010; Ferme 2018; Mazurana et al. 2002; McKay 2004). During the post-war

period, feminist organizing netted a set of legal reforms that promoted adult women's rights in marriage and family law, but social protection, violence prevention and response measures have remained weak and underfunded (Abdullah et al. 2010; Horn et al. 2016).

Since the end of the war, indicators of young people's well-being have improved. Overall educational attainment and gender parity have improved, although these gains have been uneven. Young women, ages 20-24 have higher rates of school completion than their older counterparts: 40 percent compared with 20 percent of women 25-34, and 9 percent 35-49 (Statistics Sierra Leone 2018). Further, rates of marriage involving girls under 18 have declined, particularly in urban settings, where 20 percent of young women aged 20-24 were married under age 18, compared with 42 percent of their rural peers, and 36 percent of women 20-49 overall (Statistics Sierra Leone 2018). Adolescent birth rates, too, are declining. As of 2019 21 percent of girls had a baby before turning 18, down from 28 percent in 2013, and young women are, overall, are far less likely to have had a baby under age 18 than older age cohorts (Statistics Sierra Leone and ICF International 2014; Statistics Sierra Leone and ICF Macro 2020). Although data on the immediate determinants of fertility: sex, contraception, and abortion, are relatively weak, declines in adolescent pregnancy and childbearing appears to be related to increases in contraceptive access and use among adolescent girls, as there do not appear to be major changes in age of sexual debut, which is around age 16 for girls, and 18 for boys (Statistics Sierra Leone and ICF Macro 2020). Maternal mortality was estimated at more than 1300 deaths/100,000 live births in 2009: the then-highest ratio in the world. This statistic, combined with the fact that a large proportion of births were to adolescent girls, a group perceived to be at elevated risk of morbidity and mortality, was cited in initial efforts to elevate adolescent pregnancy for national attention (Government of Sierra Leone 2013; UNFPA 2011). This appears to be decreasing, but remains high, most recently estimated at around 750/100,000 (Statistics Sierra Leone and ICF Macro 2020)

Data on education and health reflect both major social changes, and growing differences in the experiences of adolescent life between urban and rural areas, and between girls and their parents. Yet, they have also occurred against a backdrop of enduring insecurity, poverty, weak economic opportunities, and successive crises. Most notably, the regional 2014-2016 Ebola epidemic overwhelmed health facilities, closed schools, and disrupted social and economic life. The post-Ebola recovery period, notably, included a series of assessments of the outbreak and its secondary effects on adolescents, with a focus on girls; and promises of new investments focused on adolescent pregnancy, child marriage, and girls' education (Denney et al. 2015; Risso-Gil and Finnegan 2015; UNFPA 2017a).

The papers compiled in this project document conditions present in the years following the Ebola crisis. Chapter 2 reflects an analysis of the country's National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage for 2018-2022. The empirical data for the other two papers in this project were collected in two different areas of Sierra Leone between 2018-2019. Chapter 3 draws on research conducted in Freetown, with adolescent girls, boys, and young adult men with a female partner under age 20. Low income areas of Freetown have expanded rapidly in the past two decades, characterized by extreme density, and poor infrastructure(Statistics Sierra Leone and ICF Macro 2020). Although data on adolescent health and well-being indicators suggest that the situation in urban settings is comparatively better than rural settings in aggregate, this is overlaid with growing inequalities, and there is very little systematic information available on the situation of adolescent girls in these settings. Chapter 4 uses data collected in five rural communities in Moyamba District, which is a largely rural district in the country's south, and has a total population of approximately 320,000 (Statistics Sierra Leone 2016). Compared with national averages, Moyamba has high rates of adolescent pregnancy and child marriage: both over 30 percent when this project was conducted data were collected, and low rates of secondary school attendance and completion among girls. Research was conducted with adolescent girls and boys, as well as young adult women and men, parents of adolescent, and community leaders.

The five communities where the study took place were chosen from among 12 where an NGO partner was sponsoring new adolescent girls' safe space programming, to be implemented by local CBOS. These five communities were chosen to represent a diversity of sizes and geographic locations, within the district, with communities varying in size from under 500 to more than 11,000.

**Theoretical Underpinnings**

Each of my three substantive chapters draws on a distinct method and body of literature for both empirical and theoretical content. They also draw on a common grounding in feminist social constructionist definitions of "adolescent pregnancy. This includes literature from sociology, and across multiple disciplines, and geographic regions.

*The Social Construction of Gender, Sexuality, and Adolescence*

Critical social constructionist approaches to gender, adolescence, and health, reject essentializing tendencies in biomedical and popular discourse. The first set of literature critiques the use of both biological sex and gender in medical and public health. Researchers share a common interest in exploring how both constitute social constructs.

The primary body of literature that I draw on is a series of sociological studies exploring the social and political construction of "adolescent pregnancy," as a social problem, and its uses in broader social discourse. A body of research produced in the 1990s and 2000s in the United States highlight the ways that "adolescent pregnancy," as a flexible, adaptable concept has been constructed, deployed, and redefined in primarily, but not solely, American, social contexts. As Constance Nathanson argues, "While sexuality and motherhood outside of orthodox familial boundaries are as constant as those boundaries themselves, the meanings attributed to those behaviors and the strategies advocated and implemented in their management have varied with the social and cultural setting in which the behaviors are found" (Nathanson 1991:108). Nathanson's work tracing the construction of adolescent pregnancy as a "social problem" across American history informs the conceptual grounding for my analysis in Chapter 2. However, the broader insights into the ways that adolescent pregnancy and adolescent sexuality are

constructed. She challenges take-for-granted "truths" in public health and medical literatures that also attracted public alarm: that for all adolescents, pregnancy was inherently and biologically determined to be a source of outsize health risks compared with older women; school dropout; and life-long poverty. Instead, she argues, even where manifest, "these are severe consequences but they are not inherent consequences" of either sex or pregnancy (Nathanson 1991:18). Instead, the "consequences" of both were heavily contingent on social and historical circumstances.

Both in terms of providing examples of the uses of "adolescent pregnancy" and, to some extent, insights into potential features of the "problem" as it circulates in Sierra Leone, I draw on studies on the history of adolescent pregnancy as a "public problem" in the United States, and the uses of medical/health, religious, and economic claims to define it. Along with Nathanson's history of "adolescent pregnancy," Kristin Luker's *Dubious Conceptions* (1996) approaches adolescent pregnancy and parenthood as a problem that is both socially constructed, historically situated, and tied to material disparities among women in the United States. Luker follows the concept through the development of social welfare, education, and economic policy change in multiple eras to highlight the ways that race, class, and gender are bound to both the meaning of adolescent pregnancy itself and the response that appear "natural" or essential. Luker's analysis of the politics of adolescent pregnancy focuses on the lack of "bright lines," or consensus around what makes pregnancy acceptable. She traces the ways that lines shifted and blurred over time as policies on matters such as the age of consent for marriage, age of consent for health care shifted. Along with laws specifically governing adolescent pregnancy, she points to the evolving legal status of teenagers and work; and women of any age and non-marital sex, and/or pregnancy as shaping how adolescents' autonomy over decision-making around sex, contraception, abortion, and childrearing. Rickie Solinger's (2013) examination of the history of social welfare policy around unwed pregnancy in the mid-20th century, prior to the legalization of abortion, captured a history of policy debate that persistently upholding hierarchies of race, class, and

gender. Indeed, across studies exploring the discourse on “adolescent pregnancy” in the United States, there is a common thread, demonstrating the degrees to which this public concern, sometimes, but often not explicitly racialized, was used as a stand-in for various other projects, much of which aimed squarely at regulating and controlling Black girls’ sexuality, in particular, while also justifying broader discriminatory practices, including reductions in broad public sector spending (Collins 2009; Fine and McClelland 2007; Irvine 2006; Luker 1996; Nathanson 1991).

Dorothy Roberts’ *Killing the Black Body* highlights the centrality of “adolescent pregnancy” as a trope used to normalize social control and exclusionary and punitive measures in social welfare, education, and health care (Roberts 2017). Roberts, adding to the body of social constructionist research on adolescent pregnancy, takes note of the ways that this operated in medical practices, as a stereotype of Black girls “sexual hedonism” and incompetence helped to prompt promotion of Norplant, a provider-controlled hormonal contraceptive as the “solution” to adolescent pregnancy. Further, this focus on a medicalized “cure,” she argues, enabled a diversion from more challenging social “causes,” including contradictory public messages about adolescent sexuality; and, “poverty, the key predictor of adolescent pregnancy” (Roberts 2017).

In addition to studies that are concerned with “adolescent pregnancy” as a distinct social construct, this body of literature touches on broader ways that discourse on sexuality is developed, used, and deployed in policy debates around sexuality education, contraception, and abortion, along with age-related restrictions and provisions (Fine 1988; Fine and McClelland 2007; Irvine 2006). These contribute to capturing the implications and ideological stakes of common practices in social policy and interventions. Along with broad conditions around, age-related restrictions on services, these include interrogations of the normative discourse within interventions, such as risk-based messaging in “sexuality education,” its roots in sex-negative normative constructions of adolescent sexuality, and implications for girls’ internalizing of shaming, gender inequitable norms (Fine 1988; Fine and McClelland 2007).

These studies highlight several important points for adolescent pregnancy in Sierra Leone. While undoubtedly a public health problem, given that pregnant girls are, indeed, at risk of various health harms, from unsafe abortion, to complications during pregnancy and delivery that may be fatal, global literature also increasingly affirms points from the United States context. Circumstances, including at what point during adolescence girls become pregnant; their access and quality of health care services; nutrition; and, fundamentally, economic status are critical to shaping health outcomes across contexts (Blanc, Winfrey, and Ross 2013; Geronimus 1996).

Along with broad social analyses of adolescent pregnancy, I draw on cross-context, multidisciplinary empirical feminist research with adolescent girls, boys, and adults on the ways that young people develop identities, a sense of self, and exercise choices in the context of both dominant and adolescent or youth-specific discourse or cultures. These studies emphasize the ways that girls' perceptions of themselves, the choices they have available, and their "narration" of experiences in research settings all reflect the distinct status of adolescence as both a social location and a developmental stage. They highlight the essential need to place studies that ask girls to describe their own experiences in their social contexts: as participants, rather than either receptacles of normative messages about sexuality, or inherently resistant or defiant. These include insights from Laina Bay-Cheng on the limits of individual girls' efforts to "be heard," as they try to articulate and claim their interests in a setting where they are exposed, lacking social capital, and easily overpowered (Bay-Cheng 2012), and the ways that treating sex and sexual relationships as simply matters of risk and fear undermines the effectiveness of interventions meant to promote contraceptive and condom use (Fine, 1988).

Elaine Bell Kaplan's (1997) *Not Our Kind of Girl*, an ethnography of adolescent mothers documented the consequences for girls, social norms underpinning policies, and the treatment of race, sexuality, and class, in the construction of policy. Her findings underscore the ways that adolescent subjects internalize, engage, and develop relationships in a setting shaped by both shared poverty and dominant constructions of adolescent mothers as sexually deviant, defiant,

and undeserving, rendered them constantly subject to harsh social judgments and conflict. Rather than finding that pregnant and parenting girls were driven to become pregnant because of a misguided motivation to have a child, or driven by uncontrolled sexuality, she finds that much of girls' experiences were shaped by efforts to conform with dominant norms. For example, contraception appears as a dilemma: while recognizing that it could prevent pregnancy, several mothers report withholding information about contraception because they believed that it would motivate girls to have sex. Girls, too, reported that their non-use was motivated by a belief that they needed to appear sexually naïve to preserve an image of respectability for a male partner. The reactions to girls' strategy of non-use demonstrate how little control they had. Rather than contraceptive non-use enduring as a sign of girls' fidelity or innocence, girls reported that their boyfriends accused them of infidelity to deny responsibility for a pregnancy (Kaplan, 1997).

Although very limited in global South contexts, research on adolescents' engagement with dominant norms around gender, sexuality, and their implications for both social positions and health risks, form a related body of research. Much of the available research in this field is from South Africa, where Bhana and colleagues' explorations of adolescent sexual cultures, masculine sexuality, and their implications for romantic and sexual relationships, negotiation of condom and contraceptive use, and practices among parenting adolescents expand on insights from the United States (Bhana 2016; Bhana and Nkani 2014; Bhana and Pattman 2011). Jewkes and Morrell (2011) document the ways that girls negotiate identities and relationships within a context of extreme constraints, finding that girls, while asserting agency in some settings, including exercising choice in partners that pushed against some normative constructs and male dominance, found that this was limited and constrained by normative practices once they were involved in relationships, finding limited space for negotiating condom or contraceptive use, among other matters.

These studies contribute to my understanding of adolescents' agency in both research and social life. This in turn, informs my analytic approach, which presumes that adolescents'

participation in advancing and/or resisting dominant normative constructions of gender, and sexuality are not synonymous with their agency vs. passivity, so much as a reflection of a more complex set of dynamics of received and taken-for-granted ideas of what is normal, natural, or reasonable in a given setting. They further reinforce the value of exploring the discourse that makes "adolescent pregnancy" appear as an intelligible concept among adolescents themselves.

*Social Construction of Adolescence*

Within a broad body of literature on the social construction of childhood and adolescence, across times and places, I draw on a subset of theorists to highlight how "adolescence" is historically and contextually specific, rather than solely biologically, determined. Janice Irvine's exploration of "Cultural Differences and Adolescent Sexualities" (1994) explores the construction of adolescent pregnancy as an extension of a "problem" of adolescent sexuality in the United States context and offers insights into the uses of a social constructionist perspective. Along with the value of highlighting dominant discourse and the ways that adolescent pregnancy may act as a "stand-in" for "complicated social problems," she presents adolescent sexuality as a matter of constructed across various domains, "gender relations, sexual identities, reproductive strategies and behavior, sexual language and public discourse, the role of the family, nonreproductive sexuality, the purpose of sex and the role of pleasure, knowledge and the meaning of the body, and sexual violence," (Irvine 1994:11) all of which are defined in distinct, widely varying ways, that are situated in specific social and historical contexts. Moreover, "dominant cultures," hold sway, exercising power, in part, through claims about what is morally "good" and "bad," natural or deviant, across these domains. These form a backdrop that adolescents may negotiate, challenge, or accept in ways that are also contextually specific.

Although my research presumes that there are important, highly consequential changes in adolescence that are common across settings, I draw on work such as Barrie Thorne's exploration of "childhood" as a category that is undergoing constant redefinition (Thorne 2009) and Nancy Lesko's "Denaturalizing Adolescence" (Lesko 1996). These studies argue against a

biological determinist view of “correct” or “incorrect” understandings of the boundaries between childhood, adolescence, and adulthood, and hold that they are constantly in flux and historically specific. Thorne characterizes “Contemporary uses of the word “childhood” encompass a three-way tension between a single ideal; recognizing that varied ideals may be embedded in the contexts in which different children grow up; and acknowledging that realities range widely and are often not so ideal” (Thorne 2009). She further discusses developments, including the United Nations Convention on the Rights of the Child (CRC) that offer new ways to account for children as both agents, capable of participating in decision-making, and a group still requiring a special body of adult and institutional protections (Thorne 2009). Lesko further argues for “de-naturalizing” “adolescence,” calling special attention to the biological determinism of a discourse characterizing adolescence as a stage that sits in dichotomous opposition to “adulthood” in scientific discourse, and argues that ideas that “adolescents” are incompetent, driven by “hormones,” excessively susceptible to “peer pressure,” and other common tropes are largely used to justify regulation in social institutions, particularly education (Lesko 1996).

While these and other theories of “adolescence” argue that the category is rooted in and traceable to distinct global North contexts, shaped by the needs of a capitalist economic and the expansion of education, among other things, I also draw on insights from global South, and, specifically, sub-Saharan African settings that suggest that most societies have historically had a social category to cover the space between puberty and marriage, and the full assumption of adult responsibilities or obligations. Where adolescence has been explored and described as a social category in sub-Saharan African contexts, some researchers have illustrated how evolving contemporary definitions are shaped by a combination of locally bound historical colonialist legacies of suppression, in the context of changing material conditions, state, and religious authorities (Bhana 2016; Fassin 2012; Kanguade and Skelton 2018). These scholars challenge presumptions that there is either a historical dichotomy between “cultural” and “traditional”

conceptions of adolescence and inherently modern and authoritative "rights-based" definitions of the category.

Beginning with the broad value of exploring adolescent sexuality and sexual cultures, this body of critical perspectives on adolescence highlights the value of capturing adolescents' own perspectives in context. Indeed, it is not just "deviant" or "risky" sexuality-related categories, such as "adolescent pregnancy" that are constructed, but also what counts as "normal," or natural by age and gender. Studies from sub-Saharan African contexts are of particular salience to Sierra Leone, where "adolescence" and "children" are highly salient, politically charged categories in legal and social discourse, and where "adolescent" groups have appeared as priority "beneficiary" populations for projects funded by global North donors (Ferme 2018; Mazurana et al. 2002; Shepler 2005). This has often begun with the presupposition that "adolescence" is a stable, empirical, transnational category that needs to be learned, while skirting both its political features and their relationships to colonial and postcolonial legal and institutional power (Bhana 2016; Fassin 2013; Kanguade and Skelton 2018).

*Sex/Gender as Constructs in Biomedical Discourse and Health Outcomes*

Works such as "Sexes, and Health: What Are the Connections—and Why Does It Matter?" (Krieger 2003), Judith Lorber's "Believing is Seeing" (Lorber 1993), surface and critique the ways that biomedical science contributes to the development of recognizable, "sex" and "gender" differences, constructing reproduction and reproductive health as recognizable concepts and categories that appears as natural, neutral, and authoritative even as they are embedded in historically specific social conditions, processes, and hierarchies. These inform my approach to the category of "adolescent pregnancy" as it operates in global public health, and the ways in which ideas of gender, girls' sexed bodies, and constructions of pregnancy as a normative, and/or pathological state. Specifically, I draw on Krieger's work in delineating and defining "gender," "sex," and "sexuality," to explore how each operates to shape both working understandings of "adolescent pregnancy" and the mix of physiological and social claims used to define it as a

"problem." Krieger's definitions of gender: "culture-bound conventions, roles, and behaviors for, as well as relations between and among, women and men and boys and girls," sex, "a biological construct premised upon biological characteristics enabling sexual reproduction," and sexuality, "culture-bound conventions, roles, and behaviors involving expressions of sexual desire, power, and diverse emotions, mediated by gender and other aspects of social position (e.g., class, race/ethnicity, etc.). Distinct components of sexuality include: sexual identity, sexual behavior, and sexual desire." (Krieger 2003). Krieger's definitional work, delineating the differences in exposures, outcomes, and the conditions that may link them offer important insights for exploring, first, how claims about the inherent risks and dangers of adolescent pregnancy as associated with other harms, including maternal mortality and morbidity are largely socially produced. Lorber's work, which argues that rather than biological sex forming the basis for social interpretations and organization of gender, in fact, biological differences become meaningful because of a social commitment to a binary, hierarchical concept of gender, which in turn, serves as a kind of circular self-fulfilling prophecy in medical and popular discourse alike (Lorber 1993). This, in turn, is used to organize behaviors into gendered categories that appear as natural: "It is the taken-for-grantedness of such everyday gendered behavior that gives credence to the belief that the widespread differences in what women and men do must come from biology" (Lorber 1993).

These studies inform the social constructionist perspective I apply in both discourses used in official policy and public health, and the evident uses of sex essentialist tropes that circulate in discussions of the "causes" of adolescent pregnancy among communities. In rejecting sex essentialist claims that may hold, for example, adolescent "idleness" leads inevitably to sex and pregnancy: a common trope in research in Sierra Leone (Kostelny et al. 2016; UNFPA 2017a), I instead explore how such claims might fit into a taken-for-granted body of tropes, stereotypes, and claims that "explain" gendered inequalities in social life. This includes official health discourse, which, ostensibly shaped in part by a constructionist understanding of gender, is free of past "bad"

practices in biomedical definitions of sex, may still presume an inherent, taken-for-granted set of "truths" about either gender relations or bodily sources of vulnerability and risk.

***Gender and Empowerment***

Naila Kabeer's (1999) Empowerment framework, and the "Capabilities" approach developed by Amartya Sen and Martha Nussbaum (Nussbaum 2011; Robeyns 2003) were explicitly developed as correctives to traditional, individualistic images of human rights as related primarily to individuals' relationship to the state. Each extended the idea of "rights" to private space of the home and family, and to the issues of economic security and safety at a collective, rather than individual level. The capabilities approach broadened the scope of what is considered a "right" to emphasize the importance and obligations of the state and communities to create conditions that enable individuals to develop knowledge and skills, and to secure their access to the physical and social resources they need to claim rights (Nussbaum 2011). In Kabeer's (1999) view, even where it may be reduced to narrow indicators, "empowerment" is a process of accumulating the intrinsic abilities and awareness to make a claim, control over the resources necessary to act on it, and having a social environment in which they can exercise these choices.

Kabeer conceptualizes empowerment as a process, as those who lack power accumulate it through expanding access to resources, and the agency, or ability to make and act on "strategic life choices" (Kabeer 1999, 2005). "Capabilities" are positioned as the internal conditions that allow individuals to exercise a right, regardless of their actions or outward performance (Nussbaum 2011). Kabeer and Nussbaum both emphasize that the conditions for claiming rights do not entirely reside in individuals but are instead connected with both local and broader social and structural context. In this way: "rights" are realized through accruing skills, knowledge, social support, and resources over time and realized through in-context decisions. In these views, individuals' decisions around sex, contraception and pregnancy, and childbearing, are not themselves inherently coded as markers of oppression or "empowerment:" instead, they are situated and understood in the context of what choices individuals and are available,

recognizable, and supported before, during, and after. While these approaches tend to imagine empowerment as an adult endeavor, with childhood and adolescence functioning primarily as a period where individuals develop skills, goals, aspirations, and social capital, against a backdrop of access to essential material resources.

These theories are relevant to my project first, because they form an important grounding for the research method in Chapter 4, which draws on the Population Council's "Asset Building" Framework, an approach to promoting a range of "health and well-being" outcomes, including reducing adolescent pregnancy. This centers on a view of "adolescent pregnancy" as a problem where it reflects girls' lack of choices, resources, and skills. The "Asset Building" approach defines various domains: social, human, physical and economic assets, or "stores of value" which are generally under an individual girl's control and may be mobilized when needed (Population Council 2015). It posits that by accumulating assets across a variety of domains, including relationships, information, skills and tangible resources, girls, at collective and individual levels, will be better able to maneuver to assert their interests within the spectrum of available, recognizable, options and, over time, push the boundaries of what is available (Austrian and Anderson 2015; Population Council 2015).

These concepts of "empowerment," and, in particular, Kabeer's empowerment framework contribute to an important theoretical alternative to definitions of "adolescent pregnancy" from a sex essentialist or stereotypical views of pregnancy as inherently a symbol of girls' individually wayward character; or of cultural pathologies: two common tropes that may operate in policy and popular discourse alike. Moreover, both present material resources, institutional support, and broad structural conditions as inextricable from social processes or cultural understandings of what choices are available, and what relationship there is between individual or collective action and expected outcomes.

***Critical Global Health and Feminist Perspectives on Development***

Feminist critiques of global health and development argue that global health and development to avoid dealing directly with the meaning of sex, sexuality, and changing discourse on population control; sexual and reproductive rights; and "health and development," broadly defined, in global agendas, including the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs), which form a backdrop for much of the action and available research in Sierra Leone. These critiques offer important historical context, placing "adolescent pregnancy" in a historical, global context. "Population control," and fertility reduction, the official aims of international programs that promoted contraceptive use until the 1994 fourth International Conference on Population and Development (ICPD) (Yamin 2019; Yamin and Boulanger 2014). Under the population control paradigm, foreign governments and private donors promoted coercive practices in numerous ways, including through the use of targets for new users and fundamentally undermined women's and girls' autonomy (Cornwall, Correa, and Jolly 2007; Ginsburg and Rapp 1995; Haslegrave 2004). This was replaced with a "sexual and reproductive rights and health" discourse in global guidance and commitments, due largely to feminist organizing around the ICPD, which included noteworthy recognition of adolescents as a rights-holding group, capable of participating in decisions about sex and reproduction (Cornwall et al. 2007; Yamin 2019; Yamin and Boulanger 2014). However, feminist critiques have highlighted how successive development and health paradigms have continued to fall short of promises of a "rights-based" approach in practice. This has, scholars point out, contributed to an ongoing set of struggles, clashes, and negotiations over the meaning of "sexuality," "adolescence," "health," and other fundamental concepts. Perhaps most notably for this study, critical perspectives on the MDGs, noted that the selection of "adolescent pregnancy" as a global priority was a compromise, reflecting efforts to rescue some part of the ICPD agenda and its' rights-based framing of sexual and reproductive health, while still appeasing a group of right-wing governments, led by the United States (Cornwall et al. 2007). At the time, notably, this not only reflected a broader effort to "de-

politicize" and render this agenda in technical terms, but also enabled "abstinence-only" sexuality education as a tool to reduce adolescent pregnancy (Cornwall et al. 2007; Yamin 2019; Yamin and Boulanger 2014), reflecting one of many ways that specifically American constructions of the "problem" have circulated in global agendas.

These findings expand on insights about social and state control, regulation, and morality evident in social constructionist research on adolescent pregnancy in the United States, to a postcolonial, post-conflict setting, where "adolescent pregnancy" may be defined by and among a constellation of actors, institutions. This provides an important grounding for my approach to the official discourse on "adolescent pregnancy" as a priority in Sierra Leone, and the interaction between the ideas and definitions of the problem that operate in national debates and local understandings. Rather than seeking to understand "local" understandings of "adolescent pregnancy," my analyses reflect the assumption that the involvement of international actors and ideologies form an essential part of the backdrop for "local" discourse and practices.

**Methods and Overview of Three Papers**

Drawing on critical global health, sociology, and interdisciplinary feminist studies on gender, sexuality, and health, my project addresses three distinct, but related topics.

In **Chapter 2,** I explore how official policy discourse defines adolescent pregnancy as a problem for government and civil society intervention. In locating the problem in policy, I analyze how shared and individual responsibility, adulthood, responsibility, and rights are invoked in both the National Strategy on the Reduction of Adolescent Pregnancy and Child Marriage, which is intended to serve as the primary guiding document on the matter, and in policies across sectors on sex; contraceptive access; and entitlements for pregnant girls.

*Research Questions*

1. What does the Strategy define as substantiating the "problem" of adolescent pregnancy as a health and social problem?

2. How does the Strategy's proposed body of "solutions" to the problem establish and assign responsibility among political actors, and as a matter of personal or collective responsibilities?

Using an analytic approach informed by critical discourse analysis (Fairclough 2013), and Constance Nathanson's (1991) application of Joseph Gusfield's (1980) definition of the three dimensions of a "public problem," to analyze official discourse on "adolescent pregnancy" as a public problem in the United States, I explore how the Strategy document presents: definitional responsibility or ownership over the parameters of the problem; causal responsibility, or the sequence of events that produce the phenomena in the world; and political responsibility, or designation of individual and collective responsibilities for "solving" the problem. I find that the matter of definitional authority is clear, as the state asserts its own authority, drawing largely on a framing of the matter in the authoritative, ostensibly neutral tone of a global health and development agendas and normative documents, the substance is characterized by a set of clashing constructs. The "problem," however, appears ill-defined, at various points invoking poverty as a source of collective constraints, and discourses of girls' rights and bodily autonomy, gendered social processes; and elsewhere, endorsing sex, age, and culturally essentializing definitions. The prospects for implementing the Strategy appear limited, and it is unclear what version of a partial approach might constitute "progress," if its "ambitious," rapid implementation might not be achieved. Ultimately, responsibility for "solving" the problem appears primarily in the hands of girls and, to a lesser extent, their families.

In **Chapter 3,** I explore how adolescent girls, boys, and young men in low-income areas of Freetown, the capital of Sierra Leone, articulate the relationship among ideas of risk, protection, and adult responsibility in relation to health, and pregnancy and contraceptive use. These data were collected as part of a project that I helped to manage in my role at the Population Council. Staff from GOAL, the partner organization for that project recruited participants via existing networks of young people who have participated in programs in these communities, either directly, or using flyers or word of mouth. This included 16 focus group discussions (FGDs) with adolescent

girls and boys ages 12-20 and men ages 20-35 who are married or partnered with a woman under age 20.

*Research Questions:*

1. How do adolescent girls, boys, and young men define "adolescent pregnancy" in relation to ideals or expectations of adolescence and adulthood? How do age and gendered dimensions of sexual morality and control, health risks, and sexual or reproductive autonomy figure in discussions of adolescent pregnancy?
2. What practices do adolescent girls, boys, and young men describe as acceptable means to prevent adolescent pregnancy in their communities?

My analytic approach draws from the grounded theory tradition (Charmaz 2004, 2014; Clarke 2005), which emphasizes the situated nature of data and develop theory out of the range of data provided by participants, rather than testing a pre-set hypothesis (Creswell 2007). It was also informed by feminist perspectives on the study of adolescent girls' agency and subjectivity such as Tolman's (2012), call to treat adolescent girls as "narrators" rather than "reporters" on their own lives or, in this case, the lives of their communities. I sought to "listen to and listen under" research participants' discussions to place these findings in social and structural contexts in which they form individual and collective identities (Tolman 2012). For this reason, my analysis included close attention to the ways that participants described sources of power and social capital; identified or challenged ideals of "good" behavior or achievement; or depictions of adolescent girls' or boys' navigating, rejecting, or attempting to reconcile conflicts between normative expectations or narratives and lived experience. As part of an individualizing discourse on "adolescence" as a period of achievement marker of girls' moral failures, interspersed with family shame, and boys' disobedience. However, contraception, touted as the "solution" to adolescent pregnancy in global health terms, appears as subject to changing and unpredictable meanings: potentially accepted as an indication that girls are "planning for the future," or serious about education, opposed as a marker of either promiscuity, infidelity, or challenges to male power over

reproduction. These discourses further reflected a mixed with a discourse of medicalization and "health," whose implications were ambiguous, seeming to fall largely in line with existing norms and constructions of girls' "risk," institutional and parental authority, and male control.

In **Chapter 4**, using an approach informed by theories of gender, empowerment, and health to explore various community members' perspectives on what social "assets," or resources, relationships, and skills, girls "need" to acquire, and at what ages, to make what they may consider a safe pathway to adulthood. The data in this paper are drawn from a broader body of participatory "community assessment" activities that I helped to manage in my role at the Population Council. Participants were recruited by local community-based organizations that were managing a new girls' "safe spaces" program in each of five communities. Groups that involved adult participants were conducted prior to the program start, during a community engagement phase, while adolescent girls who participated in the research were recruited from groups. To avoid potential disruptions or confusion about the research project and the community programming content (which did not include boys), CBO partners had the option of deciding whether to include groups of boys or not. One group opted to include boys, and girls' club members in that community recruited boys. The date analyzed in this chapter were collected with 12 groups, comprised of younger girls (12-14), older girls (15-17); younger boys (12-14) and older boys (14-18); mothers of adolescents in the communities; community leaders; and young adult women (18-20; 21-25) and men (18-20; 21-25).

*Research Questions:*

1. How do adolescent girls, boys, and adult community members engage with the task of the "Asset Exercise," to define ideals and expectations for adolescent girlhood as a developmental period, transition to adulthood? In what ways does the Asset Exercise serve to surface taken-for-granted assumptions about sex, gender, and girls' development?
2. What do the areas of consensus, debates or disagreement suggest about normative expectations for girls' transitions through adolescence in this context?

Data for this paper include visual outputs and discussion transcripts generated from adapting and using the Population Council's Participatory Building Assets Toolkit or "Asset Exercise" The exercise, which is administered in a small group setting, asks participants to cooperatively define assets girls can and should acquire, and by what ages, in order to safely transition to adulthood. The Asset Exercise operationalizes human rights discourse on empowerment, centering on the idea exercising a right is contingent on having the resources and skills to do so before it is necessary and uses the question of "what age" girls need each asset to be able to use it when necessary (Kabeer 1999; Population Council 2015). This framing challenges participants to take a stance on what constitutes developmentally or socially "age appropriate" knowledge, skills, resources, and relationships, surfacing assumptions about what "girls need" in terms of intrinsic assets, and sources of support or protection from caregivers and other adults in their communities, and to then consider what is realistic for a program to deliver, to which girls, and what role a program content may play in delivering them (Population Council 2015).

My analysis followed two steps: first, a review of the visual data (asset maps) and transcripts together, first noting the total number of assets reviewed by each group, then counting how many assets were assigned to each age, first within each group, and then in aggregate. In the second stage of analysis, I reviewed discussion transcripts. In this stage, I drew on the constructivist grounded theory tradition (Charmaz 2014; Clarke 2005), using an iterative process of coding and analytic memos to construct themes in discussions. My findings highlighted the pervasive, taken-for-granted nature of sex- and age-essentializing ideas of girls' development, agency, and moral responsibilities. Girls' bodies appeared as the source of a pervasive conflict: creating a "mature" status that put them in likely peril from male advances, but also a moral obligation to uphold norms. Although there were debates about the value of some assets as information or skills that girls could "use" in adolescence, expectations about the low capacities of institutions to provide girls with skills or knowledge seemed to reinforce essentializing ideas of

adolescent girlhood. These findings highlighted both the dominance of an understanding of age “18” as a marker of “adult” status, as well as the generally overlooked, secondary important of girls to a broader interest of social order and cohesion.

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## Chapter 2: Outlining a "Health" Crisis: A Critical Discourse Analysis of Sierra Leone's National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage

### Background

"Adolescent" or "teenage" pregnancy has been the subject of several high-profile policy commitments in Sierra Leone over the past ten years. Following a 2010 report documenting the high prevalence of pregnancy among girls under 18, the country's then-President Ernest Bai Koroma declared a state of emergency on the matter, later going on to issue a national Strategy for the Reduction of Teenage Pregnancy, entitled *"*Let Girls Be Girls, Not Mothers!" and bound by a two-year strategy for mobilizing government ministries, non-governmental organizations (NGOs), and international donors, known as "development partner" responses (Government of Sierra Leone 2013). Five years later, the government renewed this commitment, issuing a new Strategy, and, in a foreword to the updated Strategy, "The National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage," ministers from the five sponsoring ministries declared, "Adolescent pregnancy and child marriage in Sierra Leone pose a dire threat to girls, preventing them from realizing their full potential in all aspects of their development.*"* (Government of Sierra Leone 2018)

Such declarations of urgency, and their investments in a crisis of both girls' health, and their social roles: as *girls,* protected from the adult status of motherhood, coincide with global donor investments that have supported a variety of interventions targeting adolescent pregnancy reduction (Denney et al. 2015). Throughout, policy and other official discourse has centered on both the singular importance of "adolescent pregnancy," while research has centered on uncovering or adapting "evidence-based" solutions to the problem, most of which apply a definition of "evidence" centering on effects on individual knowledge, attitudes, and behaviors among girls (Bandiera et al. 2019, 2020a; Kostelny et al. 2016; UNFPA 2018; UNICEF 2013).

High profile policy decisions in the years that followed the first Strategy included a Ministerial declaration banning pregnant girls from school exams and, later, school enrollment: measures that communicated a clear view of pregnant girls as in need of punishment and control (Bandiera et al. 2020a; Walsh and Johnson 2018). However, both civil society and other government entities have offered and advanced opposing perspectives. Opposition to the ban on pregnant girls' schooling, prompted a lawsuit against the government in the regional Economic Community of West African States (ECOWAS) court by a group of domestic and international civil society groups. While arguing for "universal" rights to education, their arguments also drew heavily on a depiction of girls' pregnancies were often a result of sexual violence (Equality Now 2019; Margai 2019). Similarly, the country's Parliament unanimously approved a measure to partially decriminalize abortion for, among other conditions, being under the age of 18, albeit with a parent or guardian's support. A coalition of national and international human rights organizations that supported the bill centered their argument on a set of arguments about the contribution of unsafe abortion to the country's highest-in-the-world maternal mortality ratio (1360 deaths/100,000 births), as well as the special circumstances facing girls, including their constrained access to sexual and reproductive health services, and the "high risk of sexual violence, for example in the context of child marriage."(Human Rights Watch et al. 2016). While then-President Ernest Koroma ultimately used a pocket veto, issued under pressure from religious leaders, to block the bill from becoming law, it offered a noteworthy example of a provision centering on a discourse that girls' bodies, and reproductive behaviors in a central position for policy debates within government (BBC 2016). These alternative discourses notably shared an emphasis on girls' "vulnerability," likely experience of sexual violence, and a lack of power in sexual relationships as grounds for expanding their rights and entitlements.

The focus on adolescent pregnancy in policy discourse Sierra Leone sits within a social, historical and policy context marked, first, by a slow and uneven recovery from a decade-long civil war, which displaced more than 70 percent of the country's population before its 2002 resolution;

and, more recently, by sluggish and uneven reconstruction efforts, hindered by the 2014-2016 Ebola crisis. In the initial post-war period of legal reforms to promote gender equality across family and criminal law, and to elucidate a new "child rights" legal doctrine, reflecting the centrality of sexual and gender-based violence against girls and women, and the inclusion of child combatants in the conflict (Abdullah et al. 2010; Denney et al. 2015). That legal reform process, led by domestic feminist advocates, directed scrutiny and revisions of a range of existing laws regulating marriage, sexuality, penalties for sexual and gender-based violence, and women's rights to property, many of which were carry-overs from British colonial law (Ferme 2018).

Throughout the post-conflict era, policy discourse has included explicit references to global economic development commitments: the Millennium Development Goals (MDGs) and their successor Sustainable Development Goals (SDGs) reflecting, in part, the country's heavy reliance on external donor funding (Denney et al. 2015). Along with donors and state agencies, local civil society or community-based organizations, religious organizations, and a network of quasi-governmental chieftancy authorities participate in policy formation and implementation (Ferme 2018). In a setting with weak state institutions and minimal official entitlements, international non-governmental organizations (INGOs) play an outsize role in both direct provision of social, health, and legal services, and in "capacity strengthening" for public institutions (Denney et al. 2015). As a result, regardless of official policy provisions, persistent inadequacies in funding, intra- and inter-institutional conflict over priorities, and administrative fragmentation mean that implementation lags far behind official entitlements (Denney et al. 2016, 2015) .

National policy reforms, combined with commitments and influences of initiatives such as the MDGs and SDGs have contributed to major, changes in the official constructs of social categories of "adolescents," "children," within a broader context of changing gender and sexuality hierarchies (Ferme 2018; Shepler 2005). These have, further, expanded a set of official entitlements targeted to distinct, now rights-bearing groups, including pregnant and "lactating" women, and children up to age five, who are eligible for free health care in public facilities under

the Free Health Care Initiative (FHCI) (Witter et al. 2016). By most accounts, these rapid official changes have been accompanied by partial, intermittent, and underfunded INGO and domestic civil society efforts to translate these official documents into substantive changes in either the relationship between the state and citizens, nor in the organization of gender, sexuality, or age hierarchies in community discourse (Denney et al. 2015; Witter et al. 2016). Research and interventions have tended to treat these groups as already-constituted populations, and to focus on documenting whether such narrow interventions achieve behavioral changes among their members, and, to a lesser extent, other family and community members (Denney et al. 2016).

*Social Constructionist Approaches to Adolescent Pregnancy as a Public Problem*

Feminist researchers working across disciplines and, increasingly, in various national settings, have highlighted a contrast between dominant research approaches to adolescent pregnancy, and the implications for how the "problem" may be defined, discussed, and used in service of other interests. Much of the existing literature on the "problem" comes from the United States, where, "adolescent pregnancy" became a high profile and enduring public problem between, arguably, the 1970s and 1990s (Luker 1996; Nathanson 1991; Roberts 2017; Solinger 2013). In that context, as in Sierra Leone, public health and policy makers have typically taken as a given the idea that "adolescent pregnancy" *is* a problem, and sought to account for "who does it?" "why do they do it," and "how do we get them to stop?" (Nathanson 1991:4). The "we" in question was an adult public, incorporating lay "frustrated adults," experts such as medical, public health, and social researchers, politicians, with a shared obligation "to use moral suasion, economic incentives and the whole repertoire of public policy to enable and sometimes coerce teenagers to do the right thing" in the face of a seemingly intractable crisis (Luker 1996:10). Patricia Hill Collins further characterizes adolescent pregnancy as a powerful "controlling image" produced through a combination of expert knowledge and policy discourse, effectively legitimizing discriminatory and counterproductive policies:

> The underlying reason for studying Black adolescent sexuality may lie in helping the girls, but an equally plausible stimulus lies in desires to get these girls off the public dole. Their sexuality is not that of risky practices, but sexuality outside the confines of marriage. Embedding research on Black women's sexuality within social problems frameworks thus fosters its portrayal as a social problem. (Collins 2009:93)

In doing, it contributed to a naturalization of stereotypes of a "social problem," demanding institutional, authoritative responses. At the same time, its power also lies in prompting girls to surveil themselves, manage their own behavior, and shoulder "individual," responsibilities, as structural dimensions and sources of the problem become invisible.

Feminist social constructionist research has developed around the definition of the problem itself: "The historical antecedents, how and why it entered the contemporary political stage, and why the solutions recommended have taken one form or another" (Nathanson 1991:4). Researchers working from this approach have underscored the situational, rather than absolute, nature of ties between adolescent birth rates and the public discourse. Indeed, they find that there was not the perceived massive expansion of interest in the topic as a matter of public concern was not a natural response to an increase the numbers of girls under 20 who were having sex, becoming pregnant or giving birth. Instead, this was largely a "misdirection," couched in racist and gendered stereotypes. Specifically, the public discourse focused attention toward a stereotype of a poor Black, unwed adolescent mother, and away from a set of broad social and demographic changes, including the "decoupling" of sex and pregnancy, with the rise of contraceptives; pregnancy and birth, with the legalization of abortion; and changes in family formation, with the rise of divorce and non-marital childbearing in the population at large, which was a result of further economic changes and policy (Luker 1996).

Researchers applying social constructionist perspectives has further demonstrated the ways that widely taken-for-granted claims and beliefs, such as the idea that that pregnancy at any stage in adolescence dooms girls to a life of poverty and produces health risks to girls and their babies, are in fact either exaggerated or stripped of essential context (Geronimus 1996; Nathanson 1991; Solinger 2013). Indeed, evidence shows that poverty contributes more to

adolescent pregnancy rates and outcomes than pregnancy to poverty (Geronimus 1996; Roberts 2017), while biological health risks are concentrated among girls who become pregnant very early in adolescence, rather than broadly distributed among "adolescents." Instead, excess risks to girls older than 15 tend to be attributable to the fact of a general risk of a first pregnancy; and the concentration of early pregnancy among poor girls, who are unable to access adequate medical care (Blanc et al. 2013).

Instead of an abundance of concern for the social development and well-being of adolescent girls, feminist social constructionist research has underscored how policy discourse uses the idea of adolescent pregnancy to divergent ends. As Dorothy Roberts argues,

> The public's concern about teenagers having babies has depended much more on the politics of sexuality, family values, and welfare than on the numbers. When people refer to the "problem" of teenage pregnancy, they may mean one or a combination of several concerns – teenagers having sex, teenagers getting pregnant, teenagers raising children, teenagers having babies out of wedlock, and teenagers having babies at public expense (Roberts 2017:116).

For the most part, concern about adolescent pregnancy, revolves largely around debates related to girls' sexual and reproductive autonomy, rather than a holistic concern over girls' needs and well-being (Nathanson 1991). In turn, researchers have observed various and often clashing discourses appearing in relation to policy related to school-based sexuality education; state regulation of contraceptive and abortion access; state provision of contraception; and welfare and other social forms of protection (Fine and McClelland 2007; Luker 1996; Nathanson 1991; Solinger 2013).

Within policy, and in the arguments made for and against measures that share an interest in "adolescent pregnancy," definitional authority contributes to material consequences. As Nathanson argues,

> It makes a great deal of difference to the process of problem resolution whether the sexual unorthodoxy of single young woman is defined as a problem for the medical profession or the church, and whether her behavior is portrayed in terms suggesting seduction, promiscuity, or mere "sexual activity" (Nathanson 1991:11).

However, claims of definitional power have not necessarily signaled a consistent direction for policymaking. Where “the church,” has been, in the United States, an important source of moralizing, essentialist arguments that have placed control over girls’ sexuality as paramount, medicalization and state assertions of ownership of the definition of the problem may simply convert moral “badness,” to “sickness,” justifying new forms of control (Nathanson 1991:49). State claims on ownership of the “problem” have just as often drawn on stereotypes of girls’ inherent uncontrolled, deviant sexuality to restrict contraceptive access or mandate provision of methods (also return to this in discussion section of focus group chapter since uncontrolled assumptions came out in groups) that are provider, rather than user-controlled (Roberts 2017). In the process, well-meaning reformers have often contributed to advancing discourses that ultimately legitimize or reinforce control and coercion (Collins 2009; Nathanson 1991).

An alternative to strictly moral or medicalized discourses appears is a broad “sexual and reproductive rights,” or “reproductive freedom” view do in discussion of focus group chapter. In this discourse, “adolescent pregnancy” is a problem where it reflects patterns of gender inequitable ideologies, sexual hierarchies that oppress girls, and coercion. It implicates state and medical institutions, holding them responsible for providing comprehensive sexuality education, along with emphasis on quality of reproductive health services, and a broader base of economic entitlements, are treated as part of a broad foundation – generally offered by the state – to enable girls to develop an ability to make conscious considered choices about their sexual and reproductive lives (Kaplan 1997; Roberts 2017).

Researchers have highlighted the discourse assigning of responsibility for “solving” the problem, and the forms of action this may take as further sources of consequences. A moralizing, shame-based discourse on girls’ sexuality emphasizes girls’ own responsibility for “prevention,” and assigns state and, to a lesser extent, parents’ responsibilities to disciplinary and punitive measures (reiterate at end of focus group chapter), by withholding sexual knowledge, such as through restrictions on sexuality education content, and imposing barriers to access to

contraception, and abortion (Fine and McClelland 2007; Luker 1996; Solinger 2013). This may further emphasizes punitive measures, such as denying or restricting pregnant and parenting girls access to welfare and other social protection benefits, and schooling as means to control girls' behaviors (Kaplan 1997; Nathanson 1991; Solinger 2013). A medicalized discourse assigns medical providers some degree of responsibility for managing girls' reproductive practices, although their role may be one of pressuring girls into using a method, treating girls' sexuality itself as a problem in need of control; or to offer advice and facilitate access and use for girls who want to use one, treating the matter as one of rights and girls' autonomy (Luker 1996; Nathanson 1991; Roberts 2017). This may also entail a focus on girls' perceived pathological sexuality, assigning professionals responsibility for uncovering the roots of girls' alleged promiscuity and offering medical, psychological, or other "care" to respond (Nathanson 1991). Alternatives, which may be considered part of; reproductive freedom; rights, and/or justice discourses assigns responsibility broadly, while offering a more precise set of definitions of the conditions that establish adolescent pregnancies as a problem. Responsibility for providing education, enabling girls and boys alike to critically appraise taken-for-granted gender and age hierarchies in social norms reside with both formal state institutions, such as the school system, and with families (Fine and McClelland 2007; Ginsburg and Rapp 1995; Nathanson 1991; Roberts 2017). Such a definition would entail greater emphasis on protection from harms and promotion of sexual abstinence in early adolescence, when adolescents are socially and developmentally unprepared for sex, and sexual and reproductive autonomy in later adolescence, as they acquire greater skills, a sense of self-awareness and claim their own sexuality, and ability to make free and informed choices about contraception. And, in heterosexual encounters, girls and boys alike share responsibility for making decisions about sexual intimacy, contraception, abortion, and childbearing. Punitive measures, which may be enforced by state or other adult institutions are predicated on coercion or controlling behaviors, and age disparate relationships involving younger children: not sex or pregnancy per se; medical authorities would be responsible for offering sexual

and reproductive health services in an affirming and non-stigmatizing form (Bay-Cheng 2012; Roberts 2017; Tolman, Striepe, and Harmon 2003).

*Global Health and Development Agendas' Definitions of Adolescent Pregnancy and Child Marriage*

The treatment of "adolescent pregnancy" and, more recently, "child marriage" as public problems in Sierra Leone is inextricable from the global policy agenda. Since the early 2000s, the MDGs and their successor SDGs have offered an important organizing discourse, framing adolescent pregnancy and child marriage reduction as features of a shared global agenda for simultaneously promoting health, economic development, human rights, and environmental sustainability (Chandra-Mouli et al. 2018; Engel et al. 2019; Sheehan et al. 2017; Yamin and Boulanger 2014). This structure serves to open national policy commitments to global scrutiny and, crucially, serve to shape where international donor funding goes to which countries, for which initiatives, in what amounts. Under these commitments, the governments of countries in the global South and wealthy global North governments and actors commit to a shared set of concrete goals and targets across various domains of "human development" that are labelled as promoting, at once, economic modernization, equity in social participation, respect for human rights, and broad collective "well-being." (Every Woman Every Child 2015). This framing renders chosen priorities, and their quantified definitions and timelines part of a collective agenda for global progress. Research documenting national or subnational "progress" toward reducing adolescent pregnancy has tended to follow a framing similar to the American public health and medical definition, treating the "problem" as a self-evident, predefined crisis, using an "accountability framework" to track "investments," and national household surveys as primary markers of progress toward outcomes (Every Woman Every Child 2015). Research energy follows a behavioral, epidemiological frame, expanding questions of "why they do it," and "how we can stop them" across global settings (Luker 1996; Nathanson 1991).

Guidance for the MDGs and SDGs has incorporated language on the division of responsibility between global North donor governments and international agencies and global

South actors in setting policy and intervention priorities; accountability; and resource allocation, suggesting a further commitment to correcting imbalances in power within and between countries (Every Woman Every Child 2016). However, as critical global health scholars have noted, even in the body of these commitments, global South countries are typically charged with developing new pledges to "accountability," demonstrating responsible stewardship of resources provided by global North donors, without comparable commitments on the part of the donors (Adams 2013). In elevating standard categories, definitions, and targets, these agendas encourage comparison and ranking between countries according to their performance against imperfect indicators of progress on what are still largely arbitrary categories of progress that may – or may not – be achievable (Adams 2013).

*Adolescent Pregnancy and Child Marriage in Global Priorities*

Because they are intended to be implemented across contexts, and reflect a mix of government, donor, and expert input, accompanied by quantitative metrics, the agendas outlined in the MDGs and SDGs appear as neutral markers of progress backed by a global political consensus (Adams 2013). Adolescent health specialists across global health institutions have elevated a narrative characterizing this population as previously "neglected" in official health interventions, as their own institutions, committed to addressing topics such as HIV prevention or maternal health, might serve married or sexually active girls, but generally presumed adolescents to represent a "healthy" population, when compared with younger children, that did not require dedicated attention (Chandra-Mouli, Lane, and Wong 2015; Patton et al. 2016; Sheehan et al. 2017). In this view, much of what has changed in the past decades is a recognition that previous practices, official interventions deferred to local definitions of what distinguishes childhood, adolescence, and adulthood, taking for granted that girls who married under 18 were, for the purposes of service delivery, essentially the same as adult married women (Chandra-Mouli et al. 2015). As data emerged showing that, among other things, girls who married early were often at *greater* risk of HIV; that early pregnancy appeared to be associated with a high risk of maternal

mortality, the same community responded to evidence, and began to recognize adolescent girls as a distinct population of interest regardless of local "cultural" practices or authorities' views (Chandra-Mouli et al. 2015). The resulting approach has tended to emphasize the developmental dimensions of adolescence as more or less universal and transnationally defined, with increasing attention to distinct stages of early, middle, and later adolescence as salient to defining interventions (Chandra-Mouli et al. 2015; Engel et al. 2019; Patton et al. 2016).

The dominant medical and public health discourse acknowledges the role of advocacy and critical conceptual efforts feminist and other human rights groups, and the embrace of a "rights" based agenda (Chandra-Mouli et al. 2015; Patton et al. 2016). In discussing "evidence-based" approaches, authors tend to highlight links with this agenda. For example, discourse on "evidence-based" adolescent health promotion and pregnancy reduction treats comprehensive sexuality and reproductive health education; minimally restricted access to contraception, condoms, HIV/STI testing and treatment, and post-abortion care, and, sometimes, safe abortion; and prohibitions on child marriage, as effective in promoting quantitative change in indicators (Chandra-Mouli et al. 2015; Patton et al. 2016).

*Social Constructionist Adolescent Pregnancy and Sexuality Research in Global Contexts*

While there are abundant examples of critical, social constructionist perspectives on broad global agendas, treaties, and other normative discourse on sexuality, reproductive health, human rights, gender, and children's rights (Fassin 2012; Ginsburg and Rapp 1995; Haslegrave 2004; Miller and Vance 2004; Petchesky 1995; Pigg and Adams 2005), the specific constructions of adolescent pregnancy and adjacent topics in global discourse have attracted relatively less attention. Indeed, the inclusion of "adolescent birth rates" as an indicator for the Millennium Development Goals (MDGs), which essentially constructed the "problem" was, at the time, considered a compromise between the United States under the George W. Bush administration and its allies, which fully embraced a shame-based, sex-negative definition of the problem, and a heavy emphasis on abstinence-only sexuality education as a solution; and sexual and

reproductive rights advocates struggling for some portion of earlier, more conceptually ambitious, but functionally non-specific commitments to "universal access to sexual and reproductive rights" prominent in 1990s human rights and development agendas (Cornwall et al. 2007; Haslegrave 2004). Yet, this is seldom mentioned or referenced in the emerging adolescent health discourse that has followed.

To the limited extent that research focuses on the role of policy in promoting adolescent health, elevating girls' rights, or reducing adolescent pregnancy, it has tended to ask a limited set of questions, how policies incorporate evidence-based measures of progress. Researchers have inquired into the value and effects of some policy measures, such as minimum age of marriage, sexual consent, and consent for medical care, for securing the end goals of reducing adolescent pregnancy and child marriage for whether they "work" to change individual behaviors (Chandra-Mouli et al. 2018; UNFPA 2015). Some approaches have offered critical perspectives on the nuanced implications for girls' rights in, for example, laws that align both age of marriage and age of sexual consent to age 18, challenging, as Santelli and colleagues do, the collapsing the disparate regulatory motivations of laws on age of sex and marriage:

> We would suggest that child marriage laws are intended to protect adolescent girls and boys from social and economic pressures that could force or drive them to marry early. Yet, laws around age at sexual consent often reflect moralistic attitudes designed to punish young people for engaging in a behavior that could, instead, be normalized in their community (Santelli et al. 2019).

In South Africa, Jewkes, Morrell, and Christofides arguing against a proposal by then-President Jacob Zuma to impose a "tough love" approach to adolescent pregnancy targeting adolescent mothers, with, among other proposals, establishing "boot camps," for adolescent mothers as, "Forcibly separated from their child, they would be sent to a rural village and made to study" (Jewkes et al. 2009). The authors characterize Zuma's proposal as part of one of many periodic "waves of moral panic" that disparage an otherwise progressive, "empowerment"-oriented policy framework that defines adolescent pregnancy as a public problem that is, primarily, a reflection of broader gender hierarchy that requires dismantling. This analysis offers an analysis

of the components of a policy environment that is oriented broadly toward constructive, rights-based approach: including measures such as cost-free access, and technical training for reproductive health service providers that promotes a variety of method choice, and stigma-free counselling and legal abortion with no restrictions based on girls' age; school-based comprehensive sexuality education; and social protection measures to support poor children (Jewkes et al. 2009). They also, notably, pose this in contrast to the MDGs, which they present as reflecting an "understanding that teenage pregnancy is not just an issue of reproductive health and young women's bodies but, rather, one, in its causes and consequences, that is rooted in women's gendered social environment." (Jewkes et al. 2009).

In analyses of adolescent sexual and reproductive health-related policies in Nigeria, the MDGs appear as both an authoritative technical and moral framework, and authors analyze policy and public discourse largely based on whether it incorporates the same, now-authoritative definition of the "problems," and responds accordingly. For example, in a critical discourse analysis assessing Nigeria's obstetric fistula prevention and treatment policy, Amodu and colleagues assess whether the policy follows the stated intentions of preventing obstetric fistula, a condition that arises because of a combination of very early pregnancy, when girls or women are malnourished prior to becoming pregnant, and inadequate access or poor quality care during labor and delivery (Amodu, Salami, and Richter 2018). They argue that contrary to the stated goal of preventing conditions tied to early pregnancy, policy instead concentrates both normative attention and resource allocation decisions on measures related to treatment. Another study of Nigeria's comprehensive sexuality education policy (Shiffman et al. 2018) documents the process of political and social negotiations that enabled the adoption of a CSE policy that rests on evidence of what "works" in that policy domain: namely, including accurate information about reproductive anatomy, contraception, and condom use, and rejecting a shame-based, stigmatizing messages about sex, sexuality, and gender.

Together, policy analyses that make use of the MDG framing also offer a similar set of observations about their limits. They tend to conclude there is nothing simple or straight-forward about the process for adopting or implementing "evidence-based" policy related specifically to adolescent pregnancy or to its adjacent topics. Instead, they and others highlight alarmism, "moral panics," and gender, and age-essentialist political discourses persist as prominent, if dominant, features of policy discourse around adolescent pregnancy (Bhana 2008, 2016; Fassin 2013; Parikh 2012)

*Gaps in Current Evidence*

Policy documents that are formulated specifically to translate commitments to achieve the quantified targets of the Sustainable Development Goals (SDGs), and Sierra Leone's National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage (2018-2022) is an example of the kind of policy making that has proliferated in the MDG and SDG era, as new national government initiatives on specific health topics, with time-bound goals and indicators of progress have translated a range of commitments into action plans tackling various aspects of "adolescent sexual and reproductive health" (UNFPA 2017b). It adopts the MDG/SDG framing of problems through a language of goals, targets, and indicators of progress that will be measured through data sources such as Demographic and Health Surveys (DHS). It further seems to align more or less directly with SDGs' guidance, "strategies" appear as common measures to organize and promote efficiency in responses, while localizing global priorities to a given context (Every Woman Every Child 2015). Such documents are arguably equal parts normative claims, establishing what the government considers to be important features of the "problem," what it treats as "priorities," for government and donor investments. To-date, there are no studies exploring the normative formations of the problem itself in the substance of policy discourse itself, nor the implications that this may have for either the symbolic, normative features of policy, nor the substantive implications for adolescent girls in contexts where adolescent pregnancy is common.

Research following a feminist social constructionist approach has, in the United States context, helped to illuminate the "misdirections," that guide many policy decisions, and the potential for well-intended approaches to legitimate a full spectrum of effective, inadequate or counterproductive measures (Fine and McClelland 2007; Luker 1996; Nathanson 1991). This has also consistently demonstrated the ways that an authoritative medical discourse of health and well-being can support and advance logics of control and regulation that rest on stereotypical images of girls and the "causes" of adolescent pregnancy (Nathanson 1991; Roberts 2017). This suggests that regardless of the intention behind any policy, critical appraisals are warranted.

While more common in the United States than global analyses, existing studies demonstrate, medical, public health, or state authorities claim definitional control over "adolescent pregnancy" are neither neutral arbiters of empirical facts, nor uniquely qualified to define solutions. Together, these studies find that neither applying a "health" label, nor motivations to improve girls' well-being, promote gender equality, or reduce economic disparities between or within countries exempt policy from scrutiny. Perhaps more importantly, this research illustrates the critical value that can come from a critical appraisal of official or popular discourse on topics that are broadly considered "problems" worthy of attention, but rarely defined, and subject to change and dispute.

*Research Questions*

In the study that follows, I explore how Sierra Leone's National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage constructs adolescent pregnancy, and, to a lesser degree, child marriage, as public problems. My analysis is guided by two research questions:

1. What does the Strategy define as substantiating the "problem" of adolescent pregnancy as a health and social problem?
2. How does the Strategy's proposed body of "solutions" to the problem establish and assign responsibility among political actors, and as a matter of personal or collective responsibilities?

Informed by Nathanson's (Nathanson 1991) application of Joseph Gusfield's (1981) definition of the dimensions of a "public problem," to analyze official discourse on "adolescent pregnancy" as a public problem in the United States, I explore how the Strategy document presents: definitional responsibility or ownership over the parameters of the problem; the nature of problem and its causes, including the sequence of events that produce the phenomena in the world; and political responsibility, or designation of individual and collective responsibilities for "solving" the problem as it is defined. Throughout, I explore implications for how the Strategy operates as a response to the policy-making mandates presented in the SDGs and their supporting documents, and material implications for adolescent girls in Sierra Leone.

**Methods**

This paper explores how the National Strategy for the Reduction of Adolescent Pregnancy, and Child Marriage (2018-2021) structures its objects of concern: adolescent pregnancy and child marriage, as public policy problems. It systematically examines the text of the Strategy document and the set of laws and policies that the Strategy invokes as it constructs "solutions" via a body of age-based entitlements, rights, and protections. My analytic approach draws on feminist social science and interdisciplinary analytic methods of policy and public discourse, along with critical discourse analysis.

I approached the categories of "adolescence," "adolescent pregnancy," and "child marriage" as social constructs, with common terminology, but open to changing meanings due to their location in a particular time and place (Irvine 1994; Nathanson 1991; Thorne 2009) Specifically, I understood "adolescent pregnancy" and "child marriage" as fungible categories, constructed as social problems according to the same general patterns that typify "social" or "public" problems across contexts: ownership of definitions; definitional content, or arguments about the sequence of events that "produce" a phenomenon in the world; and assignment of responsibility for "solving" the specific problem of adolescent pregnancy. These may include responsibilities for individuals and institutions (related to sex and sexuality, pregnancy, abortion,

childbirth, motherhood; and the range of relationships, marital or otherwise that form acceptable conditions for a girl or woman to have a child (Gusfield 1980; Nathanson 1991). I focused on the discourses that relate to symbolic representations of gendered social categories and the terms used to construct them.

In selecting the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage 2018-2022 (the Strategy), I anchored my analysis in one prominent document, selected because of its explicit, authoritative emphasis on "adolescent pregnancy" and "child marriage" as distinct concepts. From there, I reviewed the documents that the Strategy references as part of its classification of existing national policies. In addition, I reviewed of the national law and international human rights norms, and agenda-setting documents referenced in the Strategy, most notably, the UN's Sustainable Development Goals and it's accompanying *Every Woman Every Child Global Strategy* (2016-2030) (EWEC Global Strategy).

In analyzing the Strategy, I followed an iterative analytic process based in the steps common to Critical Discourse Analysis (Fairclough 2013) and social constructivist approaches in grounded theory (Charmaz 2014; Clarke 2005). I conducted a close reading of the Strategy document, using analytic memos to summarize each section of the document, highlighting how it describes adolescent pregnancy, child marriage, and institutional responsibilities to address each. I also reviewed the structure of the document, taking note of its section headings and content; use of narrative sections and tables or other visuals, along with its content. I used memos to analyze both the word choices used to define adolescent pregnancy and child marriage as social problems; and to make claims about policies or institutions to shaping both. This identified a set of domains: claims of definitional authority; parameters on the substance of the "problem;" and the scope and body of solutions, where discourse on the nature of "adolescent pregnancy" and child marriage appeared.

In the initial stage of review of the Strategy document, I took note of the text of the Strategy, and its references to specific agencies and guiding policies to identify an additional pool of

documents for review. Next, I conducted a review of policy documents, global health, rights, and development documents and research on them, and an exploration of what policy documents, donor commitments, sectoral strategies, and other examples of potentially relevant policy discourse. Then, I conducted a similar review process for the documents referenced in the Strategy document. I reviewed documents for references to "adolescent pregnancy," and "health," the age of marriage, and rights, entitlements, and punitive measures in those documents.

I coded relevant policy documents to develop themes around the framing of the adolescent pregnancy, its purported causes and proposed responses or solutions to the problem, across policy documents. I first open-coded policy documents, then grouped codes to construct a simplified coding framework, and re-reviewed documents to ensure that this was still appropriate. I then constructed themes around the major components of what defines a public problem: assertions of ownership or definitional power; symbolic and material claims about the content or "structure" of the "problems;" and how responsibility for "solving" the problem was assigned.

In the results that follow**,** I first explore how the Strategy asserts government authority to define the "problem." This rests heavily on a set of claims that first emphasize the scope and severity of the problems, then gesture toward ideas such as the centrality of services in the nature of the problem, even as it leaves critical dimensions of the "problem" undefined. Here, I discuss how the Strategy uses claims of sources of legitimacy: the status of the "problem" as a global priority; state participation in normative regional processes and documents; and in opposition to "cultural" practices. I then explore how the problems are defined beyond their basic demographic definitions, focusing on the Strategy's description of how they appear as "health" problems, and highlighting its use of "adverse effects" and arguments about the "consequences" of pregnancy and marriage to girls. I follow this with an assessment of the ways that the Strategy constructs sequences of events, and the actors involved. Finally, I analyze how the Strategy assigns responsibility for "solving" the problem. In the discussion, I explore how the Strategy's treatment of the problem evokes and leaves unresolved a series of clashes in definitions of the "problems"

of adolescent pregnancy and child marriage. Throughout, I relate the Strategy's claims to its discourse on the nature of the "problem" in relation to girls' health and sexuality, the role of the state, and "cultural" or social conditions.

**Results**

In analyzing how the Strategy presented definitional authority, the nature of the problem, hypothesized sequences of events that produce the phenomenon in the world, and the scope and responsibility for solutions, I identified variable levels of detail and specificity. These variations appeared highly consequential, reinforcing a view of the "problem" as owned by the government, but otherwise inconsistent. While it gestures toward a broad rights and health-oriented approach, it also fell back on essentializing claims: about biological sex, "culture," and adolescents as a population. With limited resources and an inconsistent problem definition, the responsibility for "solutions" appeared to reside largely with individual girls and families, rather than state institutions.

***Definitional Authority: The Primacy of State Actions and Gestures to "Evidence"***

The Strategy's statement of the "problem" at hand, goals for change, the structured response that it presents, and the format of the document itself reflect the Government of Sierra Leone's claims of definitional authority, and classification of "adolescent pregnancy" and "child marriage" as health problems. In doing, it also aligns official state definitions of the "problems" and appropriate components of a response with those offered by the MDGs and SDGs normative framing on the nature of the problems. It presents the central problem as one of, first, magnitude. Then, it presents the "problems" in terms of a seemingly fixed set of consequences to girls and "the community," framing them as essentially collective matters of concern.

> **PROBLEM**: In Sierra Leone, 12.5 per cent of women aged 20-24 years were married before the age of 15 years, and 38.9 per cent of women in the same age bracket were married before the age of 18 years. 28 per cent of girls aged 15-19 years have begun childbearing.
>
> Child marriage has many adverse effects on a young girl's social, mental, physical health and wellbeing. Early childbearing is associated with higher risks of morbidity and mortality for the mother and child and reduces educational attainment. These harmful practices are

> interlinked and prevent adolescents, especially girls, from reaching their full potential and making maximum contributions to their community. (Government of Sierra Leone 2018:17)

This definition of the problem follows an MDG/SDG frame, stressing that the problems are both sources of individual harm, and that they undermine broader collective health and well-being. In keeping with the MDG/SDG frames, and the reliance on quantified demographic change as definitions of the problem, the Strategy has two goals:

- *To reduce adolescent fertility rate to 74/1000; and*
- *To reduce percentage of women age 20-24 who were married before 18 to 25 percent (Government of Sierra Leone 2018:17)*

Meeting these goals would amount to an approximately 50 percent reduction in the adolescent birth rate and child marriage rates, as measured by the Demographic and Health Surveys (DHS) compared with levels measured in 2013 (Government of Sierra Leone 2018). The Strategy document is divided into two sections that are of roughly equal length. The Background section defines the problem, and the Strategic Direction, which outlines a proposed course of action for its solutions.

| 1. Background: |
|---|
| 1.1 Introduction<br>1.2 Rationale for the Current National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage<br>1.3 Review of the Previous National Strategy for the Reduction of Teenage Pregnancy<br>1.4 Situation Analysis of Adolescent Pregnancy and Child Marriage in Sierra Leone<br>1.5 Legal and Policy Framework |
| 2. Strategic Direction: |
| 2.1 Overall goal and objectives<br>2.2 Guiding Principles and the Ecological Framework<br>2.3 Strategies for Implementation<br>2.4 Coordination and Collaboration<br>2.5 Monitoring and Evaluation Framework<br>2.6 Costing Framework |

*Figure 2.1: Structure of the Strategy Document*

The sections of the document ostensibly tackle the impetus and dimensions of the content of the response. “Background” section outlines an “Introduction,” centering on the global definitions of the “Problems” and their forms in Sierra Leone. The sections that follow, on the

"Rationale," and review of the previous strategy, "Situation Analysis," or assessment of evidence of the problem and its scope within Sierra Leone, and a review of the current policy and legal framework present the Strategy as invested in formulating a response based in a review of evidence, and that the government is both willing and able to identify and critically assess the body of policies relevant to adolescent pregnancy and child marriage. Within the Strategic Direction section, the document presents an outline of its goals, which center on quantitative reductions in adolescent pregnancy and child marriage, as defined through specific indicators that appear in Demographic and Health Surveys (DHS). This includes the role of the Strategy itself, laid out in Section 2.1 with a set of "Strategy Objectives." These objectives emphasize the strategy as a mechanism for rationalizing the formal state and non-state interventions into a shared "evidence-based" strategy (Government of Sierra Leone 2018). In presenting this outline of what it characterizes as a solid, evidence-based agenda, the Strategy points out that it is unlikely to be funded or fully implemented. Thus, a large part of the document's purpose is essentially normative in nature, establishing to produce a shared definition of the problem that the government can use to hold NGO and "development partner" stakeholders accountable for the actions they are able to carry out, even if they fall short of the Strategy as a whole (Government of Sierra Leone 2018). This introduces both a normative element to the document: that is, a statement of values and the actions that would fit with them, rather than a practical blueprint for actions that will follow.

In addition to the outlines of actions, which present the "problems" as both multi-sectoral policy concerns, the Strategy presents guiding principles for any of its actions, beginning with the "best interest of adolescents," and placing "adolescents at the heart of decision-making" and a reiteration of commitments to "multisectoral approaches," and "evidence" as a source of guidance (Government of Sierra Leone 2018:16). It references the socio-ecological framework, situating adolescent pregnancy and child marriage as phenomena that affect individuals, but shaped by factors that operate across an among various levels, including in interpersonal relationships; communities; "organizational" level, or institutional practices in health care and other institutions;

"environmental" conditions such as the built-environment; structural conditions, such as law and policy; and "macro" influences, which it defines specifically around "emergency preparedness" (Government of Sierra Leone 2018:17). This reinforces the idea that the Strategy is operating from an understanding of the problems as complex, and produced through actions at various levels, and positions the Strategy as a source of authoritative guidance for actions at all levels, from individual girls' motivations, to interpersonal, community, and institutional contexts (Brofenbrenner 1979; Government of Sierra Leone 2018).

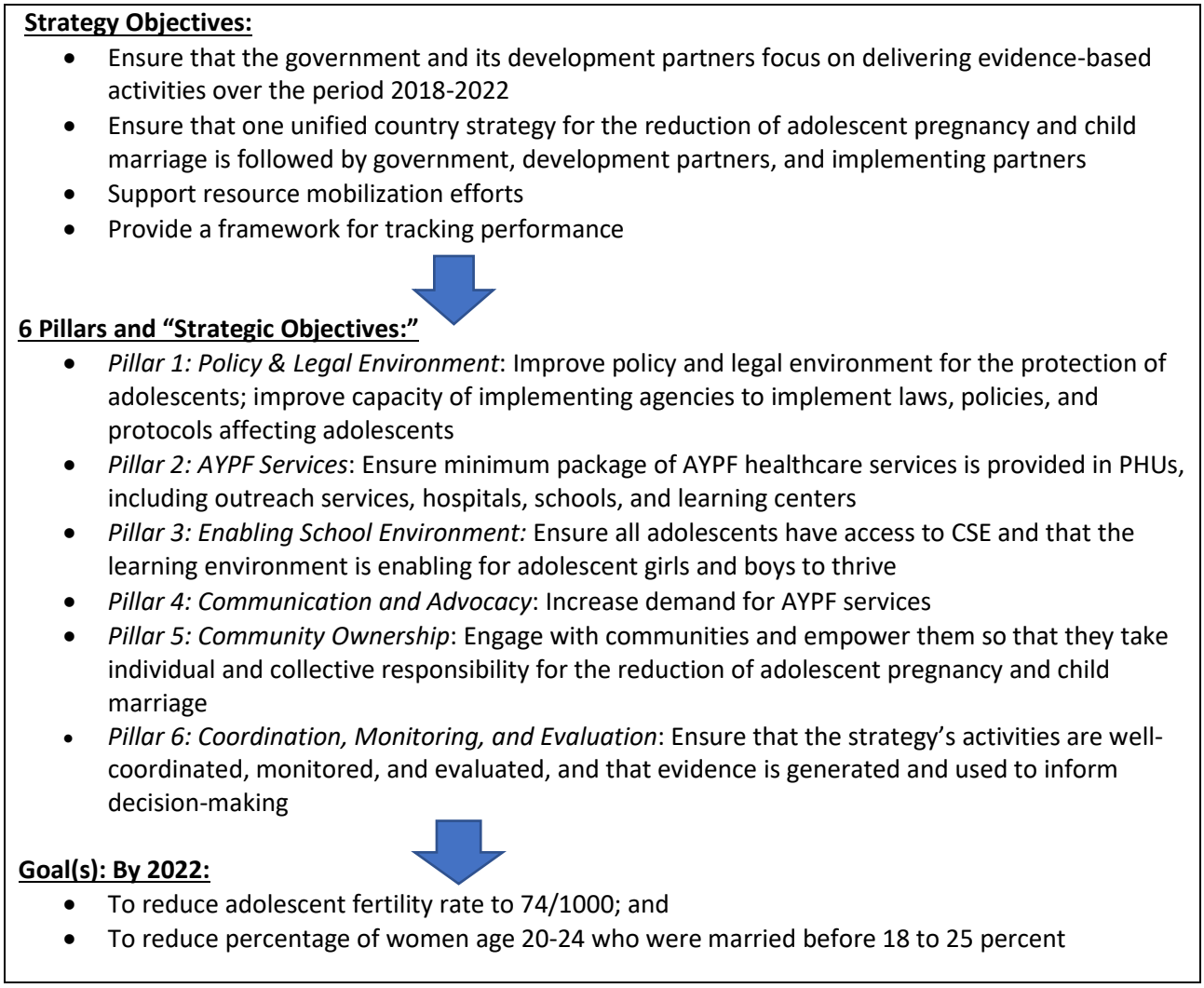


*Figure 2.2 Relationship Between Strategy, Operational Considerations, and Goals*

The elements of the Strategy itself, and its commitments to action appear in Section 2.3 in the form of six "pillars," each of which has a supporting "strategic objective" (Government of

Sierra Leone 2018:18). This wide-ranging set of claims presents the government's broad definition, and, with it, a broad definitional authority. The pillars and objectives reference a range of interventions in and outside of common public services, including an overarching "policy and legal environment," and two "pillars" outlining roles for government sectors of health and education. Pillars on "communication and advocacy," and "community ownership" appear to recognize non-state actors' roles in driving progress, potentially even, with the reference to "advocacy," in forms that might challenge the state. However, the "strategic objectives," are either narrow: to drive demand for government services or represent an expansion of state actions to "engage" communities. Finally, the "coordination, monitoring, and evaluation" that reinforces the government's role in organizing and directing all actors' responses, including those of civil society, "development partners," and media.

*Rationalizing Responses and Gesturing to Girls' Rights*

In Section 2.3, the Strategy further elaborates the contents of the "pillars," with between two and five "strategies," and "key actions." Each "strategy" outlines an aim or intended outcome for the strategy overall, often presented with the phrase "ensure that…" followed by a description of a pattern of action or desired results; while "key actions" outline concrete steps that theoretically contribute progress toward those aims. This framing contributes to the document's status as a source of normative claims and parameters, as the "strategies" outline effects, rather than actions. In doing, they suggest that the problem is primarily rooted in state-supported, institutional practices. Together, the structure of the document; strategy objectives; and the strategic pillars and objectives; principles; and socio-ecological theoretical grounding for the Strategy present an image of a rationalized, if complex, definition of the problem and its responses. However, the substance, character, and objects of these activities remain vague.

Services and institutional activities are central elements of all levels the Strategy's pillars, strategies, and actions, including through repeated references to terms such as "CSE," the acronym for comprehensive sexuality education, and "AYFP," which represents adolescent and

youth-friendly services, and attention to both demand and supply concerns. This centrality suggests that the Strategy, and, by extension, the government of Sierra Leone, understands the "problems" of adolescent pregnancy and child marriage to be the result of a failure to provide girls with information, supplies, and services. It presents the Strategy as offering a rationalized, coordinated approach, and references specific structures of services: *comprehensive* sexuality education; and adolescent and young people-*friendly* services, both of which appear in global documents as explicitly aligned with an understanding of the problems as rooted in support for adolescents' rights to make free and informed decisions about sex and pregnancy. However, the substance and definitions of "CSE" and "AYFP" remain unstated. There are no direct references to what services it considers essential, nor what progress toward establishing either measure would entail.

Similar to the "CSE" and "AYFP" examples, the Strategy states that law and policy may require reform, and commits to "review," existing measures (Government of Sierra Leone 2018:15). This presents the government as committed to critically assessing policy and holding the Strategy's principles and/or evidence as grounds for revision. However, the Strategy lacks details regarding how such decisions might be made, what might qualify a law for change, and where within the government the authority for making revisions resides. There is a similar lack of specificity around standards of evidence and how they might be applied to inform change. Together, these passages suggest that the Strategy is gesturing toward a set of actions that reflect independence and a systematic approach, but they also contribute producing a view that definitional authority resides with the entity of the Strategy or its implementers that lacks essential specifics.

The Strategy references features of a consistent discursive construction of adolescent pregnancy and child marriage that situates the "problems" within a technical public health frame. State and other adult institutional responsibilities appear to reside in providing support, education, and tangible resources to individual girls to make decisions, which, it seems, will lead to dramatic

reductions in both adolescent pregnancy and child marriage. Despite the delineation of levels of action, or the aims of "ensuring" that various conditions are in place, there are no statements about the substance of the problem or aspects of its proposed solutions.

*Equating Technical Definitions with Social Significance as a Tool of State Authority*

The Strategy document's Introduction begins with a discussion of the global prevalence of "adolescent pregnancy" and "child marriage." It emphasizes the relative recency of a critical recognition of the magnitude and consequential nature of each, and frames Sierra Leone's Strategy as part of a collective global response to a newly discovered set of "health" problems. In doing, it frames the problems as they are defined in global health surveys as essentially equivalent to their social meanings and significance. These socio-demographic definitions and data appear as self-evident, stable categories that do not need to be defined or interpreted. With this presentation, the Strategy uses numbers to draw a boundary between a true, accurate understanding of the problem and inaccurate "cultural" beliefs or practices.

The Strategy begins with a discussion of the global magnitude of the "problems." It states,

> WHO reports that about 16 million girls aged 15 to 19 and some one million girls under the age of 15 give birth every year, mostly in low- and middle-income countries. Complications during pregnancy and childbirth are the second cause of death for 15 to 19 year old girls globally, while 3 million girls in the same age bracket undergo unsafe abortions every year. (Government of Sierra Leone 2018:7)

It then defines the problem, combining a recitation of age-related adolescent pregnancy is "defined as an adolescent girl, within the ages of 10 to 19, becoming pregnant, is closely linked to issues of human rights." (Government of Sierra Leone 2018:7). This claims "adolescence" as both ages 10-19, and defined as two "age brackets," suggesting that there are differences in significance in these. In references to unsafe abortion, and "human rights," the Strategy suggests that it is not pregnancy alone that matters, but that these are part of a broader set of social relationships and power dynamics. It continues,

> Child marriage, defined as a formal marriage or informal union before the age of 18, is a global issue, impacting the lives of millions of girls each year. Globally, more than 700 million girls and women alive today had been married as children, and of them, more than one in

> three (250 million) had entered into a union before the age of 15 (Government of Sierra Leone 2018:7).

In these passages, Strategy embraces definitions of "adolescent pregnancy" and "child marriage" as they appear in health survey documents and commitments into self-evident social meanings. Notably, nuances in the ways that technical bodies themselves categorize this population, including, for example, delineating between those under and over 15; or using "adolescence" as the category of interest for discussions of pregnancy, and "child" as the category for marriage, go unremarked or defined. At the same time, references to ideas such as "issues of human rights," and descriptors that emphasize the scale of these phenomena are connected with underlying normative conditions that may reach beyond "health." Nonetheless, this invocation of "rights" suggests that what is at issue is a matter of power and girls' freedom from domination, and "global," suggesting that it is also stable and universal.

One of the effects of the Strategy's seeming collapse of quantities and technical definitions of the problem with their social significance is to imply that prior to the government's recognition of the severity of the problem, no one understood it. Indeed, the Strategy seems to adopt a narrative similar to what is present in global health research: that until recently, the problems of "adolescent pregnancy" and "child marriage" were either neglected, overlooked or misidentified as inconsequential (Chandra-Mouli et al. 2015; Patton et al. 2016). Having numbers to point to allows the Strategy's authors to frame the problem as separate from whatever understandings may operate in social life. Where it acknowledges that any existing normative discourse on topics such as girls' sexuality and social control exist, the Strategy tends to suggest that they are part of the problem. Community practices, such as organizing a constellation of harmful traditions that produce the problems at hand, either out of ignorance of their harms to girls, or because they reflect sheer male dominance, and a disregard for girls all together.

The Strategy's Situation Analysis section invokes statistics representing the prevalence of adolescent pregnancy and child marriage in Sierra Leone. It states,

> Sierra Leone has the 19th highest child marriage prevalence globally, with 12.5 per cent of women aged 20–24 years marrying before the age of 15 years, and 38.9 per cent of women in the same age bracket marrying before the age of 18 years. Considering that 24 per cent of Sierra Leone's 7 million population are adolescents, of which roughly half are girls, this amounts to approximately 330,000 affected girls (Government of Sierra Leone 2018:11).

It goes on to describe the fact that the phenomenon is more common in rural areas, which it attributes to "adherence to traditional norms, a narrower range of life options, stronger community networks, lower educational opportunities, and higher levels of poverty." (Government of Sierra Leone 2013:11). This, notably, includes the reference to "stronger" community networks as a problem, perhaps intended as an indictment of customary or religious authorities in arranging for marriages or managing community disputes in ways that diverge from state definitions, although this is not directly stated. It then characterizes pregnancy:

> In terms of early pregnancy, among adolescents aged 15–19 years, 28 percent had already begun childbearing and 24 per cent of those married have had their first birth during the first year of marriage. Also, a larger proportion of teenage pregnancies occur in rural areas – 34 per cent compared with 19 per cent in urban areas. (Government of Sierra Leone 2018:11)

Here, data points reflecting the prevalence of adolescent pregnancy and child marriage overall, and in certain areas appear repeatedly, at times with similar speculative "causes" woven into recitations of statistics. These passages contribute to the idea that technical, age-based definitions are essentially descriptive, while using counter examples that may or *may not* be either accurate depictions of reality, or related to the problem, such as in the idea "stronger" community networks constitute sources of the problem. This produces a view of tradition and culture as static "causes." This seems to imply that the two are essentially reducible to forms of domination, rather than part of a complex and fundamental body of symbols, values, and sources of meaning that people – including girls – may use to make sense of the world and their place in it (Irvine 1994).

*Using State Actions as Markers of "Progress" and Markers of Government Commitment*

Much of the Strategy's Introduction and Rationale sections is devoted to listing actions that the government of Sierra Leone has taken to elevate the issues of adolescent pregnancy and child marriage as priorities. These present the idea that the government, like a global expert

community, has discovered adolescent pregnancy and child marriage as central problems for intervention. For example, steps that the Strategy presents as "milestones" include the fact that the government of Sierra Leone "has committed to reducing adolescent pregnancy and child marriage with its commitments to the SDGs and the WHO's Global Strategy for Women's Children's and Adolescents' Health (2016–2030). In 2016, the country joined the ranks of African countries such as Ethiopia and Ghana to launch the AU Campaign to End Child Marriage." Internal government action highlights the "significant efforts" that the government has made to name adolescent pregnancy as a priority through the creation of a dedicated national office; the National Secretariat for the Reduction of Adolescent Pregnancy, and the existence of the Strategy itself (Government of Sierra Leone 2018) via its provisions on "evidence-based adolescent pregnancy and child marriage reduction interventions." It notably lacks a definition of what standards might be used to evaluate "evidence," and offers no substantive definitions of the "problem" or potential solutions that the AU campaign may include. Indeed, the purpose of these claims appears primarily, to assert that the government's definitions align with those used in such bodies, with, seemingly, little regard for substantive definitions. It is unclear whether the government's "actions" and forms of "progress" fit within the Strategy's view of the sequence of events that produce the problem. In the "Review of the Legal and Policy Framework," the Strategy asserts,

> International conventions and treaties combined with national laws and policies provide a powerful normative statement on upholding the rights and well-being of women and girls. In this respect, they provide significant legitimacy from which to protect girls at risk, conduct advocacy, develop programmes, dedicate resources, and support young girls affected by early pregnancy and child marriage. (Government of Sierra Leone 2018:13)

This reference to the "normative" value of treaties, as a source of "legitimacy," suggests a broad-reaching, robust general definition of the problem, via its relationships to "rights and well-being," duties to "protect girls at risk" and "support young girls affected," along with public actions: roles that appear to all reside under state authority. It goes on to list the government's commitment to a number of global and regional "instruments" that relate "directly or indirectly" to adolescent pregnancy and child marriage as evidence that "The reduction of adolescent pregnancy and child

marriage is a high priority for the GoSL." (Government of Sierra Leone 2018). These further foreground the state's commitment as the noteworthy matter. This is followed by a catalog of supporting commitments, including:

> The African Charter on the Rights and Welfare of the Child, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol), and the United Nations Convention on the Rights of the Child (UNCRC), which all directly or indirectly address the issue of early pregnancy and child marriage (Government of Sierra Leone 2018).

As in the Introduction, the Strategy declines to name how these documents relate to the problem here, nor what constitutes "indirect" or "direct" dimensions of the problems. However, each of these documents incorporates potentially highly consequential features of a rights-based discourse that places adolescent pregnancy and/or child marriage in a broader context of state obligations to protect or provide for women's and girls' rights, including rights to participate in public life (CEDAW) (United Nations 1978); safe abortion in cases of rape, incest, or threats to mental or physical health (Maputo Protocol) (African Union 2003); participation in decision-making, according to age-based "evolving capacities" (UNCRC) (United Nations 1989). In flattening these details, the Strategy at emphasizes the authority of its own definitional authority, while leaving the substance of the "problem" undefined.

*Emphasizing "Supportive" Nature and Downplaying Contradictions in Existing Policy*

Following the presentation of the "legitimacy" of normative documents and the strength of the government's commitments to them, the Strategy offers a similar image of current Sierra Leonean law and policy. Here, the Strategy characterizes the current law and policy landscape as largely "supportive" of the Strategy's aims, and the "well-being of adolescents," as "The major issue in Sierra Leone, therefore, is not an absence of relevant laws and policies but in the weak enforcement of such laws and implementation of relevant policies." (Government of Sierra Leone 2018:14). It makes this argument largely by enumerating policies that name "adolescents" as a population of interest, and in reference to age 18 as the minimum age of marriage, but otherwise

offers limited detail. Throughout its presentation of existing policy, the Strategy continues to emphasize the idea that the government sees “adolescent pregnancy” and “child marriage” as priorities, while minimizing inconsistencies or contradictions. For example, despite describing a clear contradiction between the country’s Child Rights Act (Government of Sierra Leone 2007), which established 18 as the minimum age of marriage, and the Customary Marriage and Divorce Act (Government of Sierra Leone 2009), which permits marriage under 18 with parental permission – effectively nullifying the previous law – the Strategy minimizes this difference as a “critical loophole” and identifies a “need to harmonize” the two Acts (Government of Sierra Leone 2018:14). This section also includes a reference to the Sexual Offenses Act, suggesting that a provision that criminalizes sex with any girl under 18 is a crucial part of the policy architecture for establishing 18 as the minimum age of marriage (Government of Sierra Leone 2018:14). However, it also calls for a “review” of the age of consent specifically for medical care to bring the law in line with “global best practices” (Government of Sierra Leone 2018). This set of references represents discordant understandings of the nature of the “problem” as it pertains to girls’ agency and autonomy. Specifically, it equates sex and marriage, while claiming state authority to maintain a definition of “violence” that includes all sex involving anyone under age 18. Elsewhere, it suggests that girls should have freedom and support to access sexual and reproductive health services without a parent’s permission. This implies that the Strategy intends to offer some recognition of girls’ autonomy before reaching 18. However, this is limited to seeking health care to prevent pregnancy and does not extend to sexual decision-making.

The policy review presents a multi-sectoral set of policies in a table format, offering a list of “relevant” policies. These are, largely, health policies, which it counts as “supportive” where they offer any reference to adolescents, or provisions on “prevention, response, and mitigation of Teenage Pregnancy,” in the case of a provision on the Basic Package of Essential Health services (2015-2020). Together, these measures offer slightly more detailed definition of the problems, going beyond simply the need to name “adolescent pregnancy” or “child marriage” as evidence

that a policy is "supportive." Beyond policies that name these as matters of priority, the connections offered are vague.

| Sector | Policy/Strategy name | Description |
|---|---|---|
| Health | Free Healthcare Initiative (2010) | This initiative was introduced to provide free health care to pregnant women, lactating mothers, and children underfive. This initiative also supports adolescent mothers and their children. |
| | National Standards for Adolescent and Young People Friendly Health Services (2011) | This document laid out the standards for provision of adolescent and young people friendly (AYPF) healthservices in the country. |
| | Sierra Leone National Reproductive, Maternal Newborn, Child and Adolescent Health Strategy (2017–2021) | This strategy seeks to reduce maternal and neonatal mortality and adolescent pregnancy reduction. |
| | Sierra Leone Basic Package Of Essential Health Services (2015-2020) July 2015 | School and Adolescent Health Services, and prevention, response and mitigation of Teenage Pregnancy are highlighted as key component ofthe package of services |
| | | Selected services to adolescents is highlighted as one of the key duties of CHWs |
| Education | The Education Act (2004) | This policy states that basic education is the right of every citizen and makes basic education compulsory. |
| | National Curriculum and Guidelines for Basic Education | The curriculum provides details of what must be taught in schools, and this includes sexual reproductive health. |
| Social Welfare | The Child Welfare Policy (2014) | This policy aims to strengthen the child welfare systems by articulating the government's commitment to enhancing the welfare and protection of all children, including themost vulnerable and marginalized. |

*Figure 2.3: Catalog of "Supportive" Policies, from Government of Sierra Leone 2018: 14.*

The choices and descriptions of policies offered are generally consistent with a definition of the "problem" of adolescent pregnancy that prioritizes girls' rights and knowledge of sexuality and reproductive health services. In naming "adolescent mothers and their children" as recipients of free health care, this also suggests that the Strategy supports a non-punitive approach to already parenting girls and recognizes the structural factors behind their health outcomes. It

alludes to a concern for adolescent pregnancy as a matter of "child welfare," suggesting that a policy outlining state engagement in the "protection" of "vulnerable and marginalized" children is central to preventing adolescent pregnancy. However, it relegates them to essentially equal status as part of the government's existing concern over "adolescent pregnancy." As a result, rather than a clear sense of a shared these choices of policy seem fragmented. The example of "sexual reproductive health" content in national curriculum guidance exemplify this fragmentation. The references here suggest that education is a strategy contributing to prevention and a right for girls, and that educational content includes information that girls can use to prevent pregnancy but offers no details on the content of the latter, suggesting that "sexual reproductive health" is itself a stable category. In fact, the term can refer just as easily to abstinence-only, shame-based, "risk"-centered approaches as to those that are centered in an affirming, gender transformative discourse, and potentially highly effective (Fine 1988; Fine and McClelland 2007; Haberland and Rogow 2016).

*Defining the Nature of the Problem: Causes and Consequences*

Where the Strategy presents the nature of the problem beyond simple indicator definitions and counts, it amplifies, the "health" framing in the nature of consequences, which it presents primarily as "adverse effects:" severe, far-reaching, and seemingly direct effects of both. At the same time, in part because it frames adolescent pregnancy and child marriage as potentially causes and consequences of each other, it also amplifies a causal chain rooted in, alternately individual behaviors, and a kind of abstract "cultural" set of practices. This produces a discourse on the nature of the problems as symptoms of a backward tradition. In contrast to a state that, by virtue of its embrace of global, authoritative definitions of "adolescent pregnancy" and "child marriage," accurately understands the "problem" and its dire consequences, the Strategy presents communities as ignorant of the problems. Beginning in the "Introduction" section, the "cause" of the problems that appears most often and as most consequential, is communities' "cultural" or "traditional" social norms.

The Strategy's primary explanation for why adolescent pregnancy and child marriage are common is that they are "practices that happen merely because they have happened for generations. These practices can be linked to the process of rites of passage, deeply rooted in dominant social norms (beliefs, values, and attitudes) that construct gender roles" (Government of Sierra Leone 2018:7). This passage lacks a definition of the specific "rites of passage" or "dominant social norms" in question. Later references define to "cultural" barriers as the most important obstacles to promoting "sexual and reproductive health" (Government of Sierra Leone 2018:20). Yet, the Strategy does not define the substance of any of these norms or roles in depth and offers no specific evidence to make this case: these statements appear as simple statements of fact. For example, the Strategy's depiction of "culture" and "tradition" as causes of the problem hint at the presence of a competing discourse in social life, that may use "rites of passage" rather than age, to define girls' entrance into marriageability, thereby legitimizing marriage involving girls under 18. The practices and the values behind them remain undefined. This is despite the fact that initiation to Bondo society, whose rites include female genital mutilation/cutting (FGM/C), is a common feature of life for most ethnic groups in Sierra Leone, and a site of considerable, highly charged, political debates (Devi 2018; Ferme 2018; Park 2006; Stark 2006; Vincent 2013).

Similar to its broad attribution to "cultural" practices, the Strategy suggests that the presumption and practice of male domination of family matters is partially to blame (Government of Sierra Leone 2018: 12). However, this also emphasizes the role of "culture" and tradition as sources of such practices, rather than defining their substance or normative qualities. And, where it comes to responses, the matter appears as primarily a matter of correcting individual men's behavior through directive "behavior change" campaigns (Government of Sierra Leone 2018: 22). Such approaches, too, appear absent substance or reference to *what* behaviors need to be changed.

*Enumerating "Consequences" of Adolescent Pregnancy*

As part of the argument establishing the government's commitment to "adolescent pregnancy" and "child marriage," enumerations of their "causes" and "consequences" take a prominent place in the document. This amplifies the idea that the government not only recognizes both but understand them to be urgent. It further supports an understanding that the problem does not reside solely with individual girls and for Sierra Leone's economic and social development, and the cause of gender equality broadly. Though the intention of these passages appears to revolve around making a broad case the government's commitment to take these issues seriously, it also has the effect of labeling nearly every negative experience that pregnant girls may encounter as explained by pregnancy itself.

Despite passages that define adolescent pregnancy and child marriage as products of "social norms," or economic conditions, these factors seem to disappear once the Strategy turns to discussing already-pregnant girls. Throughout, the Strategy's argument for the importance of preventing adolescent pregnancy extends to an argument that frames mistreatment, denial of resources, and harassment of pregnant girls as natural outcomes of pregnancy itself. Indeed, the only tie that the Strategy seems to present as alterable is the one between pregnancy and child marriage.

*"Adverse Effects" of Adolescent Pregnancy and Child Marriage as Inevitable*

The Strategy's introductory discussion of the magnitude of adolescent pregnancy moves from a statement on its prevalence to the "consequences" of adolescent pregnancy, emphasizing their severity. It states, "Complications during pregnancy and childbirth are the second cause of death for 15 to 19 year-old girls globally, while 3 million girls in the same age bracket undergo unsafe abortions every year" (Government of Sierra Leone 2018:7). The latter is the first of many statements that characterize any ill-treatment of pregnant girls, or phenomena such as unsafe abortion, which are the result of a culmination of policy decisions prohibiting abortion; poor quality services; and girls' own active choices to terminate a pregnancy as results of "adolescent

pregnancy" itself. Later in this section, the Strategy outlines what it terms the "adverse effects" of each phenomenon, or both:

> Child marriage has many adverse effects on a young girl's social, mental, physical health and wellbeing. Early childbearing is associated with higher risks of morbidity and mortality for the mother and child and reduces educational attainment. These harmful practices are interlinked and prevent adolescents, especially girls, from reaching their full potential and making maximum contributions to their community. (Government of Sierra Leone 2018:7)

This use of "adverse effects" follows the technical, health language of the problem, and seems deliberately selected for this reason. It presents pregnancy as a potential harm to every area of girls' "health and wellbeing," and observed associations as a matter of dire consequences "higher" risks of severe health consequences for death and injury, presumably, compared with older women; and a phenomenon that "reduces" educational attainment. Along with listing the dire consequences of adolescent pregnancy, they appear as "harmful practices that are interlinked" that seem to be out of girls' control. Yet, the Strategy is unclear on where they do come from, or, indeed, the substance of those links. This configuration of "adverse effects," emphasizes their severity, and suggests they are also inevitable once a girl is pregnant. Along with listing the "consequences" of adolescent pregnancy and child marriage, the Strategy also argues that preventing them would result in large-scale social transformation. Where the Introduction section of the Strategy shifts to the implications of adolescent pregnancy reduction in Sierra Leone, it argues:

> The eradication of child marriage and the prevention of early childbearing and adolescent pregnancy would contribute to the improvement of women's and girls' health as well as their social and economic participation, and the realization of their rights and institutionalization of gender equality. (Government of Sierra Leone 2018:8)

Such statements convey the idea that the government sees "prevention" as an urgent collective priority and offer an important connection to "rights" more broadly. However, they also reinforce the ideas that "child marriage" and "adolescent pregnancy" are singular in importance, with little regard for their relationship to social meanings or structural conditions that affect girls before and after a pregnancy. In doing, this presents a singular causal relationship between early

pregnancy and poverty, suggesting that it is pregnancy that causes poverty and, in turn, inhibits girls from "realizing their potential," rather treating the two as potentially synergistic, or poverty as a cause of early pregnancy or source of its "risky" features. This is despite global evidence finding highlights poverty is dominant social determinant of both adolescent pregnancy and much of the health and economic "risks" that follow (Blanc et al. 2013; Viner et al. 2012).

*Defining Discrimination Against Pregnant Girls as a Consequence of Pregnancy*

The Situation Analysis section, which follows the introduction, heightens the idea that any harms that follow a pregnancy are a function of the pregnancy itself. For example, the Strategy presents one finding from a 2016 UNICEF survey of out-of-school children as follows: "29 per cent of out of-school girls were excluded from school as a result of pregnancy" (Government of Sierra Leone 2018:11). This suggests that the exclusion is a result of those girls' pregnancy, rather than the product of a discriminatory policy. This framing of "consequences" extends to interpersonal treatment:

> Once visibly pregnant, girls are banned from attending school and writing public exams. Where girls return to school after childbirth, they may face continued challenges in the form of bullying and verbal abuse by classmates and teachers. where girls return to school after childbirth, they may face continued challenges in the form of bullying and verbal abuse by classmates and teachers. (Government of Sierra Leone 2018:11)

This passage alludes to an Education Minister's decree excluding "visibly pregnant" girls from school (Amnesty International 2015). That policy is otherwise absent from the Strategy's discussion of current law and policy review, and the Strategy includes no recommendations to revisit discriminatory provisions in the catalog of "interventions" that follow. Instead, it appears as an immutable fact. This absence is noteworthy in part because the policy was, in fact, enacted with the intention to "prevent" adolescent pregnancy, and followed a social logic that held that pregnant girls were deserving of punishment, particularly because it was enacted as a post-Ebola measure to manage school return, and justified on the grounds that girls had failed to conform with social distancing guidelines; and, further, that their "visible" pregnancy would serve as

enticement for other girls to become pregnant themselves (Amnesty International 2015; Walsh and Johnson 2018).

Along with the public, official discourse punishing girls for becoming pregnant, the hostile treatment that girls endure appears as a natural consequence of pregnancy itself, rather than a product of normative practices or conditions. The Strategy does not make any connections between the "cultural" norms that it considers responsible for the "problem," and existing, heavily punitive official or popular discourse and practices related to the treatment of pregnant girls. This creates an image of "culture" and "tradition" that are effectively condemned for their origins and sources, rather than their substance. At the same time, it avoids a direct challenge to the validity of punishment and social scorn as either legitimate means to prevent pregnancy, or treatment of pregnant girls.

*Adolescent Pregnancy and Child Marriage as Mutual Causes and Consequences*

The Situation Analysis expands the category of "consequences" of adolescent pregnancy to include child marriage. Unlike other "consequences" of adolescent pregnancy, the Strategy singles out "child marriage" as an unacceptable practice "regardless of the reasons girls marry." However, rather than emphasizing ways that these might be de-linked, or pregnant girls supported in ways that enable them to avoid marriage, it stresses the idea that the two practices are essentially inextricable and merges the consequences of both into a single list of "adverse effects" that can only be avoided by preventing both. In the Introduction, the Strategy presents, in bold face, the inextricability of the two, as well as their shared roots and results:

> **Adolescent pregnancy and child marriage are inextricably linked. In many cases, child marriage is a driver of early pregnancy; in other cases, marriage follows a pregnancy.** They are harmful practices that deprive girls of their childhood, and happen merely because they have happened for generations. These practices can be linked to the process of rite of passage, deeply rooted in dominant social norms (beliefs, values, and attitudes) that construct gender roles. Additionally, for many poor families, marrying their daughter off at an early age essentially is a strategy for economic survival, as it means one less person to feed, clothe, and educate. (Government of Sierra Leone 2018:7)

Here, the Strategy seems to imply that the "inextricable" relationship between child marriage and adolescent pregnancy makes it impossible to disentangle their consequences: families, it seems, are destined to respond to a girl's pregnancy with the decision to marry her off; while girls who marry before 18 are equally fated to become pregnant. This passage also suggests that there are "deep" social and economic roots to both that are beyond girls' control. Instead, it presents them as residing in how "gender roles" are structured, rather than essential or a product of individual families' pathologies. The Strategy later characterizes the relationship between child marriage and adolescent pregnancy as largely sequential, again reiterating the idea that follows:

> Unsurprisingly, pregnancy and poverty are reported as the key drivers of child marriage. When adolescents become pregnant, they are often sent to live with the impregnator. For many families, sending an adolescent girl to be married is considered a way to reduce an immediate economic burden; in communities where economic transactions are integral to the marriage process, a dowry is often welcome income for poor families. (Government of Sierra Leone 2018:12)

Adolescent pregnancy appears alongside poverty as one of two seemingly parallel "drivers" of child marriage. While this passage emphasizes the economic roots of the "problem," the wording here is ambiguous, potentially implying that poverty makes families hostile to their daughters; even as it also presents a more expansive, structural definition of the problem rooted in the combination of household poverty and narrow possible actions for families that accept dominant norms around gender, sexuality, and marriage.

Within the Situation Analysis, the Strategy offers a summary of global evidence, it collapses data on child marriage with that on the harms of early pregnancy. It outlines the problem as follows:

> Moreover, a strong correlation exists between child marriage and poor mental health. These girls experience higher levels of depression, anxiety, isolation, self-harm and suicide than those who marry later. Child marriage not only deprives the girl of a voice, sense of agency, power and long-term earning potential, it also has intergenerational effects. For example, babies born to mothers younger than 20 are 1.5 times more likely to die than in their first 28 days than babies born to mothers in their twenties or thirties. Lastly, when girls are married, formal education often ceases. This limits their prospects of employment and also removes the girl from the space within which she develops her social skills, social networks and the support structure provided by the school, leaving her often isolated at home. (Government of Sierra Leone 2018:12)

While this reinforces a sense that the government understands these problems as matters of urgent importance, it also serves to obscure opportunities for action that such evidence may also support. Throughout, the severity of "consequences" appears to far outweigh any understanding of the potential to de-link them from pregnancy. For example, the slide into lost education appears to be an inevitable one, prompted by either marriage, pregnancy, or both, rather than embedded in norms or structural conditions that might make all seem inevitable from a girl or her family's perspective.

*Elevating Images of Pregnant and Married Girls as "Very Young Girls" and "Children"*

The Strategy presents the "problems" that it is intended to address through an approach that differentiates younger and older girls, presenting age-bracketed rates (10-14 and 15-19) and targets for reduction. Moreover, it notes that most girls become pregnant or marry later in adolescence (Statistics Sierra Leone and ICF International 2014). This suggests that the Strategy understands the "problems" as differing for different age groups, which would potentially demand different strategies or focus on, for example, altering circumstances such that girls under 15 will not have sex, where for those who are older, conditions for sexual relationships, along with sexual and reproductive health services, including contraception, would apply. However, the framing of the "problems" often evokes images of unspecified "very young" girls, with little discussion of age-specific nuances. For example, the "Situation Analysis" presents child marriage as a part of "the cultural and normative context as well as the social dynamics contributing to a family decision to marry a child at a very young age" (Government of Sierra Leone 2018:12). Notably, at the time of the Strategy's writing, there was limited data on the prevalence of either pregnancy or marriage among girls under 15; and both pregnancy and marriage primarily affect girls in later adolescence (Statistics Sierra Leone and ICF International 2014). Yet, these dynamics and potential weaknesses in data go unremarked. As an effect, there is a mismatch between the presentation

of the “problem” as one that resides with the very young, and the actual data available, which skews older.

***Mapping the Sequence of Events that Produce the Problem: Sex, Violence, Contraception and Control***

Where the Strategy focuses on framing adolescent pregnancy and child marriage in a behavioral frame, shaped by the socio-ecological framework, it expands beyond the predefined category of a category to trace the events that lead to pregnancy and child marriage. Where it tackles specific behaviors, namely, contraception and sex, it presents a discourse that mixes girls’ rights and agency, with an emphasis on violence, social pressure, and age as a source of coercion. In the process, it seems to alternately advance elements of a rights-based, reproductive freedom-oriented discourse that affirms girls’ rights to information and contraceptive services, and both accurate recognition and reliable protection and response from violence; and amplifying violence as nearly inextricable from “adolescent pregnancy,” visited on exceedingly vulnerable girls. Throughout the document, the Strategy is unequivocal in its concern about the role of sexual violence in girls’ sexual encounters. In some passages, this appears as a claim that aligns closely with a view of girls’ rights and bodily autonomy, or the need to address gendered social practices that permit violence. This, in turn, appears as either an implicit or implicit challenge to the idea of pregnant girls as inherently sexually deviant. However, the image it offers of the role of violence is often confounded by its seeming expansive definitions of both the nature of violence itself, and how it contributes to girls’ pregnancies. Indeed, it is unclear whether the Strategy considers it possible for sex to not fundamentally constitute violence against girls.

*Explaining Girls’ Contraceptive Non-Use: Social Pressure, Wanted Pregnancy, and Unavailable Services*

In the first paragraph of the Introduction, the Strategy offers a one-line acknowledgement of the fact that “are planned and wanted, but for many they are not – often times, girls may face social pressure to marry and, once married, to have children” (Government of Sierra Leone 2018:7). This sets up a sequencing of statements that appears in several passages: affirming that

some girls' may actively "plan" and "want" a pregnancy, then immediately stresses the role of "social pressure" to stress the "problem." This also offers an initial view of sexually active girls as already-married: configuring child marriage as fundamentally a product of "social pressure," where girls will continue to have their agency undermined. Similarly, in the Situation Analysis section, although primarily focused on listing the "consequences" of adolescent pregnancy, offers passing reference to its "causes." Among them, along with sexual coercion, it names, girls' "ignorance of the conception process," and "The lack of credible information on SRH issues and access to contraceptives for adolescents contributes to the increasing number of unplanned pregnancies" (Government of Sierra Leone 2018). This framing explicitly names girls' lack of education and lack of access to contraception as part of the sequence of events that "cause," the problem: again, configured as a matter of "unplanned" pregnancies. It also quantifies this problem, referencing a survey finding that more than 80 percent of pregnant and parenting girls reported that their pregnancy was, in fact, unwanted or unplanned (Government of Sierra Leone 2018:14), a point that underscores the value of contraceptive services for enabling girls to avoid pregnancy. Together, these statements characterize the problem as primarily the "unwanted" pregnancy: the end point in a sequence of events that leave girls unable to make informed – and supported – choices about sex and contraception. However, these make up a relatively minor component of the Strategy's depiction of the events that produce a pregnancy. Indeed, apart from a goal of increasing contraceptive prevalence in measuring the Strategy's progress, these also are the only direct references to girls' contraceptive use, or of sex as something they might choose.

The Situation Analysis section introduces the idea that violence play an outsize role in producing pregnancy. In some passages, it repeats the construction of the "problem" as potentially linked to "consensual" relationships: which would require interventions focused on contraception and enabling sexually active girls' reproductive autonomy. However, this follows a similar construction to the initial "wanted and intended" view, moving quickly to emphasize an interest in pregnancy that relates to forced sex:

> Though teenage pregnancy may have been the result of consensual relations between two people, 5.6 percent of teenage mothers/pregnant teens reported to have ever experienced forced sex. Among this group, 63.8 per cent of girls reported that their husband, boyfriend, or partner was the perpetrator of the sexual violence. In 6.4 per cent of the cases, the perpetrator was a teacher. Furthermore, 5.2 per cent of the teenage mothers/pregnant teens reported that they ever had transactional sex (sex for money, favors, or gifts). (Government of Sierra Leone 2018:12)

This description gives primary weight to sexual violence, and further enumerates "perpetrators" as those close to girls: making clear that it recognizes girls' ability to consent or withhold consent, including in encounters with a partner, as important to the broader problems at hand. In including transactional sex, it suggests that that, too, carries an element of coercion. Together, these passages, and the imagined multiple sequences of events that they suggest are leading to girls' pregnancies: consensual sex, thwarted by a lack of contraceptive access; sex under a sequence of events that create duress: social pressure to marry, then social pressure to have a baby; or coercion or exploitation.

*"Vulnerable" Girls as a Discrete Population*

Along with introducing the direct relationship between violence and girls' pregnancies, the Strategy also highlights a relationship between girls' broader "vulnerability," violence, and pregnancy. Among the initial "interventions" that the Strategy identifies as proposed by stakeholders during the initial consultation process are three that relate directly to sexual violence, imply an interest in prevention. Two of these identify especially vulnerable populations of girls, while one highlights male "behavior change:"

- *Interventions targeting the most vulnerable girls such as orphans, those being maltreated, or involved in child labour to prevent them from becoming pregnant;*
- *Interventions to ensure that adolescents who are survivors of gender-based violence (GBV) receive adequate support services to prevent them from being involved in a spiral of abuse and becoming pregnant;*
- *Interventions targeting men and boys for behavioural change* (Government of Sierra Leone 2018)

This expands the image of events that lead to girls' pregnancies to both earlier experiences beyond their control, such as losing a parent, experiencing abuse, or having to work.

It highlights both the need to step in to change *male* behavior; and to provide services that extend beyond contraception as part of a broader-reaching view. However, at the same time, it elevates the value of "targeting" services to recognizable "vulnerable" groups, and repeats the tendency, demonstrated elsewhere, to place "becoming pregnant" as both a matter of individual behaviors, and *the* primary outcome to address, via a "targeting" of a knowable or identifiable population of girls who might be singled out for interventions. Although this takes important data that suggests poverty, living apart from parents, are associated with higher adolescent pregnancy rates (Statistics Sierra Leone and ICF International 2014), it also implies that these groups are easy to identify and single out from others, for vaguely defined "targeted" interventions. In a depiction of how interventions that the Strategy will support fall across the socio-ecological framework, the Strategy characterizes individual-level interventions as those that target especially "vulnerable" groups:

> Ensure that vulnerable girls (those who are at risk of or who have dropped out of school, those affected by child trafficking, child labour, unlawful sexual penetration, sexual abuse, etc.) receive the social protection, quality health care, and education services that they require. (Government of Sierra Leone 2018:18)

The outline of additional services and discussions of potential interventions to offer at other "levels" of the socio-ecological framework imply that the Strategy's authors understand that there are a broad set of structural and social conditions that contribute to the high aggregate level of adolescent pregnancy in the population. However, the emphasis here suggests that rather than a sequence of events to address, violence, broadly construed, produces a "risky" group of girls, who then require management. This group is primarily constructed as victims, defined by their "vulnerability," suggesting that they are especially "deserving," even though "social protection, quality health care, and education services" are ostensibly a right of any girl. Although potentially a source of equitable, necessary approaches to addressing trauma, this framing sits uneasily with the punitive measures that remain in place, and the underlying discourse that guides them, particularly the school expulsion policy targeting pregnant girls. This suggesting a potential for

punitive measures to target the same girls if they eventually *do* become pregnant. Similarly, the reference to "unlawful sexual penetration," a law that collapses the legal distinction – and in its use here, the social distinction, between coercion and just being under 18: a condition that can serve to justify greater surveillance and regulation of girls' sexuality. Indeed, there is a long history, from other settings that justifies expanding control of "risky" girls in the name of rehabilitation or solving the problem of adolescent pregnancy (Luker 1996; Nathanson 1991; Solinger 2013). Moreover, given that the broader body of evidence on sexual and gender-based violence in Sierra Leone documents broad tendencies of blame and sexual shame directed at survivors (Denney et al. 2016; Horn et al. 2016), "targeting" and intervening to prevent pregnancy among such girls seems wholly inadequate to addressing the relationship between violence and pregnancy.

*"Weak Enforcement" as the Default Response to Violence*

In a discussion of the legal and policy environment, the Strategy singles out a failure to enforce laws against sexual violence as the primary, and only named examples of "weak enforcement" of existing, otherwise supportive, law and policy, stating that:

> Some of the challenges in enforcement and implementation, among others, include:
> - Reluctance by families of affected children to report cases due to social pressure;
> - Lack of evidence to prosecute cases when families withdraw cases;
> - Inadequate training of law enforcement officials in child protection and handling cases of child marriage and GBV in particular;
> - Limited resources for implementing agencies such as the police and family and juvenile courts. (Government of Sierra Leone 2018:14).

This elevates the specific matter of laws on sexual violence over other measures that may go un-implemented. It further depicts a situation, albeit without specific examples, in which "social pressure" operates in ways that effectively disrupt prosecution. Such framing leaves the social logic, norms of masculine sexuality, and/or imbalances in power that contribute to the observed patterns of "social pressure" on families to withdraw cases or make "inadequate training" for law enforcement a meaningful factor unexamined. There appears to be an underlying, shared set of expectations that sexual violence, while perhaps identified as such among girls and families is

not widely understood as a threat to social order in the way that *reporting* cases of violence is: and, in fact, there is evidence elsewhere highlighting these dynamics, (Denney and Ibrahim 2012; Horn et al. 2016). The Strategy seems to collapse this set of "challenges" into a general category of "weak enforcement" without elaborating on the normative dimensions of such failures. While it otherwise names "multisectoral" interventions and policies, here, it centers "law enforcement" as primary, leaving open the question of what role other institutions might play, or at what scale any such interventions might be instituted.

*Parents as Inactive or Overly Forceful*

While it labels the problem as "cultural and normative," the scenarios that follow de-emphasize a *normative* set of practices, in comparison to a structure of family relations characterized by a total deference to individual men. Though the Strategy offers concessions, for example, to the collective hardships that face families in relation to poverty, or to the severity of the Ebola crisis, it leans heavily on a set of arguments that pose girls as victims of their parents' failures to offer protection, or, worse:

> It has also been highlighted that with children staying at home and parents out working, girls were more vulnerable to advances from boys and men within the households and community, leading to higher rates of adolescent pregnancy. Moreover, with children out of school and the financial difficulties that households faced due to quarantines and travel restrictions, there were reports that children were more readily sent out to earn an income through transactional sex and even coerced marriage; this was corroborated during the regional consultations where adolescent girls reported this in every region. (Government of Sierra Leone 2018:10)

The final phrasing frames parents as essentially trafficking their children into sexual abuse, as both a commonplace, and "more readily" done action in the context of the Ebola crisis. Indeed, the contrast between "financial difficulties" and "coerced marriage" also suggests that such responses were not like the "natural" reactions of harassment and discrimination against pregnant girls offered in previous sections, but instead suggest that poor families may have an existing disposition to abuse.

*Structural Features and Gendered Processes*

In some passages, the Strategy offers a broad, long-term series of events that lead to girls' pregnancies. These highlight the role of gendered social processes, and suggest that rather than simply disrupting individual behaviors, broader normative conditions are worthy of attention. By way of further explanation for the conditions that girls endure, the Strategy describes through a description of patriarchal family structure "characterized by male super-ordination and female subordination. Males traditionally hold the power of decision-making and control economic and public affairs, while the female role in most cases includes domestic work and taking care of children" (Government of Sierra Leone 2018:12). The paragraph concludes with a switch from family social roles to a declaration that "weak protection, education, and health systems for girls, and a lack of economic opportunity all contribute to limiting girls' options, perpetuating child marriage" (Government of Sierra Leone 2018:12). This placement of family decision-making in context, highlights between patriarchal social norms and weak institutions, offering at least a minimal gendered critique: important potential grounds for actions that have a broader reach than a solely individual behavioral framing or sex essentialist framing might. Further, the introduction of girls' limited "options" also suggests that "child marriage" exists because of structural deficiencies. This reinforces a rights-based view of the problems as indications of girls' and families' constrained contexts, rather than simple chains of behavior to disrupt, a more complex definition of the problem than what appears elsewhere.

***Solutions: Closing Policy "Loopholes" and Expanding Individual Responsibilities***

The final area where the nature of the "problem" appears is in the scope of proposed solutions. Here, the discourse continues a set of tendencies that amplify claims that, first, reinforce the state's authority as the primary discourse at hand, then offers a broad body of roles and responsibilities for action. Throughout, this reinforces an idea of the State as inherently on girls' side, downplaying the tensions and discursive clashes in policy. It centers on advancing a technical definition of the "problems" of adolescent pregnancy and child marriage, suggesting that

raising awareness is *the* essential move toward change. This leaves evident normative clashes relatively out of view and reinforces an interest in changing "behaviors."

*Closing Policy "Loopholes" and Minimizing Opposition*

With "adolescent pregnancy" and "child marriage" appearing as predefined artefacts for discovery, much of the focus of proposed actions to follow revolves around measures that will "raise awareness" of the existence of these phenomena, and of their status as problems. For example, Pillar 1, on promoting a supportive policy environment, offers a noteworthy shift from the specific concerns of "adolescent pregnancy" and "child marriage," to a broader undefined aim of "adolescent well-being,*"* while retaining an emphasis on the government's commitments to action:

> The National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage (2018-2022) will be implemented within the existing policy and legal framework of Sierra Leone, using existing policies within organizations and laws at all levels of society. New policies and laws that improve adolescent well-being will also be reviewed, developed, and harmonised as needed.(Government of Sierra Leone 2018:18)

The emphasis throughout this section is on depicting government commitments, to "facilitate" various policy review processes, or "ensure" implementing agencies are enabled to implement existing policies, reinforcing the *image* of an engaged government, perhaps ahead of any substantive commitments.

*"Empowering" Communities with State-Directed Processes*

Pillar 5, on "Community Engagement," presents an approach that appears largely at odds with the presentation of "communities" in previous discussions. Where elsewhere, communities appear as bound by culture to perpetrate harm, here "empowering" the same communities appears as essential. At the same time, there is no reference to the "cultural" factors that appear elsewhere in the Strategy as sources of abusive or counterproductive behaviors. Instead of engaging with this, it presents adolescent pregnancy and child marriage as inherently a "health" problem, drawing a parallel with the Ebola crisis: "Learning from the EVD [Ebola] outbreak, community ownership is crucial for solving community-based problems. This strategy places great

emphasis on problem-solving at the community level with robust guidance and training from the central team" (Government of Sierra Leone 2018:22). Thus, it is the "community-based" location of the "health" problems that warrants "community" ownership, and, seemingly, a technical response separate from the cultural/social causes that the Strategy also attributes to communities. It then outlines four key "strategies," encompassing "Community Platforms" (as outlined in Figure 4 below); "ensuring" parents have information about "parenting; "ensuring" implementation of "behavior change" campaigns to men and boys; and providing "community-based" support schemes for pregnant girls and adolescent mothers. However, none of these topics are defined. It is not clear what "parenting" topics would be addressed; nor the "behaviors" to address among boys and men; nor what form of "support" would be offered to pregnant girls and adolescent mothers, nor how any such approach might be administered. As the community platforms strategy (Figure 4) illustrates, rather than content, the emphasis is on actions and processes that the government will lead or manage. Though it implies that there are social dimensions to the "problem" and in emphasizing these actions without defining "adolescent pregnancy" and "child marriage," it perpetuates an image of the problems as rooted in ignorance or a lack of awareness of the problems alone.

| | |
|---|---|
| 5.1 Using existing community platforms, ensure every chiefdom/ ward has a body responsible for reduction of adolescent pregnancy and child marriage that works closely with schools, PHUs, and other service providers | 5.1.1 Identify bodies and focal point/leaders responsible for adolescent pregnancy and child marriage reduction in each chiefdom/ward<br><br>5.1.2 Develop guidance (terms of reference) for the adolescent pregnancy and child marriage reduction bodies (ensure key actors such as chiefs, mammy queens, councillors, and religious leaders are involved)<br><br>5.1.3 Provide orientation for bodies responsible for reducing adolescent pregnancy and child marriage<br><br>5.1.4 Hold quarterly meetings with bodies responsible for reducing adolescent pregnancy and child marriage at chiefdom/ward level (monthly meetings at the village level)<br><br>5.1.5 Identify leaders from chiefdoms and communities as champions to promote adolescent pregnancy and child marriage reduction |

*Figure 2.4: Pillar 5, "Community Ownership Strategy" From Government of Sierra Leone 2018: 22.*

The Strategy's parallels between adolescent pregnancy and the Ebola crisis reinforces the idea that these are fundamentally health problems, and then proceeds to outline the ways that the state will assert manage and direct community practices in keeping with the "good practices" established to promote community engagement and response management during Ebola. This depiction of "communities" seems to stand in opposition to the presentation of community social practices in the first half of the document, where communities' undefined "cultural" practices appear as the most important "causes" of adolescent pregnancy. This is, however, consistent with a logic that equates defining adolescent pregnancy and child marriage as "health" issues with their discovery, recognition, and classification. Like recognizing the stakes of a deadly disease, it seems to imply that just becoming "aware" of the problems will prompt community actions that make use of social resources and hierarchies, here illustrated via work with "champions" and layers of committees, to influence actions that are effective.

*Responding to "Violence:" "Behavior Change" and "Sensitization," and Punishment*

The presentation of violence as a cause of adolescent pregnancy, and the far-reaching definition of violence in the introduction, is met, in the Strategy's outline of interventions, with a broad spectrum of measures related to violence prevention and response. Just as in the Background sections, the proposed responses offer an undifferentiated and imprecise set of interventions. This references measures that expand the state's reach into the realm of preventing violence, potentially affecting "upstream" social practices and economic inequalities that enable sexual violence to persist, or incentivize child marriage; those that reframe measures such as reproductive health services as potential forms of harm reduction for girls who have experienced sexual violence; and those that simply expand the groups that may be subject to suspicion or punitive treatment if a girl becomes pregnant. This emphasizes reframing child marriage as a form of violence, demanding an enhanced law enforcement response that targets parents and community leaders. While the Strategy does not present priorities or an agenda for change, the listing of potential enforcements and reforms leaves open several possibilities for potential

emphasis. Legal reforms, advocated in other parts of the Strategy, to establish a uniform age of marriage would theoretically serve primarily to subject parents to prosecution; while an expansion of enforcement of existing laws would, because of their "loophole" allowing girls to marry parental permission, likely focus enforcement on cases where girls marry against parents' wishes instead.

Several of the interventions that the Strategy offers ostensibly address prevention. These include providing parents with "information, services, and support" or conducting "behavior change" interventions with boys and men; along with measures to strengthen a punitive legal response to perpetrators of violence. Male "behavior change" appears throughout the Strategy. However, the normative content of such male "behavior change" approaches is unclear, and it appears to presume male motivations as either attributable to an underdefined "culture," or individual pathologies. Indeed, despite some framing of the "problems" that relate to violence as rooted in "social norms" and processes that go beyond the narrow "cultural" determinism, the behaviors in question are unclear. Moreover, it retains the framing of individual "behavior," implying that either the problem or the solutions reside with individuals.

Several measures seem to allude to the dangers that girls face, for example, from the threat of male teachers' abuse, with, for example, arguments for enforcing the "teacher's code of conduct." However, these passages offer limited engagement with any kind of specific content, leaving even the specific "behaviors" that need to change unstated, let alone the ideological features or social constructs that permit sexual violence to continue. Others reference the importance of strengthening "protection" systems, specifically targeting "vulnerable" girls. Further, suggestions that "negative peer influences" essentially entice girls into sex and pregnancy, affirm the idea that *some* girls *are* still worthy of condemnation and social exclusion. The depiction of girls' victimization and engagement in "transactional sex" at the hands of their parents, further, reinforces the idea that controlling girls' sexuality is an essential part of a response to "adolescent pregnancy," even if parents cannot be trusted to uphold it.

The frequent invocation of violence as a cause of adolescent pregnancy points to two intervention strategies. First, it presents an argument for expanding and strengthening a broad social protection infrastructure, enhancing state institutions to intervene to stop violence, punish perpetrators, and support families. Second, it implies reproductive health services constitute a kind of social harm reduction, potentially protecting "vulnerable" girls from pregnancy and the social consequences that this may entail. Yet, the broader underlying logic and harsh treatment of girls and young women who have sex outside of socially approved conditions goes unremarked. At the same time, the Strategy's presentation of legal measures emphasizes the importance of punitive enforcement of existing laws on sexual consent, which treat girls as incapable of consenting to sex under 18. Indeed, this discussion lends support for a measure to "review" policies to enable adoption of a bifurcated age of consent, enabling girls to decide to seek out medical care by age 15, while retaining age 18 as both the age of consent for both marriage and sex. This suggests girls are incapable of consenting to sex even if they can exercise autonomy in other areas, while treating sex and marriage as either equally consequential or inextricably linked.

*"ASRH" and "Adolescent Well-Being" Interventions*

While the first half of the Strategy document offers limited engagement with the concepts of "sexual and reproductive health," or a broader agenda of "adolescent well-being," there are abundant references to both in the concluding section. This change in phrasing seems to reposition "adolescent pregnancy" and "child marriage" as part of a broader agenda, rather than the otherwise stand-alone, uniquely important status they hold in the first section of the document. Similarly, references to "CSE," or *comprehensive* sexuality education suggest that the Strategy and, by extension, the government, are committed to treat educational and service level support for informed decision-making about sex. However, at the same even these measures appear vague and undetermined: it is not clear which services, what information, nor which "adolescents" are considered legitimate service users. Pillar 2, which presents the service provision

environment, is concerned with the distinct "health" framing of "adolescent pregnancy and child marriage" expands to include references to "SRH," which references sexual and reproductive health (although this acronym is not spelled out), and a specific focus on providing "AYPF services," or adolescent and youth-friendly health care. This may refer to providing contraception to girls, and, indeed, one metric of progress revolves around collecting age-disaggregated data and increasing adolescent girls' contraceptive use. However, there is no direct reference to *which* services it includes. And, while there are references to efforts to "review" policy to "ensure" girls have the right to consent to health care from age 15 without a parent's permission, it is not clear what approaches may be promoted in the interim. It also appears that this was still undefined at the time of writing, as one pillar includes a reference to "deciding" which services would be offered through school-based health clinics. As a result, the listing of provisions emphasizes the *idea* that the government understands that services will help prevent pregnancy in the abstract, rather than that it intends to provide sexually active girls with contraception.

The outline of the education pillar (Pillar 3), and the creation of "enabling school environments" offers both a similarly ambitious language to that related to health service interventions, and a similar set of caveats and euphemisms. Here, it outlines the aim of providing "CSE," a reference to "comprehensive sexuality education," through schools. While its goal of reaching all schools over five years, from a baseline of no schools offering it, just as with health services, there is no clear content or definition of what progress would entail. And, indeed, despite the document's emphasis on "cultural" causes, the pillar on this measure includes the stipulation that: "Ensure all primary, junior secondary, and senior secondary schools provide age appropriate CSE, using culturally relevant approaches. It is important to ensure that culturally appropriate language is used for the term 'sexuality'" (Government of Sierra Leone 2018). It does not specify what "culturally relevant" approaches or language would include or exclude. And this sits in contrast to how the Strategy frames "culture" where it shapes community-level practices and beliefs, as inherently a source of the "problem" of adolescent pregnancy throughout the Strategy.

As a result, Strategy treats "culture," where it may be invoked by communities, as a source of illegitimacy, while, by contrast, when used by the state, it serves as a legitimate source of authority for shaping the parameters of what information is allowed in educational content.

*"Prevention" and Downplaying the Value of Health Services for Pregnant and Parenting Girls*

Along with the Strategy's emphasis on measures that proclaim an intent to prevent adolescent pregnancy and/or child marriage, the Strategy underplays the potential value of interventions that might make pregnancy *less* risky for girls who are already pregnant or address the heightened vulnerabilities or social exclusion that already parenting or married girls face. This appears, first, in the limited goals and narrow scope of interventions offered for pregnant or parenting girls. Second, the Strategy's singular focus on preventing "adolescent pregnancy" leaves interventions that might address adjacent and de-emphasizes interventions that improve pregnancy outcomes.

The Strategy includes references to considerations such as the need to enable girls to "prevent a successive pregnancy." For example, in the initial review section, it identifies "Interventions targeting pregnant girls and adolescent mothers and their family units to prevent successive pregnancies" as a key "recommendation" emanating from a combination of evidence reviews and expert consultations" (Government of Sierra Leone 2018:10). Yet, these interventions, rather than benefiting an important group of girls, appear to have the narrow purpose of simply avoiding future pregnancies. Similarly, the Strategy acknowledges that pregnant girls' risks of mortality are, at least in part, a result of the fact that they are "less likely to receive care during pregnancy and delivery." It also states that girls are put at risk by a "combination of their physical immaturity and lack of proper medical care." However, girls' age alone appears as the explanation for why they face barriers in accessing health care or receive inadequate services.

The Strategy's policy review references one measure that is explicitly concerned with the well-being of already-pregnant girls but offers very limited detail on what this might entail. For

example, it notes that this group is entitled to free services under the Free Health Care Initiative (Government of Sierra Leone 2018:14) as among the body of complementary existing policies. It further incorporates "support schemes" for pregnant and parenting girls as among the "key actions" for the "Community Ownership" pillar, and offers references to other measures that might benefit this group (Government of Sierra Leone 2018:22). However, these appear only in passing, suggesting that the prospects for making pregnancy and childbirth safer are tangential to the more important aim of pregnancy prevention.

The lack of clarity and narrow view of the Strategy's interest in the needs of pregnant girls suggests that the Strategy's singular focus on "prevention" may inhibit a cohesive, comprehensive focus on health outcomes. This is similar to the fragmentary treatment of other, adjacent services that may improve well-being of girls overall. It further suggests that there is an underlying trade-off in even the definition of adolescent pregnancy as a "health" issue that elevates the goal of prevention as primary, while leaving other measures underdeveloped, regardless of their health-preserving value.

**Discussion**

This paper has explored the discursive construction of adolescent pregnancy and child marriage as public problems within Sierra Leone, centering on the text of Sierra Leone's National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage (2018-2022). My analysis has explored the ways that the government of Sierra Leone, via the Strategy, has asserted its own power to define the problems; along with the substance of those definitions in relation to a view of "causes and consequences;" the broader imagined chain of social processes and behaviors that "cause" them; and its proposed scope and division of responsibilities for "solutions."

***Asserting State Ownership of Definitions and Solutions***

Sierra Leone's National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage serves as a case study for the kind of policy document that global health and development agendas define as necessary technical guidance for an ordered response, and

organized set of “solutions” to the problem. Drawing on references to existing government commitments to act; the existence of “supportive” policy; and a commitment to evidence, it claims authority for defining the “problem” and directing responses for government of Sierra Leone. At the same time, couching this in a set of claims about the SDGs’ value, the Strategy’s authority partly draws on this global “recognition” of the scope and severity of the problems. Much of the Strategy’s argument for the government’s definitional power rests in its outline of a complicated national bureaucratic “response,” with various government agencies occupying the most important positions of control, including the authority to decide what “counts” as evidence. This presents an image of the “problems” as pre-defined and essentially demanding a response rooted in a broad-ranging rationalized infrastructure, de-emphasizing potential uncertainty or debate in either the nature of the problem or potential responses. The Strategy portrays the state as occupying many roles and positions. These include as a neutral arbiter of “evidence” and the “best interest” of adolescents; a leader in regional and global processes; an advocate; a willing participant in policy change; a convenor of a participatory process (where it is especially responsive to “vulnerable” girls); a protector of the vulnerable; a source of sound guidance for law enforcement; and a modernizing force, capable of reining in the elements of “culture” and “tradition” that do harm. This is reminiscent of what James Ferguson (1994) termed “anti-politics,” or expansions of state bureaucratic power and reach “under cover of a neutral, technical mission to which no one can object.” In this view, the fundamental matter at hand is secondary to its use in establishing and expanding the legitimacy of state authority.

At the same time as it seems to serve a state interest, much of the discourse on the nature of the problem, and, indeed, the state’s role in “solving” it, aligns with the imperatives of a global health and development agenda that centers on time-bound commitments and quantitative definitions of health problems, to be solved via systematic, “evidence-based” agendas (Adams 2013; Biehl and Petryna n.d.; Yamin 2019; Yamin and Boulanger 2014). Although it goes unnamed, this may also reflect an effort to push back against the dominance of global actors in

shaping Sierra Leonean policy and practices, or tendencies to direct funding to NGOs, rather than state agencies (Denney et al. 2015; Secure Livelihoods Research Center 2018). Claiming legitimacy and authority over a rationalized process, while making the case for expanding state services seem to be reasonable goals. At the same time, this effort also seems to displace an engagement with the substance of the problem, promoting an idea that the act of discovering "adolescent pregnancy" and "child marriage" to be health problems, already governed by a set of authoritative definitions, is sufficient to guide appropriate, effective substantive actions. The discourse on the nature of the problem reflects several normative clashes that, in their lack of resolution, leave the Strategy's potential to "solve" problems, or serve as a sound guidance for even partial measures in question.

***Medicalization: Tension Between Rights and Regulation***

"Adolescent pregnancy" and "child marriage" appear throughout the Strategy as intelligible primarily through their official definitions, as used in health surveys, even as they also invoke a range of popular understandings of both. The Strategy suggests that categorizing these as "health" problems offers sufficient legitimacy for any measure that follows. To some degree, the "health" frame appears as a matter vested with an understanding of adolescent pregnancy's social features as, at least in part, resting in its relationship to girls' rights to bodily autonomy. The Strategy includes references, for example, to the need to specifically address *unintended or unwanted* pregnancy, and to provide "CSE," and to tailor health services to the approaches that conform with "adolescent and young people friendly" features: important elements of a global recognition of the harms of sexuality education that centers on a discourse of sexual risk, threats, and danger, and justifies withholding information on those grounds; and of services that are non-coercive, and, instead elevate girls' rights to make free choice in a non-stigmatizing environment (Every Woman Every Child 2015). However, the Strategy document does not include these substantive definitions and, at time, seems to float restrictions, such as "culturally appropriate" CSE, which also goes undefined.

While it offers important discursive legitimacy for measures that may be politically or ideologically volatile, such as providing contraceptive services, the value of a "health" frame is complicated by the seemingly singular emphasis on the intention of preventing adolescent pregnancy and child marriage. This reflects a tendency that risks what Nathanson describes as a conversion from "badness" to "sickness" (Nathanson 1991:49). As the "problem" is taken from religious/moral authorities, and possessed by medicine and, in this case, the government, it may retain a focus on control and regulation of sexuality, rather than an expansion of rights, choices, or provision of resources. The spectrum of services that the Strategy endorses are undefined, theoretically encompassing contraception and services to address the trauma of survivors of violence, but only naming them as "target" populations for services, rather than a clear accounting for what their support might entail. There are notable gaps that suggest a possible reversion to control and regulation, rather than affirmation. Further, pregnancy appears, almost invariably, as a inextricably linked with a body of bad outcomes that are, in fact, socially produced: "severe," but not "inherent" consequences (Nathanson 1991:11). These include both health harms and formal and informal social discrimination. Further, there is limited discussion of measures that would make pregnancy safer, suggesting that both are outcomes of pregnancy, to be solved primarily by preventing pregnancy itself. These fragmentary engagements with medical definitions raise troubling parallels with a tendency that has, in other settings, been used to justify punitive approaches, subjecting girls to control and surveillance, in both subtle individualized ways, such as through steering girls into particular contraceptive methods (Roberts 2017).

***Essentializing Culture as a Cause vs. Gendered Social Analysis***

Throughout the Strategy, it references the idea of "culture" as a culprit in either directly producing adolescent pregnancy, or motivating mistreatment of girls. "Culture" appears as a kind of catch-all explanation for harms done to girls, sitting in opposition to the ostensibly neutral framing of the "problem" as one of demographic indicators, and essentially a matter of girls' health. This presents an essentializing idea of "cultural" and "traditional" roots to gender inequitable

practices and ideologies around girls' rights to dominate its explanations for the "drivers" of the problem.

Throughout the document, references to culture are almost unfailingly negative, suggesting that it is antithetical to girls' rights, a "cause" of pregnancy and child marriage, seemingly synonymous with patriarchy and, specifically, individual male oppression. Indeed, it appears in much of the document as abstracted: an unchanging set of "factors" that motivate individual behaviors, usually for the worse. Community authorities and parents appear bound by "culture" to perpetrate practices that they either do not recognize as harmful to girls, or because they are so blinded by the values that "culture" promotes that this does not matter. As sociologist Didier Fassin has observed regarding common public representations of the "cultural" roots of sexual violence in South Africa, such "culturalizing" of social practices. He suggests, this is a common trope in racist, colonialist discourse that persists: "The culturalist essentialization of violence ignores the historical conditions of its historical reproduction" (Fassin 2012:173). Even if not self-consciously deployed as racist tools, this supports an underlying taken-for-granted nature of stereotypes that serve, similarly, to deflect from structural and social conditions that shape their development.

An alternative perspective on the use of "culture" also reflects its use in global discourse. Specifically, it may be reflective of what anthropologist Arjun Appadurai describes as a "crippling" tendency in both that field and its uses in, first, colonial endeavors, then, in global "development" discourse:

> For more than a century, culture has been viewed as a matter of one or other kind of pastness – the keywords here are habit, custom, heritage, tradition. On the other hand, development is always seen in terms of the future – plans, hopes, goals, targets. The opposition is an artifact of our definitions and it has been crippling (Appadurai 2004).

In the Strategy's case, it may be the simple "pastness" of culture and tradition appear divorced from a present, while the state claims an authoritative, modernizing and future-directed project shared by the international donors that control the resources necessary to implement this

strategy. While perhaps more optimistic about the motivations, it also reinforces the shortcomings of the uses of "culture," and highlights a need for more tangible, specific conditions.

At the same time as the use of "culture" in the Strategy seems to bear the influence of a global North, colonialist influence, the use of "culture" in this document may also reflect a set of meanings specific to this national political context. Given that references offered only in passing: about, for example, the role of "rites of passage," in constructing categories of childhood and adulthood; the contribution of "unsafe abortion" to adolescent girls' poor health outcomes; age of marriage; are all embedded in deeper, highly contested political clashes in Sierra Leone that often entail appeals to religion, "African culture," and "tradition" among both advocates and opponents (Abdullah et al. 2010; Amnesty International 2015; Barnes, Albrecht, and Olson 2007; BBC 2016; Devi 2018). Further, Sierra Leone's customary law system, which assigns power to local, quasi-governmental entities that feminist advocates and researchers have long criticized as more concerned with upholding or restoring patriarchal family order than redressing harms done to individual women (Ferme 2018; Horn et al. 2016). However, if such passages are intended to challenge religious or customary authorities, a more specific, substantive object would likely be warranted. Indeed, the emphasis on vague underlying "cultural" problems may unnecessarily conflate domestic political struggles for authority with a broader flattening of "culture" as static and rigidly defined.

***Rights-Based Approaches, Surfacing Sexual Violence vs. Defining "Vulnerable" Pregnant Girls as a Source of Risk***

The Strategy reflects a pervasive tension between elaborating the "problem" of adolescent pregnancy as rooted in gender inequalities, and violations of girls' rights and bodily autonomy, and those targeted to "vulnerable" girls. The opportunities and potential pitfalls of this approach are most evident in its characterization of violence. First, the Strategy's references to the widespread nature of sexual violence at times seems to offer an important counter to a never-fully-specified set of norms that appear outside the frame, but present in descriptions of practices

that discourage girls from reporting violence and preclude effective responses. Countering what appears to be a pervasive scope of girl-blaming practices with statements about the sources of pressures and coercion that girls endure places the Strategy on the side of a rights-based approach, while references to male-focused engagement and "behavior change," expanding services and improving the quality of responses for girls who have experienced violence all offer promising avenues. Throughout the document "vulnerable girls" are put forth as uniquely deserving of targeted attention and resources. This group appears susceptible to male advances, has misguided desires to become pregnant, or "negative" peer influences, and appears recognizable as a group eligible for a range of state interventions. Such an emphasis does not dislodge a second image, which perhaps attracts less emphasis in this document than in broader policy discourse, is of the promiscuous girl, who as a "bad influence" entices susceptible peers into becoming pregnant: passages take, for example, the idea of girls' "bad friends" as a testimonial to their existence and power. It further blurs lines between "services" and measures of social control, seeming to single out "vulnerable" girls for different preventive measures than the general "girl" population, but not specifying what they will provide.

At times, the Strategy seems to emphasize girls' vulnerability to mobilize sympathy and support. Alice Miller and Carole Vance (2004) describe an emphasis on vulnerability as a common feature of efforts to address sexuality and human rights issues in in settings where dominant norms are generally sex-negative or hostile. They caution that this may produce ineffective responses:

> The "innocent victim" does have undeniable and dramatic impact in documentation, public campaigning, and lobbying. These successful moments are soon overtaken, however, by the negative consequences of anchoring sexual rights campaigns in sexual innocence. Remedies and interventions honed with the innocent in mind often ignore the much larger group of individuals- sexually experienced, knowledgeable, often compromised in terms of the harsh judgments of sexual respectability-who also deserve human rights protections. The remedies they need, however, might be different and more diverse than those devised for those depicted as innocent. (Miller and Vance 2004)

In this context, an emphasis on girls' victimization may be informed by an effort to elevate sexual and gender-based violence: a topic that is unquestionably under-addressed. It also may be part to be responses to *real* trauma, and in part a means to garner sympathy and support for provision and "demand-generation" of services. However, it also points to a narrowing of approaches, and a body of interventions that may not respond to the normative "pregnant girl." What is more, the emphasis on girls' youth and victimization appears to reinforces the legitimacy of maintaining the age of consent at 18, a measure which has been documented as essentially counterproductive to efforts to address sexual violence in other contexts (Parikh 2012; Petroni, Das, and Sawyer 2019). Thus, although there are measures that appear designed for a broad reach and *do* partially affirm a rights-based approach, there is reason for caution.

Sociological and anthropological studies of other public "problems" related to children and young people, elevating "vulnerability," and, at once, their potential to disrupt social order. This, scholars suggest, can ultimately lead to expansions of institutional surveillance, control, and regulation of those labelled as "vulnerable," including HIV orphans in South Africa and street children in Brazil (Fassin 2012; Scheper-Hughes and Hoffman 1998). Indeed, much of the historical discourse on adolescent pregnancy in the United States functioned in a similar way: elevating the threat of girls' victimization to them, and the risks that pregnant girls, in turn, posed to others, but only offering "solutions" that expanded surveillance and control of girls.

Together, the Strategy's uses of "vulnerability" seem to elevate the urgency of the problem, stressing girls' lack of power, but do so at the potential expense of effective actions. Examples from other settings illustrate the potential for such a focus to shift from structural conditions or social determinants and "causes" to regulation and control of those who fall into "vulnerable" categories. They further present risks of simpler mismatches between interventions and their intended targets, or further muddying the definition of the "problem" at hand.

***State Authority for Defining Solutions vs. Individualizing Responsibility for Action***

Although the Strategy appears to present a definition of the "problems" of "adolescent pregnancy" and "child marriage" that distributes responsibility for their "solutions" or responsibility widely among state institutions, the definitions of the "problem" that it presents end up reinforcing norms of control and regulation of girls' sexuality that effectively assign the bulk of responsibility to girls, their families, and a nebulous "culture." Indeed, in claiming authority over the nature of the problem, the Strategy leaves unresolved the fundamental question of whether it intends to, as Fine and McClelland argue, perpetuate, the "natural" status of observed adverse outcomes, or to disrupt the relationship between sex and bad outcomes:

> When public institutions refuse to support and protect young women, the state, by default, naturalizes adverse outcomes. A strong, supportive welfare state acts like a barrier method - severing the automatic relationship between heterosexual intercourse and pregnancy, disease, and teen motherhood. Sex need not result in any of these consequences, and, even though some groups of young women find themselves faced with these consequences, such consequences must not be treated as "natural." (Fine and McClelland 2007).

On one hand, once defined as a "health" problem, the Strategy locates most official "solutions" under the authority of state agencies, to be managed health educators, reproductive health service providers, social welfare, and legal institutions may play a role. According to the Strategy, these providers may also play some role in preventing sex and/or pregnancy: providing services that disrupt "spirals of abuse" or provide "support" to vulnerable girls; and comprehensive sexuality education, or youth-friendly services to all. However, the Strategy also arguably "naturalizes" these relationships, placing the bulk of obligations with girls and their parents. Parents appear across the Strategy as responsible for both ensuring that girls conform with existing norms that prohibit non-marital sex and resisting normative pressures that render both age 18 and marriage as preconditions for sex and childbearing. Girls retain a sizeable share of responsibility. While they may have some new support in understanding or using contraception, they are still expected to refrain from sex until they reach 18 as the primary means to avoid pregnancy or its adverse effects. There is little detail on how eligibility for services for sexual

assault survivors or other “vulnerable” groups might be determined: presumably, this would require girls and/or families to claim and testify to this status to access whatever services they entail. Finally, while state agencies appear charged with providing a long list of *types* of services and resources, their scope and scale remain unclear.

These configurations of responsibility present both an operational and normative dilemma. Assuming, as the Strategy suggests, that provisions will not be fully implemented, it is unclear what would constitute an acceptable “minimum:” whether this resides only with expanding the volume of actions pursued with the intention of reducing adolescent pregnancy; small-scale efforts related to “changing behavior,” among especially “vulnerable” girls, or laying a groundwork for underlying changes in normative conditions. Partial expansion of such an approach would do little to dismantle underlying normative or structural conditions that make sex, and pregnancy “risky.”

***Limitations***

This study has some important limitations. It has drawn primarily on the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage, and available texts of other policies to explore the construction of “adolescent pregnancy” and “child marriage” as public problems using critical discourse analysis. These are a relatively limited set of sources of discourse on such matters. A broader, analysis, situating these in the context of other discourse within agenda-setting and policy-making bodies, in media, and at various levels of government would be useful for lending meaning to some of the areas where available text may appear vague or incomplete. Similarly, it reflects an analysis of issues and a population that, despite their stated status as “priorities” in Sierra Leonean policy and development assistance, still constitute an extremely small area of a broader focus. Expanding to a broader exploration of discourse in and around broader pledges and mandates, and the complex relationships between government, international NGO, donors, and local civil society would provide a clearer image of context. Likewise, interviews and perspectives from those involved in developing this document and others

in this area would help to illuminate context, and likely help to surface the opportunities and constraints that the Strategy's authors experienced during the development process.

***Implications***

As the MDGs and SDGs have framed adolescent pregnancy as primarily a "health" problem, and part of a broad area of "adolescent health" that is generally neglected in comparison to adjacent or overlapping populations, such as younger children and women of childbearing age, they have reproduced many of the same ideological tensions that are present in broader social policy debates about the meaning and importance of adolescent pregnancy. As a case study in the kind of policy making that follows current normative frameworks around adolescent pregnancy and child marriage, the Strategy reflects both the possibilities and limitations of measures that embrace a global technical discourse that asserts that adolescents are a distinct population, present and identifiable across contexts. In many places, it offers what appears to be a normative challenge to existing discourse on girls' value, agency, or blame for sexual relationships. However, this appears primarily as an indictment of "culture" and "tradition," rather than an honest appraisal of either existing policy and its mixed implications for girls, or the ways that girls, families, or communities navigate among a complex landscape of symbolic and material resources and perceived and real constraints.

This study illustrates how, rather than an "absence" of concern over "adolescent pregnancy" as an emerging narrative in global health, and the Sierra Leonean government have characterized failures to address the matter it is the substance of how such "problems," are defined in public discourse that matters. In doing, it has contributed to evidence from across cultural and historical contexts that moralizing, girl-blaming discourses, whether located in informal social norms and practices, policy discourse, or public health or medical discourse itself may elevate girls' bodily autonomy, and prompt social change *or* legitimate discrimination, exclusion or control of girls, and/or use this as a means to exert power over their communities, ethnic, or racial groups (Fassin 2013; Fine and McClelland 2007; Jewkes et al. 2009; Luker 1996;

Nathanson 1991; Roberts 2017). The Strategy appears ambivalent about these questions. Notably, this is consistent body of literature that shows that rather than neat lines between discourses and practices that are supportive or oppressive, enabling or controlling, health promoting or harming, such implications are often unsettled, partial, and mixed. However, it is perhaps less common for such discrepancies and clashes to appear within a single policy document.

The mismatch between the Strategy's stated purpose and its content raises the question of if, as the Strategy notes, it has limited prospects for actual implementation, and it is primarily a "normative" document, but one that, in fact, demonstrates, rather than resolves, existing normative clashes over the problem, then what purpose *do* such documents serve? Similar questions are common to critical global health studies concerned with the persistent gaps between proclamations about commitments to human rights, gender equality and other aspirations and the substance of policy and practice (Adams 2013; Biehl and Petryna 2013). One such purpose, from the stance of the government of Sierra Leone is to claim ownership over a formal agenda that demands more and more targeted, time-bound, "strategy" documents and workplans as means to communicate the priority of "shared" priorities, and governments' willingness to be held "accountable" (Every Woman Every Child 2016; UNFPA 2017b). For the agencies that fund the development of such policies, too, the substantive purpose may be, first, to fulfill obligations to demonstrate a commitment to devolving some agenda-setting responsibilities to global South governments. Yet, the value of such an imperative in the absence of fundamental changes in resource allocation or funding priorities appears limited.

As a tool for fostering or guiding action in Sierra Leone, the Strategy appears uniquely ill-positioned to make a material difference. First, the Strategy's rights- and autonomy-oriented provisions appear hindered by a lack of specificity. This may, in fact, be warranted: backlash appears to be a foregone conclusion. And, indeed, the social constructionist literature on adolescent pregnancy is rife with examples of "sex panics" in which quickly mobilized public

opposition to measures that challenged dominant normative constructions of gender and sexuality has derailed initiatives on sexuality education, reproductive health service provision, and other measures (Fine and McClelland 2007; Irvine 2006; Luker 1996; Solinger 2013). Thus, such concerns may be warranted.

There is little reason to think that opposition would not arise in this context, where the Strategy alludes to evident, if never fully acknowledged, normative clashes over girls' subjectivity and agency, sexual propriety, violence, and roles for state, customary, and family authority. However, the Strategy labels the "problem" as one of produced by an essentialist "culture," perhaps the quickest route to provoking opposition. Other provisions, however, advance a view that can be deflected back to a matter of individualized behaviors: an approach that risks singling out some individuals or groups as in need of individualized corrective actions divorced from their contexts. Both visions of the problem miss the complex interactions among structural conditions; normative, taken-for-granted understandings of gender, sexuality, moral order, or the boundaries of "violence;" and social processes of assuming and deflecting responsibilities.

As a functional document, there are counter examples that suggest different, clearer orientations are both possible and more productive sources of policies, even when they may not be fully implemented. In particular, some positive evidence from South Africa (Bhana 2008; Jewkes et al. 2009) suggests that a combination of gender equity-oriented approaches that affirm girls' agency and autonomy in decision-making: by offering free access to contraception, safe abortion, social protection, and non-discriminatory education laws can contribute to the alleged shared aim of reducing adolescent pregnancy. By contrast, the Strategy retains a moralizing view of sex and marriage as inherently connected, while stopping short of addressing an expansive, rights-based approach to social protection and service provision, choosing instead to emphasize "targeting" and priority "vulnerable" populations for most measures. This may, further, reflect a sense of its own constrained resources, and/or the reluctance, among donors, that, while willing

to fund processes such as the development of the Strategy may not as inclined to commit to a broader structural investment.

The unresolved normative tensions, indeterminate definitions, and frequent emphasis on state power suggest that here, as Janet Irvine observes, “Teenage pregnancy serves as a stand-in, a convenient displacement of complicated social problems of the political and sexual economy” (Irvine 1994). Moreover, as a case study for the kind of policy that may emerge in response to the mandates of the SDGs, the Strategy serves as a cautionary tale: reflecting, a great deal of work, and efforts to generate inputs using an ostensibly inclusive, participatory process, it appears destined to have no real impact. Indeed, it raises the question of what value such documents may carry, either on normative or functional grounds. This case seems to suggest that for all the statements about how much priority “adolescent pregnancy” and “child marriage” may occupy on a broader global health and development agenda, the definitions of these terms are still undetermined, with important material implications for girls.

Future research on the construction of adolescent pregnancy in global and national discourse would be a valuable complement to ongoing efforts that gather evidence that tends to center on behavioral definitions and measures. This may include approaches that build on existing critical global health research to analyze how normative documents, such as the SDGs, may either contribute to or challenge political tendencies to treat “adolescent pregnancy” as a catch-all or “stand-in” for other social and cultural anxieties. Such critical approaches would expand understanding of the interactions among material contexts and conditions, and discourse that uses the term “adolescent pregnancy” to refer to concerns about sex and sexuality, pregnancy, abortion, safe childbirth, or, as part of a broader set of concerns about maintaining social control, justifying exclusion, or shaping gender and age hierarches. Perhaps more importantly, integrating local contexts, and exploring the ways that gendered social practices, including violence may be produced or enabled through a lens that incorporates structural violence, and trauma in settings

such as Sierra Leone may help to generate wider perspectives, more accurate definitions, and more effective responses.

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## Chapter 3: "I will see her as someone who has been engaging in too much sex and I can as well see her as someone trying to plan her future:" Adolescent Girls' Sexuality, Contraception, and Pregnancy in Urban Sierra Leone

### Background

As a policy and social "problem," concern about "adolescent pregnancy," understandings of what to do about it are, fundamentally tied to broader concerns about social control, order, and dissolution. Across contexts, "sexually unorthodox" girls and women, whose pregnant bodies announce their failures to uphold a social order demanding marriage as a prerequisite to sex and childbearing, appear as a consistently problematic group in moral, and, increasingly, economic, medical and public health terms (Bhana 2008; Irvine 1994; Jewkes et al. 2009; Luker 1996; Nathanson 1991; Solinger 2013). The definition and dimensions of the "problem" in a given context not only drive official decision-making, prompt research and generation of "evidence," but interact with adult discourse on adolescence and around expectations, aspirations, and punishment for individual girls or boys. While the specific features of what marks the *end* of adolescence are context-specific, there is a common tendency to combine experiences or achievements that mark adult status with reaching an age, usually 18, of legal adulthood. The partial and uneven features of adolescence, as partly "adult," in terms of adolescents' obligations to uphold community moral codes; demonstrate responsibility; and prove they are of resources and/or social esteem; and partly contingent on their status as "children" who require protection (Lesko 1996). Adolescents further appear as at once a repository of collective aspirations; and potential sources of social disruption or threats to order (Lesko 1996; Nathanson 1991; Thorne 2009).

Although "adolescent" or "teenager" appear as neutral descriptive terms of an age group adolescence is a period where normative constructions present acute divergence between expectations and status for girls and boys, and by class, race, ethnicity, and other dimensions of social locations (Irvine 1994). As social constructionist perspectives on the "problem" have

profound contradictions are common, between normative demands of girls' sexual abstinence as girls' or their families' individual moral responsibilities and their material conditions (Bhana 2016; Bhana and Pattman 2011; Jewkes and Morrell 2011; Kaplan 1997; Tolman 2001). Adolescents, in turn, are generally left to navigate among a body of dissonant messages, made all the more confusing and troubling by the fact that medical and popular discourse alike may easily shift to code any adolescent behavior that fails to conform with normative demands; or reflects challenges to adult authority as a product of biology: uncontrolled, emerging sexuality, or age-related, immature rebellions requiring control (Irvine 1994; Lesko 1996). While "crises" often take the shape of stereotypes of girls' sexuality and moral irresponsibility, have justified exclusions, whether overt and directly targeting pregnant girls, or indirect and more subtle measures related to the funding and organization of education, health care, or economic institutions (Collins 2009; Irvine 1994; Jewkes et al. 2009). As Elaine Bell Kaplan observed in a study of adolescent mothers in the United States in the 1990s, the effects of this combination of social and material exclusions were, for girls, a part of everyday encounters, such that

> The adolescent mothers I saw were deprived of every resource needed for any human being to function well in our society: education, jobs, food, medical care, a secure place to live, love and respect, and the ability to securely connect with others. In addition, these girls were silenced by the insidious and insistent stereotyping of them as promiscuous and aberrant teenage girls (Kaplan 1997).

This, in turn, left girls on their own in developing compensatory social strategies, including establishing and maintaining relationships, navigating structural barriers to access basic resources. In the process, they engaged with, rejected, and internalized the narratives these broader, stereotyping, narratives that held them to blame.

While existing sociological research has centered on global North settings, concern over "adolescent pregnancy" has recently risen to the fore of public health and development research and action in global South settings where it is common. Global public health interventions have increasingly defined reducing adolescent pregnancy as a central feature of collective economic and social progress in Sierra Leone. This reflects the rising priority assigned to maternal and

adolescent health, girls' educational attainment, and related topics on the part of global donor institutions (Patton et al. 2016; Sheehan et al. 2017). In Sierra Leone, "adolescent pregnancy" has taken on a distinct status as a public problem, pitched as a threat to girls' health, community economic development, and national progress overall, prompting a proliferation of policies and targeted interventions (Denney et al. 2016).

The rising interest in "adolescent pregnancy" as a public health, social, and economic problem has coincided with a period of dramatic changes in, among other things, the official legal distinctions between childhood and adulthood; promises of new opportunities or roles for girls and young women; and, at least for some, the material experience of adolescence. First, the country's decade-long civil war, from 1991-2002 in both its material and symbolic features, centered on adolescents as both perpetrators and victims of violent social upheaval (Ferme 2018). The conflict involved large numbers of "child" combatants who were largely adolescent boys and extreme levels of sexual violence, often perpetrated against adolescent girls; and a targeting of government social infrastructure, including health services and educational institutions (Ferme 2018; Mazurana et al. 2002; Shepler 2005). In the aftermath of the war, reconstruction efforts included high profile efforts to reintegrate "child soldiers" into community life, and in some way, absolve them of culpability for the violence they committed during the war. Evidence from the reconstruction period suggested that in the absence of sufficient support for reintegrating or supporting girls, families and communities often blamed girls for sexual violence perpetrated against them, excluding and denying them resources: practices which reflected the centrality of girls' sexuality to normative age and gender hierarchies upset by the conflict (Abdullah et al. 2010; Ferme 2018; Shepler 2005). Post-war legal reforms included a new children's rights measure, intended to promote adolescents' participation in decision-making, while also shielding them from punishment centered on addressing weaknesses in law and policy standards of "adulthood" that rendered adult women them officially unable to either consent or withhold consent for marriages

arranged by family (Abdullah et al. 2010; Denney et al. 2015; Denney and Ibrahim 2012; Ferme 2018).

In addition to the direct experience and social response to the war's violence, its long duration and slow recovery effort led, first, to large-scale displacement during the war. In the post-war era, urbanization has continued, and Freetown's population now stands at over 1 million, compared with approximately 700,000 at the end of the war (Statistics Sierra Leone 2016; Statistics Sierra Leone and ICF Macro 2020). Notably, evidence suggests that young people in urban settings may have greater access to some resources, including health care and education, than their rural peers (Statistics Sierra Leone and ICF Macro 2020). However, these data remain relatively limited, and it is unclear how dynamics related to urban residence may interact with inequalities related to household economic status.

Since the end of the war, overall educational attainment and gender parity have increased, although these gains have been uneven. As of 2017, nearly forty percent of women in urban settings had completed secondary school, compared with 5 percent of their rural counterparts. Among the wealthiest 20 percent of women, 50 percent had completed secondary school, compared with less than five percent of the poorest forty percent (Statistics Sierra Leone 2018). Young women, ages 20-24 have higher rates of school completion than their older counterparts: 40 percent compared with 20 percent of women 25-34, and 9 percent 35-49 (Statistics Sierra Leone 2018). Rates of marriage involving girls under 18 have declined, making for major changes in the texture of adolescent life, particularly in urban settings, where 20 percent of young women aged 20-24 were married under age 18, compared with 42 percent of their rural peers, and 36 percent of women 20-49 overall (Statistics Sierra Leone 2018). Adolescent birth rates, too, are lower than they were in previous generations, and appear to have declined in the past decade(Statistics Sierra Leone and ICF Macro 2020). Such data, although usually presented in health studies as evidence of "progress" or lack thereof, also may be read as evidence of major changes in the material realities of adolescent life. These include increasing disparities in

education, pregnancy, and marriage, which suggest that the experiences of urban and rural adolescents, and those of different economic. Indeed, this combination of developments suggests that in material terms, girls' adolescence encompasses an increasingly diverse set of experiences between those large proportions of girls leaving school, having sex, and marrying in middle adolescence, while another group continues school, marries later, and, if they are sexually active, avoids pregnancy and marriage until at least later in adolescence. This is not, notably, entirely a matter of steady long-term trends. The current generation of adolescent girls are also the children of the generation whose own childhood and adolescence coincided with the war, a period marked by both widespread displacement and violence, and enduring instability that, among other things, upended education, health care, and economic opportunity for nearly a decade (Abdullah et al. 2010). There may be profound social differences in both expectations and opportunities for adolescents compared with those affecting their parents at the same age. At the same time, parents' experience of trauma, scarcity, and their profound clashes with patriarchal norms of order and social control, although such issues have not been systematically researched.

The post-war reconstruction period has been characterized by both organized and informal efforts to promote normative change in areas such as the benefits of delaying marriage, or promoting education, particularly for girls. However, promised economic opportunities, promoted as effects of parents' investments in children's education have rarely followed. Thus, much of the promised value of completing school remains abstract, while costs to families, and barriers to children's achievement persist (Bandiera et al. 2019, 2020b; Denney et al. 2016).

*Interactions Between Structural and Social Barriers to Services*

Policies implemented over the past decade have offered noteworthy efforts to address critical structural barriers to health and well-being, including for pregnant and parenting girls. According to the Free Health Care Initiative (FHCI), women and girls are eligible for free health services during pregnancy, delivery, and in the post-partum period (Witter et al. 2016). Adolescent and youth-friendly service standards are endorsed by the government and supported by donors,

ostensibly making adolescent girls eligible for free contraceptives in government facilities (UNFPA 2018). However, in documenting the impact of the Free Health Care Initiative (FHCI) five years into its implementation, Witter, and colleagues (2016) reported that multiple high-ranking government officials endorsed the belief that providing free reproductive health services of any kind, including skilled birth attendance, to adolescents would encourage girls to have sex before they were married. By making health services free of cost, these respondents argued, girls would not sufficiently fear the consequences of an early pregnancy. This, in their view, meant that the government was responsible for promoting girls' promiscuity. Similarly, a 2018 UNFPA evaluation of adolescent and young people-friendly services (AYFS) found that while nearly all 58 of the providers interviewed endorsed the idea that adolescents have a "right" to information and services, despite their AYFS standards training, many either opposed offering any such information to adolescents under 15; or supported the idea of expelling pregnant girls from school in order to prevent their "bad influence" on peers. In practice, providers offered information on menstruation and basic information about contraceptive methods but declined to deliver lessons on topics such as relationship dynamics and bodily awareness (UNFPA 2018). These were, notably, aligned with providers' perceptions of what would affirm or conflict (respectively) with social norms around sexuality and propriety, rather than the principles of "rights-based" approaches that they have a professional obligation to maintain (UNFPA 2018). However, this conflict also appeared as largely a matter of individual attitudes and beliefs, rather than part of a broader social process.

Although research has tended to treat both adolescents' and adults' reporting on the extent or causes of adolescent pregnancy as straight-forward testimonials, some findings point to noteworthy gaps and contradictions in girls' own definitions of the "problem." For example, in a study documenting a participatory design process for an adolescent pregnancy intervention before and during the Ebola crisis, girls ascribed most of the "responsibility" for adolescent pregnancy to poverty (Kostelny et al. 2016). Though the relationship between poverty and

pregnancy was underdefined, it appeared to undermine girls' ability to negotiate the terms of any sexual relationships; incomplete information on contraception; weak access or poor-quality services; and fear, shame, and stigma around seeking contraception. When it came to designing program activities, researchers documented adolescent girl participants' proposed messages for educating their peers that emphasized the value of delaying motherhood or resisting the temptation of sexual pleasure. The latter fit a presumption that girls' pregnancies were the outcome of either "out of control" sexual urges, or misguided individual motivations to have a baby: stereotypes that were prevalent in adults' views of the problem, but not documented among girls themselves. However, researchers did not probe this contradiction, instead documenting only that the girl-generated messages were developed and adopted into the intervention.

The growing public concern over adolescent pregnancy has coincided with a period of intermittent crisis, most notably, the Ebola crisis of 2014-2016, which led to a year-long school closure, disrupted social and economic life, and overwhelmed an already weak health care system (Bandiera et al. 2019; Denney et al. 2015; Kostelny et al. 2016; UNFPA 2017a). The Ebola crisis, too, prompted further attention to adolescent pregnancy, which appeared, in public discourse, as a product of the crisis overall: both a tangible outcome, and as a symbol of its social impacts. However, there were substantial and enduring debates over the significance of this disruption and whether, given that pre-Ebola adolescent pregnancy rates were unknown, it was possible to conclude that it increased (Denney et al. 2018). Further, the meaning of an increase varied, with some suggesting that the combination of Ebola and adolescent pregnancy appeared as evidence of a failure of families' social control over girls' sexuality; and claims about girls' "idleness" as a cause of pregnancy appeared across research and policy alike (Amnesty International 2015; Kostelny et al. 2016; UNFPA 2017a). And, it also appeared, sometimes in the same documents, as a marker of male exploitation of social and economically vulnerable girls (Denney et al. 2018; Kostelny et al. 2016; UNFPA 2017a).

*Public Health Research on Adolescent Pregnancy and Contraceptive Use*

With the growing interest in reducing adolescent pregnancy, public health research focused on reproductive health knowledge, contraceptive use, age of sexual debut, and, to some extent, girls' experience of sexual violence. Research has documented that contraceptive use is both rising among all groups, at more than 30 percent for (self-reported) sexually active adolescents, and 54 percent among those who were sexually active and not married or partnered (Denney et al., 2016; Statistics Sierra Leone 2018; UNFPA 2018). However, these studies suggest that there is also a wide gulf between stated "need" and girls' intentions and their practices. Girls 15-19 have the highest unmet need for family planning among all groups of women for whom data is available: more 25 percent of girls who report being sexually active say that they want to avoid or delay a pregnancy but are not using contraception (Statistics Sierra Leone and ICF International 2014). To-date, evidence has demonstrated that this high unmet need is influenced by structural barriers within the health system: geographically remote health facilities, stockouts of essential supplies, and health worker shortages that limit what methods are available, increase cost, or put services all together out of reach for girls who lack independent transportation and money of their own (Denney et al., 2016; UNFPA, 2017; Witter et al., 2016). Existing studies suggest that there are numerous normative barriers to girls' contraceptive use, although this tends to appear in the form of sex-negative attitudes among health care providers, or nebulous description of "cultural" factors that render girls vulnerable to male sexual advances or unable to negotiate condom or contraceptive use (de Koning et al. 2013; Kostelny et al. 2016). However, there has been little research to document how communities define "adolescent pregnancy" nor interpret the definitions offered in health education or "sensitization" campaigns. Evaluations focus instead on assessing whether such approaches appear to persuasively improve knowledge, alter individual attitudes, and motivate different behaviors related to sex and contraception (Bandiera et al. 2019; Kostelny et al. 2016). In these areas, they tend to find mixed or inconclusive, effects.

*Adolescent Sexuality, Pregnancy, Contraception, and Social Control*

Evidence from other contexts demonstrates the potential for "pregnancy" to take on a wide ranging, often conflicting, set of normative values. Where "pregnancy" is primarily a symbol of girls' threats to a moral social order, then broadening contraceptive access carries only limited value for "solving" the problem. Broadly, research on the normative constructions of "adolescent pregnancy" as a public concern has tended to find that it revolves around social control of adolescent girls' sexuality, and what their ostensible defiance or conformity means for family, state, and other institutional order (Irvine 1994, 2006; Jewkes et al. 2009; Luker 1996; Nathanson 1991; Solinger 2013). While contraception has enabled a de-linking of sex and pregnancy, across contexts, normative shifts have tended to be incomplete, with various social meanings circulating and intersecting. When "adolescent pregnancy" is treated as primarily a symbol of girls' under-age, non-marital sex, contraceptive use is also stigmatized, and controlling information and access to contraceptive technologies are central strategies for preventing adolescent pregnancy (Fine 1988; Luker 1996).

The nature of definitions of the "problem" are perhaps most apparent in adults' views of sexuality education and its appropriate content. The most extreme version of this paradigm insists that all sex and sexuality is "violence," and that the only means to protect girls is to deny them information about sex or contraception (Fine 1988). A milder version of this discourse holds that while sexuality may not be inherently violent, sexual encounters are primarily a site of risk and potential victimization, while girls have a responsibility to "protect" themselves against male advances (Fine 1988). Such discourse, and the "abstinence only" or shame and fear-focused models of sexuality education that they tend to support not only inhibit girls and boys from developing accurate knowledge about how to avoid pregnancy, but encode both sex and contraception with the same aura of shame, discouraging contraceptive and condom use (Fine 1988; Tolman et al. 2003). The latter may overlap with moralizing messages that "values women's sexual decision-making, as long as the decisions made are for premarital abstinence" (Fine

1988:32). Such messages have long been present in sexuality education and public health messaging across contexts. Where they are, they reinforce adults' authority over adolescent girls' and unmarried women's sexuality. Where this is the case, contraception can take on become equal parts of a "problem" because it allows girls to conceal sexual activity.

Both sexual violence and consensual encounters that defy parental approval as part of the same "problem" as a kind of property theft, violating family ownership over girls' sexuality (Parikh 2012; Sommer, Munoz-Laboy, et al. 2018). Where there is acceptance of the possibility that adolescents will have sex, and that this is a lesser "problem" than their potential childbearing, contraception can become a legitimate, valuable strategy (Luker 1996). This may align with an embrace of feminist definitions of girls' sexual and reproductive autonomy, as informed decision-making about sex and contraception becomes a means to allow girls to navigate an adolescence that may include sexual relationships, along with education, development of social relationships and a broader preparation for a fully realized sense adult selfhood (Bay-Cheng 2012; Tolman et al. 2003). However, acknowledging that adolescents may have sex before reaching other markers of adulthood is not necessarily equivalent to acknowledging girls' rights or autonomy. Indeed, as evidence on decades of sexuality education in the United States demonstrates, sex negative, alarmist messages about risk and shame often dominate even "comprehensive" sexuality education initiatives (Fine 1988; Fine and McClelland 2007).

Along with the precise concerns over sex and girls' sexual relationships, "adolescent pregnancy" has been used in global North contexts as evidence of certain girls' excessive dependence on state resources, and a justification for exclusion, policing, or denial of resources based on race, class, or ethnicity. This paradigm draws on stereotypes of certain groups as either unable or unwilling to exercise sufficient control over girls' sexuality, as illustrated by the racialized discourse on adolescent pregnancy in the United States (Collins 2009; Kaplan 1997; Roberts 2017). Across global North and South contexts, support for adolescents' contraceptive has reflected tensions and compromises among population control paradigms, permitting girls' use of

contraception to the extent that it may reduce births that fall outside of a narrow set of permitted conditions, and those affirming sexual and reproductive rights, autonomy, or reproductive freedom (Ginsburg and Rapp 1995; Luker 1996; Roberts 2017; Solinger 2013). In global discourse, too, "adolescent pregnancy," via its inclusion in the Millennium Development Goals (MDGs), has taken on a valence of a non-controversial, technical definition, partially displacing a more holistic vision of sexual and reproductive rights, evading specific definition (Yamin 2019; Yamin and Boulanger 2014).

Where it comes to social practice, evidence demonstrates that despite the clashes among definitions of "adolescent pregnancy," it is rare to find a unified definition of what makes "adolescent pregnancy" a problem in either official or social discourse among adults, or among adolescents themselves. This fits into broader uncertainties and debates about adolescents as a group, and adolescence itself. Adolescent girls and boys may encounter, engage, and internalize a range of messages as they navigate among what they understand from *others'* to be sources of their own value or status. For example, girls may learn that they "are sexual," from others' treatment and messages about their bodies, and internalize the messages that they can either be "good" and obedient, or "bad" and defiant. This binary can impose constraints on what other, more powerful people consider intelligible, regardless of whether girls accept it, nor how they may express themselves (Tolman 2001). As Laina Bay-Cheng argues, girls' efforts to "be heard," as they try to articulate and claim their interests are further circumscribed in settings where they lack social capital and may be overpowered (Bay-Cheng, Livingston, and Fava 2011). Even where they may not internalize dominant norms or codes of behavior, others will. With the limited spectrum of roles available for girls: as obedient or defiant; responsible and irresponsible, and their dependence on others for most resources heavily circumscribes the choices they have available.

*Adolescent Girls' Negotiation with "Adolescent Pregnancy" and Normative Sexualities*

Contrary to stereotypes of adolescent girls as inherently rebellious or consciously defiant of normative order, evidence from across settings illustrates that instead, even girls whose experiences contravene prevailing norms may not reject them. Adolescent girls often appear to navigate among ideals of abstinence and obedience to authority, particularly as public signals, even as they struggle to reconcile these with their own experiences. Rather than offering fully fleshed out oppositional consciousness to either norms around sexuality and pregnancy, researchers consistently find that as girls grapple with the inadequacy and contradictions inherent in the messages they receive about themselves and their bodies, they tend to seek out ways to connect with hegemonic narratives valuing control and obedience, even as it means silencing or denying a part of their own experiences (Jewkes and Morrell 2011; Kaplan 1997; Tolman 2012). For example, Kaplan (1997) observed that when invited to "share their stories" with white teachers and social workers, black adolescent mothers in her study, aware of the stereotypes surrounding them, marshaled narratives of their own emphasized their hard work and perseverance against the odds, enabling them to claim an identity of virtue, that relied, in part, on denigrating *other* adolescent mothers as irresponsible, lazy, or foolish. Such examples point to the broader power of the discourse on adolescent pregnancy, and, perhaps, girls' ability to tailor their own views to affirm a deeply held belief of powerful adults about the problem in general while also making a case for why they as individuals should be seen differently.

Research on adolescent girls' and boys' negotiations of norms around sexuality in South Africa (Bhana 2016; Bhana and Pattman 2011; Jewkes and Morrell 2011) and among older girls and young women in urban Burkina Faso (Storeng and Outtara 2014) offer insights into how adolescents may navigate or police the boundaries of acceptable public and private sexual behaviors in the context of changing social norms and structural conditions. Bhana (2016) describes how girls and boys alike placed a high value on the idea of "virginity," as essential for girls to be treated with respect, but that boys saw little contradiction, between this idea and the

expectation that they had a right to pressure the same girls into having sex. This idea of "virginity" for girls was conveyed through public performance in terms of ways of dressing, avoiding public interactions with boys and men as much, if not more, than through whether they were having sex or not. Jewkes and Morrel (2011), researching a similar context in South Africa, as norms around adolescent sexuality were in flux, there was, at best, "proto-feminist" norm emerging among sexually active adolescent girls. While a dominant discourse prized control over girls' sexuality at all points, some girls, who might feel "empowered" to make decisions about romantic and sexual partners, this largely ended once they were in a relationship, as their choices narrowed to accepting male control or dissolving a relationship (2011). Storeng and Outtara (2014), working in urban Burkina Faso, found that adolescent girls and young women who embraced a relatively autonomous sexuality in their own lives, seeking out and engaging in relationships that did not conform with normative demands still felt bound to retain the appearance of virginity and obedience to parents' authority over their sexual relationships. This contradiction, the authors found, contributed to girls' and young women's reluctance to use contraception, while driving a high level of illegal, unsafe abortion, which participants used, despite ample health and legal risks, to avoid the appearance of sexual activity.

*Gaps in Current Literature*

This project complements, connects, and contributes to filling gaps in several existing bodies of literature. First, it builds on feminist social science research on adolescent sexualities, youth culture, and identities across cultural and social contexts (Bhana 2016; Bhana and Pattman 2011; Irvine 1994; Jewkes and Morrell 2011; Kaplan 1997; Parikh 2012). Second, it draws on critical analyses of the definition and use of the idea of "adolescent pregnancy" as a potent symbol in policy and public discourse in the United States (Luker 1996; Nathanson 1991; Roberts 2017; Solinger 2013), while taking on the distinct features of how the concept is defined and understood by adolescents in urban, low income communities Sierra Leone. It fits in the space between social scientific literature on adolescent sexualities and subjectivity, which tend to center on questions

about whether girls either demonstrate or experience enabling conditions to develop a healthy sexuality; and global health literature, which examines and tries to make meaning of girls' sexual behaviors, knowledge and use of contraception, abortion, and medical care as part of a long list of "health behaviors."

While existing public health literature takes the idea that adolescent pregnancy is socially determined: that is, that it is a product of girls' social contexts, there is little research exploring *how* poverty, weak social institutions, and normative practices may interact and, together, put girls "at risk." There is little evidence on what "adolescent pregnancy" means to adolescents themselves in this or similar contexts, nor how this may relate to understandings of age and gender-related obligations, entitlements and protections, or punishments. Specifically, there is little evidence on how adolescents in urban, low resource settings in West Africa may engage, internalize, use, or challenge either the official discourse on sexuality, pregnancy, or social offered in policy or health interventions, messages emanating from adult authority figures or circulating among young people. This is noteworthy because, as Irvine (1994) observes,

> The meanings teenagers attach to sexuality and relationships will vary based on different messages and imperatives from their myriad social worlds. A rich and complicated vision of sexuality and culture is vital not simply to reach "high risk" youth but to devise theories and interventions that can encompass a mosaic of experiences of the wide diversity of adolescents (Irvine 1994:8).

Further, as Bay-Cheng points out, it is not only sexual "resources," but also material resources, opportunities, and experiences of structural bias that matter in shaping experiences and perspectives (Bay-Cheng 2012). Thus, it is critical to center and explore adolescents' "voice," and the ways that they describe their own bodies, sexual values, and codes of behavior, and the meanings they embrace or question to understanding behavioral phenomena, such as adolescent pregnancy, that seem to defy both dominant cultural messages and public health campaigns.

*Aims*

This project explores how adolescent boys, girls, and young men and women residing in low-income areas of Freetown, Sierra Leone discuss topics related to the social significance of

adolescent pregnancy. Participants included girls, boys, and young women and men (ages 12-20) and young men up to age 35 who self-identified as having a wife or partner under age 20. I explore the social meanings of adolescent pregnancy as a social, moral, and health matter. Along with defining "adolescence" as a social category, and the relative importance of age, achievement, social standing, and experience in setting boundaries between childhood on one hand, and adulthood, on the other. On the more specific matter of adolescent pregnancy, I captured how the same young people discuss sex, pregnancy, contraception, and romantic or sexual relationships in this context. Specifically, my project has drawn on the following research questions:

1. How do adolescent girls, boys, and young men define "adolescent pregnancy" in relation to ideals or expectations of adolescence and adulthood? How do age and gendered dimensions of sexual morality and control, health risks, and sexual or reproductive autonomy figure in discussions of adolescent pregnancy?
2. What practices do adolescent girls, boys, and young men describe as acceptable means to prevent adolescent pregnancy in their communities?

**Methods**

Because the aims of this project center on exploring social norms, and the ways that adolescent contraceptive use fits in relation to both structural and social contexts, rather than a reporting of individual experiences, focus group discussions offered the most appropriate data collection approach. Unlike other data collection methods, a group discussion provides the opportunity to observe group interactions, as participants perform, debate, or decline to respond to questions according to, in part, what they think is socially acceptable in a group of their peers with adult facilitators present (Creswell, 2007; Morgan, 1997). Although the latter is also a noteworthy limitation (Bay-Cheng et al. 2011) (noted in Limitations below), it may also constitute an important source of insights for this project as take-for-granted expectation, norms, and beliefs may surface in the course of group discussions.

Data were collected from 16 focus group discussions with adolescent girls and boys ages 12-20 and men ages 20-35 who are married or partnered with a woman under age 20 (N=118). The participants were assigned to groups of 6-8 members. Groups were organized by demographic characteristics: those of same gender, similar age, and schooling status (in-school/out-of-school), and marital status (never married/ever married).

*Table 3.1: Focus Group Composition*

| |
|---|
| 10 FGDs with girls and young women (n=70) |
| • 1x in-school, ages 12-14 |
| • 3 x in-school, ages 15-17 |
| • 2 x unmarried, out-of-school ages 15-17* |
| • 2 x unmarried, out-of-school, ages 18-20 |
| • 2 x married, out-of-school ages 18-20 |
| 4 FGDs with boys and young men (n=32) |
| • 1 x in-school, ages 12-14 |
| • 1 x in-school, ages 15-17* |
| • 1 x out-of-school, ages 15-17* |
| • 1 x in-school, ages 18-20 |
| 2 FGDs with adult men (with adolescent wife/partner under 20) (n=16) |
| • 1 x ages 18-24 |
| • 1 x ages 25-30 |

Study participants were recruited from an existing network of young people identified by GOAL, an Irish humanitarian, health, and development NGO. GOAL's work in Freetown includes delivering reproductive health information, psycho-social support and other services for low income and unaccompanied youth, and sponsoring community dialogues on various health and community development concerns. The data were collected through a partnership between GOAL and the Population Council in 2018 as formative research, intended to inform the design of "innovative" adolescent reproductive health interventions. Initial results were reviewed during a "hackathon," co-sponsored by GOAL and the Government of Sierra Leone's National Secretariat for the Reduction of Adolescent Pregnancy, involving adolescents, and representatives of NGO, government, UN, and private sector organizations.

FGD guides included questions on perceived social norms and expectations around sex, contraceptive use, relationships, and the treatment of pregnant and parenting girls and of boys

and men responsible for their pregnancies. As part of a discussion addressing a range of topics related to contraception, sexuality and adolescent social life, questions engaged with topics including the definition of “adolescent pregnancy,” the social benefits and risks that might be conferred for those seen as fulfilling community aspirations during adolescence, and those achieving desirable “adult” status; gendered power dynamics in romantic and sexual relationships; and perceptions of the social and health stakes of an early pregnancy. Questions on contraception addressed the matters of who it is “for,” what health risks and benefits are associated with it, and how widely participants perceived its use in their communities. They also included gendered dimensions of decision-making and practices related to contraception.

Because FGDs were conducted with girls and boys of different ages, educational and marital status, as well as older male partners of adolescent girls, they incorporated perspectives from a range of social positions and experiences. For younger participants, discussions likely captured primarily perspectives on matters that are relatively abstracted from lived experience, while older participants offered a range of lived experiences, including in sexual relationships, but also regarding experiences of schooling or dropout, navigating age and gender hierarchies, and engagement with social and health institutions. There were relatively more groups representing adolescents belonging the age groups most relevant to an “adolescent” reproductive health intervention: those between ages 15-17. Because school dropout accelerates in middle adolescence, age-disparate relationships are common; and girls, but not boys, marry or enter unions under age 18, the sample included only school-going participants ages 14 and under; both in and out-of-school girls and boys in middle adolescence (15-17) and early adulthood (18-20); and groups of married girls and young women, but not boys. For the same reason, the study included two groups of men with younger female partners. Discussions were recorded in Krio and translated and transcribed in English. To preserve as much of the original meanings of passages that incorporated metaphors, slang, or euphemisms, transcription also included bracketed direct transcriptions of selected passages.

*Analytic Approach*

My analytic approach was informed by the grounded theory tradition (Charmaz 2004, 2014; Clarke 2005). Grounded theory approaches emphasize the situated nature of data and develop theory out of the range of data provided by participants, rather than testing a pre-set hypothesis (Creswell 2007). This method is of particular use for studying areas where perspectives may be unsettled, or where a particular perspective tends to be taken-for granted, overshadowing areas where individuals and groups may reinforce hegemonic power dynamics, resist, or challenge them (Charmaz 2014; Clarke 2005).

Following common procedures data analysis and interpretation procedures from grounded theory and, specifically, on Creswell's (2007) guidance on procedures for FGD data, I used an iterative analytic process. I first coded discussion transcripts following an open coding approach, then conducting focused coding, revising, and organizing codes into broader thematic groups, which in turn, formed the basis for emerging themes. Throughout, I used analytic memos to reflect on emerging findings and inform the development of emerging themes.

In addition to grounded theory, my analytic approach was informed by feminist perspectives on the study of adolescent girls' agency and subjectivity such as Tolman's (2012), call to treat adolescent girls as "narrators" rather than "reporters" on their own lives or, in this case, the lives of their communities. Thus, rather than assuming that participants were reporting unmediated "truths," on one hand, or simply parroting dominant norms, I approached FGDs as a setting where adolescent participants engaged in constructing narratives about their own lives and those of their communities. Thus, participants' discussions should be understood to reflect an effort to navigate what they perceive to be the "right" answers or stances in the eyes of the peers in their group, as well as the adult interviewer, which may or may not align with what they would convey in either individual interviews or "normal" peer interactions. This is especially salient for research on sexuality, pregnancy, and understandings of "adolescence" as a social category, given that evidence to-date tends to illustrate that adolescent participants often grapple with

matters of age and gender hierarchy, individual morality or personal responsibility, and propriety as they engage in any discussion of “adolescent pregnancy.”

Feminist researchers have long struggled to account for the appropriate balance between respecting adolescents’ agency and autonomy; and balancing their statements with the fact that they are also in the midst of dramatic cognitive, physical, and social changes that make their sense of self as individuals and in relation to others are in flux (Bay-Cheng et al. 2011; Fine and McClelland 2007; Irvine 1994; Tolman 2012). One response to this dilemma has been simple close listening that aims to connect participants’ statements with broader concepts. Thus, I sought to “listen to and listen under” research participants’ discussions to place these findings in social and structural contexts in which they form individual and collective identities (Tolman 2012). For this reason, my analysis included close attention to the ways that participants described sources of power and social capital; identified or challenged ideals of “good” behavior or achievement; or depictions of adolescent girls’ or boys’ navigating, rejecting, or attempting to reconcile conflicts between normative expectations or narratives and lived experience.

In the Results section that follows, I explore how such dimension of adolescents’ own social practices, and senses of what was “good” or “bad” may have appeared in their responses and interactions with each other. Results begin with a summary of how participants defined “adolescent pregnancy,” and the common view that it was a “social problem.” I then present findings that reflected four emerging, connected, but distinct themes, each of which consists a distinct dimension of the problem as it functioned in social discourse. In presenting each theme, I also highlight links and potential implications for girls’ health and well-being, referencing existing literature.

**Results**

Across groups, there was a broad consensus that “adolescent pregnancy” was a social problem, unacceptable, in their own views, and in their communities at large. The central definition the problem, too, appeared to be relatively consistent, as pregnancy appeared as a visible,

gendered symbol of girls' failures to fulfill expectations for the sexual abstinence that marked a "good" adolescence, or qualify for a full adult status according to the expectations of adults. This failure revolved around, but was not limited to, a concern about girls' failures to adequately fulfill normative obligations of sexual abstinence, obedience to adult authority, and prioritizing education and household responsibilities.

Four themes emerged across discussions of the definition of adolescent pregnancy as a social problem, and available strategies for prevention. These were: adolescent pregnancy as a failure of individual moral development; girls' pregnancy as a source of family shame; girls' pregnancy and boys' evasion of punishment; and ambivalence and conflict over the meaning of contraception. Although each theme carried implications for both research questions, the first three more heavily emphasized responses to the first question, regarding the meaning of "adolescent pregnancy" and its status as a problem; while the fourth emphasized the second research question, and acceptable strategies for response and prevention.

***"You Can Tell a Ripe Corn by Its Looks:" Adolescent Pregnancy as a Failure of Individual Morality***

Participants' discussions of the definition of "adolescence" offered important insights into the as a social construct is highly contingent, and infused with gendered expectations of "good" and "bad" behavior, moral and material responsibilities, and adult protections and/or regulation (Lesko 1996; Thorne 2009). Across discussions, participants characterized adolescence as primarily defined by individual girls' and boys' obligations to prove their individual worth; first, and age, parental economic and social support, second. The period from puberty, and the onset of physical "maturity," to at least 18, or into early adulthood, appeared in these discussions as a long string of tests to prove worthiness for scarce resources. While participants initially discussed these in gender-neutral, this quickly shifted to discussions, reflected deep gender disparities that centered on the threats and risks posed by girls' bodies. Although discourse structured male sexuality as a threat, discussions of dominant expectations suggested that it was largely normalized as one of many obstacles for girls to overcome. Discussions further suggested that

messaging about “health risks” were integrated into an existing dominant normative definition of “adolescent pregnancy.”

*Adolescence as a Period of Testing Moral Worth*

Nearly every discussion began with a description of what participants described as poor conditions and a broad sense that adolescents were “out of control.” Although participants identified both gender neutral forms of these practices, such as school dropout, or excessive focus on “social life,” and those for boys, including drug and alcohol use, gang membership, or participation in crime, girls’ sexuality and adolescent pregnancy appeared as especially visible and significant markers of this widespread failure:

> Young people are not living well in my own community. Young people are not respectful and we are most times in love affairs. We do not know the good aspect of being in a relationship with men. We most times be in love just to have sex. In addition, we the women always depend on the boys to take care of us because our family does not have to take care of us. (Girls 15-17, in-school, group 1)

> For me, the young people are living wayward lives in my community. I said so because majority of the young people living there are girls and most of them are not under control. So you will find out that they will get they will get pregnant and give birth at a very young age. (Girls 15-17, out-of-school, unmarried, group 1)

In collapsing girls’ economic dependence; sex and/or pregnancy; and “disrespect” for elders, participants also seemed to collapse structural barriers and responsibility for “control” over adolescent behavior into individual moral measures. Both the dominant normative definition of adolescence, as participants characterized it; and the views that they endorsed, treated broader conditions into a view of adolescence as primarily a test of individual adolescents’ fortitude and strength of moral character. Within this view, the codes of behavior and expectations appeared clear: hard work, dedication to education, respect, and obedience to elders, and, for girls, refraining from sex. Participants tended to agree that individual adolescents would inevitably be challenged, but:

> Life is not easy. Perseverance is the key word. For every success, you have to go through struggles, as there is no easy way to success. (Boy 15-17, out-of-school)

Like this overarching view of individual perseverance, participants views held that adult judgements revolved around scrutiny of character and, with it, whether a given girl or boy was worthy of scarce household or community resources.

> There are ways in which they can be successful. One way is by them not being attracted by the way of life in their communities that is bad. They should keep their focus on what they want to become. For example, some want to be doctors, nurses or a great personality in the nation. They should be focused with that. (Boys 15-17, in-school)

> It's not easy but you just have to do your best. Like the Bible says that God helps those who help themselves. So if you put effort, maybe an elder in the community will decide to mentor [you] (Girls 15-17, out-of-school, group 1)

Together, these passages reflected the degree to which discourse on adolescent morality treated as "natural" the wide spectrum of barriers and obstacles that adolescents would have to overcome, and the expectation that while there were family obligations to provide some measure of support, none was guaranteed.

*Diverging Social Control and Surveillance: Girls' Bodies as Sources of Moral Threats*

Girls and boys alike appeared subject to judgement of morality. However, this was also heavily gendered, as for girls, there was both more intense and more invasive scrutiny. Much of this scrutiny further focused on their bodies, rather than the observation of social relationships that was expected for boys. For girls, one obstacle appeared in the form of their own bodies, and the seemingly inevitable onslaught of male sexual advances and manipulations as soon as girls reached puberty.

Adding to the general obligations that participants described for both boys and girls to "succeed" in their communities, members of two groups produced similar lists of demands for girls:

> P6: When she abstains from sexual relationships.
> P1: When she is focused on her education.
> P3: When she maintains herself and be among her fellow girls always.
> P7: When she is doing well with her academic work. (Boys 12-14, in-school, group 2)

> P4: Girls should not interact with boys.
> P1: They always want to see you taking your education seriously. You should also give respect to elders at home. You should not keep keep [get yourself into many relationships].

> P3: When you stay with your parents and give them respect. (Girls 15-17, out-of-school, group 2)

Participants described scrutiny of girls' behaviors, bodily presentations, and measures of their commitments to education or respect for elders all contributed to a case for whether girls were likely to wind up pregnant.

> There is a saying "you can tell a ripe corn by its looks." The community will assess how they grow up in the community; that is how the keep their expectations for them. For instance, if the girl interacts often with boys, the community will expect her to become pregnant sooner than they expect. Also for the boy, if he joins gangs or cliques; they see him as going astray. (Boys 18-20, in-school)

This passage reinforced the idea of a kind of natural character to the scrutiny of girls. However, in some passages, female participants also suggested that judgments were imposed unfairly by others. As one girl stated: "you will see them as adults but they are still kids" (Girls 15-17, out-of-school, group 1).

The implications of judgments that girls' bodies could be read as "adult" appeared in discussions of the treatment that girls were likely to face from men. A group of young men suggested that it was permissible, if not inevitable, that boys or men would take advantage of the fact that girls' bodies were coded as "mature" as soon as they reached puberty:

> "We the boys for instance determine a matured girl by her breast and buttocks size. It doesn't matter whether she is fourteen or ten. As soon as she grows big breast and buttock, we will start chasing them." (Boys 18-20, out-of-school).

Some participants further suggested that girls' development of the skills and savvy to reject male advances as a means for garnering community respect: "When a woman should learn no na u mot [to object to proposals from men], they will see it that she is overly mature" (Men 25-30). At the same time, discussions also implied that there were split views over whether girls would develop capacities to challenge male advances, or whether this was intrinsic, and expected to develop along with girls' bodily changes. In debating expectations for the two hypothetical 14-year-olds, two members of a group of young men expressed differing views. The first suggested that girls' education would be protective against male "nonsense:"

> We expect the boy to go to school and become somebody in the future. We also expect the girl to take her studies serious, because no man can bring nonsense to an educated girl. (Boys 18-20, out-of-school)

A second responded, seeming to reinforce girls' responsibilities, "I will expect the girl to always take control and do what is good for her future" (Boys 18-20, out-of-school). This exchange suggested that although treated as "natural" for boy to "chase" girls, they had incentives to pursue girls who were seen as younger or less prepared. For girls, however, this only served to raise the stakes of education, and being "serious," as there did not appear to be any meaningful sources of protection otherwise.

*Indeterminacy in the Definition of "Adolescent" Pregnancy*

Discourse treating structural conditions as simultaneously morally corrupting influences and surmountable obstacles; and the treatment of girls' bodies as a source of disruption – inviting male attention, and threatening girls, appeared implicated in disagreements over the specific definition of "teenage pregnancy." All agreed, for example, that a high level of "adolescent" or "teenage" pregnancy was indicative of a major social problem, and most agreed that it was "too high" in their own communities. However, participants offered definitions that ranged from a very specific focus on girls under 15, to either those under 18, or offering undefined categories of girls who are "too young" to be pregnant. Some participants suggested that there was different significance to very early pregnancy, as when a member of a group of 15–17-year-old school-going girls declared "It is very common in my community. Moreover, it happens to girls at age 10, 12, 15 etc." However, it was unclear from such statements whether communities or participants themselves viewed this as a matter of girls' simple disobedience, or parental "lack of control;" a symbol of the extreme morally corrupting influence of community conditions; or a marker of others' failures to protect younger girls from male exploitation. Like discussions of the idea that boys and men would "chase" very young girls, presumably using their physical appearance as an excuse, even though girls were "still kids," participants' unease did not seem to rise to the level of a clear

discussion of male culpability. Instead, concern seemed to center on the disruptive character of girls' bodies.

*Poverty as Both Cause and Consequence of Adolescent Pregnancy*

Along with age, discussions of "causes" of adolescent pregnancy suggested that dominant discourse offered little sympathy for girls' poverty or dependence on men. While some participants suggested that "girls who like money," or those who were too easily tempted by male offers of high value goods, such as mobile phones, even where the "cause" was of true economic necessity, this did not seem to present much of a cause for sympathy from adults. Further, the "cause" seemed to lead to an inevitable set of consequences that only further marginalized girls.

> Teenagers mostly get pregnant because of finance related issues. Their parents cannot afford for their needs. It is not always boys that impregnate these girls, adult men do too. When girls become pregnant, their conditions change. They are not welcomed by the community. If there is anything good for the community, they are sidelined from benefitting (Boys 15-17, in-school)

Elsewhere, participants named clearly exploitative situations, such as "water for water," a known phenomenon where men take control of community water sources and demand sex in exchange, "In my community, when girls go to fetch water some men will tell them to give them 'water for water,' which means sex in return for water" (Girls 12-14, in-school). The coercive dimensions of such encounters seemed to merge with a broader narrative of consensual encounters. This focused on the idea that girls used the chore as a pretext for meeting boyfriends, leading to more pregnancies during the dry season, when water was scarce:

> In our community, we will only be chance [it is only possible] to fetch water at night during the dry seasons. It is during this period a lot of girls will make the time to visit their boyfriends and have sex before going to fetch water. (Boys 18-20, out-of-school)

Even where participants themselves appeared to understand girls' risks, and their relationship to both general conditions, such as a lack of water, and girls' specific vulnerabilities – including their relatively weak economic status, and high burden of household responsibilities – this seemed to easily collapse into questions of their moral character.

Along with their own judgements, participants across groups described family responses to a girl's pregnancy as invariably hostile. One girl described the reaction in girls' homes as especially hostile, stating, "For the parent they won't care for the girl at all. They won't feed her" (Girls-15-17-out-of-school, group 2). Similar, if more extreme, negative consequences awaited girls who might be sent to live with the boy or man responsible and his family, as participants generally agreed that abuse and mistreatment were essential elements of the fate of pregnant and parenting girls. While this sometimes appeared to prompt pity among participants, it also appeared as a kind of inevitable consequence of pregnancy, rather than a response to be questioned or challenged. Along with poor treatment at home, participants described pregnancy as almost inevitably leading to "becoming a dropout," for girls. Much of this discussion centered on practical barriers to education, such as needing to care for a child or a lack of the economic resources necessary to complete school. Participants' views on whether this was fair or appropriate were less clear. Although some attributed girls' exclusion from school to parents' or in-laws' mistreatment, others suggested that parenting girls were unworthy of the benefits of school. In one group, some participants described girls' school return as hindered primarily by poverty or adult withholding of resources: views that suggested that it was still socially acceptable for girls to pursue education. Two put the matter in terms of girls' "shame." A first suggested that girls would internalize the harsh messages they encountered, and lose motivation, staying: "Some even after giving birth to the child, they will not go back to school because of feeling ashamed" (Girls 15-17 out-of-school, group 2). Another girl responded, suggesting that such shame was justified, "Some will continue going to school because they are shameless. If they have shame, they won't go to school" (Girls 15-17 out-of-school, group 2). This disagreement highlighted the ways that normative ideas of girls' "seriousness" and commitment to education were intertwined with ideas of girls' sexual self-control. School itself appeared as a privilege and scarce resource, reserved for girls who had already proven their worthiness.

*Health Risks as Extensions of Social Consequences*

The nature of the "problem" varied in these discussion passages, as participants alternately described it as a source of varied risks. These passages appeared to reflect participants' exposure to public health messaging and definitions of the "problem," as they referenced ideas such as a heightened risk of mortality, or birth complications, and medical intervention needs.

> We often hear teenage pregnancy is not good. This is because when you go to deliver the baby, it is either you die in the process or you undergo an operation. (Girls 15-17, out-of-school, group 2)

In another group, girls listed a litany of the problems that were bound to follow a pregnancy, including between health messages and threats and concrete examples of girls who had suffered:

> P2: The girls that get pregnant in our community are way below age. In the process of giving birth some get fistula problems. Some don't even know to take care of themselves and the babies. Some will not be comfortable again to interact with people in the community.
> P3: Teenage pregnancy and early birth results into stunted growth.
> P4: Some girls get malnourish and lost weight when they are pregnant. This is because they have not reached the stage to get pregnant. Some may even die during the delivering process.
> P1: One of my colleagues got pregnant at the age of fourteen. Because she was too young and short, she contracted fistula problem during the delivering process. Now she finds it difficult to sit near people because of her odor. (Girls 15-17, out-of-school, group 1)

Discussions of health risks fit a broader narrative about social disruption, with sex, pregnancy, abortion, and "infection" appearing as part of a common group of problems constituting a "difficult," or morally wayward way of life among young people. A group of young women described abortion, which is illegal under most circumstances, as a reflection of girls' wayward sexual behavior, and the risks that it entailed:

> P7: In my community, young people are living a difficult life. For instance, when a girl gets pregnant she will abort it immediately. And also girls are really involved in sexual activities, and there are a lot of infected people in the community as well.
> P6: My community shares the same story with number seven.
> P3: Abortion is very common in my community, and this has led to the loss of many lives especially among young people (Girls18-20, out-of-school, unmarried)

In this exchange, abortion appeared specifically as a marker of the severity of the situation of girls' lost morality, while also illustrating perils and health risks that girls were likely to face. While the

language that participants used around mortality and other health risks suggested that they had exposure to public health campaigns on the matter, this served primarily to heighten the sense of the inevitability of harm that could follow a girl's pregnancy.

Together, discussions of adolescents' obligations, and the disruption and failures that adolescent pregnancy represented reinforced an idea of adolescence as a period of individual moral tests that were highly gendered. While girls and boys alike appeared as moral agents, imbued in community eyes, with the obligation to transcend difficulties, descriptions of girls' obligations appeared far greater, adult scrutiny far more invasive than for boys. Although participants suggested that parents shared an obligation to prevent girls from, at least, "falling into the hands" of boys or men, or that something beyond individual willpower was necessary to enable girls to fulfill community aspirations, they offered only limited challenges to the individualizing moral definition of pregnancy. There were few challenges to the seeming inevitability of quickly accumulating set of social exclusions and health conditions that participants described as awaiting pregnant girls. Discussions of adolescent pregnancy as a "health" problem, which appeared influenced by public health messaging, seemed only to raise the existing stakes for girls who already faced the prospects of leaving school, being denied basic resources at home, facing community scorn, and shaming by peers. Though some suggested that poverty, for example, was responsible for pregnancy, or that implied that some girls might be too young to be held responsible for avoiding sex or pregnancy, they maintained the overarching idea of adolescence as a series of tests of individual character in the face of adversity. This illustrated the extremely limited grounds for resistance to dominant norms around adolescent sexuality, agency, and obedience.

***"It Brings Shame to the Family:" Girls' Pregnancies as a Threat to Family Reputation***

Across diverse contexts, parenting practices, from withholding information about sex and reproduction from adolescent children; to arranging marriages for pregnant girls are often rooted in anxieties about the social harms that will accrue to a family seen as failing to effectively manage

girls' and young women's sexuality (Bastien, Kajula, and Muhwezi 2011; Kaplan 1997; Luker 1996; Taylor et al. 2019). In Sierra Leone, family control over girls' sexuality has historically been central to family formation, but there has been a notable shift, at least in official terms, as major post-war reform to marriage laws included both a shift to make age 18 the minimum age of marriage in most cases, and the introduction of formal recognition of individual women and men to marry (Ferme 2018). Marriage laws, however, retain provision allowing parents to give "permission" for marriage involving adolescents under 18, retaining family power over such decisions (Ferme 2018).

*Family Shame and Girls' Responsibilities*

Descriptions of adults' responses and understandings of adolescent pregnancy as an indicator of girls' "out of control" behavior often revolved around the specific implications that it carried for girls' families: "It brings shame to the family" (Girl 18-20, out of school, unmarried). However, the sources of that shame varied. This appeared, in part, as a matter of girls' failures to uphold family reputation, and, in part, as a matter of parents' failures to provide resources and instill discipline and control over girls.

In many passages, participants suggested that that families' disappointment and "shame" for families carried religious dimensions: "Some parents who are religious see it as fornication. [They] really wanted to see their daughters get married before being pregnant." (Girls,15-17, in-school, group 2). This aligned with the logic of an overarching view that a "God-fearing home" would protect girls from pregnancy: a view that appeared in common circulation. In addition, despite the focus on collective family reputation and religiosity also tended to reinforce the individual responsibilities that fell on girls, as it was their behavior that prompted parental "disappointment," or community judgments of parenting skill or discipline. One young man described and endorsed parents' obligations, singling out mothers' responsibilities: "The mothers should have time to talk to their daughters. Advise them to play safe. Control them" (Boys 18-20, out-of-school). These passages suggested that concern over community members' judgment,

and the collective shame or "disgrace" that a girl's pregnancy might bring to her parents suggests that along with whatever individual-level motivations they had for punishing individual girls, parents' punitive treatment may in fact be partly a measure of self-preservation.

*Parents' Responses to Pregnancies*

The range of reactions that participants described among parents reflected a dominant understanding of girls' sexual transgressions as reflections on their families. Several participants described the practice of sending girls to the home of the boy or man responsible for their pregnancy as a practice that was both punitive and harmful for girls. However, the public knowledge that this was not a normal "marriage," but a kind of punishment for girls may have served to a kind of corrective, as it illustrated parents' demonstration of authority, while also mitigating the economic fallout of a pregnancy to the household. In this way, it aligned with other responses that reflected parents' interests in managing a girl's public sexuality: "Some parents will hide their children so people in the community will not find out she is pregnant." (Girls-15-17-in-school, group 2).

*Parents' Views of Contraception: Threat or Means to Preserve Reputation*

Much of participants' discussions reflected overlapping or mutually reinforcing moral, reputational, and economic strategies. These passages illustrated competing normative views of contraception (typically referred to as "prevention") among adults. Though there was a broad agreement that adults were primarily concerned about control over girls' sexuality, with a strong investment in abstinence participants described adults as viewing prevention as either a grudging second choice, or as equal to pregnancy as a sign of girls' out of control sexuality. In response to a question about what "elders think about young girls who take prevention" participants from a group of girls 15-17 and young men, 18-20 described this tension:

> They feel bad about it. They see it that at an age below adulthood, girls should not engage in these activities. (Girls 15-17, -in-school group 2)

> Some elders will think that those girls are in prostitution. In as much as they are taking preventions While there are others who totally think that the girls, especially school goers should take preventions. (Boys 18-20, out-of-school)

Some participants suggested that parents were an important source of information about contraception and would encourage girls to use it because it offered a means to avoid the shame of an early pregnancy. However, this practice tended to reinforce age hierarchies, with parents seeking out contraception for their daughters to preserve their own social status, rather than supporting girls to exercise sexual or reproductive autonomy. For example, members of the 15–17-year-old, school-going girls' group, agreed that girls' parents would seek out prevention *for* their daughters, potentially without any discussion:

> P2: For some, it is their mothers who tell them they have reached the age where the can easily get pregnant. So the best thing to do is to get them prevented [contraception].
> P4: When some parents find out that their children are having sex, instead of the child to bring disgrace to the family, they take them for prevention unknowing to the child that she has been prevented. (Girls 15-17, in-school, group 2)

In these discussions, as with passages depicting parents as "hiding" pregnant girls, contraception appeared to offer a means for parents to maintain an image of control over girls' sexuality, avoiding the consequences of being seen as failing to live up to their own obligations to prevent girls from having sex. Further, it suggested that where parents suspected or knew that a girl was having sex, they were unwilling or unable to discuss matters of sexuality and pregnancy prevention with their daughters. This seemed to reaffirm a hierarchy of risks that offered little concern or attention to girls' status. Girls' public sexuality, which would be made evident by a pregnancy, appeared as a top concern, while parents could still exert control and discipline by pushing girls to use contraception, without having to deal directly with the fact that girls were having sex. Parents' inadequate or misdirected discipline as first, failing to ensure girls did not have sex, and then, exerting control over them without their involvement. In this way, discussions of parents' approach to contraception resembled views of "forced marriage," that adolescent participants described with disdain, as a function of parents' failures to provide economically for

girls and, in turn, “forcing” them to marry once girls were pregnant. However, such examples also may have reflected *participants’* perspectives as adolescents who anticipated conflict with adults.

*Parents’ Poverty as a Source of Girls’ Dependence on Men*

In several passages, participants suggested that economic factors figured in to either adolescent-specific discourse on parenting failures, and/or to a broader, collective view. Along with challenges to adults’ moral authority, participants suggested that household poverty functioned in ways that were similar to the moral dissolution and adults’ inabilities to provide economic resources were a common topic of discussion and appeared to participants as a factor shaping girls’ vulnerabilities and dependence on men: “Some girls, their parents cannot afford to take care of them, their boyfriends do. Each time they go to them for help, they will always ask them for sex in return” (Girls15-17, out of school, group 2)

In some passages, participants suggested that parents’ inability to “pay school fees” eventually led to girls’ pregnancies and, in turn, created an imperative for parents to arrange for them to marry. Participants presented this as a notable contrast to the freedom in choice of partners that girls expected to acquire once reaching respected, acceptable adult status. As two girls explained, there was an expectation that girls would be able to make choices about partners and marriage independent of parents:

> P1: When you are mature and a guy yan you [walks up to you in the street], you should not come and ask your parents whether or not to date him; you should decide that yourself.
> P6: When you want to get married to a man you have been dating, there is no need to ask your parents whether or not to marry him. (Girls 15-17, out of school, group 2)

These passages offered a clear boundary around parents’ expectations of authority over girls’ sexuality, or its reflections on their own reputations. Rather than strictly a matter of control or prohibition of unmarried women’s sexuality, girls anticipated parents’ concerns and the family reputations that they represented, to lessen as girls reached a socially “mature” status.

### *"Their Parents will Lock You:" Boys' Prospects for Punishment and Evasion*

Practices related to managing male involvement in adolescent pregnancy are rarely explored in public health literature in Sierra Leone. However, as research from other settings in sub-Saharan Africa has documented, these are both defined and shaped by normative masculine sexualities, and highly consequential, including for boys. For example, in one study in South Africa, a hypersexual, dominant masculinity appeared to offer boys a rare legitimate space in masculine hierarchies, but poverty left them unable to fulfill "provider" roles once a baby was born, creating even greater pressures on adolescent mothers and their families (Bhana and Nkani 2014). Parikh (2012) documented how a law that raised the age of sexual consent to 18 in Uganda, as it is in Sierra Leone, with the intention of prosecuting older, wealthy, adult men for "defilement" and exploitation of younger girls, resulted in largely in families, usually girls' fathers, instead, pursuing prosecution of younger, lower class men and boys. This, in turn, likely rather than reduced, girls' risks of sexual coercion, and HIV, contrary to the law's intent.

Across groups, participants described dominant normative expectations related to male sexuality in largely negative terms. Men appeared in discussions of adolescent relationships and sexuality as untrustworthy, manipulative, and broadly posing a test to girls' resolve to stay "serious" and future directed. While boys had other obligations and may be tested for their worthiness of community resources, negative consequences appeared to fall almost entirely on girls. A few passages also suggested that for as much as participants saw masculine sexuality as a kind of natural threat to girls, some also recognized that there appeared to be incentives for boys to pursue the same practices that put girls at "risk," such as "chasing" very young girls, or using promises of material support to manipulate girls into sexual relationships. As discussions of the treatment boys could incur for causing a pregnancy seemed to have little, if any, relationship to girls' safety or bodily autonomy, or, for that matter, for disappointing community norms that all young people should "be serious," by refraining from sex, even though the latter, at least, appeared in some passages.

A group of 18–20-year-old young men suggested that boys' sexual relationships were both a potential marker of their "adult" status, and a site of intergenerational conflict, "My perception especially for us boys, when we start dating and having sex when we are not mature, it gets them to think that we are adults now." Another agreed but described this as part of a conflict between adolescents and adult men, who would "start word wars," or challenge boys' claims to a "mature" status be based on sexual experience, stating, "This is a common phenomenon from adults about us. They always refer to our sexual life when they want to bash at us" (Boys,18-20, in-school).

One participant in this group suggested that "girls are mostly the victim" of such disputes, as boys would take advantage of them to claim status in male hierarchies. Such passages further suggested that far from natural, as male sexual advances appeared in discussions of girls' obligations, this reflected an underlying imperative for boys to claim a higher standing within a male gender hierarchy. Elsewhere, male participants alluded to the limited opportunities to claim other forms of an adult social status, with some describing men as only reaching full "maturity" in their communities' eyes once they reached their mid-20s.

*Punishment of Adolescent Fathers*

When it came to a pregnancy, boys were also presumed to face a mix of expectations of assumptions of economic responsibility, and punishments. However, the forms and likelihood of that punishment differed, as boys faced the threat of jail at the hands of a girl's family, along with expectations that boys or men also would take on economic responsibility for a girl and their child. As with punitive treatment of girls, these discussions suggested family efforts to assert generational authority, while extracting economic resources. Across groups, participants expressed a shared expectation that families would prosecute a boy or young man. For example, one member of a group of 15–17-year-old boys described community reactions to news of a pregnancy, as "People react to it seriously. They most times take the case to the police and 'di law bet sombodi' [the law takes it course]" (Boys,15-17, in-school).

In some participants' descriptions, these also appeared as part of a sequence, with boys or men expected to "suffer" or pay a price for their transgressions; then to assume economic responsibility for the girl and child. A member of a group of out-of-school girls described these dynamics, suggesting that this might even contribute to girls' ability to return to school:

> Some girls when they get pregnant, their parents will lock you [send to prison] - the person responsible for the pregnancy - so he can suffer for his act. They will also ask that you take care of their daughter after delivering the child. You should send her back to school. (Girls, 15-17, out-of-school, group 2)

Along with overtly punitive measures, such as sending boys to prison, the expectations surrounding boys' obligations to provide economic support appeared as a form of punishment in themselves, as hard labor appeared common:

> Sometimes when you impregnate a girl, you will have to engage in odd jobs so you can care for her and the pregnancy. You will have to do jobs like tote [load carrying] or broke stone [stone mining]. (Boys15-17-in-school)

A boy from the same group suggested that like pregnant girls, boys would be expected to leave school as a punishment for their transgressions:

> When you have or get a girl pregnant, you probably become a school dropout. For instance, if I get a girl pregnant while in school, I have to wait close to two years before I can get back to school. This could lead me to being a dropout. (Boys,15-17-in-school)

Though the participant did not explain what "nearly two years" referenced, it suggested that girls would be expected to leave school while pregnant, and not return until well after the child's birth. Given the prospects of punishments, much of these discussions also highlighted boys' efforts to evade consequences, all of which tended to produce negative consequences for girls. The first response, many suggested, was for boys to simply deny responsibility: "At times the girls suffer most because most boys deny the pregnancy." (Men 18-14)

In a context where girls, and particularly pregnancy girls, appeared to open to so much suspicion, any claim that they might make appeared open to challenge. Participants also agreed that in the face of potential punishment or threats from girls' families, boys could "leave the area," or flee. As one described, "Some run away from home. Like me, when my boyfriend made me

pregnant, he ran away because he was afraid of my dad" (Girls 18-20, out-of-school, unmarried). Although such descriptions highlighted the punishment that appeared likely, these discussions also highlighted boys' agency, and almost appeared as a kind of scripted set of actions. However, it was unclear whether such dynamics were common in practice, or whether this was primarily a discourse, dramatizing threats of punitive measures to boys.

*Silences on Punitive Measures for Older Partners and Coercion*

While some participants suggested that the prospects of punitive treatment for boys were in some ways "worse" than what girls would experience, this seemed to offer no meaningful deterrent. Instead, it seemed to add to the idea that sex was a matter of "bad behavior" to be punished, and, therefore, to prompt boys to find ways to evade consequences. These discussions further presumed that the "boy" responsible would be relatively close in age to the girl: treatment of adult men, and was absent from this discourse, even though a few passing references to adult men as "responsible" for some pregnancies, and evidence suggests that in this context, large age disparities are common (Statistics Sierra Leone 2018). Indeed, older male partners of adolescent girls were selected as a participant group for this study for this reason. Likewise, despite the pervasive view of punishment and legal measures, there was an equally common silence around whether these practices related in any way to perceived or reported examples of coercion. This suggested that regardless of official law, the social practices and uses of law enforcement were constructed to punish boys for violating order and generational hierarchies, rather than for their treatment of girls. This would be consistent with an understanding of girls' sexuality as family (particularly fathers') property, first.

***"I Will See Her as Someone Who Has Been Engaging in Too Much Sex and I Can as Well See Her as Someone Trying to Plan Her Future:" Ambivalence About Contraceptive Use***

Contraception, although treated in medical, public health and development discourse as a relatively straight-forward means to prevent pregnancy is deeply embedded with normative values about sexuality, agency, and control. Sex-negative, girl-shaming discourses that punish

pregnant girls also often extend to contraception (Fine 1988; Luker 1996). Research across contexts demonstrates that girls' internalization of such norms may have little, if any, effect on when, whether, or under what circumstances they have sex, but does make them less likely to use contraception or negotiate for a partners' condom use (Fine 1988; Jewkes et al. 2009; Kaplan 1997; Luker 1996; Storeng and Outtara 2014).

*Ambivalence about Contraception Among Adults*

Just as pregnancy appeared as consistent grounds for punishment or exclusion as a sign of girls' alleged promiscuity, harsh social judgments appeared to surround girls' contraceptive use. These appeared similar to those related to pregnancy itself. However, there were several important differences. While participants generally either endorsed or accepted as inevitable the idea that pregnant girls would attract ire, participants voiced considerable disagreement about whether contraceptive users deserved the same treatment. Second, in describing responses that contraceptive-using girls might attract, adults' treatment also appeared unpredictable. Harsh treatment of contraceptive users appearing arbitrary and inconsistent, in contrast to the seeming inevitability of condemnation and exclusion that surrounded a pregnancy.

A group of girls agreed that girls who were known contraceptive users would be treated with the same harsh judgment as pregnant girls, or worse, as girls' action to separate sex and pregnancy could attract judgments of being sex-obsessed, pursuing sex for material gain, or being unfaithful to a male partner. A group of girls referenced a set of negative views, in terms that implied girls were lazy, defiant, and/or prostitutes:

> P1: They say she comot from morning to net [stays out all day/is a prostitute].
> P2: They will say she is carefree. Because they don't want to be controlled, they take preventions. (Girls 15-17, in-school group 2)

Others suggested that the views of community members would vary, and potentially expand to include contraception in the practices that would indicate that a girl was serious or future-oriented. However, wherever this was the case, others often pointed out that the opposite view.

> P5: Some will admire her by saying that she has plans for her future.

P2: Some will see her as prostitute. (Boys15-17, out-of-school)

This highlighted a consistent tension, evident across groups, that presented adolescent contraceptive users as potentially, but not *necessarily* subject to adult praise or support. But, where this suggested a changing norm, it also appeared to carry highly uncertain social implications, as girls might still be subject to the same kind of social condemnation that appeared directed at pregnant and parenting girls.

*Ambivalence About Contraception Among Participants and Their Peers*

Like what they perceived to be the case among adults, adolescents appeared to be divided in their views on the meaning of contraception. Within and between groups, participants often appeared to hold the same positions they described among community members. Some suggested that contraception was positive step that girls could take to enable them to finish school, or "plan for the future," others contended that it marked girls as promiscuous or unfaithful. These poles of opinions appeared in nearly every group, as participants would state opposing views, adding to arguments that they agreed with, often without acknowledging or directly engaging those who disagreed with them. For example, a group of young men, debated whether a partner's contraceptive use was a positive or negative:

P3: I think that if you prevent is to plan your family. It is the best thing to me.
P6: I think that any woman who prevents is having affairs with a lot of men.
P8: To me, any unmarried woman who takes preventions has concerns for her future. She wants to get education.
P3: Any woman I meet who is not taking preventions, I will sure she starts taking it. And If I meet a woman taking preventions, I will think that she really wants to plan her life. (Boys, 18-20 out-of-school)

Further, as one girl stated, "I will see her as someone who has been engaging in too much sex and I can as well see her as someone trying to plan her future" (Girls, 15-17, in-school, group 2). This reflected the unresolved ambivalence that appeared to extend to participants' own views.

Together, the debates and evident internal ambivalence among some participants suggested that unlike adolescent pregnancy, the social meaning of contraception was in flux. However, to the degree that there was more support for girls' contraceptive use, it appeared

tenuous and extremely limited. Though compared with pregnancy, contraceptive users may not automatically be denied basic resources or expected to leave school, discourse had not shifted so much as to make such support assured.

*Side Effects as Reinforcing Threats and Risk*

In some discussions, narratives about side effects, appeared as a discouraging influence, often promulgated by adults. For example, a group of out-of-school girls described adults' warnings against contraceptive use:

> P1: Our elders say it is bad to prevent. When you prevent you flush out the pregnancy.
> P7: Some prevention methods have an after effect. It is one thing that makes difficult for some girls to deliver. (Girls 15-17, out-of-school, group 2)

Several participants either appeared to be influenced by these claims, and stated as fact that, for example, contraceptive users' bodies would change in some way, making their contraceptive use known and, in turn, marking them for harassment or exclusion. Others suggested that girls were effectively dissuaded from using contraception by adults' arguments about side effects. Both concerns about long-term infertility and changes to physical appearance may have been rooted in some level of truth, or a fear of medical abuse or coercion. However, they also seemed consistent with a normative view and social practices that couched sex in terms of risk and threats, which appeared elsewhere as part of practices intended to dissuade girls from having sex.

*Pre-Emptive Contraceptive Use and Silence Around Sex*

Rather than delving into questions of whether girls' contraceptive use marked them as "responsible" or promiscuous, some female participants stated that girls either *did* start using contraception as soon as they reached menarche or suggested they should.

> Taking contraceptives is not by age. Everyone takes it as long as you have started seeing your menstrual periods. Some parents even give it to their kids at any age. (Girls-15-17-out-of-school, group 2)

> Some girls the moment they started seeing their monthly periods, they go to the hospital to prevent themselves from getting pregnant. (Girls 18-20, out-of-school, unmarried)

These ideas appeared to serve a similar function, or, perhaps, to reflect the same practice, as parents seeking out contraception for a girl early in adolescence. However, it appeared less coercive, and suggested that there was a way to enable girls' contraceptive use without families dealing directly with the *fact* of a girls' sexual activity, or its moral or reputational ramifications. In the space of the FGDs, it allowed participants to discuss the values of contraception without having to offer their own opinions about contraceptive users. It also suggested that medicalizing contraception as a health care service provided once girls reached puberty, might offer a means for girls or families to save face. Yet, this also constituted an evasion of discussions of sex or sexuality.

*NGO Language in Pro-Contraception Arguments as Evidence of Influences of Public Campaigns*

Several discussions, mostly involving boys and young men, included references, and framing that seemed to directly invoke slogans or framing that bore the influence of NGOs' campaigns, or recognizable slogans from family planning organizations. As one young man said, regarding the value of contraception: *"*It helps to control population growth. They say, 'give birth by choice and not by chance.'" (Boys 18-20, in-school). These claims, notably, also tended to come with ideas about male responsibility that seemed to be otherwise at odds with norms. For example, a boy explained the benefits of contraception, and boys' involvement:

> It helps reducing the population size. Recently Sierra Leone was rated as the country with the highest number of teenage pregnancies. Therefore, the boys should know about preventives to reduce the rate of teenage pregnancy. (Boys 15-17, in-school)

The idea that "sensitization" of girls about the nature of the problem appeared across several groups of young men, reinforcing the sense that this was girls' responsibility, often describing the problem in abstract or authoritative terms. One group of young men (18-20) credited GOAL, the NGO partner on the study with "sensitizing" girls such that adolescent pregnancy was "reduced," a practice that was framed, along with the "problem" as a matter of girls' behaviors,

> P3: Teenage pregnancy is when very young girls get pregnant. We thank GOAL SL that has come to sensitize the girls about teenage pregnancy. Before this time, there was an alarming rate of it in our community.

> P6: Teenage pregnancy has reduced a bit in my community, because of sensitizations from NGOs.

When asked about whether adolescent pregnancy was common, one of the participants continued, claiming authoritative knowledge of the prevalence of adolescent pregnancy due to his inside knowledge of "health center" data:

> P3: Teenage pregnancy rate was 70%. I used to visit the health centers. The girls below eighteen years give birth to more children than those above eighteen years. This has however reduced in 2018 because house to house sensitizations by NGOs. (Boys 18-20, out-of-school)

These passages suggested that, at least for male participants, the language of "sensitization" efforts seemed remote from their own behaviors or awareness. It was unclear whether even those participants who espoused support for these ideas were really persuaded, or merely performing in front of representatives of the NGO. However, the use of such claims suggested that NGO efforts had, at the very least, introduced discourse on the idea that contraception was a "responsible" choice. Similarly, while there were fewer direct references to technical language among girls' groups, the emphasis on "planning for the future," and enabling girls to continue school implied similar influences may have been at play.

*Contraception and Threats to Male Control*

Declarations by male participants about the need to "sensitize" girls about adolescent pregnancy, or promote contraception sat uneasily with female participants' general agreement that beyond social reputations, girls' contraceptive use may be a threat to male control over childbearing. In contrast to the abstract ideas of girls' "sensitization," and the implicit idea of contraception as a female responsibility, discussions of contraception in the context of actual relationships suggested very different dynamics. Not only did participants agree that for unmarried girls, being known to use contraception potentially a threat to girls' reputation in the community, but some suggested that men or boys might demand girls prove their fertility.

> Some boys when you get pregnant for them and have a child, they will not marry you in the end. They will tell you that they only thing between you and them is a child. They never paid a dowry for you. (Girls 15-17 out-of-school, group 2)

A member of the same group added, “Some men will say unless you give me a child so I will be sure we can have one before we get married,” emphasizing the pressure that boys or men might exert. These views further underscored the instability in normative conditions around contraception, as well as the disparate stakes for girls and boys. While the discussions overall gave no reason to doubt that some men or boys genuinely embraced accepted girls’ contraceptive use as a marker of their “seriousness,” or saw male participation in “planning for the future” as a positive value, these passages suggested that this was far from guaranteed. These dynamics appeared to also refer to established relationships, suggesting that there may be differences in the meaning of contraceptive use at different points in a relationship, all of which fell on girls to grapple with.

**Discussion**

This paper has explored the social meanings and practices surrounding adolescent pregnancy among adolescent girls, boys, and young men in low-income areas of Freetown, Sierra Leone. Drawing on data collected through focus group discussions, it has documented discourse on the nature of adolescent pregnancy, and perceived strategies for “preventing” or managing the fallout of adolescent pregnancy. Like past studies, my findings have illustrated how adolescent sexuality functions as a powerful mechanism for broader forms of social control, in part because of the conflict that it creates for adolescents who pick up on and internalize moralizing messages about their bodies and behaviors, whether or not they have the material or social support to live up to the promises (Bay-Cheng 2012; Bhana 2016; Irvine 1994). They further illustrated the broad potential implications of an “adolescent” pregnancy in this context: for families, as a mark of shame and failures to exercise control over girls; and for boys, who faced both highly punitive measures from girls’ families, and the prospects of lost schooling or work. Contraception, as an alternative to pregnancy, appeared to be characterized by deep ambivalence, potentially serving

*both* a positive narrative of girls' commitments to pursuing education; and a sex-negative, girl-shaming discourse equating it with girls' promiscuity, and defiance of age and gendered hierarchies.

Participants' efforts to grapple with the messages of individual responsibility, shame, and risk, against a backdrop of poverty, social instability, and minimal social support reflected findings consistent with broader body of evidence documenting the ways that adolescents, contrary to stereotypes, tend to internalize the values of dominant discourse, even where this may be at odds with their experiences. Contrary to common public health framing of "cultural" norms around sexuality and reproduction as promoting adolescent pregnancy, my findings demonstrated that norms are hostile to pregnancy and pregnant girls. Instead, discourses emphasizing individual adolescents' responsibility for overcoming their contexts, and justifying withholding of basic resources, social exclusions, and punishments served to normalize practices that marginalize and undermine girls' and boys' potential achievement. The implications of these norms, however, point toward normative conditions that combine to contribute to girls' likelihood of becoming pregnant, and, in turn, of experiencing hardship once they do.

*Adolescent Pregnancy as a Failure of Moral Tests*

My study followed others in highlighting the ways in which "adolescence," like gender, may appear as an absolute, biologically determined category, it is socially constructed, with culturally and historically specific contours, produced by social and medical science, public policy, social practices, and popular imagination (Kanguade and Skelton 2018; Thorne 2009). This, in turn, provided context for exploring how, and in what ways, young people in this context understood adolescent pregnancy and the characteristics that make it a "problem," who it affects, what causes it, what consequences may follow. Specifically, I sought to understand how do age and gendered dimensions of sexual morality and control, health risks, and sexual or reproductive autonomy figure in discussions of adolescent pregnancy.

Like previous social constructionist studies addressing girls' sexuality and reproductive health, findings assembled here underscore the pervasive taken-for-granted status of "adolescent pregnancy" as, first, a symbol of individual girls' moral failings (Bay-Cheng 2012; Bhana and Nkani 2014; Jewkes et al. 2009) Perhaps more than in other settings, the findings here illustrate the degree to which a broad discursive construction of adolescence as a period of moral tests. Beyond explorations of "adolescent pregnancy" or related matters that presume girls' sexuality to function as a destabilizing force, threatening an existing social order, both the dominant discourse, and adolescents' own expectations centered on a view of *dis*order. Similar to studies in both the United States and South Africa, individualizing discourse of responsibility held sway, even as it appeared deeply at odds with material conditions that deeply constrained available choices (Bay-Cheng 2012; Bhana and Nkani 2014). Both structural inadequacies: poverty, weak institutions, limited economic opportunities; and male sexual advances appeared normalized as part of a body of obstacles for girls to overcome.

Adults appeared in participants' discussions as unreliable enforcers of a hoped-for social order. Though deeply engaged in social control: scrutinizing adolescents to determine whether they were worthy of scarce household or community resources, adolescents also characterized adults as morally compromised, in part by their own lack of economic resources. This was consistent with findings from other settings, where discourse depicting adolescent sexuality as a "social problem," and adolescents inherently stubborn, unreliable, and swayed by punitive treatment has served to justify withholding resources, denying adolescents access to accurate information about sex and reproductive health (Fine and McClelland 2007; Irvine 1994; Jewkes et al. 2009; Luker 1996).

Participants, rather than rejecting sex-negative, normative sexualities, instead questioned some adults' moral authority to serve as arbiters. These findings suggested that rather than direct defiance of conservative adult norms, adolescents' discourse shared the same moralizing character as the dominant adult view. Where it seemed to diverge was, instead, in how these

norms were enforced. For example, while participants tended to take dominant views of girls' sexuality to be either inevitable or morally correct: that girls *should* be punished for deviant sexual behavior, for example, they suggested that adults would abuse the potency of such charges to punish girls for more minor misdeeds, such as failing to demonstrate sufficient "respect" or carry out tasks assigned by adults. This expanded on existing literature on adolescent sexual cultures, which tend to find that rather than a source of novel, oppositional norms, adolescents tend to express views that align with dominant norms, even where doing so seems remote from their experiences and/or unattainable (Bay-Cheng et al. 2011; Bhana 2016; Tolman 2012). In addition, it captured adolescent participants' frustration with parents' lack of economic resources and seeming inability to exercise authoritative control over girls' sexuality, as family poverty appeared as a source of girls' inability to conform with normative values.

*Official Health Discourse, Morality, and Pregnancy Risks*

Across discussions, participants endorsed a consensus that "teenage pregnancy" was a social problem, and a source of risk to girls and their health. At various points, discourse that surrounded adolescent pregnancy carries the form, if not necessarily the intention, of public efforts to promote girls' education, reduce adolescent childbearing, or tackle adolescent maternal mortality. Messages, perhaps intended to deter girls from sexual relationships or pursuing a pregnancy, appeared only to dramatize the already high stakes of girls' sexual propriety. As demonstrated elsewhere, the accuracy of such knowledge, however, appeared remote from girls' perceptions of what it would take to either avoid a pregnancy, or to reduce pregnancies *overall.* As in other contexts, awareness of risk and harm appeared wholly inadequate to the realities of their lives (Kaplan 1997; Luker 1996). Available strategies for winning social support and economic protections: being "serious" about school, "respectful" to elders, and refraining from contact with boys, all appeared as inadequate preparation for the "nonsense" of male advances, manipulations, or promises of economic support.

Participants' discussions included both direct and indirect references to these efforts, and/or invoked the language of official statistics, or slogans of reproductive health NGOs. A few male participants also made statements that suggested they understood the FGDs to be a part of a "sensitization" campaign, while at least one young man referenced being "chosen" to represent the community in the activity, treating this as a privilege. Together, these discussions suggested that health campaigns were "reaching" their intended targets: that young people, including boys and young men, were participating in educational sessions about the values of "prevention" or "family planning," as well as the health risks of adolescent pregnancy and abortion. In this view, health campaigns, often assessed for their reach, influence on "knowledge and attitudes" appeared broadly successful. Yet, the largely adolescent participants in this study expressed a broad range of views of what comprises the very category of "adolescent" or "teenage" pregnancy, even as they understood that the general category was "bad" and risky for girls. Though all participants agreed that very young adolescents (under 15), who became pregnant belonged to this category, there was otherwise substantial disagreement about which "teenage" pregnancy counted. This fit with a broader set of limits around matters of consent and coercion: though perhaps felt, either in the ideas of very early sexual debut, or in situations of exploitative "transactions," available terms centered instead on a discourse of sexual shame. This likely inhibited naming of responsibilities or allowing for effective preparation or response to coercion.

*Commitment to Education as Prevention, and Withholding Education as Punishment for Pregnancy*

Participants' discussions of education highlighted a consensus that girls' commitment to schooling carried a high value in preventing pregnancy, while there was a consensus that in adults' views, adolescents' personal commitments to education offered the means to overcome community scarcity, the reality was far different. However, education appeared as a scarce good that could easily be withheld, revoked, or denied by adults. The idea that education was a privilege, to be reserved only for those who were deserving meant that withdrawing girls and boys from school constituted a valid punishment for a pregnancy.

The dynamics that participants described around schooling suggested that the idea of education as at once a scarce resource, and an individual obligation. This dual definition seemed to legitimize discriminatory practices that have been demonstrated to undermine pregnant and parenting girls' future prospects in other contexts (Geronimus 2003; Jewkes et al. 2009; Kaplan 1997; Nathanson 1991). These discussions suggested that there was a division over the validity of a prevailing normative expectation still held achievement as largely a matter of individual adolescents' responsibility. The influence and frequent repetition of this idea may reflect the influence of efforts to promote girls' education, and the content of messages that center on the value of individual choices rather than structural reforms.

*Parents' Punishment and Control*

While there was a broad agreement that parents should share some measure of responsibility for providing resources and guidance, parents appeared primarily as a source of punishment. Family shame, and the images of control over girls' sexuality appeared here, as elsewhere, as important features of the "problem" of adolescent pregnancy, while parents' provision of moral guidance, resources, and punishment for misbehavior all appeared as part of the "solution." While it was difficult to determine whether anecdotes, such as the example of mothers seeking out contraception for a daughter without consulting or discussing the matter with her were "true" or commonplace, this highlighted a broad silence around sex and contraception, on one hand, and punishment for perceived sexual misbehavior, on the other: a dynamic that may lead to greater household conflict, leaving girls more dependent on male partners (Jewkes and Morrell 2011; Kaplan 1997). It may also discourage girls from using contraception as a means to preserve an image of sexual abstinence in the interest of family reputation, regardless of their own beliefs: a practice that Storeng and Outtara (2014) identify as contributing to urban young women's dependence on unsafe abortion in Burkina Faso. At the same time, these discussions added to existing literature on adolescent sexual cultures, as adolescents viewed parents' poverty as undermining their authority or status in a moral order, but not questioning the order itself.

*Disputed Social Meanings of Contraception*

Contraception appeared, in adolescent participants' views, and in what they described to be the views of the community, as both a means to "plan for the future," and to avoid pregnancy, which appeared as an automatic end to education; and a way to evade the legitimate consequences of having sex that apparently defied parents' authority. The findings here were roughly aligned with much existing literature on the ways that contextualized meaning of contraception, rather than access alone, shapes its use (Fine 1988). In other settings, claims about sexuality and contraception have been analyzed in relation to whether, or to what extent, they point toward a discourse of "reproductive freedom," and girls' sexual and reproductive autonomy; or one of shame-based, moralizing forms of social control (Fine 1988; Fine and McClelland 2007).

These findings also highlighted a moment where meanings appeared to be under debate, creating extreme uncertainty in how contraceptive users might be treated, and the circumstances for expanding its use. Indeed, it appears to be between various discourses, from an increasingly medicalized definition, which appears to offer a kind of reputational cover to parents and/or girls to seek out "prevention" without directly confronting the question of whether girls were having sex. However, this was no less coercive for the involvement of a medical intervention. It may, as Nathanson (1991) and Roberts (2017) have illustrated in the United States, follow a shift from a religiously inflected discourse of moral control and sin to one of "sickness," to be managed by medical institutions. The reference to parents' seeking contraception for their daughter also suggested that this could simply expand existing ideas of parental authority and control as a means for management of girls' "out of control" sexuality. At the same time, medicalizing "prevention" was also not inherently coercive. It also appeared in some discourses as a means for *girls* to exercise control or expand the practices that were compatible with the idea of "planning for the future," or demonstrating commitment to education. This might serve, further, to contribute to medicalizing girls' sexuality, offering a less absolute judgment than one that frames all sexual

activity as moral corruption, but still framing sexually active girls as mentally unfit and in need of professional management, another framing common to the history of "adolescent pregnancy" discourse (Nathanson 1991).

While there is evidence on the harms of sex-negative, shame-based norms around contraception, the implications of the kind of deep ambivalence documented here, including among girls, are less well-documented. Although any discourses that might tolerate contraceptive use still fell short of ideals of "reproductive freedom" or autonomy that might include, for example, supporting girls' rights to develop a holistic sense of self, express desire, or navigate decisions about sex and contraception jointly with partners, and rely on supportive adults, some appeared to at least detach the harshest judgments from girls' sexual activity. Further research is necessary to document how girls' may navigate among their own internalized ambivalence; and the uncertainty of whether they would encounter: a partner who supported their choice, or one who viewed it as a threat to his authority; parents who treated them as defiant or responsible; or other community members who treated them as worthy of scorn or harassment, or social acclaim.

*Masculinity Norms, Control, and Uncertain "Consequences"*

Although initial discussions of sexuality and pregnancy centered on the litany of risks and almost inevitable seeming "consequences" for girls, discussions also touched on a body of expected consequences for boys. These carried a similarly punitive nature, as participants described threats of jail time, and expectations that boys would drop out of school and/or go to work in hard labor as commonplace. These suggested that material conditions and discourse, alike, were similar to the conditions that Bhana and Nkani (2014) documented among adolescent fathers in South Africa, and the social practices Parikh (2012) identified in enforcement of Uganda's "defilement" law.

The bulk of participants' discussions emphasized their embrace of common values as adults, particularly in relation to education and "serious," respectful behavior; and adolescents' desire to assume adult roles that would enable them to provide for their parents while earning

community acclaim as “role models,” but found few avenues for achieving this status. With boys’ sexual experience already serving as a marker of adult status, and even coercive or exploitative practices treated primarily as a problem *for girls,* there appeared to be incentives for boys to behave in ways that conformed with the worst stereotypes of hypersexual masculinity (Bhana and Nkani 2014). Further, the threat of punishment appeared almost scripted, as a threat to boys, but one that they appeared bound to evade: an option not available to girls. These findings follow past studies in illustrating the degree to which the bodily changes of puberty mark the onset of acute double standards, as girls become sexual gatekeepers, charged with managing male sexual advances, while boys receive and internalize messages that hold sexual experience as a positive mark of maturity (Bhana 2016). Here, as elsewhere, contradictions between discourse and reality present a dilemma, and a burden that falls heavily, if not solely, on girls.

Finally, discussions of contraception suggested that at least in the space of focus groups, there was some evidence of a set of norms in flux, but with uncertain effects. Discussions of the ubiquity of contraception and pregnancy suggested that there was at least some level of shared expectation that girls would have sex. However, even if broadly expected in the abstract, at the individual level, this appeared as a source of risk a girl’s real or alleged sexual experience could easily be used against her.

***Limitations***

This project has several important limitations. First, while focus group discussions offered a means to gather data from many participants at once, presenting a useful strategy for documenting how participants engaged with the broader normative discourse on gender, age, and adolescent pregnancy, they did not gather information on personal experiences. While a few participants referenced personal experiences, the study was neither intended nor designed to collect data on either individual experiences or the extent to which discussions correspond with social realities. The peer group dynamic, and presence of adult facilitators and notetakers, already-common social desirability biases may have been heightened (Bay-Cheng et al. 2011).

Likewise, this method offers relatively few opportunities for probing individual participants for in-depth responses, or lengthy reflections. Participants in this study also appeared to be reluctant to directly engage with each other, particularly where they disagreed, and facilitators had relatively little space to prompt in-depth discussions or debates. As a result, available data were relatively limited in depth and nuance, leaving perhaps more ambiguities in terms of participants' own perspectives, and the nature of debates where they did appear.

A second limitation is a product of the recruitment approach. While it was evident form discussions that participants were exposed to messages about the values of "family planning," or contraception, there also appeared to be some confusion about the purpose of focus group discussions that were convened by an NGO that also conducts interventions on this topic. Because they recruited largely from existing networks, the participants in this sample may have greater exposure to such messages, higher levels of knowledge about sex and reproductive health, and other characteristics that distinguish them from members of their communities. Framing of the project as related to "adolescent pregnancy" during recruitment may have also contributed to participants' understanding of research activities as *part* of a "sensitization" campaign, prompting participants to provide responses that they believed would please NGO programmers, or lead to more activities in their communities. Beyond limits on generalizability, this relationship may have led some participants to, for example, overstate the degree to which they agreed with ideas framing pregnancy as a problem, or contraception as a value. Likewise, this dynamic may have led to some groups' greater focus on stating health risks or condemning "adolescent pregnancy" than what may be typical of how such issues are discussed in communities. One participant also suggested that he was selected within his community to "represent" the community, and that participation was a privilege. It this dynamic was common, rather than representing a full spectrum of experiences or perspectives, participants may have been either already more likely to take for granted the dominant views of adults in their communities or felt compelled to "represent" their communities to the sponsoring NGO, in hopes

that they would continue to invest resources in the community. This suggests that the data are perhaps best read as a reflection of normative expectations and *potential* efforts to reconcile dominant local narratives with the messages promoted by health campaigns.

Other limitations related to group formation and classifications of participants, potentially impacting group dynamics. For example, one 20-year-old man was included in a group of 15–17-year-old boys; and at least one group of "out-of-school" girls included a school-going participant. It is possible that despite screening procedures intended to ensure that participants within a single group did not know each other, this may have both occurred and influenced some participants' comfort and willingness to express views that might contradict someone they knew. In addition, it is impossible to know whether concrete examples of observations "in my community" that appeared in multiple groups represented discrete cases, or whether they reflected multiple participants' knowledge of the same events. All these dynamics may have shaped participants' willingness and comfort in speaking during group sessions.

Finally, there is the challenge inherent in documenting adolescent discourse in translation. In researching adolescent sexual and reproductive health-related topics, understanding adolescents on their own terms is important (Fullilove, Barksdale, and Fullilove 1994; Irvine 1994). This general challenge overlapped with those produced by the fact that data were collected in Krio and translated and transcribed to English. Translations from Krio to English were inexact, and important nuances in meaning may have been lost in the process of transcription and translation. This may be the case in any act of translation. It is especially relevant here because of the relationships between Krio and English in practice in Sierra Leone. For example, participants' choice of Krio phrases such as "get belle" or their English terms, such as "become pregnant," or "mami en dadi bizness," or "man bizness" instead of "sex" likely offer richer meaning than is accessible with the version of transcripts available here.

***Implications***

In Sierra Leone, policy and donor initiatives consistently frame "adolescent pregnancy" as a distinct crisis, demanding interventions that are simultaneously targeted and intersectoral or structural. For example, campaigns to promote girls' education often carry promises of reducing adolescent pregnancy, or delaying "child marriage," as secondary or higher-level outcomes. While these arguments hold "tradition" and "culture" as "factors" or "drivers" of adolescent pregnancy, they often stop short of either identifying the substance of the "traditions" or "cultures" in question, or tracing *how* they might lead to adolescent pregnancy. This has tended to contribute to interventions that target "adolescent pregnancy" reduction by leaning on messages to girls and their communities to "reject" adolescent pregnancy and "choose" education. The findings collected in this study suggest that such messages, rather than challenging "cultural" norms, in fact may reinforce or validate existing sex-negative, punitive discourses surrounding girls' sexuality. Indeed, "adolescent pregnancy" already appears as a salient social problem, while "health" information appeared only to heighten existing views of risks and threat. For example, girls' discussions of the "health" risks of an early pregnancy suggest that while they view these as severe, they just seem to add to a proliferation of negative consequences that already fall on girls who are seen as defying social or sexual expectations.

Social constructionist research on adolescent pregnancy and sexuality education in the global North have long been concerned with "missing discourses:" as Fine (1988) argued, where sexual and reproductive health education relies on the language of risk and threats of harm, even if it also includes accurate information about contraception or STI prevention, will be inadequate. Such studies have demonstrated how this may affect sexual and reproductive health outcomes, as sexuality education approaches that fail to engage adolescents' subjectivity, engaging with "desire" or "gender," as adolescents perceive and experience them. Researchers have explored how adolescents' resistance, acceptance, and/or critical engagement with norms around adolescent sexuality, illustrating a distinct partiality, as children pick up, for example, that sexual

knowledge is “naughty” or “bad,” and engage with sexual matters through a moral lens, centering on breaking or following rules; or sin and virtue, first, regardless of the depth of their knowledge or experience (Bhana 2008).

The findings here illustrate a similar dynamic. And, indeed, adolescent participants seemed to have no space to articulate their own desire or navigate healthy or affirmative decision-making. Further, there was an absence of a “health” promoting discourse that connected to values, morality, or worthiness. Where discussions appeared to reference dominant messages in public health and development campaigns about the risks of adolescent pregnancy, the virtues of education, or the collective values of contraceptive use, these messages appeared grafted onto dominant normative constructs. Knowing more about the “risks” of adolescent pregnancy did not, in this context, appear enormously relevant, given the degree to which pregnancy already appears as justification for exclusionary social practices, or withholding scarce resources from “undeserving” girls. Education fit into a similar frame, appearing as one of many obligations for girls to fulfill despite a dearth of social or financial support, and preponderance of obstacles.

Given the indeterminacy around “adolescent” pregnancy, in this context, future research in Sierra Leone, and similar settings may be served by a more expansive framing. Indeed, breaking down and understanding both normative concepts, and how ideas such as threats of punishment and harm; power in intimate relationships; and adolescent girls’ and boys’ understanding of their own sexuality and agency offer important further areas for investigation. This study highlights additional need for exploration in terms of “social determinants,” and their interactions with social norms and practices that may have a direct bearing on girls’ sexual and reproductive lives, including risks of pregnancy. For example, participants’ views of poverty appeared in deeply moral terms: as a source of corruption, affecting both adolescents and parents in ways that led girls “astray” and parents unable to provide for or assert “control” over adolescent sexual behavior without resorting to punitive and harmful practices. Girls appeared saddled with the obligations of an individualizing discourse that held them uniquely responsible for

demonstrating their dedication to education, but constantly in jeopardy. However, there also appeared to be a narrow emerging view of contraceptive use as acceptable where it followed girls' responsibility and dedication to school potential evidence of an alternative emerging discourse.

Rather than an approach that focuses on attempting to capture the pathology of pregnant girls, contraceptive non-users, or school dropouts, future studies may benefit from asking how girls, in a setting where so much seems stacked against them, still claim, and assert their autonomy, navigate family, peer, and romantic and/or sexual relationships. Moving beyond narrow behavioral framework centered on questions of why some girls *do* become pregnant or *do not* use contraception, would allow for research that situates girls in a wider context of disciplinary practices, relationship dynamics, and authority structures. Valuable findings may come from exploring how girls understand, develop, and exercise voice and agency, whether in the name of fulfilling or challenging normative expectations. Likewise, documenting relationship dynamics, and girls' potential reproductive autonomy; household practices for managing a pregnancy; or community enforcement of norms around parenting or discipline would illuminate opportunities for interventions to benefit girls.

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# Chapter 4: Interpreting "Assets," Maturity, Morality and in Girls' Transitions Through Adolescence

## Background

Public attention and funding for issues affecting adolescent girls in Sierra Leone has grown in recent years, reflecting evolving global health and development and national policy priorities. This agenda reflects considerable efforts to define adolescent pregnancy as, at once, a sexual and reproductive health problem that threatens girls' health and well-being, and a reflection of gendered social and economic inequalities. Consistent with two successive global health and development agendas, the Millennium Development Goals (MDGs) and their successor Sustainable Development Goals (SDGs), which have defined health status, economic development, and gender equality as inextricably linked, both policy and research on the topic have treated the aim of reducing the adolescent pregnancy rate, as at once a desirable health outcome, and central to gender equality and empowering girls and women (Government of Sierra Leone 2018). This agenda also includes aims for reducing child marriage, increasing girls' school attainment, and decreasing the prevalence of sexual and gender-based violence against both girls and women (Government of Sierra Leone 2018).

Research on adolescent pregnancy in Sierra Leone has drawn on three major sources of data. First, national data collection exercises, such as the Demographic and Health Surveys, and Multi-Indicator Cluster Surveys demonstrate that adolescent pregnancy, along with child marriage and girls' educational status, are associated with both household and structural forms of poverty. As of 2019, the national average proportion of girls 15-19 who were or had been pregnant around was around 21 percent (Statistics Sierra Leone and ICF Macro 2020). However, among girls from the poorest one-fifth of households was nearly 40 percent, while for the wealthiest, it was closer to 10 percent (Statistics Sierra Leone and ICF Macro 2020). Similar stratification is evident in disparities between urban and rural communities in general, and between Freetown (and the

surrounding urban Western Area), the country's capital, compared with every other district (Statistics Sierra Leone and ICF Macro 2020). To the extent that such studies also capture determinants, they present a consistent story: age at sexual debut, contraceptive use, and age at first marriage are all higher among girls from wealthier households, those with more education, and those who live in urban areas, all pointing to interactions among structure, household, and individual-level practices (Statistics Sierra Leone and ICF Macro 2020). Second, quantitative and qualitative studies have sought to document the experiences of pregnant and parenting girls; and perspectives on adolescent pregnancy from parents and other adult stakeholders (Bandiera et al. 2019; de Koning et al. 2013; Kostelny et al. 2016; UNFPA 2017a; UNICEF 2013). A third body of research constitutes evaluations of programmatic interventions intended to "solve" the problem through community and institutional investments. Such approaches include content on health, including sexual and reproductive health content that is not offered in the formal school curriculum (Denney et al. 2015; Government of Sierra Leone 2018). They also include "life skills" educational content on topics such as self-esteem and critical thinking, and all take place in a reserved, regular space to meet other girls where boys and men are not allowed. Programs may also incorporate livelihoods or economic skills-building training. Success or effectiveness tends to be defined as changes in girls' beliefs, knowledge, and behaviors. These include assessments of whether programs lead girls to embrace gender equitable beliefs by, for example, rejecting the idea that spousal violence is ever justified; increase reproductive health knowledge, or changes girls' school attendance, delaying sexual debut or reducing sexual contact, contraceptive use, and experience of violence (Bandiera et al. 2019; Denney et al. 2015). Evaluations of health systems capacity building initiatives, which are intended to increase supply and promote girls' use of reproductive health services, emphasize documenting progress in terms of general quality, such as addressing contraceptive supply shortages (Denney et al. 2016; UNFPA 2015, 2018). In one study, UNFPA documented harsh judgment that providers often girls who seek contraception as a barrier to girls' use of contraception (UNFPA 2018). However, such observations have tended

to appear as functions of individual providers' attitudes or beliefs, stopping short of exploring how they might fit into a broader set of relationships or practices.

While the broader policy, intervention, and research agendas define adolescent pregnancy as a problem rooted in gender relations, little research has, in fact, sought to document the nature of gendered social practices or discourse itself. This is perhaps most evident in studies that uncritically report adult claims rooted in gender stereotypes as *insights* into girls' behavioral motivations. For example, it was common for researchers to report parents' or community leaders' views of that girls' "idleness" is a sufficient explanation for high levels of pregnancy as statements of fact (Kostelny et al. 2016). Such findings have been used, in turn, to promote health behavior messaging that rests on slogans warning about the trade-offs between sexual pleasure and the burdens of parenthood, or for narrow public campaigns about the harms of teenage pregnancy (Denney et al. 2016). Yet, there have been few efforts to document whether such messages are even meaningful to the realities of the situations in which girls become pregnant, or whether they simply reinforce existing girl-blaming messages that are taken-for-granted in communities.

*Adolescent Girls' Health and Empowerment in Global Agendas*

The MDGs and SDGs have defined reducing adolescent pregnancy, child marriage, and girls' school enrollment as markers of progress toward a vision of equitable, rights-based "human development." Partly as a result, adolescent girls' sexual and reproductive health, education, safety, and rights have taken on new visibility in global health and development research and interventions (Every Woman Every Child 2015; Patton et al. 2016). Research that follows this paradigm defines various social and biological outcomes that affect adolescent girls, including school dropout, HIV infection, school dropout, and child marriage, adolescent pregnancy, are at once socially determined and, because they may either directly cause death or injury, or indirectly restrict girls' ability to claim important resources, or social ties, are also part of the social determinants of adult women's health (Blum, Mmari, and Moreau 2017; GAGE Consortium 2017; Haberland, McCarthy, and Brady 2018; Haberland and Rogow 2016). These approaches

integrate a gendered lens: presuming causes of health outcomes are embedded in the gendered organization of social life, with effects that are felt differently based on biological sex (Krieger 2003). This fits into a defines gender inequitable social norms and relationship dynamics, household poverty, girls' subordinate economic status, inadequate provision of sexuality education, and barriers to reproductive health services as parts of a constellation of social and economic "factors" for policy and programming to tackle (Every Woman Every Child 2015).

Global agendas present their commitments as revolving around "evidence-based" approaches to the problems affecting girls, including early marriage and adolescent pregnancy. Like other "evidence-based" public health, this has reflected a drive toward ever simpler, easier to capture indicators that at least appear apolitical and essentially "health" oriented (Adams 2013; Pigg and Adams 2005; Yamin 2019). Global research and guidance documents tend to emphasize a need to "see" and prioritize adolescents as a population, distinguished from adults or younger children largely in terms of their experience of rapid biological/physiological changes, with culture and social conditions imposing meanings that may be more or less developmentally "correct" or appropriate (Chandra-Mouli et al. 2015; Patton et al. 2016; Sawyer et al. 2018). This emphasis carries risks of, for example, fostering a focus on correcting "wrong" cultural definitions of adolescence, rather than tackling substantive differences in, as sociologist Raewyn Connell (2005) defines adolescence, a "terrain of encounters between growing persons and the adult world" requiring a relational, situated approach. However, the prevailing definition in efforts to advance "evidence-based" public health "adolescence" as *both* biological *and* social changes in young people's lives has enabled important challenges and serious engagement with questions about the parameters of what counts as "support" or "protection" on the grounds of what "works" and doesn't work to achieve better "outcomes." For example, a demand for "evidence" has enabled comparative research has demonstrated that promoting critical thinking about gender norms and stereotypes, promoting constructive communications skills, and valuing equitable relationships, all form part of more effective interventions (Haberland and Rogow 2016). This

provides a critical challenge and counter to claims promoting "abstinence-only" sexuality education that treats withholding information as a means to control adolescent sexual behaviors. Advocates for abstinence-only approaches tend to appeal to "common sense" sex essentializing understandings of adolescents as driven by "hormones," in need of control, rather than social agent navigating among social messages about their bodies, sexuality, and sexual relationships. As research and evaluations have accumulated around effective sexuality education, this set of claims have, notably, emerged as increasingly out of step with evidence of what shapes adolescents' behaviors and, in turn, their health outcomes (Chandra-Mouli et al. 2015; Haberland and Rogow 2016).

*Defining Adolescent Girls' Empowerment in Global Health and Development*

The current health, development, and rights agendas define women's and girls' "empowerment" as both a goal in and of itself and valuable to improving health outcomes. This reflects the influence of two influential human rights theories: Naila Kabeer's empowerment framework (1999, 2005), and the "Capabilities" approach, developed by Martha Nussbaum and Amartya Sen (Nussbaum 2011). Both approaches frame empowerment as embedded in and essentially inextricable from social contexts.

Kabeer's empowerment framework conceptualizes empowerment as a collective process of change. It constitutes "the expansion in people's ability to make strategic life choices in a context where this ability was previously denied to them" (Kabeer 1999). These choices are, in Kabeer's wording "first order" choices, which would be consequential to overarching quality of life, such as choices about livelihoods, marriage and sexual partners, or reproductive autonomy (Kabeer 1999, 2018). The Capabilities approach similarly presents the process of empowerment as a progression from the conditions that enable individuals to develop knowledge and skills, and to secure their access to the physical and social resources they need to both exercise autonomy in their immediate relationships, and claim entitlements and protections from the state (Nussbaum 2011; Robeyns 2003, 2011). In both frameworks, the intermediary aims of many educational or

social interventions for girls, including building accurate health knowledge, social relationships, and money may fall into the category of the "resources" that form a basis for exercising choices over time (Kabeer 1999). Kabeer highlights evidence demonstrating that common practices in health programs, such as educating women about children's health care, that prepare women to better embody gender stereotyped roles, as valuable for improving children's health, but that measures that also promoted their control over economic resources, enabling them to exercise greater control over household finances, and expanding the scope of their control over resources and decision-making (Kabeer 1999, 2005). While individual women may appear as "beneficiaries" of interventions, the broader goal of policy or program investments should both address normative expectations to support women's enhanced decision-making and control, and increasing the resources available for women and girls who may encounter conflict or violence when they challenge the practice and/or legitimacy of male dominance (Kabeer 1999, 2005).

Along with the resources that individual women may hold, both approaches recognize that the ability to make and act on choices is contingent on material realities, power relations, and the ideologies that justify or legitimize them. In this way, both empowerment paradigms hold that "empowerment" requires change in the organization of social practices and their sources of legitimacy. Kabeer's formulation of "capabilities" draws on both Pierre Bourdieu's concept of "doxa," or the taken-for-granted ideas of how the world "works" that structures both group and individual understandings of their own place and sense of what is possible, shaping what people consider to be both acceptable and recognizable ways of acting. Kabeer argues,

> The passage from 'doxa' to discourse, a more critical consciousness, only becomes possible when competing ways of 'being and doing' become available as material and cultural possibilities, so that 'common sense' propositions of culture being to lose their 'naturalized' character, revealing the underlying arbitrariness of the given social order. (Kabeer 1999, 2005)

In this framing, "empowerment" is collective, changing both the symbolic and material conditions of individual actions, and expectations for the effects of their choices. Central to this definition is

altering the potential consequences for individuals who may act in ways that defy or subvert dominant expectations:

> In a context where cultural values constrain women's ability to make strategic life choices, structural inequalities cannot be addressed by individuals alone… individual women can, and do, act against the norm, but their impact on the situation of women in general is likely to remain limited and they may have to pay a high price for their autonomy (Kabeer 1999:457).

Thus, surfacing what people take for granted as "natural" in the organization of institutions and as extensions of sex or gender roles, is inextricable from material conditions, laws, and economic relationships.

Kabeer points out that the original, collective, processual framing of "empowerment" sits in tension with both a development agenda dominated by a neoliberal economic ideology that shapes relationships among donors, state and non-governmental actors, on one side; and claims about the value of "tradition," religious, or community cohesion as a basis for legitimacy, on the other (Kabeer 1999). Central features, including altering both the idea of what constitutes a "natural" consequence of women's efforts to claim autonomy, and the material conditions themselves are often "fuzzy," and hard to quantify (Kabeer 1999). Public health and development programs that reflect efforts to navigate among multiple clashing ideological positions and their proponents. In serving a global North-dominated agenda that demands "measurable" changes, development interventions also tend to reflect substantial emphasis on developing indicators of individual women's "empowerment." These may appear as instrumental to other, higher priority changes in behavior, such as health care use, or participation in paid work, rather than part of a process of collective change (Adams 2013; Kabeer 1999).

*Asset-Building and Adolescent Girls' Health and Well-Being*

The "asset building" approach, as defined by the Population Council (Population Council 2015; Temin et al. 2018), is a conceptual frameworks that aim to operationalize empowerment discourse in ways that guide discrete policy or programmatic decision-making. Following Kabeer's definition, which centers on adult subjects, the asset-building approach identifies adolescence as

a distinct life course stage where girls and boys acquire resources that will determine their adult health or economic status (Kabeer 1999; Temin et al. 2018). Asset-building approaches hold that marriage and motherhood, which may be the central symbols of achieving adult womanhood are, when experienced by girls, reflective of a lack of autonomy, and indicative of threats to future well-being, as they are associated with lower school completion, limits on freedom of movement, social isolation, and dependence on men for economic support (Austrian and Anderson 2015; Erulkar and Medhin 2014; Hallman et al. 2018; Temin et al. 2018). This aligns with Kabeer's concept of empowerment, while incorporating elements of the "evolving capacities" definition of children's rights present in the UN's Convention on the Rights of the Child (United Nations 1991). It situates adolescence as a fluid period, characterized by granular age and developmental differences in protection and support needs, and differing abilities to participate in consequential decisions. Finally, like social constructionist approaches, it identifies adolescence as a social location with limited power and high dependence on others for resources (Fassin 2013; Lesko 1996; Thorne 2009).

As with other efforts to incorporate "empowerment" into global health and development interventions, asset-building challenges the presumed primacy of women's and girls' reproductive and caregiving roles, and valorize a broader spectrum of social roles, including paid work and economic independence; exercising decision-making power on personal matters; and participation in public life (GAGE Consortium 2017). Asset-building reflects an effort to balance the needs of measurement, and specifically, measurable changes in individual girls' acquisition of knowledge, critical consciousness, and skills and their theorized behavioral effects; and an understanding of "empowerment" as both collective and linked with a dynamic "enabling environment." (Temin et al. 2018). That is, it rejects the framing of empowerment as an individual-level process to be achieved against a static background.

In keeping with its focus on adolescence, asset-building recognizes that some roles and responsibilities that may be empowering or transformative for adult women may be markers of

girls' vulnerability and exclusion. For example, if a girl is fully economically independent or responsible for deciding whether to continue school, it likely means that she is missing parental support, rather than exercising meaningful independence. "Asset building" as a concept emphasizes the obligations of adults and state institutions to support girls' individual development, offer meaningful protections that shape the spectrum of choices available, such as making girls' school-going both a real and preferred choice for families and girls alike. As a programming approach, it integrates these elements of a gender and empowerment framework with the general, gender-neutral framing of "developmental assets," and "positive youth development," two frameworks that conceptualize adolescence as a developmental phase, in which adolescents come to possess various competencies relevant to adulthood, from developing positive social relationships, interacting with institutions, and a sense of self, to saving and earning money (Harwood 2016; Scales, Shramko, and Ashburn 2016).

Asset-building holds that as girls have the opportunity to exercise critical thinking; build practical and social skills; enhance or increase social networks; cultivate a "voice" or a combination of self-awareness and self-efficacy; and tangible resources, they will build "assets" that they can "mobilize" to claim opportunities or avoid threats (Temin et al. 2018). The idea of "assets," expands beyond the individual level to features of girls' immediate social relationships: rather than being confined to the individual level, they may include meaningful "access" to services, or membership and participation in supportive social networks (Austrian and Muthengi 2014; Erulkar and Medhin 2014, 2017; Temin et al. 2018). Asset-building approaches define preventing sexual violence, delaying sexual debut, promoting contraceptive use, and reducing age disparities in sexual relationships to be desirable program outcomes, but like much of sexual health and sexuality receive limited direct attention in this framework (Cornwall et al. 2007). Arguably, this may support a challenge to sex-essentialist definitions of girlhood and sexuality; while also enabling intervention designs to define "age-appropriate" content on reproduction and reproductive health as just some of many "assets" that girls can use to guard their health, allowing

for attention to the other resources that girls may need and use. This serves to frame interventions in a positive light in settings where adults may view providing sexual and reproductive health content with suspicion. At the same time, in not centering *sole*ly on sexuality, it also places sexual and reproductive health-related decisions in an appropriately broader context of social and material resources, which are also critical to shaping girls' perceived and real agency in forming, negotiating, or dissolving sexual relationships (Bay-Cheng 2012; Jewkes and Morrell 2011).

In practice, asset-building interventions and their evaluation criteria encompass knowledge, skills and practices pertaining to sexual and reproductive health, gender rights awareness, and sexual and gender-based violence as worthwhile knowledge that girls are capable of using to care for themselves or avoid harm (Amin et al. 2016; Austrian and Muthengi 2014; Erulkar and Medhin 2017; Larrea 2020). It is common, for example, for measures of progress in asset-building programs according to include whether they establish a "safe" place to meet female peers, free of male interference. This is an approach that feminist researchers have also singled out in U.S. contexts for similar reasons a space to think critically about received messages about gender roles, sexuality, and power; and to build solidarity with "like" others, building social support and, eventually mobilizing to challenge received, dominant, normative power (Bay-Cheng 2012; Tolman 2012). In practice, this approach does not necessarily appear so radical, as it is also broadly compatible with patriarchal values of protection and restriction of girls' contact with boys or adult men, emphasizes the value of supportive adults, in the form of young women mentors, and "safe" places to meet with other girls. Population Council-designed curricula in Adolescent Girls' Initiative-Kenya (AGI-K), Abriendo Oportunidades (Guatemala), and the Adolescent Girls Empowerment Program (AGEP) implemented in Zambia, all include content affirming girls' bodily autonomy, and use vignettes referencing fictional girls' relationships with boyfriends or husbands to facilitate critical thinking about relationship dynamics, including in relation to decision-making about sex and contraception (Austrian et al. 2018, 2020; Garcés and Broll 2015). The model and content are both intended to be adaptable for girls' ages, and social

contexts, with program content adjusted based on knowledge about participating girls' likely experiences. Although rarely discussed in public health literature, program documents also recognize that this creates a need for intensive community and/or parental engagement to ensure acceptability of content on topics such as puberty and sexual maturity, sex, reproduction, and contraception. When translated from a theoretical intervention to an applied approach, "asset-building" offers a definition of girls' empowerment that balances the demands of a global health and development paradigm that prioritizes "evidence" demonstrating short-term, measurable changes, such as delays in sexual debut or reductions in child marriage among participants or "beneficiaries" of discrete programs, rather than the kind of extended time-scale and collective process that Kabeer's empowerment framework presents (Adams 2013; Kabeer 1999).

*Adolescence as a Political, Social, and Legal Status in Sierra Leone*

While the specific features of adolescent health and well-being that hold priority in current agendas are new, adolescent populations have occupied a central position in donors' aid agendas, interventions, or national discourse in Sierra Leone since the early 2000s and the early post-civil war reconstruction. The 1991-2002 civil war was characterized by pervasive sexual violence against girls and women, and by extensive reliance and involvement of child combatants (Abdullah et al. 2010; Ferme 2018; Mazurana et al. 2002; Shepler 2005). After the war, war crimes prosecution and truth and reconciliation processes alike centered on adults who had been responsible for leading the conflict, rather than on individual child combatants. Instead, ex-combatants appeared as a primary "beneficiary" group for post-conflict investments. Efforts to promote social rehabilitation of returning male "child soldiers" were a central focus of post-conflict social and economic reconstruction, as domestic and international actors focused on the combination of their experience of trauma; potential to disrupt fragile peace in their communities; and the risk that, if they were rejected by communities, they could contribute to further conflict (Mazurana et al. 2002; Shepler 2005). Girls' roles as combatants were rarely acknowledged; resources for reintegration of "bush wives," who were primarily adolescent girls and young women

who had a range of experiences of coercive and consensual relationships with combatants, never materialized in the same degree as they did for male child combatants (Ferme 2018; Mazurana et al. 2002; Stark 2006).

In the aftermath of the conflict, pregnancy and childbearing appeared as evidence of girls' deviation from a hierarchy that assigns families authority over marriage – and with it, sexual relationships, and family formation. And, girls typically faced social rejection and exclusion for their perceived transgressions of a gendered social order and age hierarchy (Ferme 2018; Stark 2006). In the absence of meaningful social reconstruction/reintegration efforts, a reliable social safety net, or other measures to meet the economic or health needs of this group – or any others – they also, perhaps, stood out as a uniquely burdensome group (Abdullah et al. 2010; Ferme 2018). At the same time, the distinct experiences of girls, who made up a large portion of those affected by violence during the war, were seldom distinguished in public discourse from those of adult women, limiting engagement with the underlying normative or structural conditions that may have contributed to their victimization or failures of support (Park 2006).

In the years that followed the war, legal reforms reshaped the official discourse on adolescent girlhood. Feminist advocates lobbied successfully for reforms to gender laws: establishing a formal recognition of individual consent to marriage; raising the minimum age to 18; and strengthening entitlements to property, including for women in "customary," but not legally registered marriages (Abdullah et al. 2010). The Child Rights Act notably included a provision establishing 18 as an age of consent for female genital mutilation/cutting (FGM/C), which is widely practiced, typically for girls in early adolescence, as part of initiation into Bondo societies, or women's "secret societies," where it has historically served as a marker of adult status, marriageability, and belonging to an important, and rare, female power base (Devi 2018; Stark 2006; Vincent 2013). This provision, considered a compromise between positions that claimed Bondo initiation as an essential cultural tradition, and those who defined it as violence and a violation of girls' bodily autonomy, according to international human rights norms (Ferme 2018).

Post-war legal reforms also retained age 18 as the minimum age of sexual consent under criminal law, and subsequent measures intended to increase enhanced penalties for "sexual penetration," or statutory rape (Abdullah et al. 2010; Ferme 2018).

The Child Rights Act coincided with NGO-led efforts to build community awareness and buy-in for both its specific definition of children as independent rights-holders, and in reconfiguring the Sierra Leonean state as a legitimate authority over such private matters as families' treatment of children. Ethnographic research from the early post-war period documented the "relative success" of efforts to promote public knowledge of the Convention on the Rights of the Child; and the ways that adolescent and adult community members alike responded to "sensitization" campaigns:

> This educational activity and circulation of ideas has led to a new centrality of children's issues at all levels. More and more children and young people are invoking their rights as children (rather than, or in addition to, already salient rights as members of ethnic groups or extended family) in a range of settings and circumstances to demand education or claim a role in the nation (Shepler 2005).

Adults in the same study demonstrated substantial resistance to these concepts, questioning the idea of "child rights" as a kind of permission for children to defy existing social hierarchies that placed "youth" at the bottom (Shepler 2005). It is not clear whether any "child rights" concepts, such as entitlements to protection from legal punishment, or participation in consequential decisions retain any lasting place in expectations for adults' or institutional obligations, nor what constitutes a "natural," normal, or healthy trajectory through adolescence. Likewise, it was evident at the time that the Three Gender Acts constituted a major challenge to the dominant age and gendered hierarchies documented in the early post-war period (Abdullah et al. 2010; Shepler 2005). In this case, too, it was unclear whether or to what extent such legal reforms may have been translated into meaningful social changes in either women's material claims to entitlements, or in social discourse on matters such as girls' or women's relative autonomy and independence in matters related to marriage; women's economic rights; or the acceptability of violence against women (Denney et al. 2016).

Donor-funded NGO and government attention to adolescents waned in the mid-2000s before being replaced by “child mothers,” and pregnant girls, as an adolescent population of interest (Denney et al. 2015; Shepler 2005; UNFPA 2011). These approaches acknowledged that such girls, having violated normative definitions of good or appropriate sexual behavior, were subject to both ostracism and economic hardship. However, such “child mothers” were primarily defined as pitiable recipients of charitable commitments to provide rudimentary livelihoods training (Denney et al. 2016; UNICEF 2013). There was limited investment in understanding or addressing either the material or social conditions that placed such girls at risk of early pregnancy, or those that might leave them further excluded once they become pregnant or give birth (Denney et al. 2016).

Given the evidence on efforts to reform from the early post-civil war era, it seems likely that the expectations that adults or girls themselves may have for adolescence as a life stage in a context of such economic constraints. This may be particularly salient in light of the formal entitlements laid out in legal measures such as the Child Rights Act, which make those under 18 largely exempt from either adult culpability for acts of violence or theft, and established new rights to participation in decision-making that otherwise would defer to parents (Ferme 2018; Shepler 2005). While the recent expansion in interventions that focus on reducing “teenage pregnancy,” or “child marriage” may entail funding for public campaigns or community engagement activities that center on disseminating messages about the harms of child marriage or adolescent pregnancy to girls, boys, or adults, or the benefits of girls’ education, this does not necessarily mean that there are substantial resources available to reshape girls’ or their families’ material conditions, recourse for violations of legal rights, nor other authoritative social institutions or their leaders (Denney et al. 2016). Yet, there is little evidence on what adolescents or adults in fact consider “natural” or “normal” adolescent girls’ or boys’ development, nor how the evident changing, and “syncretic” definitions of adolescence in official discourse may relate to popular understandings of substance or the imperatives to action that they may entail.

Similarly, there is a gap in evidence on how girls, boys, adult women, and men may interpret, internalize, challenge, or navigate among multiple, potentially contradictory discourses around adolescence, gender, and sexuality. Little research has explored what adults or young people view as acceptable, aspirational, or deviant adolescence, nor how they assign responsibility for supporting adolescents during this transitional, risky, period. Considering adolescence as a period where girls may acquire assets in preparation for major events likely to happen *during* adolescence, or for adulthood, provides an opportunity to operationalize and focus on otherwise overlooked and too easily abstracted concepts that may form the groundwork for either normative adolescent development, gendered "empowerment" or, potentially, both.

*The Asset Exercise as a Research Tool*

Along with survey tools, program curricula, theoretical and program evaluation literature, one output of the Population Council's work in developing the asset-building approach is encompassed in the Building Assets Toolkit, or "Asset Exercise." The Asset Exercise is an activity developed for use in participatory assessments with community members, including parents and adolescent girls, and as a part of trainings for program staff or mentors (Population Council 2015; Population Council and Women's Refugee Commission 2020). Although not previously used in research, its conceptual grounding and status as a participatory activity make it a promising method for systematically exploring how communities might interpret, endorse, or challenge various ideas of what marks a "positive" transition to adulthood for adolescent girls.

The Asset Exercise includes a "deck" of cards representing individual "assets," many of which reframe indicators used in a range of health education, economic empowerment, and educational programs directed to adolescent girls and young women; and/or legal entitlements, and asks participants to assign them to the age where they "need" them to be able to use them during a healthy adolescence, marking the period as a positive transition to adulthood (Population Council 2015). This is intended to prompt participants to engage with the idea of adolescence as a developmental period, and to consider adolescent girls as a population with gender and age-

specific needs and capacities. It asks participants to consider what girls need to make a "safe and healthy" transition to adulthood and to treat assets as "positive benchmarks," for girls' development, many assets include either implicit or explicit references to harms, and clearly direct participants to consider "assets" that may mitigate girls' risks of sexual and gender-based violence, including abuse at home, at school, or in public spaces. In asking participants to define the age where girls *should possess* an asset, the exercise asks participants to consider girls as agents capable of *using* the information, tangible resources, or skills they develop. In this way, the task of completing the exercise serves to push participants to effectively construct a view of adolescent girlhood that reflects a negotiation among the conceptual framework offered by the Council and the asset-building framework and their existing assumptions, expectations, and beliefs about girls in their communities.

The study that follows aims to address two gaps in existing public health and social science literature. First, in exploring how various community members receive and interpret the idea of adolescence as a period where girls should be developing "assets," and in turn, what ages they consider these assets to be necessary. This contributes to filling a gap in evidence on the normative expectations for adolescent girls and adolescent girlhood, their relationship to structural barriers to girls' health and education, and their implications for adolescent girls' health and well-being in this context. Second, it gathers observations on how various community members interpreted and responded to the Asset Exercise itself, and the concepts that it asserts as important knowledge, skills, relationships, or resources for girls to have. This contributes to evidence on how many of the goals, concepts of gender transformative "empowerment" programming may be interpreted or received by the communities intended to benefit from them.

*Research Questions:*

1. How do adolescent girls, boys, and adult community members engage with the task of the "Asset Exercise," to define ideals and expectations for adolescent girlhood as a developmental period, transition to adulthood? In what ways does the Asset Exercise

serve to surface taken-for-granted assumptions about sex, gender, and girls' development?

2. What do the areas of consensus, debates or disagreement suggest about normative expectations for girls' transitions through adolescence in this context?

**Methods**

Data for this project include visual outputs and discussion transcripts generated from adapting and using the Population Council's Participatory Building Assets Toolkit or "Asset Exercise." (Population Council 2015). The Asset Exercise, which is administered in a small group setting, asks participants to cooperatively define assets girls can and should acquire, and by what ages to safely transition to adulthood. The Asset Exercise operationalizes human rights discourse on empowerment, centering on the idea *exercising* a right is contingent on having the resources and skills to do so *before* it is necessary and uses the question of "what age" girls need each asset to be able to use it when necessary (Kabeer 1999; Population Council 2015). This framing challenges participants to take a stance on what constitutes developmentally or socially "age appropriate" knowledge, skills, resources, and relationships, surfacing assumptions about what "girls need" in terms of intrinsic assets, and sources of support or protection from caregivers and other adults in their communities, and to then consider what is realistic for a program to deliver, to which girls, and what role a program content may play in delivering them (Population Council 2015).

*Context*

The present study draws on data collected in five rural communities in Moyamba District, where local community-based organizations (CBOs) were in the process of introducing girls' club programming. The program's national organizer, Purposeful, selected Moyamba because of Demographic and Health survey data demonstrating high levels of adolescent pregnancy and low levels of girls' school attainment; and its relative proximity to Freetown, the country's capital. The research sites were purposively selected from among 12 communities where the program was

being introduced to reflect a diversity of structural conditions: one large community located at a junction of major roads; the district headquarter town; a town that houses a university; and two remote villages with very limited community resources.

The exercise was conducted in two phases. Adult participants were recruited just prior to the introduction of a new girls' "safe spaces," program, and adolescent participants three months later, once the program was underway. The "safe spaces" interventions were led by local CBOs, with funding and coordination under a shared national sub-granting program led by a national NGO. Adult participants were recruited prior to the introduction of the intervention, and community engagement activities were planned to accompany and promote support for the girls' clubs in each site, either via existing community child protection committees made up of both representatives of official state civil service institutions and schools, and quasi-official locally appointed community leaders, such as the village chief, women's leader, or "youth" leader; or through new groups convened by the CBO. However, these community engagement strategies had yet to be formalized at the time when data collection was conducted. Thus, the Asset Exercise and other formative research activities also formed an introduction to the goals and components of the intervention for adult participants. Adolescent girl participants were recruited from among members of safe space clubs. In one community, girls also identified and recruited two groups of adolescent boys to participate in study activities.

*Intervention Description*

Each of the safe space groups were led by young women mentors residing in each community, and making use of a common, government-approved "life skills" curriculum, which incorporated learning content on gender equality and rights awareness, self-efficacy and self-esteem, reproductive physiology, hygiene, nutrition, and other basic health topics. The interventions, by virtue of creating a girl-only social environment for meeting with peers and a young woman mentor, were also intended to build positive social relationships, promote girls' sense of self-worth and self-efficacy. Each "safe space" was to house two girls' groups, organized

by age: 10-14; and 15-19. Members of younger groups were almost universally enrolled in school, while older groups included both school-going girls and those who had dropped out.

*Informed Consent and Ethical Approvals*

The study protocol was approved by the Population Council's Institutional Review Board, and the Government of Sierra Leone's Ministry of Health and Sanitation (MoHS) Scientific Ethics and Review Committee prior to data collection. In accordance with MoHS rules governing minors' participation in research, which do not recognize emancipated minor status, a parent or guardian's permission was attained for all participants under age 18. CBO partners explained the study and procedures to parents of safe space group members in group meetings and obtained written parental permissions before the start of research activities. Study personnel verified that a completed permission form was available for each participant under 18. Study personnel and CBO staff together administered informed consent for adult participants or assent for underage participants in groups, prior to beginning each session. Assent procedures stressed that participation was voluntary, and that participants would not receive compensation for the study or face any negative repercussions if they declined to participate at any time. Refreshments (packaged water and snacks) were offered during group meetings. A facilitator and notetaker administered each session. Prior to beginning any discussions, study personnel asked for permission to record. All groups agreed to allow recording.

*Data Collection Procedures*

The Asset Exercise was one of three participatory mapping activities conducted in five program communities. Individual adult participants were recruited using convenience sampling from the contacts that the local NGO partners had access to, or those who heard by word-of-mouth about the study, and individual adolescent participants were recruited from girls who were enrolled in their programs. All girls' club participants age 12 and older were eligible to participate if they had a parent's or guardian's permission, although they might be assigned to any of the three activities.

Data for the Asset Exercise were drawn from 14 groups of 4-6 participants each (N=66). Each group consisted of participants who were of similar age and/or occupy a similar position in one of five communities where a new program aimed at addressing adolescent girls' health and rights was to be introduced. During the original activities, adult groups included groups of young women, young men, mothers, fathers, and community leaders, who held some position of influence within their community, such as teachers, town chiefs, or health care providers. Young adult groups were divided by gender first, then by age, with those 18-24 meeting separately from 25-30. Mothers' groups included only women self-identifying as mothers of adolescents and varied in age between early 30s and 50s. "Community leaders" were grouped by this role and met in groups that were mixed in terms of gender and age. Although the study team did not collect specific information about literacy or educational achievement, older participants and, in particular, older women, tended to "sign" consent forms using a thumbprint rather than a written signature, and expressed a preference for facilitators reading and describe "asset" cards over reading them themselves, more often than younger and male groups. This suggested that these groups had relatively low exposure to formal education and/or limited literacy. This would be consistent with socio-demographics for Moyamba district overall, as fewer than 35 percent of women are literate; and for national data, which demonstrate that literacy levels are highest among girls and young women under age 30, at 60 percent or higher, and fall off among older women, to 20 percent or lower for all groups age 35 or older. Similar patterns are evident for men, as younger men and boys are more likely to have gone to school and to demonstrate basic literacy then older men. Notably, at all ages, boys and men are more likely to have gone to school and to be literate than female peers. Half of men and boys in Moyamba are literate. National averages show that more than 70 percent of boys and men under 30 are literate, while those over 35 range between 35 percent (age 45-49) and 60 percent (35-40) (Statistics Sierra Leone and ICF Macro 2020).

Three months later, once the “safe spaces” program was underway, data collectors returned to the same communities to facilitate sessions with five groups of adolescent girls who were participating in safe space clubs, and two groups adolescent boys living in the same community as one of the girls’ groups. Adolescent groups were divided by gender and age (e.g., 12-14; 14-16). Because participants were recruited from existing community-based groups that target in-school girls under age 15, and both in and out-of-school girls 15 and over, school-going status also likely varied. All sessions were audio recorded, and notetakers recorded visuals in hard copy. However, because of variations in recording quality, and objectives of the original project, which prioritized analysis of the asset “maps” over discussion transcripts, 14 that had complete data were available for analysis.

*Table 4.1: Participant socio-demographics*

| *Group* | *N=66* |
|---|---|
| Girls (12-14) (14-16) | n=10 |
| Boys (12-14) (15-18) | n=10 |
| Young women (18-24) (21-25) | n=8 |
| Young men (2 groups 18-20) (21-25) | n=14 |
| Mothers | n=5 |
| Community leaders (4 groups) | n=19 (12 men, 7 women) |

The Asset Exercise served as a semi-structured discussion guide, as each asset card provided a prompt for participants to respond to. During the exercise, all participants in a group received a subset of cards and either took turns reading the card and proposing whether the card was relevant and all, and if so, at what age they thought was the *latest* a girl in their community would need to possess it in order to use it during a safe and healthy transition to adulthood. In groups that included adolescent participants, facilitators first directed participants to name a character,

typical of “girls in this community,” and to imagine what she would “need” and at what ages. Adult groups were told only to imagine “a typical girl” in their community.

Groups reviewed slightly different subsets of the 100 possible assets, based on selections made by facilitators and data collection supervisors. Cards did not follow any specified order: participants could read and respond to whatever set they had, as facilitators assisted in either reading, as in groups where participants’ literacy was limited; or clarifying meanings in Krio.

In reviewing each card, the original participant then presented both his or her preferred age, and a reason why. The facilitator then prompted other participants to contribute their own views. Once a majority of participants agreed, the card would be taped the card to a wall under the designated age, producing a visual map of asset cards arrayed by age. If participants could not agree on an age, the facilitator set the card to the side. Throughout, a notetaker recorded the initial proposed age, final age, and reasons offered on paper. In cases where groups could not reach agreement, the notetaker recorded as “no conclusion.”

*Analysis*

Once exercises were complete, the information on hard copy notetaking guides was entered into an Excel database that reproduced the asset maps in an electronic form. Discussions were also recorded and translated and transcribed in English. After verifying that information recorded on note-taking grids and asset maps matched, I used MaxQDA to conduct an analysis. I first coded discussions by the final age selection, and by asset content, organizing individual assets into thematic groups.

In the first stage of analysis, I reviewed asset maps and transcripts together, first noting the total number of assets reviewed by each group, then counting how many assets were assigned to each age, first within each group, and then in aggregate. Recognizing that each group effectively reviewed a unique set of asset cards, with some reviewing as few as 15 and others as many as 40, I first organized asset cards into a set of broad set of broad thematic categories. I organized the assets first by domain, such as health, economic, education, or violence prevention;

and by the type of actions depicted, such as learning a fact, developing a skill, or controlling a tangible resource.

In the second stage of analysis, I reviewed discussion transcripts. In this stage, I drew on the constructivist grounded theory tradition (Charmaz 2014; Clarke 2005), using an iterative process of coding and analytic memoing to construct themes in discussions. The grounded theory tradition, which constructs themes and theories out of participants' perspectives, rather than imposing them in advance. It provides a means to observe participants' behaviors and practices during an exercise. For this reason, I took note of both group dynamics, particularly participants' relative levels of consensus and disagreement. I then observed the relationship between these thematic codes and those for age assignments and asset cards.

**Results**

The results of my analysis were organized into three areas. First, I first reviewed collected a set of observations from each group's visual "asset maps." This highlighted patterns in ages and types of assets, demonstrating a tendency to assign to late adolescence and early adulthood. Then, based on discussion transcripts, I identified two emerging themes that reflected the decision-making that groups used to assign assets. These were based on girls' "maturity," a multifaceted and underdefined concept that appeared subject to debate between girls' acquisition of a visibly sexed body, their social competencies, and status in relation to legal adulthood. The second area related to presumed sources: parents, school, peers, and experience or observation. Throughout, these illustrated variable views on what was "protective," for girls, or what might come simply through girls' observations or acquisition of assets.

***Visual Asset Maps: Coalescing Around Late Adolescence and Early Adulthood***

Groups' asset maps varied substantially in the amount of information they represented. Some groups reviewed as few as 15 assets, and others as many as 40. To some extent, this seemed to reflect differences in gender and age-related educational attainment. The mothers' group, for example, appeared to review fewer assets than fathers' or mixed "community leader"

groups, likely a reflection of the low level of literacy among older women. Adolescent groups and young adults did not demonstrate similar gendered differences. Younger groups, however, reviewed relatively few assets.

In observing visual maps, it was clear that within and across groups, the primary pattern was to assign most assets to ages 16-20. Some groups produced "maps" of cards in a bimodal pattern: clustered at age 10 or 12, very few in middle adolescence, and another cluster at 18. Others distributed cards more evenly throughout adolescence, but had a clear cluster at 18 or 20, and some placed nearly every card at age 18. Just one group, comprised of community leaders, placed a majority of assets at age 12 or younger, while three groups placed *no* assets at age 12 or younger. Where some cards and, indeed, domains, seemed to appear consistently at older ages, there was not a similar consistency related to younger ages. For example, groups generally decided to place assets that depict girls in positions of challenging authority; knowing about contraception or other reproductive health services; and making or managing money at ages 16 or older. By contrast, while three or more groups placed a few seemingly gender-neutral, developmental assets, such as knowing how and when to wash hands; or knowing the name of the district a girl lives in at ages under 10, others placed even these messages much older. A few groups also placed assets on being able to recognize sexual abuse ("know a good touch from a bad touch"), and/or refuse food, drinks, or gifts, from strangers at early ages, but others placed these assets in middle adolescence. Beyond this, however, there were few patterns by asset themes, domains, or participants' socio-demographic profiles.

Discussion transcripts illuminated the reasoning behind these patterns, which seem to diverge from the guidance offered by the Asset Exercise. While the directions for the Asset Exercise encourage participants to decide what ages girls "should have" a given asset so that they be able to use it in, for example, taking on new responsibilities in home or community life, or claiming an age-related right or entitlement, such potential uses of assets appear seldom, if at all, in participants' discussions.

*Differing Definitions of "Maturity" in Assigning Assets*

Across groups, participants consistently referenced girls' "maturity" as an explanation for when they "should" have an asset. Nearly every discussion included at least one participant's use of the word "mature," "matured," or "maturity" as the reason for a given age. Participants often repeated arguments about "maturity" without defining what they meant by the term, suggesting that the term is also ubiquitous in discussions of girlhood that take place outside of the space of the asset exercise. However, there also seemed to be differences implicit in many of these discussions, as some participants seemed to equate "maturity" with an adult social status; some focused on the risks to girls as they develop "mature" bodies; and others, articulated assumptions about girls' relative competence to exercise independent thinking, or "sense."

*Maturity as Legal Adulthood*

Across socio-demographic characteristics, several groups easily reached a consensus to place assets that related to sex, sexual or reproductive health in any way at age 18. In arguing for 18, they often cited girls' "full" maturity: an idea that seemed to encompass a set of assumptions about girls social and physical development and sexual experience. In doing, they produced an image of 18 as a marker of not only social acceptability, but a kind of assumed experience.

Sometimes, "maturity" appeared underdefined, appearing in vague statements about girls' "maturity stage," while in others, participants state frankly that they expect girls to be sexually active by 18. A group of boys, ages 12-14 demonstrated one version of this reasoning, stating that 18 is girls' "maturity stage," and, more directly, that she would "*know where to get these things because she has started involving in sex."* This direct statement was noteworthy in part for the fact that it comes from such young participants, suggesting that they had heard this kind of message at home, school, or among peers.

In other discussions, it was clear that participants' emphasis on the idea that 18 was an acceptable age for sex crowded out any other considerations that they might have about the

relevance of a given body of knowledge. For example, one group of young men considered only ages 18 or 20 for "know the biological basics of sex and reproduction," because 18 marked girls' "maturity stage," or, as one participant stated, "she will know everything about sexually related activities" at age 20. In some groups, participants applied such reasoning to discussions of assets that did not directly reference sex, such as: "know the danger signs in pregnancy or labor, and where to get help" (Card #28). One group of community leaders assigned this asset to age 20, because "she is well matured to know when one happens to be in labor pain and those she should meet in that situation," or because "she is legal and matured to be pregnant at that age." This suggested that the participants were focused on the conditions when sex and pregnancy were acceptable that they did not consider the relationship to health or safety. It seemed to reflect an assumption that girls only "need" to know such information once pregnant themselves, rather than to provide help to others.

Participants who focused on "maturity" often implied or alluded to a combination of reaching 18, having sex, and "knowing everything" about sex, including contraception, pregnancy, and sexually transmitted infections (STIs) or HIV, and the health services that go with them. At times, it appeared as if participants viewed girls' arrival at the age of majority as sufficient to provide all the information they might need, with little consideration of how they might obtain that information. Participants focused on age, following the exercise prompts, without any discussion of marriage, or other conditions that make girls' sexual activity permissible. Likewise, participants emphasized the conditions that mark girls as "mature" enough to have sex so strongly that other questions or topics, such as whether girls "should" be able to prevent pregnancy, went un-discussed. This may have reflected an assumption that sex and marriage were inseparable, or a tacit recognition of the fact that marriage often follows a pregnancy.

*Physical Puberty, "Mature" Sexed Bodies, and Pragmatic Protection*

In several discussion passages, participants described "maturity" as a function of girls' post-pubescent physical appearances. Specifically, this centered on a presumption that

developing a “mature,” sexed body carried individual obligations to conform with a moral order, seemingly with little support. Unlike discussions that revolved around age 18, claims centered on girls’ physical maturity often directly acknowledged the conflicting pressures girls would face as they reach puberty. Yet, participants seemed to presume that “protective” assets would function to warn girls against putting themselves in danger, often in the form of contact with men.

In some instances, participants seemed to recognize that contradictory pressures on girls and opportunities for men to either abuse their power or threaten girls’ reputations. Here, “assets” appeared as practical forms of knowledge that girls could use to protect themselves. They also alluded to expectations that girls act as sexual gatekeepers, tasked with refraining from any sexual contact. Groups of girls and young women interpreted asset #10: *“*Know to ask for a female authority when she is uncomfortable with a male,” which relates to girls’ comfort speaking with male authorities, beginning with an assumption that male authorities were an inherent threat. For example, in a group of girls, 14-16, one participant argued that girls should have this skill by 14 “Because at that age, she should know that if she continues to encourage touches that are not good from a man her future will be destroyed by the man.” The remaining participants offered similar arguments even though they argued for different ages:

> P1: 16 Years . . . because at that age she would have known that too much playing or touching of one of her parts continuously by a man will lead to something else.
>
> P3: As for me, I will go with 12 years old. . . Because at that age she will know that men are out there destroying young girls and if she encourages them with telling elders she will be destroyed.

Members of a group of young men (age 18-20) persuaded others to assign an asset on knowledge of the “teacher’s code of conduct, which includes not inviting students to their home, and not asking special favors” (Card #24) based on the idea that “She has been advised by her parents not encourage such,” by age 16; or as one participant said, regarding age 10: “She has been told by her parents not to ever do’s especially when she has started developing breasts.” A second participant endorsed the latter argument, persuading the group to assign the asset to age

10. Notably, none of these participants described a process of girls' learning or acquiring a skill. Instead, they highlighted a unidirectional form of "warning" and instruction for girls to resist male advances.

A group of community leaders express a related concern over the realities of girls' experiences during adolescence: that girls economically dependent position leaves them vulnerable to male manipulation. However, they agreed that this would be a reason for girls to develop economic independence early, by "having a skill that that earns money" (Card #16) by age 14:

> Because at that age she knows the skills will keep her busy after school and that will help her get money so that men will not convince her with money to foolish her because she is making her own money.

This stood out as a clear statement in favor of girls' economic independence to protect girls from seemingly inevitable male manipulation.

Some discussions of where and how to place assets included debates over what *kind* of maturity to prioritize, suggesting differences between girls' likely experiences, and normative expectations. This appeared to be the case even for assets that referenced high stakes, potentially life-saving knowledge, or skills. For example, one group of young men (18-20) debated whether to assign "know signs of danger during pregnancy and labor and where to go for help" to age 12 or 18. While one participant suggested that 18 was appropriate because "that is the start of adulthood," and one who supported age 12 argued that "girls grow too fast," both those who argued for 12 and 18 agreed that such knowledge *will* come when girls "know about sex," or "hear from past experience of elders or friends." These participants, as others, did not seem to consider how girls would use the knowledge itself, even though it references potentially life-saving information in a health emergency. Instead, they focused on whether girls are "mature" in the sense that they are likely to be exposed to information or experiences related to sex at a given age.

*Maturity as "Knowing Good from Bad:" Critical Thinking vs. Instruction in the Moral Order*

Along with maturity, participants often assigned assets based on when girls "should" know "good from bad." These discussions further elevated ideas about girls' *ability* to make independent judgments; their *need* to recognize when someone wishes to do them harm; and when girls become responsible for conforming with the normative moral order and may be punished if they were seen to fail. Three members of a group of community leaders debated whether to assign the asset "know what abuse is – be able to recognize the difference between a good touch and a bad touch" to age 18 or age 12 but used similar reasons:

> P2: At the age 18. . .Because at that age she is now matured to know the difference between those touches.
> P4: At 12 Years old. . . Girls mature early - that is physically, so, she should know the good touch from that of the bad one.
> P3: 12 Years old. . . Because puberty starts at that age and because of that she should know what touch is good and what is bad.
> P5: 12 Years old. . . Because girls mature early and they should start by that age know good from bad.

Here, the argument for assigning the asset to age 18 seemed to reflect an assumption of girls' prolonged immaturity and incompetence, and, with it, the requirement to withhold any information about sex from girls under 18. The participants who argued for placing the asset to age 12 suggested that girls' physical maturity creates an imperative for "knowing good from bad." The meaning and source of this imperative were ambiguous. It may have been a pragmatic assessment of the rising threat of abuse that girls may face as they transition to adolescence: that they need to be able to identify those who wish them harm. On the other hand, it may have been an extension of the idea that girls "need" to understand that all sexual contact is "bad," with less regard for the potential danger at hand.

*Maturity as Social Competence*

Where participants invoked the idea that girls of a particular age are "mature," this appeared as both a reason for assigning assets at a relatively young age, or the inverse, suggesting that girls either cannot or should not fully possess the competence they need to

challenge authority, manage conflict, or control their own emotions until they reach adulthood. Participants rarely volunteered in-depth explanations for either, suggesting that despite participants' tendency to invoke the ideas of "maturity," and knowing "good from bad," as if they are widely understood and shared, they may, in fact, be referring to very different, potentially opposing, ideas. This framing appeared across a range of asset topics, including those that related to various forms of social relationships and the power dynamics that shape them. This form of "maturity" is the only version that departs from the tendency to foreground control over girls' sexuality. However, their meaning was unclear. And such discussions also may just as easily reflect sex essentialist stereotypes that presume girls to be naturally incompetent.

One group of young women, ages 18-24 debated when girls should be able to resist peer pressure (Card 98), deciding between age 12 or 18 and a group of young men ages 21-24 each debate between age 10 or 12 and age 18. In both groups, participants seemed less concerned with the question of the age when "peer pressure" or influence might become a salient topic and more concerned with assigning the asset based on when girls have the prerequisite skills to "know what is good for her," and "make decisions on her own," or demonstrate "common sense." Though they did not include explicit reasons for their opposing views, disagreements seemed to revolve around the question of when girls develop abilities to exercising independent thought and reasoning: whether this was at 18; part of the initial transition to adolescence, at age 10 or 12. In both groups, the groups ultimately decide to place the asset at age 18,

Discussions of skills related to emotional regulation, and, specifically, to managing anger, were similar to those that relate to managing social pressure. Two groups of young women (18-24 and 22-25) illustrated the breadth of perspectives on these topics. In the group of 18–24-year-old women, one participant suggested that girls need to reach 16 to "start controlling your anger and try to know what is good from bad," while another endorsed age 12 because "she might have started developing the sense of respect for elders and her peers," a point that appeared persuasive, as the rest of the group agreed to age 12. This use of the idea that girls should be

able to demonstrate “respect” was consistent with a sense of the primacy of girls’ ability to conform with expectations of obedience and deference to adults, rather than that they should be able to exercise autonomy. By contrast, the group of young women 22-25 reached a consensus about girls’ ability to manage anger, agreeing that “the child will be matured enough” at 18, or as one participant states, “She should at that age be able to control herself and try not to do wrong things when she is vexed [angry/stressed].” This decision suggested that the participants considered emotional regulation an adult capacity, although it was unclear whether they defined it as a skill that girls would develop over time, or as one aspect of “maturity” that communities expect of girls on reaching 18.

Like the skills to navigate social encounters and manage emotions, discussions of assets referencing girls’ exercising judgment or asserting preferences that may conflict with authorities highlighted the variation in participants’ understanding of what constitutes “maturity,” in girls’ social relationships. However, these discussions also appeared to prompt participants to consider the balance between what they expected of girls, in terms of capacities to use the assets in question against the imperatives created by situations girls might encounter. For example, one group of community leaders’ discussion of when girls should “Be able to tell her parents that what they want her to do is illegal” (card #30) revolved around the same terms of “maturity” even as broad range of ages, from 10 to 20. The participants who endorsed ages 10 and 20 both used similar terms, invoking the idea that girls are “mature” at the ages they endorsed. One participant stated that by age 10*, “*she is matured and can take decisions for herself,” invoking the idea of girls’ autonomy. By contrast, the definition of “maturity” offered by participants who called to place the asset at age 18 or 20 referenced a more nebulous version of mature moral reasoning. In stating, “20 years is matured now and she can tell what is good and what is bad,” or at 18 “she is now a matured person and can tell good and bad things,” the participants seemed to suggest that girls are sufficiently able to judge what is “good and bad” according to the standards of the community, and, perhaps, that because once legally adults, they would have the standing to

challenge or reject parents' decisions. One participant proposed assigning the asset to age 14 because "She should have recognized that certain things are parents her doing is not good and can be in a better position now to tell them what she thinks," implying that girls would have the capacity to know the law and, further, to express this to her parents. However, the group concluded that the asset should be placed much older, endorsing concern over community norms and the preservation of parents' authority over adolescent girls as legitimate.

### *Determining Appropriate Age by Asset Source: Parents, School, Peers, or Experience*

Along with girls' "maturity," a common argument for placing assets at various ages revolved around the sources that participants attribute them to. As with the "maturity" discussions, girls' abilities to acquire or mobilize assets occupied limited space when participants assigned assets based on what they think of the source. These discussions illuminated expectations about obligations and resources available to both girls and the institutions and adults who may be responsible for equipping girls to navigate from childhood through adolescence and prepare for adulthood.

#### *Parents as Sources of Discipline, Instruction, and Support*

Parents appeared as a source of many assets, although parents' roles might entail providing instructions in basic skills, knowledge, or warnings for navigating social situations that may occur in early childhood. Several groups easily reached consensus on the idea that parents should "have taught" when and how to wash hands by age 6 or 10; that she should be know the name of the district she lives in. A group of young women (18-24) concluded that girls should be able to "tell," who fits the category of "strangers" at age 12, while also suggesting that parents will and should provide relevant warnings earlier, "Because your parents might have told you at your tender age not to take food or gift from strangers and so, at age 12 you can still remember that." Additional groups, including community leaders and young men placed this asset even younger, at age 6, for the same reason: that parents "will have taught," "tell," or otherwise instruct girls when to welcome offers of food or gifts, and when to refuse a "stranger's" offers to avoid harm.

Both appeared to be references to the expectation that girls would face a growing threat of male sexual abuse or manipulation, a point that also appeared in discussions of assets related to navigating relationships with authorities, teachers, and others. Some participants recognized parents' roles in supporting girls' development of a sense of self-worth or self-efficacy. For example, one member of a group of young men (21-24) described a positive role for girls' development of a productive skill that earns money: "her parents have taught her that her talents will help her get money for herself, so by age 10 she will start identifying her talents and plan to make use of it." This persuaded other participants to endorse the participant's argument over another participant's argument for age 18. Another group of young men (ages 18-20) discussed the idea that girls should "know she has the same rights as her brother." Where one participant endorsed age 18 without offering a reason, two suggested that it is an important topic for home discussion and parents' instruction:

P1: 14 years because you must have been taught equality at home.
P3: 14 years because she has senses at that age.
P5: at age 16, you start to have discussion on it both with friends and other relatives.

While one participant endorsed the relatively late age of 16, he also suggested that girls were active participants in their own learning, a contrast with images of girls as recipients of others' knowledge, or the kind of non-specific assumption declaration about the expectation that they will just have "senses" by the age in question. This was a subtle, but important difference that appeared across groups. Although the specific reference to "equality" was not repeated in such direct terms elsewhere, participants often suggested that girls would develop awareness of rights or build skills to navigate challenging situations based on similar images of engagement or dialog.

Discussions of girls' economic skills and resources were an exception to the tendency for participants to accept earlier ages where parents are involved. While all the discussions of skills or knowledge in making or handling money suggested that parents are the primary, if not sole, source of these skills, participants also tended to agree, both within and between groups, that girls would develop such competencies only in later adolescence. For example, a group of girls

(14-16) agreed with a participant who stated that girls should have short-term financial goals and plans to meet them (Card 32) at age 16 because "she would have seen her parent doing the same thing, and it came out successful," and with a participant who proposed that girls should be able to make decisions between "earning options" (Card 17) at age 18 "because she sees how her mother does business." These points suggested that participants supported the idea of girls' capacities to develop assets through observation or with minimal direction from parents. It was not clear whether they considered this a positive reflection of girls' relative self-sufficiency and ability to take on adult responsibilities in later adolescence; an example of younger girls' inability to develop the skills they will need to be economically independent in later adolescence; or another possibility entirely. In any case, the consistency with which groups assigned parents to the role of girls' financial and economic educators suggested that there were both expectations that girls *need* the information and skills in question, and that there were no other sources for them to learn or practice these skills.

*Primary School as a Source of Factual Knowledge – But Little Else*

Like acquiring assets from parents, "she should have learned that in school" appeared as a common reason for why participants assigned assets to given ages. This may apply to assets that participants characterize as "basic" skills or factual knowledge, such as reading and writing or doing math; civic knowledge, such as "know the voting age, where to register, and how to vote;" or "know the minimum number of years of school to which she is entitled," and in a few cases, basic health knowledge. Yet, there was substantial disagreement about what this means for the ages when girls "should" have the assets in question. Like discussions about what parents provide, participants may have used the idea of school as a source of an asset to argue for a relatively young age, such as 8 or 10, or much later, at 16 or 18.

A few participants suggested that school is or should be an important source of knowledge related to sex and reproduction. Such participants demonstrated a similar ambivalence around assigning basic educational assets to ages under 18. At the same time, many passages were

ambiguous in terms of whether participants were describing what they believed girls would learn from existing school curricula, a hope that school would fill in where existing sources were absent, or anxiety about the prospects of providing information too early. For example, among groups that considered what age girls should "be able to identify parts of her own body and that of the opposite sex," a group of girls (12-14) considered ages 16-20, even though they named school as a source of this information. By contrast, two groups comprised of older participants: young men, 18-20, and community leaders, suggested that girls will "start learning in school" about the body at age 6 or 8. More comprehensive sexual and reproductive health knowledge, such as knowledge of contraception and condoms, also appeared in some groups, even though these are not part of the current school curriculum (Government of Sierra Leone 2018). For example, one group of community leaders endorsed one participant's statement that girls "must have been learning about prevention [condoms and contraceptives] in school" by age 12. Though, when stated as a fact, this is incorrect, it suggests that the participants in this group supported the idea of schools as a source of comprehensive sexuality education, and that they viewed providing such information to girls from age 12 to be valuable and worthwhile.

*Peers and Friends as Filling in Gaps in Girls' Social Learning and Health Knowledge*

Peers, "sisters," "elders," or "friends" appeared as sources of information, instruction, and advice in matters ranging from social participation and inclusion to civic education, and, to a lesser extent, awareness of health services or advice on sexual and reproductive health. Friends in these discussions appeared as slightly more knowledgeable, and speaking from experience, rather than necessarily offering concerted guidance. The assets that various participants attribute to friends come from a range of themes and uses, with peers appearing in various positions, from providing advice or guidance from relatively early in childhood, to serving as sources of warnings and caution in later adulthood.

Some discussions of friends' roles carried a clear positive valence, with friends helping girls to participate in childhood social life, such as preparing them to "know how to play traditional

games," between ages 6 and 12. Elsewhere, in terms of topics such as knowing when and how to vote, friends and peers appeared as part of girls' general social contexts, and informal sources of guidance. For example, in assigning this asset to 18, one participant in a group of community leaders stated, "Because at that age she has got to know the legal voting age through friends or through her parents." Two other groups: a set of community leaders, and a group of young women (22-25) suggested that friends are one of several sources where girls will learn about voting and the voting age. This suggests that participants understood such topics as normal features of girls' social lives, and that friends were a relatively reliable source of information. At the same time, where participants repeatedly cited peers and friends as sources, there was no mention of institutionalized efforts to provide this kind of learning, suggesting that participants assumed this to be unusual.

Topics such as preventing pregnancy or STIs, or understanding the potential harms of early marriage, friends appeared as sources of wisdom and advice, and, in some cases, cautionary examples. Sometimes, as in one group of community leaders, older girls appeared as sources of advice, reinforcing knowledge that girls might acquire from other sources, such as parents or school. In response to the question of when girls should know about STIs and their prevention (Card #82),

> P4: At the age of 18. . . At that age she must have learned that in school and as well know from her parents what to do to prevent herself from getting sexual transmitted diseases.
> P3: 14 Years old. . . Because at that age she must have been told by her parents about disease one when get through sex and what to do not to get such sick.
> P5: I am supporting what number 3 has said.
> P6: 14 Years old. . . Because at that age, she will have friends or elder sister that might have started telling her things about sex and what to do not to get sickness through sex.

The group seemed to suggest that such learning either was or should be a topic of discussion in girls' schools, homes, and among peers during adolescence: an important contrast with the more common and, arguably, dominant, view that equates age 18 with both girls' sexual debut and the idea that they will somehow acquire information about sex, reproductive health, and health services. At the same time, however, few participants expressed this view. Instead, participants

described peers as the primary source of information and advice on topics related to sex or reproductive health. However, participants were also vague in terms of the substance of these discussions, or the extent to which they considered the "advice" that friends might offer to be valuable or reliable. As noted above, where a member of a group of young men (18-20) argued that girls "should" learn about the "danger signs" in pregnancy and labor from age 12 because "girls these days grow up fast" and, because some girls begin having sex at relatively early ages, would become pregnant and, in turn, share their experiences with younger girls. Whether participants assumed that sexually experienced friends would serve as sources of advice or guidance in how to navigate sexual relationships, nor how they expected girls to use the information that friends might provide went unstated. Thus, such passages may reflect simple observations or expectations that girls *will* learn about sex from friends, rather than judgments about whether information that they would acquire will be protective or dangerous.

In a few passages, friends and slightly older peers appeared as examples for girls to take as warnings. A group of young women (18-24) agreed that girls should learn that "early marriage carries a lot of risks and challenges" from age 14 because "you would have started to hear from others about that and as such will be careful." A group of community leaders assigned this asset to age 16, following a participant who argued, "she might have seen what others at that age are going through or have gone through because they married at an early age." Both suggested that premise of the card: that girls *needed* to know that it was risky to marry early, was relevant. This further supported an idea that men posed a threat to girls. However, it was unclear whether they considered this is a matter of persuading girls to reject romantic notions of marriage, or a more specific effort to persuade girls to abstain from sex. It was also unclear to what extent participants considered this asset to be valuable or relevant to enabling girls to delay marriage until they are "ready," or prepared to identify a suitable partner, or negotiate a more equitable relationship; or whether the "risks" to married girls were just part of an argument for girls to refrain from sexual contact until they reach the age of consent.

In various passages, participants seemed to focus on describing the contexts that surround girls at various ages, rather than considering how girls might use a given resource. This was the case even where they also portrayed girls as active participants in their own learning, in teaching peers, or learning through "discussions" of various topics with peers or adults. This related to a range of topics, from how to vote, to how to access services, or use contraception or prevent STIs. Indeed, it appeared that participants may have expected girls to learn about topics related to sex and sexuality via such conversations but did not necessarily view this as an "asset."

*Experience as a Source of Knowledge without Protection*

Girls' own experience constituted a final category of asset sources. Like discussions that position peers as sources of information, girls' direct experiences seemed to be more a set of assumptions and observations than statements of the value of the knowledge or skills they convey. The arguments in these passages overlapped with ideas about girls' development of competencies or skills over time, and with little guidance or input from others; and with the idea that girls need to accumulate experiences and observations over time to reach adult levels of competence and awareness. Much of the discussion of what girls would learn or develop on their own suggested participants anticipated that girls would witness or experience violence at home or in community spaces; and/or that they would have little guidance in interpreting what was happening around them. A group of mothers considered card 48, "know that violence is not only done by strangers, but also occurs within families" with references suggesting that girls' knowledge would come early, shaped by what they observe at home:

P4: 18 years. She has senses of reasoning by them
P3: 14 years because is she matured enough to ascertain that
P2: at age 10 they are smart by then to know that
P1: 10 years, same reason
P5: at age 14 she becomes aware of violence around home

A group of girls 14-16 assigned this asset to age 12, as one participant argued for age 12 "because she has seen the same things happen in the community before." Similarly, a group of

young women (18-24) agreed that girls will learn about family violence from observing their families:

> P 4: 12 Years old... Because she can see from within her family how they are behaving with each other.
> P 1: 16 Years. . . She will start to know those that love her and those that do not love her.
> P 2: 16 Years. . . At that age she can tell those that like her in the family.
> P 3: The same idea with number 2.

In contrast to the ambiguity that surrounded ideas of "knowing good from bad," or "right from wrong," as a function of girls' obligations to either a moral order or independent thinking, these passages pointed to an expectation that girls would encounter violence and, in turn, learn by experience. There were no mentions of other sources of this knowledge, nor of what means might be available to prevent such violence.

**Discussion**

This study has explored how diverse groups of community members interpret and use the Population Council's Asset Exercise to describe an aspirational view of adolescent girls' progression to adulthood in Sierra Leone. It has captured how participants, who include adolescent girls, adolescent boys, young women, young men, mothers of adolescents, and community leaders, in five rural communities in Sierra Leone engage with the overarching premise of the Asset Exercise: that girls' ability to make and act on informed decisions, access social and material resources are fundamental to determining whether they can both realize a positive, safe, and healthy transition to adulthood. In addition, it has shown how these groups interpreted and assigned specific "assets," representing various tangible resources, relationships, knowledge, and skills. The latter spanned a range of domains and topics, from basic skills or knowledge that any child might be expected to acquire, to those that may challenge taken-for-granted, gendered social norms, beliefs about sexuality and reproductive health, and generational authority.

Results offered insights into how a diverse cross-section of community members in five rural communities engaged with the premise of the Asset Exercise: that adolescent girlhood is a

developmental phase, where girls may acquire “assets” that prepare them for future adult responsibilities and decision-making, whether that is within the scope of prescribed gender roles, such as marriage and child-rearing; or are directed toward a more expansive set of potential roles, such as pursuing an education, earning and managing money, or participating in civic or political decision-making, which would mark a broader range of potential “strategic life choices” (Kabeer 1999). It asked participants to treat adolescence as a continuum, in which where some constraints on girls’ agency and autonomy constitute legitimate “protections,” even as they acquire greater responsibility, obligations, and expectations to endure any negative consequences of their actions over time, all part of common definitions of “adolescence” in various contexts (Connell 2005; Lesko 1996; Thorne 2009).

The findings here contribute to filling gaps evidence on the normative expectations for adolescent girls and adolescent girlhood, their relationship to structural barriers to girls’ health and education, and their implications for adolescent girls’ health and well-being in this context. In gathering observations on how various community members interpret and respond to the Asset Exercise itself, it contributes to evidence on how concepts of gender transformative “empowerment” programming may be interpreted or received. These observations, based on an adaptation of the Population Council’s “Asset Exercise” elicited variable perspectives on what constitutes a desirable or appropriate transition from girlhood to adulthood; explore how these might align or differ from a definition of girls’ “empowerment,” used in global health and development programming across various global contexts. This definition, the “Asset Building” framework, presumes that as girls build knowledge, skills, social ties, and gender equitable beliefs and attitudes throughout adolescence, they will assume greater control over their sexual and reproductive lives and relationships, enabling them to avoid early pregnancy, pursue an education, delay marriage, and gain access to a broader range of opportunities in adulthood (Temin et al. 2018).

*Prioritizing Social Order Over Adolescent Girls' Development*

Among the central premises and assumptions guiding the Asset Exercise are that while participants may approach the activity reluctant to consider girls as responsible users of some information, such as knowledge about sex or contraception, they will be willing to consider adolescence as a developmental period, and to assign "assets" based on what they think that girls need, and when, in order to be "successful," according to local normative expectations. It further presumes that participants will be willing to consider adults' and institutions' roles as centering on support and guidance, even if they may at times set rules or aim to control girls' movements or behavior. This proved tenuous over the course of data collection. Regardless of their content, "assets" generally appeared as a reserve of adults, as groups tended to place large clusters of assets at older ages, generally after 18.

While there were no overt challenges to the "assets'" validity or relevance, nor to the idea that girls could leverage a given asset to keep herself safe or healthy, participants often seemed to offer little, if any, focus on girls themselves. Instead, they tended to revolve around a discussion of what adolescent girlhood "should" entail if it were to fit with a view of what was "natural" for girls, and/or a desirable social order. At times, this was interspersed with arguments focusing on whether girls were capable of handling information responsible; or with claims about when girls would "naturally" acquire a skill or have an experience that would automatically equate with providing "assets." These passages suggested that a sex essentialist view of girls' development, marking adolescent girlhood as a period defined by incompetence and irresponsibility: an element of both social and biomedical discourse on adolescent sexuality (Irvine 1994). However, there was also a tendency to simply treat girls and their development as secondary in importance: to approach the question of when girls "should" have a given asset, not so much for their own development, safety, or ability to fulfill social expectations, but what girls "should" have in an imagined social order, where adult institutions and orderly hierarchy were effectively managing their behavior. Together, these were consistent with findings from across contexts that

demonstrate the taken-for-granted nature of ideas of control and regulation of adolescent girls' behaviors – sexual and otherwise, while treating girls' own agency, autonomy, and skills as low priorities. Indeed, this often the norm popular and public health institutions alike, where stereotypes of adolescence often begin with presumptions of immaturity and unruliness that justify de-prioritizing girls as a population, and withhold information in favor of approaches in parenting, school discipline, and other social policies (Jewkes et al. 2009; Lesko 1996; Nathanson 1991).

The view of adolescence as a period where girls either do not "need" or are not capable of handling assets incorporated a strong sex essentialist dimension, suggesting that there were ages where girls would simply "have" what was necessary to fulfill adult women's responsibilities. Similar to the age-essentializing idea of adolescence as a period of unruliness and immaturity, assumptions that girls would simply acquire what they need, when they need it, suggested that participants understood that whatever women's roles might be, they do not require substantial preparation to perform well. Such claims can function as justifications that naturalize girls' and women's subordinate positions, including by withholding information or resources from girls, and punishing them for failing or defying their prescribed roles (Fine 1988). This notably follows common findings from past studies in Sierra Leone, where studies on topics such as responses to gender-based violence, tend to demonstrate both the mutually reinforcing features of a poorly resourced system of reliable institutional or social support for survivors, and the pervasive influence of patriarchal norms that tolerate male violence, while also, perhaps, directing attention away from girls as a group with distinct age and gender-related risks in this context (Denney and Ibrahim 2012; Horn et al. 2016; Park 2006). Such a combination of structural deficiency and underlying patriarchal social norms often rest on an elevation of other values – often, of cohesion, stability, or family support – while limiting what strategies appear possible for girls to pursue(Jewkes and Morrell 2011; Sommer, Munoz-Laboy, et al. 2018).

*Age 18 as a Default*

There was an overarching tendency, across groups and topics, to assign assets to age 18 or older such that it appeared as a kind of "default" age when it was acceptable for girls to have assets. This appeared not just in the fact that participants frequently assigned assets to age 18, but that arguments for this age appeared with relatively little minimal detail or explanation. This was most evident for assets related to sex and reproductive health, questioning, or asserting independence from adult authority, and managing money, as participants often appeared to assume that although it also appeared in some groups as the dominant choice, regardless of the "asset" in question.

The fact that age 18 appeared as a kind of "default" age, seemed to communicate what participants consider acceptable and "adult," mirrors features of Sierra Leonean legal norms, including laws establishing 18 as a minimum age of marriage and sexual consent (Government of Sierra Leone 2012, 2018). At the same time, it diverges from other official norms, including the Child Rights Act (Government of Sierra Leone 2007). The latter was developed with the explicit intention of promoting a normative change in the ways that children's subjectivity, entitlements, and responsibilities, were imagined in the post-war period: a body of legal reforms intended to recognize girls' bodily autonomy apart from their parents (Government of Sierra Leone 2007; Shepler 2005). This suggests that, as in other settings that have aimed to prioritize girls' "protection," from male sexual advances, concern over the burden that early marriage or childbearing may place on girls' future prospects was diluted by any sense that actions to achieve this end might conflict with adult authority and control over girls (Kanguade and Skelton 2018; Parikh 2012).

Notably, the taken-for-granted status of age 18 as a marker of "maturity" also appeared as an indication of girls' possession of all necessary knowledge around contraception, avoiding STIs or HIV, or using services: information which largely appeared to be transmitted by friends, or "elders," or simply acquired without specific sources. Indeed, participants did not voice

substantive objections to ideas that girls should learn or use contraception, per se, so much as this appeared as part of a realm of sexual knowledge that was the reserve of adult womanhood. This suggested that as in other settings, there was a sense that providing sexuality-related information was, perhaps, tantamount to encouraging girls to have sex, creating an imperative for adults to withhold such information (Fine 1988; Luker 1996). As in those findings, the prevalence of this view suggests an imperative for adults to withhold information: an important potential contribution to girls' risks of early pregnancy. However, there also appeared to be both some degree of resistance to this idea on pragmatic grounds, as some participants disagreed; and a kind of binary view of age, as information might be allowed, tolerated, or simply assumed to be available once girls reached 18.

The treatment of age 18 as a marker of "maturity" adds nuance to existing literature on adolescents and their rights in Sierra Leone. Notably, this suggested that there was not a simple conflict between objective definitions of adulthood and a "traditional" definition of the boundary between childhood and adulthood that presumes girls will assume adult status as soon as they either reach puberty or undergo initiation to Bondo society, as both Sierra Leonean policy documents, and some public health researchers have claimed (Government of Sierra Leone 2018; Kostelny et al. 2016; Stark 2006). Instead, the idea of age 18 appeared as a uniquely important marker of adult status, where girls appear as "adult" and competent to manage information across a range of domains, including sexual and reproductive knowledge. Further, as participants expressed them, these ideas appeared as a kind of afterthought: a set of assumptions supported by allusions to underdefined terms, such as "maturity," without requiring elaboration. This, in turn, appeared rooted in assumed overlaps between official policy and legal discourse that emphasizes age 18 as the age of consent, and a social discourse that collapses knowledge and information related to sex within a moralizing, sex-negative frame.

*Girls' Moral Capacity for "Knowing Right from Wrong" and "Good from Bad"*

Girls' thinking and reasoning capacities appeared dominated by the question of whether they "know right from wrong" and were able to fulfill their obligations to conform with a moral order. However, this reductive view was not the only discourse present. Many passages suggested that participants understood that girls typically face adolescence unprepared and unsupported to fulfill the obligations of a "good" adolescent girlhood. The terms of debate, between sex essentialist normative expectations of girlhood as a period of sexual ignorance and girls' likely lived experiences, was most evident in debates over whether to assign assets to age 12 or 18. Both perspectives appeared across discussions involving diverse participant groups. While participants tended to assert that girls "should" or "would" "know right from wrong," or "good from bad" as their bodies start to develop, and that they need to be prepared to resist sexual advances from men, particularly those in authority, there was otherwise substantial ambiguity in the meaning of these concepts.

The value of "good" and "bad" and "right" and "wrong" expanded beyond sexual propriety. Several passages emphasized the importance of knowing "good from bad" in terms of girls' ability to identify when the attention of men in authority may constitute a threat to their safety and/or reputations. In many circumstances the idea that girls should "know good from bad," or "right from wrong" appeared to reinforce the expectation that girls could legitimately be held culpable for any violation of moral normative order. Others suggested that knowing "good from bad," or "right from wrong" was, instead, part of either an aspirational view that would prepare even relatively young girls to exercise independent judgment or critical thinking and look out for themselves. For example, one participant argued that girls "should" be able to "tell her parents that what they want her to do is illegal" early in adolescence, contending that this was both necessary, given that it is girls' status as legal minors that *makes* some parental decisions illegal, and desirable. Elsewhere, statements were more ambiguous, suggesting that participants viewed girls' critical thinking or independent judgment as part of their obligations to conform with a normative order.

Where discussions point to a clash between the expectation that girls will encounter male manipulation or coercion into sex; and the kind of support and preparation available for them to resist such approaches beyond being told "not to encourage" male advances. This was part of a broader, ubiquitous sex-negative moralizing, which appeared to produce obligations for girls to remain free of any kind of sexual contact throughout adolescence. It also suggested that it was inevitable that men would pose a threat to girls' safety and reputations. Any failing may be deemed a result of girls' incompetence or defiance of what constitutes "knowing good from bad." This reinforced a sense that the shared, consensus, view of adolescence is essentially defined by a clash between obligations, threats, and a general absence of resources, guidance, or ideas about what or how girls might be better equipped to conform with these expectations.

Girls and women appeared, along with boys and men, to internalize and take as "natural" a set of expectations that reduced adolescent girlhood to a set of risks and threats, largely produced by girls' bodies. This is consistent with a broad body of evidence across contexts suggests that a normative framing of adolescent girlhood that centers on shame, risk, and danger around girls' sexuality tends to contribute to, rather than protect girls against, a host of risks, including the early pregnancies (Bhana 2016; Fine 1988; Hallman et al. 2016; Jewkes et al. 2009; Sommer, Muñoz-Laboy, et al. 2018; Sommer and Mmari 2015; Tolman 2012). To the extent that participants questioned whether this was natural or inevitably, they did so largely in pragmatic terms, such as advocating for providing girls with information or skills to manage male sexual advances or manipulations. That findings suggested consistency across groups is not surprising. Indeed, a common finding across patriarchal social contexts: even among girls who appear individually "defiant" in their own sexual practices, and/or faced the social consequences of an early pregnancy tend to endorse dominant patriarchal norms to some extent, even where their own experiences suggest that they are neither as "natural" or as achievable as they may appear (Bhana 2016; Irvine 1994; Jewkes and Morrell 2011; Kaplan 1997). Similarly, boys across contexts have tended to embrace and affirm gendered hierarchies, and practice behaviors that

appear to preserve their place within them, rather than questioning their value or essential nature (Bhana 2016; Bhana and Nkani 2014; Connell 2005). However, girls' highlighting of pragmatic concerns as grounds for providing "assets" related to preparing for male sexual advances suggested an effort to negotiate among normative conditions, and their perceived and real constraints on acceptable female behavior.

Findings on the centrality of sexual morality were largely consistent with pass research emphasizing girls' role as "sexual gatekeepers" (Bhana 2016). This centered on girls' ability to recognize "good from bad," including the obligation to resist any and all male sexual advances. Endorsing the value of this norm may be a source of social power for girls who embrace it, enabling them to claim a place in peer and broader community social hierarchies that offers some security. This creates incentives, in turn, for girls to embrace and uphold the value of the normative ideal. However, this power tends to be short-lived, if not illusory, particularly in settings where, as here, it sits in opposition to a norm of masculine sexuality as "naturally" aggressive, and creating incentives for boys or men to "overcome" girls' reluctance (Bhana 2016; Bhana and Nkani 2014; Jewkes and Morrell 2011).

Community leaders, often presumed to be guided by narrow "culturally" defined treatment of girls, appeared, in several instances, to be affirming girls' capacity to develop and need to use assets from early ages; or calling for school-based sexuality education; or generally treating providing knowledge as a means to expand and affirm girls' agency (Government of Sierra Leone 2018). These discussions suggested that while perhaps there was no organized oppositional discourse on adolescent girlhood for girls to easily take on as an identity, there was also not an organized, coherent, universal belief that girl-shaming, sex-negative views are essentially "right" or appropriate. At the very least, such findings highlight that reductive assumptions that relatively powerful community members will simply impose normative practices on others would be misplaced. Instead, the power of restrictive gender norms appeared reflected in a broadly shared set of assumptions about what was both "good," natural, or inevitable among participants of all

backgrounds, including among girls and women: a common feature of how gender inequitable social norms are upheld across contexts (Connell 1987, 2005; Jewkes and Morrell 2011; Kabeer 1999). This further suggested that there was a more nuanced and perhaps, evolving, set of normative definitions of what girls might "need" to know or do, but not necessarily that there was a clear sense that these were rooted in a construction of gender. Finally, the view of masculine sexuality appeared consistently defined in sex essentializing terms that placed girls in gatekeeping roles, whether this was considered universally fair or natural for girls.

*Low Expectations for Institutions and High Burdens for Parents in Managing Girlhood*

While participants often based decisions on where to place assets on expectations about where girls will acquire them, the limited consideration that participants paid to school or the kind of learning that girls may do there, suggested that participants generally treat school and other institutions as, at best, an afterthought in their considerations. Practical considerations of what girls need during adolescence, or where they might acquire knowledge or skills appeared remote from schooling. Indeed, much of what was noteworthy about the ways that participants discussed the role of schools or other potential institutions was what appeared to be missing. There was no consistent view of what knowledge or skills girls may develop from going to school, nor how this would prepare them for the world outside of the classroom. Further, non-school institutions appeared somewhere between weak, inadequate, and hostile, appeared in discussions regarding a wide variety of assets and girls' experiences. For example, assertions about male authorities' inevitably abusive behavior appeared as foregone conclusions, even though institutions themselves went largely unnamed.

While school appeared as the only institution that consistently provided "assets," discussions of assets that "should" come from primary school did not necessarily conclude with decisions to assign assets to the ages where girls finish primary school. Instead, they often appear much later, at age 18. No participants described secondary school as a source of any assets, and no other institutions appear as sources of support, knowledge, or opportunities to build skills,

relationships, or tangible resources. Yet, there were also several references to ideas that girls "should" learn about sex and reproductive health in school settings, suggesting that understandings and ideas of what school "should" do may, in some cases, reflect aspirations beyond what school curricula currently include.

In this context of weak institutional resources or alternatives, parents appeared as primary sources of knowledge, instruction, and guidance, with minimal material support. Discussions, particularly in areas of moral instruction, or preparation for the seemingly inevitable threats that men posed, appeared largely as matters that parents "should" impart on girls. This instruction took diverse forms, from "discussing" to straight-forward instructions or "warning," girls about dangers. Some participants suggested that girls would learn in dialogue, or that they would learn about "equality:" ideas that pointed to a somewhat different set of expectations than the pervasive sense of control and regulation. At the same time, girls also appeared as learning about violence by witnessing it at home or in the community, rather than through any "protective" form of instruction. Thus, while there appeared to be some space for families to provide girls' support, and facilitate their development of sound judgment, these appeared extremely limited. Even as there was a recognition of violence *as violence*, there appeared to be few, if any, resources for its prevention. This suggested that similar to other settings, shifting and evolving normative understandings of what is "possible" in terms of either individual behaviors or collective, community-level approaches to managing or preventing "bad" outcomes, including violence, are subject to overlapping, reinforcing influences of structural conditions and gender norms.

The combination of low expectations for institutions and high obligations for parents suggested that expectations for both parents and girls were high and largely revolved around moral responsibility. This appeared through frequent references to parents' obligations to instruct girls on "good and bad" or "right and wrong," and to expectations that girls would "know" the same, highlighting the shared status of moral obligations for adults over the girls in their households. This is consistent with research form other settings, where households appear as a primary site

where girls' marginal status may be reinforced, both through harsh discipline, and through practices such as child marriage, often in response to perceived or actual pressures from community or extended families to arrange marriages for girls who were seen as either threatening to family reputations or their own future prospects (Amin et al. 2016; GAGE Consortium 2017; Taylor et al. 2019).

***Limitations***

This study has several important limitations. These included features of practical features of this study, and to the asset exercise as a potential methodological approach. While this approach was promising as a means for exploring responses to components of a proposed idea of girls' "empowerment," it also highlighted the need for further adaptations and the value of complementary research approaches to better account for normative ideas of adolescent girlhood in this context.

First, the sample of data available for analysis was weighted toward slightly more male participants, and more adult participants than planned or included in the exercise overall. For example, there were four groups of girls: a primary population of interest for this study, whose data were not included. Although the asset maps that were not included in the final analysis due to missing or incomplete transcripts suggested that there were few differences by age or gender, this remains a serious limitation. In addition, among those who were included, there was wide variation in the number and specific sets of assets that groups reviewed. While this was typically between 25-35 asset cards, some groups completed as many as 40, and others as few as 15. The differences were tied to gender, education, and age: the four groups of adolescent girls (12-14 and 14-16) and boys (12-14 and 14-18) reviewed the least: between 15-20 cards. The four groups of young women (18-24 and 22-25) and young men (18-20 and 22-25) and three groups of community leaders reviewed 30-40. The group of mothers of adolescents reviewed 28 assets. This variation likely reflects differences in literacy and comprehension of both the English asset text and Krio translations, which would slow down the exercise. Further, because of the nature of

the exercise, facilitators did not have the time or space to ask clarifying questions, or probe for details or concrete definitions of vague statements. This limited the depth and quality of data available for analysis.

A second set of limitations revolve around the asset-building theoretical framework. It was developed within the context of formal, funded, interventions to public health and development. Therefore, it reflects a definition of girls' "empowerment," drawn from program content and measurement approaches developed under those frameworks, which tend to prioritize measurable, observable changes in "knowledge, attitudes and practices" as measures of individual practice (Adams 2013). As a result, rather than a "true" picture of what participants would consider a desirable pathway through adolescence, it reflects how they engage with and interpret the concepts in a setting where an NGO program is also present and in action: itself an important, but overlooked, exchange to document. However, this is limiting. Although the exercise offers an opportunity for participants to engage with and interpret these concepts, it does not provide prompts to consider what would make a particular asset relevant to their social or structural context. For example, the exercise does not prompt participants to explicitly describe how specific assets – or the idea of "asset-building" as a part of girls' development overall - might be compatible with accepted values and sources of social status; where they might instead prepare girls to challenge or subvert normative expectations, nor what the consequences of either would be. At the same time, the selection and definition of specific "assets" undeniably carries the normative values of its developers, which rest heavily on a focus on the idea that individual girls' knowledge: whether of health information or available services, embrace of gender equitable attitudes, and are integral to promoting their health and well-being, as well as progress towards "empowerment," ideas that may not, in fact, transfer across social contexts, or even be relevant in settings where they were first developed. Even if, as in this version of the exercise, there is an option for participants to reject a given asset, it still pushes participants to adopt the assumption that all of the "assets" offered are valuable or worthwhile, missing an opportunity to explore

potential opposition or challenges to either individual items or the overarching premise that "empowering" girls is an inherently desirable goal or a priority in a given context. Likewise, it is largely silent on topics related to relationships with male partners; and vague in how it depicts features of participation in household decision-making, presenting the latter primarily in terms of when girls can challenge parents, missing key features of adolescent social development. As such, it also stops short of eliciting clear descriptions of what participants consider accessible, or recognizable strategies for girls to negotiate within these relational contexts. As with other tools developed in the context of formal interventions, the Asset Exercise reflects an understanding that social determinants, meanings, and debates "matter" primarily because of their relevance to shaping individual knowledge, attitudes, behaviors, and their presumed outcomes. Further, the premise of defining assets as things "girls need" may discourage participants from fully articulating either the specific experiences girls would need assets for; nor the barriers that they may encounter in trying to use them in the context of household or community dynamics.

Despite the ostensibly "positive" framing of the Asset Exercise, which asks participants to consider how providing assets may serve girls during their progression through adolescence, much of the assets' content is skewed toward themes such as sexual and reproductive health knowledge items that are taken for granted by public health practitioners as part of what helps to prevent harm. These do not necessarily add up to either a pragmatic or aspirational view of what girls "should" have, do, or be able to demonstrate at a given age to signal that they are on track to fulfill expected or hoped-for adult status. They also may not provide sufficient space for participants to articulate what they consider to be realistic or likely scenarios for what girls will experience in adolescence, or what uses they see for the assets in question. Indeed, the large number of assets, across a broad range of themes, reflect an understanding of girls' health and well-being as products of how power is distributed and maintained through gender ideologies, material, and social conditions (Krieger 2003). This is not necessarily the case for participants, but there is little space to directly engage with this question during the exercise.

*Implications for Research and Practice in Sierra Leone*

This study adds to the body of research on adolescent girls' health and well-being in Sierra Leone to apply a social constructionist approach. In practice, interventions in this context, as elsewhere, have tended to follow a behavioral definition, aiming to change individual girls' behaviors with messages that highlight the health and social risks of early pregnancy; or urging adults to reject "adolescent pregnancy" and "child marriage by accurately recognizing girls' status *as* children. These have tended to imply or presume that what differentiates individual girls who delay sex and/or use contraception from their pregnant and parenting peers is a matter of intrinsic motivation; or exposure to community messages that correctly affirm their status as "children," who are not yet ready for adult sexual relationships, marriage, or parenthood; while some combination of community norms and individual motivations lead other girls to actively seek out a pregnancy, or to stand as passive victims of adults who affirm some positive value in early pregnancy and/or marriage (Bandiera et al. 2019; Kostelny et al. 2016; UNFPA 2017a, 2018). The findings here challenge these assumptions, as they highlight views that consistently condemned early pregnancy or marriage but did so through a taken-for-granted set of assumptions about the meaning of girls' bodies, puberty, and development that appeared to explain withholding information, or restricting girls' movements: practices which may be ineffective in achieving their ostensible aims of reducing or preventing pregnancy or guarding girls' safety, but do limit their access to important resources, social capital, and opportunities (Hallman et al. 2016; Sommer, Muñoz-Laboy, et al. 2018).

While findings in this study illustrate the power of a set of taken-for-granted expectations about how things "are" and how girls "should" act, these were also not a monolith. Some of the arguments, debates, or evident misunderstandings among participants suggest that it may be the "taken-for-grantedness" itself that is shared. That is, that matters related to girls are inherently taken as unimportant or secondary to other matters: an idea that may expand on Kabeer's view of "empowerment" as necessarily entailing a critical, collective, move from "doxa to discourse,"

(Kabeer 1999) or Bourdieu's original use of the term as explaining the (gendered, class-based) "rules of the game" for social life in a given social and structural context (Bourdieu 1980). Rather than a starting point that centers on the substance of sex essentialist gender norms that are "taken for granted," it may be valuable to also interrogate how and why adolescents, particularly adolescent girls, seem to occupy such an overlooked social location.

The findings here illustrate the value of further research with girls to explore how they navigate among social messages and material conditions, and the degree to which they may internalize, negotiate, or resist restrictive messages about their bodies, agency, and autonomy. Likewise, exploring family and community strategies to manage the prospect or realities of girls' sexual transgressions; broader challenges to ideals that presume age and gender hierarchies to be a necessary part of achieving social order or managing community or household stability. Finally, along with aiming to account for individual and shared agency, further research to gather perspectives on barriers and constraints on girls' prospects for a "good" or acceptable transition to adulthood is necessary.

*Implications for Global Research and Interventions on Adolescent Health and Empowerment*

While the findings from this study are most salient to rural Sierra Leone, and the ongoing efforts to develop and deliver policy and social interventions that achieve meaningful short-term, individual, and community-level changes in that highly resource-constrained setting, this study produces insights that are relevant to other settings, including low resource contexts in the global South. Thanks to the MDGs and SDGs, topics such as "adolescent pregnancy" and "child marriage" now have a visible presence in national and donor-driven agendas (Patton et al. 2016; Sawyer et al. 2018). The challenges evident in attempts to articulate a substantive, achievable vision of girls' "empowerment" that incorporates accurate knowledge about sex and contraception; an affirmative, non-shame-based vision of adolescent girls' developing sexuality; and skills for negotiating within sexual relationships, without reifying sexuality and sexual relationships as the sole organizing concepts for girlhood, are enduring challenges for public health and development.

Theoretical frameworks, such as the Asset-Building approach reflect efforts to dislodge previous public health approaches' framing of problems such as adolescent pregnancy that reified sex essentialist and discourses, blaming girls' sexual behaviors and pregnancy outcomes on imagined motivations, including uncontrolled sexual desire, or misguided desires to become pregnant (Fine 1988; Kaplan 1997; Lorber 1993). Thus, there are important implications to "empowerment"-oriented paradigms, whether encapsulated in "Asset-Building," Capabilities," or the Empowerment framework, that treat adolescent pregnancy as important because of its links to gender inequitable material and social conditions, including under-resourcing of education and health services, and patriarchal gender ideologies (Kabeer 1999, 2005; Nussbaum 2011).

The findings here were broadly consistent with existing literature on the interactions among symbolic and structural dimensions, of what girls understand to be "possible," and whether their actions matter. As Bay-Cheng observed in the United States, accounting for both material and social, normative, constraints on agency is essential to situating research on girls' behaviors or attitudes related to sex and sexuality (Bay-Cheng 2012; Bay-Cheng et al. 2011). Future research in this context may benefit from a perspective that encourages participants to interpret their own experiences. Structural conditions appeared as consistent sources of constraints, limiting conditions of practical possibility. Here, an absence of resources, such as sources of reliable information or institutional sources of knowledge appeared as such a constraint. In this study, participants' low opinions of institutions suggested that there were few opportunities to learn or practice skills or reach tangible resources. The findings here surfaced both opportunities for promoting girls' critical thinking about gender roles, or establishing knowledge not currently considered in the realm of possibilities for adolescent girls, structural constraints also matter. While this might be addressed by safe spaces projects such as the one offered in this intervention with, for example, knowledge and critical thinking about forms of violence, or critical thinking about taken-for-granted gender roles that construct the idea that girls have a responsibility "not to encourage" male sexual attention, developing and even expressing a "voice" that defies this norm

would be insufficient. Similarly, girls might learn that threats from men make "knowing to ask for a female authority if she is uncomfortable with a man" valuable in the abstract, but this is only meaningful if there are female authorities to ask. Without them, girls' options would be limited to not participating or risking an encounter already coded as both potentially dangerous and a site of reputational risks. These observations reinforce the value of grounded, engaged research, including in areas such as program evaluation, which are typically deemed successful or unsuccessful for their effects on individual attitudes or behaviors. Placing these in a broader context of their consequences, and whether, as Kabeer has argued, whether these change, is essential to documenting progress toward meaningful empowerment, including greater sexual and reproductive autonomy (Kabeer 1999).

These findings highlight much of what is valuable about the asset-building approach, but also expand on this to offer further areas for exploration. In particular, the limited framing to discussions of institutions and those in positions of power suggests that programs working in this context may also need to overcome both a sense that their project of "empowering" girls may sit in tension with an idealized order that codifies 18 as the transition to adulthood, and a broader sense of distrust for institutional resources. In a context where adolescent beneficiaries and the discourse around adolescence have often occupied a central position in incomplete development initiatives, NGOs that center their interventions on concepts such as girls' empowerment, that would, if successful, require changes in the distribution of power and entitlements (Ferme 2018).

Findings here illustrate the value of a combination of structural and social, discursive interventions, rather than relying on a normative change alone. These suggest that there is critical work to do in surfacing and challenging taken-for-granted sex essentialist understandings of girls' sexualized bodies as marking "maturity," or marking male sexuality as naturally aggressive; and a matter for girls "not to encourage." The findings here also suggest that there may be more to do than simply building awareness of an "essential" or correct definition of adolescence. The tendency to assign assets to age 18, for example, that assumptions that the "problem" resides in

easily delineated “cultural” failures to recognize girls as “children,” such as those illustrated in the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage (Government of Sierra Leone 2018). Instead, this suggests that a combination of scarcity of resources, gender and age hierarchies related to social control and morality, contribute to a more complex set of cultural and social meanings around girlhood. For example, the seeming paradox between views of girls as moral agents who “know right from wrong,” even though their primary obligations appeared to reside with fending off male sexual aggression, suggested that there was an opening for further exploration and, perhaps, broader social interventions to reduce the burden on girls that these situations posed. More importantly, beginning with an examination of broader constraints that shape both communities’ sense of a broader body of constraints and supports for collective social order, the roles of institutions, or structural support, may better situate discussions of girls’ “assets,” and their potential to “use” them in settings where concerns about broader disorder or shared insecurity may make considering girls’ roles appear separate or secondary to promoting social cohesion or order. As Connell (1987) and Jewkes and Morell (2011) have suggested, this dynamic: of associating male control with order and cohesion, is a common element of patriarchal hegemonic masculinities, and one that functions to enable or excuse violence. In settings with weak state institutions, limited resources, and few routes for women to access resources without male control, it may, further, appear inevitable, even where women or, indeed, men, question or challenge its validity.

Much of the combination of normative and material conditions that appear in this context appear to present an essentially impossible bind, rooted in a sex essentialist understanding of adolescent girlhood as both defined by the risks presented by girls’ visibly sexualized bodies, and paradoxically, a period of intense moral responsibility. Yet, conforming with an ideal also appeared highly unlikely, both because of the assumption that knowledge, skills, or challenges to authority were the reserve of adults, and as girls described the pragmatic value of strategies to evade male sexual advances – whether consensual or coercive. This suggested, in turn, that, as

Jewkes and Morrell (2011) have observed, understanding girls' sexual behaviors, relationships, or practices will require greater engagement with the *gendered* practices or strategies that make up girls "sexual and emotional agendas." This relates, to the clashing demands of a "gatekeeping" role and the expectation to perform a passive, acquiescent femininity and because they are adolescents, obedience to adults. Future research would be necessary to explore how girls navigate among such demands, how they exercise agency, or where they may question, challenge, or reject the presumed "natural" state of these normative practices.

Finally, the findings assembled here offer insights that may apply beyond adolescent pregnancy and adolescent health. Anthropologist Arjun Appadurai (2004) has argued that one critical feature of *how* poverty operates is via limitations on what appears possible, circumscribing what appears as likely effects of individual or collective actions. This has the effect of degrading the "capacity to aspire," or the collective sense of what is possible to achieve in the future, making for a "brittle," narrow set of expectations for the future (Appadurai 2004). An activity such as the Asset Exercise may surface this sense of constraint. Its focus on adolescent girlhood, a stage commonly constructed in public policy, community, and intervention discourses alike as "at risk" of socially disruptive sex and pregnancy, may further prompt participants to fall back on a set of "ideals" of control and order. Rather than an invitation to reimagine a pathway from adults' actions to provide girls with resources, girls' development of reasoning capacities and independent thought, and girls' greater "success" in living up to existing normative roles, or expanding the range of future roles, the Asset Exercise may surface a collective sense of limitations in the relationship between actions and outcomes that applies more broadly.

While the findings here demonstrate a role for social norms and practices that likely contribute to girls' marginalization, constricting their ability to make and act on choices, discourse on girlhood seems largely to explain or naturalize scarcities and exclusion. Taken-for-granted ideas of girls' intrinsic moral "senses" on one hand, and potential incompetence, on the other; the over-emphasis on their sexed bodies, and under-definition of the progressive development of

other skills, knowledge, or social ties, on the other, all made up a normative environment that presents few meaningful “choices” for girls that would not, in some way, justify withholding resources, as either a punishment, or as a necessary strategy to navigate in a situation of extreme, overlapping economic and social constraints.

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# Chapter 5: Conclusion

## Summary

In this dissertation, I have explored perspectives and definitions of "adolescent pregnancy," as a social and health problem in Sierra Leone. Drawing on primary data collected in low resource areas of Freetown, the country's capital and largest city, and rural communities in Moyamba District, and an analysis of the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage, I have explored how the idea of "adolescent pregnancy" circulates across social settings and discursive spaces. Throughout, I have examined and critiqued common behavioral definitions of the problem that circulate in global public health and development, while exploring the social processes, institutions, and claims that define "adolescent pregnancy" as a distinct phenomenon, a problem, and a priority for action in this context. Drawing on insights from across contexts that demonstrate concern over "adolescent pregnancy," rather than a natural or automatic response to an obvious, self-evident crisis, tends to function, in medical, public health, policy and community contexts, as an organizing concept, weighted with other anxieties about social or demographic change, moral disorder, sexuality, and/or girls' and women's rights and autonomy.

## Key Findings, Implications, and Contributions

In **Chapter 2**, I present a critical discourse analysis of the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage. In this study, I treat the Strategy as a case study of the national responses to the policy-making mandates presented by successive United Nations-supported global health and development agenda: first the Millennium Development Goals, (MDGs), and more recently the Sustainable Development Goals (SDGs). Since the early 2000s, the MDGs and their successor SDGs have offered an important organizing discourse, framing adolescent pregnancy and child marriage reduction as features of a shared global agenda for simultaneously promoting health, economic development, human rights, and environmental sustainability. Research documenting national or subnational "progress" toward

reducing adolescent pregnancy has been presented as neutral and authoritative. As in past public health approaches to adolescent pregnancy, its treatment of the "problem" as a self-evident, predefined crisis, has centered on a behavioral frame. This has produced research that focuses on asking of pregnant girls, "why they do it," and "how we can stop them" (Luker 1996; Nathanson 1991). To the limited extent that public health research has addressed the role policy in promoting adolescent health, elevating girls' rights, or reducing adolescent pregnancy, it has tended to ask a limited set of questions about, for example whether or to what extent policies effectively incorporate evidence-based measures of progress. Researchers have inquired into the value of some policy measures, such as minimum age of marriage, sexual consent, and consent for medical care, for securing the end goals of reducing adolescent pregnancy and child marriage for whether they "work" to change individual-level behaviors that can then be detected through large-scale health surveys and other quantified measures of "progress" (Petroni et al. 2019; UNFPA 2015).

I approached the categories of "adolescence," "adolescent pregnancy," and "child marriage," as social constructs, with common terminology, but mutable in meaning and definitions, depending on time and place (Irvine 1994; Nathanson 1991; Thorne 2009). Informed by Nathanson's (1991) application of past sociological definitions of a "public problem" to adolescent pregnancy, I analyzed how the Strategy document presents: definitional responsibility or ownership over the parameters of the problem; causal responsibility, or the sequence of events that produce the phenomena in the world; and political responsibility, or designation of individual and collective responsibilities for "solving" the problem as defined. Throughout, I explored implications for both how the Strategy operates as a response to the policy-making mandates presented in the SDGs and their supporting documents, and their material implications for adolescent girls in Sierra Leone.

I identified the Strategy, its content, and its relationship to broader institutional authority, social and political debates in Sierra Leone. First, I found that the document positions state

ownership of the definition of “adolescent pregnancy” ahead of the substance of the definition. Gesturing toward a global consensus on the value of “rights-based” and “evidence-based” approaches, it asserts that existing policy and government commitments are “supportive,” but not sufficiently implemented or resourced. Second, in defining the problem, it collapses the health and social dimensions of the “problem,” equating data points, such as age-specific pregnancy rates, with their social significance. The nature of the problems of adolescent pregnancy and child marriage appeared as at once mutually reinforcing, but inextricably linked from a body of “adverse consequences” that included socially produced health and social “effects.” In defining its “causes,” or the sequences of events that create the problem, I found that the Strategy’s authors wavered between a view centered on girls’ bodily autonomy and rights, structural conditions, and gendered social processes one that defined the problem as produced by “vulnerable” girls, and an essentialized “culture.” Finally, although the text of the document named various “solutions,” incorporating measures such as comprehensive sexuality education, and community-based social interventions to tackle male “behavior change,” and establish “safe spaces” for girls, it ultimately assigned most of the responsibility for “solving” the problem to girls and their families. Punitive measures directed at girls’ families, in relation to child marriage; or male partners, in relation to sex with girls under 18 – without provisions to offer families with alternatives to “marriage” for pregnant girls; or to recognize any possibility for younger girls’ ability to provide or withhold consent for sex. Further, the proposed scale and content of interventions go largely undefined. As a result, the ultimate “responsibility” for “stopping” adolescent pregnancy ends up doubling back on girls and their families, rather than in structural or social changes.

As a case study in the kind of policy making that follows current normative frameworks around adolescent pregnancy and child marriage, the Strategy serves as a reflection of both the possibilities and the fundamental limitations of measures that embrace a global, medicalized, technical discourse on adolescents and adolescent pregnancy. Specifically, it demonstrates how policy makers may use the ideas of “evidence” to justify investments in measures that contravene

taken-for-granted, stereotypical views of girls and their sexuality. It also shows how emphasizing the goals and demographic targets associated with “adolescent pregnancy” and “child marriage” may serve to avoid, rather than confront, normative clashes, structural deficiencies, and social practices that shape both. In the end, it raises the question of what function this and similar exercises serve in promoting “evidence-based,” nationally owned agendas that ultimately benefit girls. Adding to a body of cross-context, interdisciplinary research in critical global health, sociology, and medical anthropology, the findings gathered in this study illuminate the official discourse on “adolescent pregnancy,” as an important site of analysis. I find that quantified targets, and the idea of “adolescent pregnancy” serve, in the Strategy as a source of legitimacy and authority, but may reproduce and extend, rather than resolve, fundamentally clashing definitions of the “problem.” This raises questions about the purpose of such policies, or the exercises that render them, truly serve either in terms of potential material benefits to girls, or to promoting national “ownership” of health and development agendas.

In **Chapter 3** I explored how young people, girls, boys, and young adult men with a younger female partner, situated “adolescent pregnancy” within a broader understanding of the passage to adulthood. This provided insights into the social meanings of adolescent pregnancy, and the ways that the same young people discuss sex, pregnancy, contraception, and romantic or sexual relationships in this context. This study, informed by social constructionist approaches to document how young people articulate and understand the breadth of the “problem.” It drew on feminist social science research on adolescent sexualities, youth culture, and identities across cultural and social contexts (Bay-Cheng 2012; Bhana 2016; Bhana and Nkani 2014; Irvine 1994; Jewkes and Morrell 2011; Kaplan 1997; Parikh 2012), and, in particular, those presenting critical analyses of the definition and use of the idea of “adolescent pregnancy” as a potent symbol in policy and public discourse alike (Collins 2009; Luker 1996; Nathanson 1991; Roberts 2017), while taking on the distinct features of how the concept is defined and understood by adolescents in urban, low income communities Sierra Leone. My analytic approach was informed by grounded

theory (Charmaz 2014; Clarke 2005); and feminist methods in studies with adolescents, particularly those developed to appropriately account for the social and structural contexts in which they form individual and collective identities (Tolman 2012).

I identified four distinct but related themes in the definition of "adolescent pregnancy," its causes and scope of potential preventive actions. All themes related to dimensions of the definition of the problem and, to some extent, the "solutions" available. However, the first three related primarily to the first research question and definition, and the fourth to the "solutions" available under the second research question.

First, adolescent pregnancy appeared as a failure of individual moral development. Participants described – and largely endorsed – a dominant view that treated adolescent pregnancy as the most visible indicator of girls' shortcomings within a view of adolescence as a kind of moral trial. While both girls and boys were expected to prove themselves worthy of scarce community resources, girls appeared as subject to scrutiny for, among other things, whether they were able to fend off male sexual advances. Health risks, which girls related in sometimes harrowing detail, appeared as an extension of well-known social harms.

Second, a girl's pregnancy appeared as a source of family shame. This marked both families' lack of household resources, an inability to support girls, and failures of discipline. While adolescents' responses suggested that they considered some parental actions to be morally dubious, they described a wide range of practices as part of efforts to manage girls' public sexuality, from expelling pregnant girls from home, or sending them to live with the boy or man responsible for a pregnancy, to arranging for contraception, potentially without girls' knowledge or consent. This underscored the pressure that girls faced in maintaining the appearance of sexual propriety, along with a lack of family communication about sex, contraception, and pregnancy that likely ran contrary to its intended aims, potentially discouraging girls from making informed choices about sex and contraception.

Third, pregnancy also marked a matter of discipline and control over boys. Boys, whose sexuality otherwise appeared as a nuisance, largely posed as a problem *for girls* to manage, were subject to threats of jail, forced school dropout, and hard labor. Unlike girls, who faced an inevitable-seeming onslaught of social exclusions, health risks, and lost resources, participants described boys as able to leave the community, or deny responsibility for a pregnancy. Notably, such behaviors among boys appeared to also have negative consequences for girls. This, further, suggested that threats of punishment, however real, did little to counter incentives for boys to prove their masculinity through sexual experience.

Finally, I found that there was ambivalence over the meaning of contraception. Contraception, although considered widespread, held an unstable and contested meaning: potentially a tool for future-oriented, "serious" girls to use to continue their education, and/or a signal of girls' failures to fulfill norms of sexual propriety and personal morality. Study participants describing community perspectives, girls' own experiences, and male views as split between views of girls' contraceptive use as a marker of sexual deviance, or threats to (rightful) male control over reproduction; and as an acceptable means for girls to pursue education or demonstrate their commitment to planning "for the future." In contrast to pregnancy, which appeared as a consistent, reliable, source of exclusions, this implied that contraceptive users would face uncertainty in social interactions, and, just as importantly, that they might *or might not* internalize messages that framed contraception as a responsible choice: an important factor in motivating contraceptive use.

Throughout discussions, participants appeared to wrestle with dominant messages that defined adolescent pregnancy as a failure of individual responsibility in a context lacking in the kind of social and economic resources that would enable girls to successfully navigate among shaming, moralizing messages about their bodies and responsibilities for managing male sexual advances. The latter, further, appeared to be incentivized by discourses marking male sexual experience as a marker of adulthood, and placing responsibility for managing sexual advances,

coercion, and manipulations on girls. Girls' commitment to education, widely treated as a symbol of their commitment to overcome difficult circumstances, appeared as an emerging, but still uncertain, counter to the pervasive views of girls who were known or suspected of being sexually active as inherently promiscuous, morally corrupt, and unworthy of resources. This sat against a backdrop of unease over claims that seemingly reduced all sex to understandings of social control and sexual coercion, a concept that was never directly referenced.

The findings in this chapter illustrate an example of the ways that adolescent sexual "cultures" may reflect and refract dominant norms. Like previous social constructionist work in this area, I find that rather than offering fully fleshed out oppositional consciousness to either norms around sexuality and pregnancy, girls grapple with the inadequacy and contradictions inherent in the messages they receive about themselves and their bodies, they tend to seek out ways to connect with hegemonic narratives valuing control and obedience, even as it means silencing or denying a part of their own experiences (Jewkes and Morrell 2011; Kaplan 1997; Tolman 2012). Along with parents' and community members' values around sexuality, participants' views echoed the language of health campaigns. These, too, appeared to be affirmed where they aligned with existing expectations of risk and harm: indeed, rather than introducing the idea of "adolescent pregnancy" as a threat to girls, necessary to dissuade them from seeking out a pregnancy, health messages on the matter appeared primarily to magnify existing forms of risk and fear. Likewise, messages promoting girls' education appeared to reinforce a sense of individual responsibility in the face of extreme obstacles. Similarly, male participants' uses of slogans, quantitative descriptions of adolescent pregnancy, and other features of "reproductive health" framing suggested that health campaigns were "reaching" their intended targets: that young people, including boys and young men. Yet, male participants deployed this information in ways that appeared to imply that girls alone needed to be "sensitized" in order to reduce "teenage pregnancy" in the abstract.

The findings here were roughly aligned with much existing literature on the ways that contextualized meaning of contraception, rather than access alone, shapes its use (Bay-Cheng et al. 2011; Fine 1988; Luker 1996; Tolman 2012). In other settings, the terms of such meanings have been analyzed in relation to whether, or to what extent, they point toward a discourse of "reproductive freedom," rights and girls' sexual and reproductive autonomy; or one of shame-based, moralizing forms of social control (Fine 1988; Fine and McClelland 2007; Irvine 1994). While sexuality appeared as a ubiquitous source of shame for girls, changing norms instead appeared around the relative value of "being serious" about education, and potentially making use of contraception to delay childbearing: a small window in normative change, and one that girls who were already judged as insufficiently "serious" or who would not complete school for other reasons would not be able to access. Further, the highly individualizing discourse on sexuality and responsibility: rather than anxiety about adolescent pregnancy as a disruption to existing order, it instead symbolized failures to create order that was not present.

In **Chapter 4** I explored normative expectations for adolescent girls and adolescent girlhood, and communities' interpretations of ideas drawn from a vision of girls' transitions through adolescence developed to inform gender transformative health and development interventions. My analysis drew on visual and discussion data collected using an adaptation of the Population Council's Participatory Building Assets Toolkit or "Asset Exercise" in five rural communities in the Moyamba District of Sierra Leone (Population Council 2015). The study, like the Asset Exercise itself, drew on multidisciplinary feminist engagements with "empowerment" as a function of both individual agency and autonomy and transformations in "life chances." It treats adolescence as a social and developmental stage where girls may acquire skills, knowledge, relationships, and a sense of self that prepare them to evade dangers and health risks *during* adolescence, and set them "on track" for a broader range of "strategic life choices" in adulthood (Kabeer 1999; Population Council 2015). In this view, adolescent pregnancy appears as one of many outcomes that may follow from structural and social conditions that are discriminatory or inequitable and

reflect girls' lack of control or access to resources that include, but are not limited to, those related to sexual and reproductive health knowledge and bodily autonomy. The "Asset Exercise" invites participants to engage with concepts that may form "assets" for girls to acquire, some of which align with gender normative or concepts of child and adolescent development, and some which may challenge normative ideas of what knowledge or skills girls "should" have.

In total, the Asset Exercise was conducted with 12 groups of 4-6 participants who were of similar age and/or occupy a similar position in one of five communities where a new program aimed at addressing adolescent girls' health and rights was to be introduced. Adult groups included: young adult women, 18-24 and 25-30; young adult men 18-24 and 25-30; mothers of adolescents; and community leaders. The latter were the only group to meet in mixed gender groups. Adolescents included girls participating in a "safe spaces" program; and boys, recruited by girls, but otherwise not part of an intervention.

I found that while there was substantial variation in the number of assets that groups were able to review, ranging from 15 to 40, groups consistently placed assets relatively late in adolescence, assigning majorities to ages 16-20. Discussion transcripts illuminated the reasoning behind these patterns, which seem to diverge from the guidance offered by the Asset Exercise. While the directions for the Asset Exercise encourage participants to decide what ages girls "should have" a given asset to use it in, for example, taking on new responsibilities in home or community life, or claiming an age-related right or entitlement, the potential uses of assets appear seldom, if at all, in participants' discussions. Instead, participants' discussions highlighted two overarching themes in participants' discussions of where to place "assets."

First, participants often referred to girls' "maturity," but used the term very differently: as a reference to girls' sexed bodies; moral reasoning; independent judgement; or legal adulthood. Assets that referenced sexuality, reproductive health, and challenges to authority, were almost always placed at age 16 or older, most often age 18. Where participants questioned this reasoning, it reflected a practical need to warn girls about the threats that men posed. Some

participants also suggested that girls should *not* have information about sexuality or reproductive health before reaching the age when they "should" be sexually active, suggesting an underlying normative expectation that providing any information about sex to adolescents would encourage them to misbehave.

Second, participants discussed placing assets according to what they considered to be a likely "source" of an asset: parents, school, peers, and friends, or lived experience. These discussions presented parents' roles as largely related to instruction or discipline; or providing "basic" knowledge about health and safety. However, a few also described parents as facilitating development of critical thinking and reasoning skills. Discussions also revealed a dim view of institutions, including schools, which appeared as sources of basic factual knowledge, but little else, although a few suggested that school either "should" or did provide information about sexual and reproductive health. Peers and friends appeared as filling in social learning and health knowledge, or serving as cautionary tales about "early marriage," and its risks.

Finally, participants assigned several assets to ages where they assumed that girls would acquire them through lived experiences. These discussions highlighted a sense that there were few, if any, resources available for girls to access prevention, protective knowledge, or support from institutions. The arguments in these passages overlapped with ideas about girls' development of competencies or skills over time, and with little guidance or input from others; and with the idea that girls need to accumulate experiences and observations over time to reach adult levels of competence and awareness.

Together, results from the Asset Exercise highlighted the degree to which a central assumption of the activity: that participants will engage with adolescence as a developmental continuum, where girls prepare for future events, seemed to be secondary to broader ideas of a social order. The Asset Exercise further presumes that participants will be willing to consider adults' and institutions' roles as centering on support and guidance, even if they may at times set rules or aim to control girls' movements or behavior. These premises proved tenuous over the

course of data collection. Regardless of their content, “assets” generally appeared as a reserve of adults, as groups tended to place large clusters of assets at older ages, generally after 18. This was consistent with a sex essentialist view of girls’ development, marking adolescent girlhood as a period defined by incompetence and irresponsibility: a common trope in social and biomedical discourse on adolescent sexuality across contexts (Irvine 1994; Kanguade and Skelton 2018; Lesko 2016; Thorne 2009). However, there was also a tendency to simply treat girls and their development as secondary in importance: to approach the question of when girls “should” have a given asset, not so much for their own development, safety, or ability to fulfill social expectations, but what girls “should” have in an imagined social order, where adult institutions and orderly hierarchy were effectively managing their behavior. Likewise, assigning assets to older ages appeared as a kind of default position: a safe choice for participants, and one that was consistent with the idea that for girls to delay sex and childbearing until age 18, they “should” not have information about those topics in advance. Girls’ obligations to upholding a moral order appeared to follow a strong imperative to control *male* behavior, as knowing “not to encourage” men appeared as essential knowledge for girls to have and use, beginning in early adolescence. Yet, notably, such stances were not absolute, and there were several examples of disagreements within and across groups that suggested a broader range of perspectives. These included a mix of pragmatic concerns about girls’ safety, and, at times, a recognition that regardless of a hoped-for order, girls *did* have sex and become pregnant before age 18.

Overall, findings from the Asset Exercise were consistent with a broad body of research on gender, agency, and the intersections with social norms, girls and women appeared, along with boys and men, to internalize and take as “natural” a set of expectations that reduced adolescent girlhood to a set of risks and threats, largely produced by girls’ bodies (Bhana 2016; Fine and McClelland 2007; Jewkes and Morrell 2011; Kaplan 1997; Sommer, Muñoz-Laboy, et al. 2018; Tolman 2012). In this setting, where schools appeared to provide relatively little reliable support beyond narrow academic subjects, much responsibility appeared left to parents, despite

their own limited resources. This combination of low expectations for institutions, and high obligations for parents suggested that both within the space of the research activity, and in social life, there were influential social beliefs and practices surrounding family life. Frequent references to parents' obligations to instruct girls on "good and bad" or "right and wrong," and girls' responsibilities to "know" the same further underscored the shared nature of moral obligations for adults over the girls in their households.

### *Implications*

#### *Adolescent Pregnancy as a Social Construct*

My research builds on and contributes to sociological and interdisciplinary feminist social constructionist approaches to health, adolescence, and gender that are developing across contexts. It draws most directly from American social constructionist approaches to the problem of "adolescent pregnancy" as it was developed into a public "crisis" in the 1980s and 1990s. This is an important source of the observation that "adolescent pregnancy" is an inherently flexible concept, often reflecting other social anxieties, even as it may also present an urgent concern about girls' health, rights, or prospects for shared empowerment (Bay-Cheng 2012; Irvine 1994; Nathanson 1991). I find that similar dynamics carry implications for both research on the matter in broader global research, and in public health and development research and programming in Sierra Leone and for similar settings where reducing adolescent pregnancy and child marriage, promoting girls' education, and addressing related topics are treated as priority outcomes and indicators of progress toward poverty reduction and gender equality. Specifically, within Sierra Leone, my study contributes to literature that has tended to approach adolescent pregnancy: an exceedingly common experience, largely through a lens of individual behaviors, albeit shaped by various cultural, social, or economic "factors" that contribute to girls' disempowerment and limited control over their sexual and reproductive lives. Typically, these approaches have presumed that social norms and practices. These often appear in parallel with poverty and structural factors, such as weak education and health services, contribute to girls' early sexual debut, non-use of

contraception, and, perhaps, to a motivation to become pregnant (Kostelny et al. 2016; UNFPA 2017a). These have tended to offer limited, and, largely, instrumental views of girls' "empowerment" and empowerment-oriented interventions, suggesting that their effectiveness may be judged by narrow changes in girls' behaviors. Indeed, one recent study suggested that to the extent that "safe spaces" interventions were "effective" in preventing adolescent pregnancy during the Ebola crisis, it was because they limited the amount of time girls spent with boys or men, and provided information about sexual and reproductive health that motivated girls to seek contraception (Bandiera et al. 2019). Broader normative conditions and contextual features of gender and age hierarchies, and structural conditions, such as collective poverty and weak state institutions tend to attract less attention. Likewise, the long-term involvement of international health and development actors in setting agendas, managing public campaigns or interventions tends to get very little acknowledgement in discussions of the sources or nature of social norms or practices. My findings highlight connections among social and structural conditions, as well as the ongoing negotiation and redefinition of concepts that reflect the involvement of various institutional actors and their agendas. These emerge as consequential, if ambivalent in their implications.

*Medicalization of Adolescent Pregnancy and Contraception*

As Nathanson observes, trading in a moral/religious definition of adolescent pregnancy or adolescent sexuality for a medical/public health problem is not, inherently, liberatory (Nathanson 1991). Such medicalization, whether around "adolescent pregnancy," specifically, or more broadly around adolescent sexuality, may justify the expansion of regulation and control, just as easily as it may open new avenues for girls to claim rights, or exercise control over their reproductive lives. The Strategy illustrated one version of this tension, as the essential nature of the "problem" appeared synonymous with its technical definitions in public health surveys, even as it remained vague about essential details, including the allowable content of "adolescent and youth-friendly services," and "comprehensive sexuality education," and the relative emphasis on providing

services to the “vulnerable” or establishing a right to well-informed choices was unclear. Yet, there was a consistent emphasis on the state’s expanded role in “prevention” via various social, health, and legal/law enforcement measures was evident throughout the document.

In FGDs, contraception appeared to be subject to ongoing normative revision as well. Although its meaning was deeply unsettled: not inherently and solely an indicator or enabler of girls’ moral transgressions, participants’ discussions pointed to a many-way split, with no real option that fully embraced girls’ sexual or reproductive autonomy (Upadhyay et al. 2014). Participants described and expressed profound ambivalence about contraception as a tool for “planning for the future” vs. a marker of girls’ sexually wayward ways, while boys, parents, and community members appeared as equally, if not more so. Further, contraception appeared as a potential tool for parents to use in managing a girls’ public sexuality, potentially without her consent. Further, it appeared as alternately a challenge to male reproductive control, potentially coded as a marker of couples’ shared responsibility in “planning for the future,” or a cause for suspicion of girls’ infidelity. Among influential adults and girls’ peers, it appeared as potentially enabling harassment or dismissals of girls as sexually promiscuous, *or* a tolerable, future-oriented “serious” nature. This was echoed in the tension in Asset Exercise discussions, between a heavy emphasis on “assets” related to sexual and reproductive health knowledge as *adult* matters, constrained by a moralizing, sex-negative view, and a limited, emerging view of such information as practically valuable for girls who were likely to start having sex before the approved age of 18. Together, this ambivalence underscored the inadequacy of simply declaring “adolescent pregnancy” to be a health problem or reserving its “solutions” to service delivery.

*Evolving “Local” and “Global” Definitions*

Recognizing that “culture” is “leaky,” and changing, even where it appears or may be claimed as fixed and permanent, with beliefs, practices, and social meanings, hierarchies, and relationships always under negotiation (Appadurai 2004), provides an important starting point to expand on existing social constructionist approaches. Here, the emerging findings that suggest

definitions “adolescent pregnancy” are under revision. The language that participants used, suggests that this is at least in part due to the influence of public health and development campaigns. However, these appear, at least in part, to fit with broader discourses on individual responsibility, particularly for girls. This was perhaps most evident in male participants’ description of adolescent pregnancy prevention largely as matters of girls’ “sensitization,” about the nature of the problem, on one side, and ambivalence about the meaning of girls’ sexuality and contraceptive use, on the other. Individualizing discourse around adolescent girls’ responsibilities, whether in relation to “not encouraging” male advances, or in pursuing an education seemingly without resources for either, also presented a second, if more subtle version of evolving norms. Both have ambiguous implications. To what degree they expand the scope of available choices for girls in relation to sex, pregnancy, and childbearing vs. expanding the body of girls’ obligations warrants further research.

Recent developments in Sierra Leone suggest that the discourse on girls, schooling, and pregnancy may be under further, perhaps more transformational revision. In the years since the Strategy was introduced, and data for my project were collected, there have been important developments that suggest that much of what was captured here as seemingly intractable policy problems have changed. In 2018, secondary school fees were removed: likely lessening an important structural barrier for all adolescents. Following the ECOWAS ruling that determined the pregnant girls’ schooling ban to be discriminatory, the government, under a new President, Julius Maada Bio, not only revoked the ban, but replaced it with a policy of “radical inclusion,” which was formalized in 2021:

> The policy focuses on four excluded and marginalised groups: children with disabilities; children from low-income families; children in rural and underserved areas; and girls - especially girls who are currently pregnant and in school or are parent learners. (Ministry of Basic and Secondary Education 2021)

This stood in stark contrast to both the previous education policy, suggests that at least in official terms, pregnancy is not treated as an inherent justification for girls’ exclusions from education.

Additional policy changes and rising public attention to sexual and gender-based violence have also suggested potential for major normative changes. However, the latter notably contains a focus on enforcement and expansion of punitive measures under existing law, including the "Sexual Penetration" component of criminal law, while retaining age 18 as the age of consent (Government of Sierra Leone 2019). These developments, all introduced just prior to or during the COVID-19 pandemic, which has introduced new instability and uncertainty, present new questions for efforts to define and address "adolescent pregnancy," in relation to girls' rights, health, and status.

*Incorporating Culture and Morality into Adolescent Sexual and Reproductive Health Research*

As Janice Irvine argues, "Research that ignores the salience of culture renders invisible the experiences of most adolescents." (Irvine 1994:7). Here, the broader framing of adolescent pregnancy as a fundamentally *moral* matter, circulating around and through a setting of extreme, but taken-for-granted scarcity underscore the limits of an approach that frames adolescent pregnancy primarily as a problem of individual girls' behaviors, nor of alleged public ignorance of the "problem" as it sits in official definitions. These findings further reinforce the value of situating research on sexuality, reproductive health, relationships, and service delivery in relation to both the material and symbolic dimensions of girls' and boys' experiences that shape the spectrum of available choices, and their potential consequences, both positive and negative.

*Violence, Sex, and Gendered Punishments*

Struggles over the substantive and discursive boundaries between sex, violence, deviance, and simple misbehavior are common elements of struggles to define the nature of "adolescent pregnancy" and related matters of adolescent sexuality (Bhana 2016; Bhana and Nkani 2014; Fassin 2013; Fine 1988; Luker 1996; Nathanson 1991; Parikh 2012). My findings suggest that this is an area marked by multiple, often clashing constructions of adolescent sexuality, and the conditions that "count" in discursive constructions of violence: observations that add to an existing body of literature on the topic in Sierra Leone (Denney and Ibrahim 2012; Ferme

2018; Horn et al. 2016). Across the three papers, sexual and gender-based violence appeared to be at once ubiquitous, but also under-defined. Although there were suggestions that girls' age and economic dependence left them "vulnerable," creating material threats to girls' safety, this sat uneasily with a sex-essentializing discourse on age, sexuality, and moral obligations.

The Strategy repeatedly referenced the role of violence in contributing to or directly causing pregnancy, while also arguing for an expansion of the definition of "violence" itself, centering on "child marriage." It further called for both services for survivors, and improved enforcement of laws on sexual assault, including statutory rape, or "sexual penetration." This presented a mixed picture of the definition of the term in public discourse, emphasizing punitive solutions, and wavering between indictments of "culture" and more substantive analyses of gendered social practices that enable sexual assault against girls to persist. Together, these claims suggested that there were mixed prospects for what social practices might follow. Given observations that a set of gendered set of discourses discourage naming or responding to sexual assault for what it is, this was promising. However, treatment of "child marriage," as demanding punitive enforcement, and generic provisions for "targeting" "vulnerable" girls themselves, with the primary aim of preventing them from becoming pregnant suggested that there were ambiguous implications for these measures and their implementation. Given that FGDs highlighted how accusations that girls were "encouraging" boys and men were not only central to thinking about "adolescent pregnancy" as a problem, but could entail girls' ways of dressing, interacting with boys and men, or using public spaces, there also seems to be a real risk of the kind of well-meaning practices that end up justifying control and regulation of girls' behavior, and rewriting girl-blaming and shaming discourses, as part of a medicalized pathology, rather than a moral failing (Nathanson 1991).

In FGDs and to some extent, the Asset Exercise, participants' discussions suggested that social definitions of "violence" recognized a threat in terms of girls' safety or bodily autonomy, but that this collapsed into essentializing discourses that framed girls' bodies as a source of threat.

Across activities and among various participant groups, there appeared to be shared expectation that some men would take advantage of the idea that puberty marked girls' bodies as potentially sexually available, with little recourse. Following a sex essentialist discourse on both male and female sexuality, the idea that boys and men would "chase" girls as soon as they reached puberty appeared widely considered to be a threat to girls, but responsibility for resistance tended to reside with girls alone. In the Asset Exercise, girls, and young women appeared especially alarmed by the prospects of male abuses of power, manipulation, and exploitation all appeared as reasons for preparing girls with "assets" close to puberty. Yet, discourse appeared to offer only limited delineation between violence and coercion, on one side, and girls' sexual propriety, on the other. In FGDs, participants further introduced a discourse of punishment, primarily in the form of threats of prosecution, and evasion for boys who might be responsible for a pregnancy. This, however, appeared to have little to do with girls' experiences or perspectives, but instead was a matter of boys' disruptions to family control over girls' sexuality. Further, coercive practices, such as "water for water" were collapsed into a discourse of girls' sexual improprieties.

The findings on narrow definitions of violence highlighted a need for far broader, gendered approaches to the topic. Past research has demonstrated how official policy discourse may define the matter, and social practices for managing it to influence girls' experiences. Critiques have suggested that there is a risk in elevating the most extreme forms of violence or exploitation, rather than focusing on the ways that it may be embedded or tolerated in everyday life. In centering on girls' victimization, but leaving stereotypes of girls' sexed bodies or male sexual aggression unquestioned; and/or, coding all sex as either violent or potentially violent, interventions may fail in both practical terms, and inhibit broader normative social change toward girls' safety, security, and autonomy (Fine and McClelland 2007; Irvine 1994; Miller and Vance 2004). Further, situating parents as potential villains, rather than, as the Strategy itself acknowledges, actors in an extremely constrained context, shaped by poverty and dominant norms that prioritize family control and regulation of girls' sexuality, presents potential to simply

justify exclusionary or punitive measures, rather than addressing the more complex power dynamics and social practices that perpetuate the practice (Kanguade and Skelton 2018; Petroni et al. 2019; Santelli et al. 2019).

*Adolescent Girlhood, Empowerment and Measurement*

Although perhaps most prominent in Chapter 4, my findings across studies build on social scientific engagements with agency and empowerment as they relate to adolescent girlhood. Primarily, I find that consistent with other research, and contrary to stereotypes of youth cultures as inherently oppositional to dominant cultures; or views of individual adolescents as either inherently irrational and in need of control; or inherently more prone to develop a feminist oppositional consciousness, adolescent participants tended to embrace dominant norms (Bay-Cheng et al. 2011; Jewkes and Morrell 2011). Even as they questioned the moral authority of adults, or suggested that some obligations were unreasonable, the findings in FGDs and the Asset Exercise illustrated adolescent girls' participation and general acceptance of much of the dominant discourse. This highlighted the importance of treating adolescent participants as narrators, with a sense of what is socially desirable or intelligible, rather than reporters, offering only straight-forward testimonials to experience (Tolman 2012). At the same time, the substance of these discussions was also illuminating. Specifically, participants' discussions illustrated the salience of an essentializing, moralizing discourse on adolescence and adolescent pregnancy against a backdrop of poverty and insecurity.

Where FGDs explored understandings of adolescence as a developmental stage, and the Asset Exercise elevated expectations about sources of "assets," an individualizing discourse, set against a backdrop of scarcity, emerged. Though an individualizing discourse of achievement and perseverance was directed to adolescents in general, this was highly gendered, as girls, but not boys, appeared subject to both more invasive and higher stakes scrutiny of their bodies, ways of dressing, and association with boys. Messages about the value of individual achievement, specifically through dedication to education, appeared as a marker of individual moral obligation

throughout adolescence. This was a fragile designation, as girls who became pregnant also appeared potentially unworthy of an education and undeserving of the scarce resources required to access schooling. While elevation of the idea that girls should be "serious" about schooling was, perhaps, expanding the range of roles considered normative or desirable for girls, it was not necessarily empowering in practice. Without structural support or reliable household resources, school appeared as one of many obligations for girls, rather than either a right or a source of "assets" that girls needed outside of academic situations. At the same time, dedication to school also appeared as a kind of tool that might redefine contraceptive use: perhaps far less desirable than sexual abstinence, but perhaps an acceptable alternative to pregnancy. These findings underscored the value of defining and focusing on "empowerment" as a collective process of long-term change, and supported through material conditions and resources to families, communities, and to girls: a vision that often sits at odds with the imperatives of a metrics-based, individual approach to health interventions (Adams 2013; Bay-Cheng et al. 2011; Kabeer 1999).

**Future Research**

When I began planning for this project, I was motivated primarily by an interest to contribute to the body of public health evidence in Sierra Leone. While "adolescent pregnancy," and, indeed, "safe spaces" interventions were ubiquitous elements for a growing body of research and interventions, it often seemed that both the problem and its "solutions" reflected various, often clashing, assumptions about the most basic definitional questions. Taking advantage of data collected for two projects that I contributed to through my work with the Population Council and local partner organizations, I hoped to expand research and evaluation evidence from behavioral view to one that offered a social constructionist perspective to the "problem" itself. This, I hoped, would also be of use in my then-ongoing professional work to translate research, into capacity strengthening and technical assistance tools, activities, and approaches that local partners in Sierra Leone and elsewhere might be able to pick up and use in support of community-based programing with and for girls.

Situating problem definitions in local conditions, political, and social meanings, and the taken-for-granted assumptions about, on one hand, what shapes adolescents' lived experiences, the nature of "empowerment" and its relationship to adolescent pregnancy and sexuality and reproductive health more broadly remain central to my interests. As a first step in extending this project, I plan to submit the three substantive chapters of my dissertation for peer review in a mix policy, sociological, and public health journals. Through my work with the Population Council, I also plan to work on revising and refining the Asset Exercise to better serve future participatory assessment activities. Refining this and other participatory methods may contribute to expanding the scope of research methods related to global adolescent health, gender, and sexuality.

Building on the critical lens and perspective that I developed over the course of this project, I would like to continue applying a social constructionist perspective to account for both how "problems" related to adolescent health are defined, and the material implications of their multiple, overlapping, and clashing definitions. I am interested in pursuing research that enhances understanding of girls' agency, empowerment as they relate to the ability to either conform with or challenge norms of "good" behavior or "ideal" girlhood, to explore strategies and consequences for those who may fall short. Indeed, in contexts such as Sierra Leone, where religiously infused views of sexual morality may *both* compete and intersect with neoliberal individualizing discourse, and feminist visions of "empowerment," and transformations in gendered social roles, new questions about what constitutes a "good" girlhood are likely to emerge. This may carry implications for girls who fall short of achieving ideals. As Laina Bay-Cheng points out,

> "Identical behaviors—however reckless and ill informed—by young women at different social locations will have drastically different reverberations through their lives depending on whether they have access to supportive and knowledgeable adults, affordable and high-quality health care, and systems of care that respect their dignity and privacy" (Bay-Cheng et al. 2011:714).

Thus, exploring questions about the processes that label behaviors as reckless, and those that produce, explain consequences, or challenge their inevitability may be a long-term project.

In future projects, I would like to expand on the analytic approach here to incorporate an analytic lens that draws more directly on structural violence (Farmer 2006) and intersectional, postcolonial, and Black feminist theory (Collins 2009) as part of a critical global health approach (Biehl and Petryna 2013; Fassin 2012). These theoretical approaches would offer important grounding to interpreting the social processes and the material and political conditions of global health and development policies and interventions, and the lived experiences and normative discourses people, including adolescents, use in interpreting the world. A more expansive critical frame would provide useful conceptual and ethical grounding for interpreting the silences, misunderstandings, and debates around seemingly fundamental concepts, including "maturity," or "adolescence" and the dividing lines between sex, violence, and moral transgressions that appeared among my research participants. Further, this would help to place the exchange and evolving discourses that appear as adolescents navigate a biomedical, "development" oriented discourse that may merge or clash with the taken-for-granted, received wisdom that parents and other adults in their lives may offer.

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