

A Qualitative Analysis of the Attitude and Perceptions Regarding Teenage Pregnancy Amongst Teenagers in Sierra Leone

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Abstract

Background: The teen pregnancy rate in Sierra Leone is still significantly high than the global average. Having a child at a young age increases the likelihood of many adverse health and educational outcomes including dropping out of school, unemployment, contracting STIs, having a child born prematurely. This study is set to examine how young people in Sierra Leone view teenage girl pregnancy. It is also aimed at improving our understanding of the subject by examining how teenagers see the issue to determine what factors they believe may contribute to the prevalence of teenage pregnancies, as well the measures to be adopted to mitigate this problem.

Methods: Four thousand study participants aged 12-19 years were interviewed extensively for the qualitative study. The framework technique was used to analyze the qualitative information.

Results: We discovered that poverty which invariably affects child support, transgenerational sex, and the lack of financial support from older partner as the socioeconomic factors contributing to teenage girl's inability to provide for herself or her family. Drugs abuse and alcohol consumption especially by adolescent girls or their parents were also significant factors.

Conclusions: Several potential causes of teen pregnancy were discovered in the study. Teenage girls' intentions to engage in risky sexual behavior may be influenced by how much responsibility they have for their sexual health. It was observed that teenager girls' good intentions may be helped or hindered by the environment in which they are living.

Keywords: Attitude; Perceptions; Teenagers; Pregnancy; Qualitative

Introduction

A Secretariat for Teenage Pregnancy has been set up within the Ministry of Health and Sanitation, and review meetings have shown that Sierra Leone is one of the developing countries in Africa dealing with a high rate of pregnancy among its teenage population [1]. Teen pregnancy and childbearing became an issue in U.S. media and social policy debates in the 1970s [2]

The ten-year rebel war (1992-2002) directly impacted a new phenomenon: a rise in adolescent pregnancies, the extent of which varies significantly across Sierra Leone's various regions. These outcomes can reflect a wide range of interconnected social and economic factors, such as lack of resources, cultural practices, gender inequality, sexual violence, illiteracy, and ignorance. The health, social, economic, and political advancement and empowerment of women in Sierra Leone are all thought to be negatively impacted by adolescent pregnancy [3].

According to data gathered in 2004, there were ten births per 1,000 girls aged 10–14 and 211 births per 1,000 girls aged 15–19, with roughly 20% of these infants dying before their first birthday⁴. Among girls aged 10 to 14, 657 gave birth in the year before the 2004 Population Census, and among girls aged 15 to 19, 8,390 gave birth in the year before the Census [4].

In light of this, teen pregnancies have skyrocketed in the country during 'sit-at-home' moments caused by the Ebola virus outbreak (2014-2015) that halted educational sessions, keeping girls at home where they were more likely to be exposed to illegal and indiscriminate sex life. Teenage mothers are less likely to graduate high school than their male peers [5] More than 2,000 girls in Sierra Leone between the ages of 13 and 19 did not attend school last year because they were pregnant, according to the Ministry of Education, Science, and Technology data. More than 500 students became pregnant in school last year [6].

The dire consequence is that teenage mothers tend to remain single parents and live in poverty, putting their children at risk for things like poor health and the possibility that their daughters will also become teenage mothers. Evidence from the Marie Stopes Clinic in Sierra Leone, the Planned Parenthood Association of Sierra Leone (PPASL), and the Ministry of Health and Sanitation shows that the country regularly runs programs on preventing adolescent pregnancies and STDs, but not all students benefit from them. Together with the Ministry of Education, the Ministry of Health and Sanitation has been working hard to educate students about the importance of abstinence and the benefits of using modern contraceptive methods (safer than traditional methods) if they cannot abstain from sexual activity. Even though many young women were getting pregnant, advocates emphasized that many contraceptives and birth control methods were available and that youth-friendly clinics were available with open doors at all hours and no cost for consultations or outreach [7]. Teenage pregnancy is recognized as a severe societal problem despite previous efforts to address the issue. The alarming news accounts of teen pregnancies in Sierra Leone inspired the current study, and the underutilization of modern contraceptives in clinics is another factor that contributes to this problem [8]. This study is motivated by the realization that there are still significant adverse outcomes for teen mothers, their families, and their children.

Emerging as an effect of the ten years rebel war (1992 – 2002), teenage pregnancy occurs in all societies, with considerable variation in magnitude and consequences among different regions in Sierra Leone. In each case, the effects have been seen to reflect a variety of complex socioeconomic factors including poverty, communities and family's acceptance of child marriage, cultural behaviours, gender inequality, sexual violence, lack of education and information among others. Similarly, teenage pregnancy is seen as one of the more pervasive problems affecting the health, social, economic and political progress and empowerment of women in Sierra Leone[9]. Figures from the 2004 Population Census shows that there were 10 live births per 1,000 girls aged 10 to 14 years and 211 live births per 1,000 girls aged 15 to 19 years; with about 20.0 percent of these live births not surviving to the first birthday. Data on live births in the 12 months preceding the 2004 Population Census confirm the high incidence of childbearing amongst teenage girls; 657 girls aged 10 to 14 years, and 8,390 girls aged 15 to 19 years, had a live birth in the 12 months preceding the Census[10]. Consequently, teenage pregnancy has become alarming in the country during 'sit-at-home' moments for the Ebola virus outbreak (2014-2015) in the country that halted educational sessions, forcing girls to stay at home and being tempted to engage in

illegal and indiscriminate sex life. According to Pandor[11], teenage mothers are less likely to finish school implying that they are less likely than their friends or boyfriends to get a decent job. The Ministry of Education, Science, and Technology disclosed the alarming escalation of teenage pregnancy that made headlines last year, indicating that more than 2,000 girls in Sierra Leone aged between 13 and 19 did not attend school because they were pregnant. Official figures reveal that over 500 pupils fell pregnant last year [12].

The overarching aim of this study is to assess the attitude and perceptions regarding teenage pregnancy among teenagers in Sierra Leone. We are set to explore teenager students' understanding of the factors associated with teenage pregnancy as well as assess their individual opinions about early pregnancy and childbirth.

We are of the belief that understanding the general attitude and perceptions towards teenage pregnancy by teenagers in Sierra Leone will provide an insight for implementing agencies to manage the public health crisis better thereby lessen its consequences as well as adjusting for further revisions of current strategies.

Methods

Study setting

This study was a nationwide study conducted for three months (September-November 2021). Teen pregnancy was the subject of the focus group discussions that was held with the aim of assessing the knowledge and perception of the participants towards teenage pregnancy. Those at risk of becoming pregnant as teenagers and their male partners were considered to have valuable insights into the phenomenon. The principal investigator who ran the focus group discussions designed the questions in English. Any difficult question that could not be understood by the participants were interpreted by the enumerator. Additionally, due to lack of funding for employing many interpreters, the teenagers helped each other out whenever necessary to make themselves understood the questions. The focus group interview guides for this study varied: with some questions being open-ended questions specifically designed to elicit information about participants' experiences with adolescent pregnancy and their thoughts on possible solutions.

All of the researchers were Sierra Leoneans with a ample experience in carrying out similar studies in the past; they also had strong sense of ethics and a genuine interest in learning about and respecting the traditions of others. Audio recordings were made of all focus group discussions sessions and in-depth interviews.

After each focus group discussion session, the principal investigator listened to and transcribed each audio recording for each focus group discussion, and then translated it into English where necessary.

Analysis

There were five stages involved in the analysis: The first step was to become acquainted with the subject matter; the second was to formulate emerging themes; the third was to code the various themes; the fourth was to chart, cut, paste, and rearrange the data under various themes; and the fifth was to explain and interpret the results. Due to time and personnel constraints, the analysis was carried out primarily by the principal researcher under the supervision of the co-authors with particular attention paid to the development of the thematic index and the process of charting and interpreting the results. It was determined that the features available in Microsoft Word and Excel were adequate for data organization, so no separate qualitative data analysis software was purchased for this study.

Sample Selection and Inclusion Criteria

Snowball sampling technique was used to randomly select ten schools' worth of teenagers to participate in the focus group. Children under 12 years of age and adults over the age of 20 were not allowed since they are considered teenager by definition. Informed consent for students who were within 12 -17 years were obtained either from their parents/wards or from their teachers if their parents/wards were unavailable. For those students who were 18 years and above, informed consent were obtained directly from them. With the assistance of a teacher the researcher conducted indepth interviews in a quiet area of the school. In one interview session one participants had to ask that the interview be terminated because she felt uncomfortable. Despite not needing any special psychological assistance, the researcher followed up on her later. All participants were assured that there information will be ept private and not disclose to a Third Party. They were also assured that their responses will be anonymised and that no part of their information will be traced to their personality even after the completion of the study.

Ethics Review

The Sierra Leone Ethics and Scientific Review Committee, and the Njala University Institutional Review Board provided ethical clearance and approved for this study. The Sierra Leone Ethics and Scientific Review Committee waived the requirement to obtain informed consent from the study subjects since we were analyzing anonymous data.

Results

There are certain risk factors that are associated with teenage pregnancy which when handled properly can help support teenagers to mitigate them. Broadly speaing these factors can be categorised into: individual, social and family risk factors. Individual ris factors includes the teenager ambivalence about childbearing, drug and alcohol use poor knowledge about sex education and use of contraceptives, low self-esteem, negative attitude towards using contraceptives, poor performance at school, and having sex at young age. Social risk factors for teenage pregnancy includes but not restricted to dating older people, dating at an early age, having sexually active friends, poor peer relationships, and coming under peer pressure. The family risk factors associated with teenage pregnancy includes limited parent and teen communication, poor parental interactions, unresolved family members conflict, single parent family and family with history of teenage pregnancy.

The results of this study were categorised in the various thematic factors that were identified as risk factors for teenage pregnancy by the respondents.

Individual Risk Factors

Experiencing any of the following may put a teen at a higher risk of becoming pregnant:

- Ambivalence about having a child
- Being the victim of sexual abuse
- Drug and alcohol use
- Having sex at a young age
- Lack of goals for the future
- Lack of knowledge about sex or contraception

- Low self-esteem
- Negative attitude towards using contraception
- Poor school performance

Social Risk Factors

A teen's friends often play a significant role in their decision to pursue a romantic relationship and become sexually active. Some social risk factors for teen pregnancy include:

- Dating at an early age
- Dating older people
- Friends who are sexually active
- Poor peer relationships
- Pressure from peers to have sex

Family Risk Factors

You can't control everything about your family, but you can address some of the risk factors that might be present within it. Family risk factors that can increase a teen's risk of pregnancy include:

- Family history of teenage pregnancies
- Limited communication between parents and teen
- Negative family interactions
- Poor parental supervision
- Significant unresolved conflict between family members
- Single-parent families

Socioeconomic risk factors for teenage pregnancy

The socioeconomic status of the family in which the teenager belongs is viewed as one of the highest risk factors for teenage pregnancy. This factor is considered as both a family and social factors. In Sierra Leone, the high unemployment level, high state of national poverty, overreliance on government grants/old-age pension, and the existence of few opportunities for teenagers are symptoms of the dismal national economic climate. Because of these harsh socioeconomic realities, teenage girls are faced with substantial incentives and pressure to date older men or start dating at a young age leading them to become pregnant at an early age. All the people interviewed said they came from a modest background, lacked health insurance, and attended public institutions of education.

Lack of money and its influence on teenage pregnancy

By providing financial assistance for child care, governments hope to encourage young people to help support their families financially and reduce the burden on social services. Sometimes this is prompted by parental or other family members' encouragement, overt or covert.

An 18-year-old female said:

"... Another girl became pregnant after witnessing her grant-funded friend making clothing purchases. Even more surprisingly, this other person gave the child to the father without telling him that the child received a grant and used the money to buy herself clothes. However, she was unsuccessful because the father disappeared."

A young boy said:

"I learned that teenage pregnancies are common; sometimes a girl will choose to become pregnant because she is having trouble at home and thinks getting a grant will help."

However, some teens viewed the grant as a chance to increase their spending on clothing and mobile phones.

A girl, who was only 17 at the time, said:

"The desire to receive a child support grant may motivate some of them to become pregnant. They convince themselves that grants will help them achieve their goals, only to waste the money they receive on frivolous pursuits instead. They have no interest in helping kids."

None of the participants revealed to us in their personal experience that they were motivated by the child support grant, suggesting that their views on the relationship between the child support grant and teenage pregnancy were merely repetitions of popular perceptions and ideas regarding other people.

Pregnancy May Secure Financial Support from Older Men

Young women who dated full-time workers saw their male partners as a means to financial stability. They estimated that the prospect of long-term financial support was improved if a child was involved.

A 17-year-old girl stated:

"Sometimes you will find that at home, you are poor, and the person you are dating is rich. People at your home will complain about how hungry they are once you start dating a wealthy man, but if you decide to start a family with him, his relatives will gladly pitch in to ensure you have everything you need".

A young girl who was in SSS said:

"From my vantage point, having a child with a wealthy someone, someone who is working so that person can give you expensive clothing, the latest cell phone, and so on, and support the baby, is beneficial for some people. They receive benefits, clothes, and a new expensive cell phone from their boyfriend, and life continues."

Effect of Alcohol on the Risk of Pregnancy

A subset of teenage girls also experiences pregnancy while under the influence of alcohol. People looked to alcohol as a means of unwinding and relieving pressure.

A young lady of only 19 years old said:

"A small but real number of alcoholics seek out sexual partners after a binge, and they don't protect themselves by using condoms. Either you get pregnant, or you get infected."

Allowing a man to buy alcohol for you as a teen in a club may be interpreted by the man as a request for or an acceptance of sexual activity.

A 15-year-old girl said:

"Now you know what happens when you get a boyfriend: he buys you drinks, and then you sleep with him. Ultimately, he gets you pregnant and then lies about it."

Parental alcoholism is another factor that contributes to the occurrence of teen pregnancies. Parents' alcoholism, for instance, has been linked to increased teen drinking.

A young girl who had never before conceived remarked:

"Sometimes our parents drink, and then they tell us to go get them alcohol, and then we end up drinking too, and then maybe you go to a club without knowing it, and maybe you go with your boyfriend and drink alcohol, and then you might have sex when you're not ready to have it because you were too drunk to realize it was a bad idea."

It did not appear that other substance abuse significantly contributed to the high rate of teen pregnancies in Sierra Leone.

Peer Pressure and Other Influential Factors

The influence of friends or peers who engage in unprotected sex is substantial. In a discussion with the other teens who weren't pregnant, one of the girls admitted that having pregnant friends can affect how you act.:

"You're part of a group of five friends, and two of you are pregnant. You've decided to wait to have children until after you're married, but your friends think you're foolish."

One of the boys in the focus group mentioned peer pressure as well.:

"Friends put peer pressure on young women by claiming that staying a virgin will make them sick. They have sex as a result, often without protection."

Preventative Measures for Teenage Pregnancy

Level of Knowledge About Contraceptives Use

This study discovered that the use of contraceptives was unfamiliar to most of the respondents. When asked if she knew of any forms of contraception, a 17-year-old student from SSS1 listed the following options:

"So, I can't comment on that one."

This young teenage girl, who had never been pregnant, demonstrates the need for expanding access to information about contraceptives among adolescents.:

"Teenage pregnancies are common because of misinformation; for example, our parents don't talk openly to us about sexuality, and they see us hanging out with boys. It would be helpful if our parents or guardians could fill us in on the details, so we can all sit down and talk about how, as adolescents, we have certain responsibilities. I blame the lack of knowledge."

One teen girl's comment suggests that young people may be misinformed about methods of birth control that work:

"There are many unintended consequences of receiving incorrect information. There are myths circulating that if you eat the leaves of certain trees, you won't become pregnant."

Recognizing the Importance of Reproductive Health

Teenagers may not take adequate measures to prevent pregnancy because they lack a fundamental understanding of reproductive health. Their knowledge of ovulation and the 'safe' days of their menstrual cycles was tested to gauge their understanding of reproductive health. A small percentage of teenage girls understand there is a period during the menstrual cycle when it is safe to engage in sexual activity without protection.

Most of them knew that ovulation was the process by which females produce eggs, but they had only a vague idea of what that entailed. During the in-depth interview, we discussed how people learn about reproductive health and birth control. Education institutions, Love Life publications, medical facilities, social networks, and family and friends were all found to play a role. Many participants cited their educational institution as their primary source of information, followed by their social circles.

Challenges to Teenage Pregnancy Reduction

Most of the young women we spoke with viewed becoming pregnant as a negative experience, fraught with repercussions like losing a boyfriend, being blamed by friends and family, feeling guilty, having a hard time in school, having complications during the pregnancy or delivery, being at risk for HIV, secondary infertility if an abortion was performed, and not being ready to be a mother.

"I don't think it's wise for a teen to become pregnant while still in school. You feel yourself tiring out and losing focus. Once you reveal that you are expecting, your classmates and friends turn on you with bookish tales and accusations that you don't care for yourself. Walking at the same pace as other people is not always easy, making you feel bad. I wouldn't recommend becoming pregnant to anyone because of the stigma that follows you everywhere, even into your own home, where you're told you're too young and that you disappointed them." (A boy, fifteen years of age)

"I think it's awful when teenagers get pregnant, and then their parents take them to get an abortion, and then later in life, when they're ready to start a family, they can't because they've already had a miscarriage." (12-year-old teenager)

"The risk of contracting HIV or AIDS as a teenager is high, and the illness is fatal. We, teenagers, are working hard to make our country the best it can be, but now that we're infected with HIV, our efforts will be in vain." (14-year-old teenager)

However, for some young people, becoming pregnant is seen as a positive event because it could result in financial aid. A young woman argued that getting pregnant at a young age could be advantageous because doctors might try to stop you from getting pregnant if you contract HIV later on in life. If you become pregnant as a teenager, before you know you have HIV, you may be

able to protect your right to be a mother. Consider this a fatalistic view of the possibility of becoming HIV positive:

"When you're young, and you have a baby, it's different than when you're older, and you can't have kids because you've contracted a disease and the doctor says you can't have any more." (Non-pregnant teenager)

Similarly, teens may not worry too much if they become pregnant because the child will not be their primary responsibility. It may be culturally expected and customary for the grandmother to become the primary caregiver for the infant.:

"In a roundabout way, teen pregnancy can be beneficial if it forces the mother to confront the reality that she is unprepared to care for a child, either financially or emotionally. Since you intend to give your mother the baby, you might as well abandon her and go out and have some fun. Having her around will ensure that everything is handled correctly." (Non-pregnant teenager)

Pregnancy was seen as either a positive or negative experience by some teens, depending on the individual circumstances.

Discussion

This study's main conclusions help make sense of the many factors and their relationships with one another. Positive and negative expectations of the outcomes of such behaviour influence teenagers' intentions regarding behaviour likely to result in pregnancy. These results are envisioned on a private and public scale. They attribute a significant amount of their motivation to their confidence in their ability to direct their actions. The extent to which these plans are carried out depends on the teenagers' internal dispositions and their environment and capacity to form and maintain meaningful relationships. This is all considered to happen in a larger social and cultural setting.

Whether or not the child support grant contributes to teen pregnancy has been debated. Since it was first implemented in 1998, it has helped the unemployed provide for their children and has increased the number of students enrolled in school. [13,14] Findings from this study's adolescent participants indicate that the child support grant is also seen as a way to guarantee some income for the family or the adolescent mother herself. According to the Alliance for Children's Entitlement to Social Security, research has failed to show a correlation between the grant's acceptance and the prevalence of teen pregnancies.[11] Furthermore, another study argues that there is no evidence that the child support grant causes teen pregnancies, as the teen fertility rate has been declining in South Africa during this time.[15] However, it is clear that the child support grant is not the only factor influencing the fertility rate, as rates have fallen worldwide, even in countries without such a grant. [15] Therefore, more research is needed to understand better how the child support grant affects teen pregnancy.

A critical factor in the emergence of transgenerational sexual relationships is the need for financial support from older men, often due to disadvantaged social and economic circumstances. Sexually transmitted infections and HIV are more common among adolescent girls because of the power and gender imbalance that characterizes these relationships and the unsafe sex that often results.[13-15] Although young women have the right to decide whom they date and whether or not the relationship should end, once the sexual activity has taken place, the man has the final say in whether or not any preventative measures should be taken.[16] Teenage pregnancy, STIs, and HIV rates may all be affected by a decrease in transgenerational sex.

The study's adolescent participants voiced a desire for structured, educational options available during school breaks to prevent them from hanging out in bars. Social capital can be built with the help of the community at large. A person's social capital can aid Changes in sexual, polyamorous, and contraceptive behaviour.[17] According to Steve de Grouchy, "social capital" refers to "the social resources upon which people draw to achieve their economic goals." Connectedness, trust, mutual aid, and bartering are all part of this.[18] Groups like the Boy Scouts, youth leagues at local churches, cities, and even government agencies can work together to plan and execute a wide range of fun and educational activities for high school students during vacation periods. Club culture is popular among young people, but underage drinking can lead to sexual risk-taking, STD transmission, and teen pregnan-

cies. [19] There is an increased risk of rape or assault in a club where drinks can be bartered for sexual favours. That's why authorities must crack down hard on underage drinking. This study's findings that parental alcoholism can affect adolescent pregnancy are supported by other research. [20] A recent study also confirmed the association between sexual violence and teen pregnancies.[21]

There is still a problem with adolescent substance abuse, and any effective intervention to curb this trend should also reduce the incidence of teen pregnancies. [22] There did not appear to be a significant issue with teen substance abuse in Sierra Leone, at least not with drugs other than alcohol.

While it was once considered immoral to become pregnant before marriage, modern society views teenage pregnancies as less taboo. Some people believe that having a baby while still a teenager or before getting married is necessary to prove one's fertility. [23] Teenage mothers who were once shunned from society may feel pride in their parental roles and enjoy widespread social acceptance.[23]

This study shows that adolescent girls in Sierra Leone have a limited understanding of reproductive health and contraceptives. Access to simple, accurate, and desired information can form the basis for an informed and responsible choice, but providing information alone is often insufficient to motivate behaviour change. Youth in rural areas may rely more on their parents, teachers, healthcare providers, and even initiation schools than on the internet or libraries. It has been noted that peer education and suitable role models are effective strategies for empowering youth and altering behaviour.[24]

Many young people seem conflicted about the ethics of teen pregnancy. They are aware of the long-term socioeconomic and health risks (HIV, STIs) and the short-term financial benefits (grants, older partners). High school dropout and teen pregnancy rates are higher among students who have repeated a grade or taken a leave of absence.[25] Women who are the primary caregivers for their children are also less likely to complete high school.[26] Intriguingly, a newfound awareness of the need to protect one's right to motherhood by having a child before becoming infected with HIV may have emerged in the wake of the AIDS crisis. Judith Herman found similar results in her study of adolescents' views on adolescent birth: teens generally supported adolescent birth but recognized the challenges of having children at a young age. [27]

Several studies on adolescent pregnancies have also concluded that no single intervention is universally effective and that communities should develop interventions unique to their needs and circumstances. [27-32] There needs to be a government-wide, intersectoral effort to reduce the number of unplanned pregnancies among teenagers. All agencies should "think about health" when formulating policies that could affect this issue.

Strengths and Limitations of the Study

The study's strength is its use of a triangulation of multiple perspectives. However, it will be necessary to carefully separate the opinions of those who have never experienced pregnancy from those who have. While this study's results cannot be applied to Sierra Leone, they may be helpful in communities with similar characteristics.

Assumptions, values, and beliefs may have been introduced into the process due to the researcher's lack of collaboration with other colleagues during data collection and analysis.

Possible barriers included a lack of fluency in English, as most of the research was done in that language. It's possible that participants would have been more candid and relaxed with an interviewer who spoke their native language and shared their cultural background. The meaning of the interviews may have been lost or distorted during translation.

Implications for Future Research and Local Policymakers

In the future, researchers may try to put numbers to the factors identified here and assess the efficacy of various interventions for preventing adolescent pregnancies. More research into the impact of the child support grant may be required. In addition to narrow interventions aimed at adolescent behaviour and health education, policymakers should consider broader issues related to lowering poverty and increasing social capital.

Conclusion

Several potential causes of teen pregnancy were discovered in the study. Teens' intentions to engage in risky sexual behavior may be influenced by how much they attribute agency and responsibility for their sexual health to these factors. Teenagers' good intentions may be helped or hindered by their environments, and the extent to which teenagers can act on such intentions may also vary.

Building social capital for teenagers in communities, investigating the impact of the child support grant, combating transgenerational sexual norms, enforcing laws against underage drinking, increasing access to contraception, and providing programs that empower girls in sexuality are all essential strategies for reducing teen pregnancies. Strategies to reduce adolescent pregnancy will likely affect HIV and other STIs, highlighting the need for a multifaceted and intersectoral approach.

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