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Understanding norms that influence use and uptake of contraceptives by young people in Sierra Leone

BBC Media Action Sierra Leone, commissioned by UNFPA in 2024, sought to explore norms limiting use of, and access to, modern contraceptives, among adolescents and youth. Findings show while gender norms position men as decision-makers, the onus of using and accessing contraception is on the woman/ girl. Adolescent girls and young women are often expected to comply, or they act secretly due to fear of disapproval, stigma, or violence. The study also revealed that pervasive and sometimes contradictory social norms shape adolescent behaviour, which can be addressed through effective communication strategies.

The context

Despite substantial efforts to improve adolescent sexual and reproductive health and rights (ASRHR) in Sierra Leone, persistent social and gender norms continue to constrain access to and use of contraceptives. The country has one of the highest adolescent pregnancy rates globally, with 21% of girls aged 15–19 already mothers. These challenges endure despite high awareness of modern contraceptives and efforts by government and partners to strengthen service availability[i]. Social resistance and norms, particularly within families and communities, continues to undermine adolescents' autonomy and access. Understanding how these norms operate, and who upholds them, is critical for designing effective interventions that shift attitudes and behaviors.

Research methodology

The **research objective** was to explore the social and gender norms, reference groups, and sanctions that shape adolescents' and youths' contraceptive-related behaviors and how these insights can inform efforts to catalyze change.

This qualitative study applied the Social Norms Exploration Tool (SNET) [ii] which employs participatory strategies to identify norms influencing contraceptive behavior among adolescents and youth aged 15–24. Data was collected in 2023 in three districts, Freetown (urban), Koinadugu and Pujehun (rural) and included 90 rapid interviews, 26 focus group discussions (FGDs), and 18 key informant interviews (KIIs) with adolescents, caregivers, health workers, traditional leaders, and teachers.

The sample included married and unmarried youth, single parents, and people living with disability. Participatory tools (vignettes, problem trees, five whys) were used to deeply understand norms, perceptions, behaviors, reference groups, and sanctions related to contraception. Transect walks documented available services. Data was analysed using a qualitative framework approach with thematic coding, triangulation, and iterative immersion sessions involving local research teams. The study received ethical clearance from Sierra Leone's Scientific and Ethics Review Committee and included informed consent processes with referral mechanisms for participant safety.

Key findings

An exploration of norms revealed contradictions.

***Injunctive norms*—what people in a group believe is appropriate**—discourage families

from discussing contraception because it is seen as condoning sex, and **adolescent dating is treated as taboo.** Yet ***descriptive norms*— what people in a group believe is typical** —show that dating is extremely common. Transactional sex is viewed as a legitimate way to address poverty, and early marriage—though declining—remains acceptable in cases of poverty or pregnancy. At the same time, a newer descriptive norm is emerging-contraceptive use is increasingly associated with educated and responsible behaviour, and some families, mothers, and male partners are beginning to engage more openly in discussion with youth.

Discussion about contraception within families is largely absent: There appears to be both a descriptive and injunctive norm against discussing contraception with unmarried adolescents and youth in families, because it is viewed as condoning sex. For example, if a mother discusses contraception with her daughter:

"Some of her friends will say the mother has done well, and some will say she has done bad. Because having contraceptive is like having license to have sex" FGD, boys/partners without children,15-17, Pujehun

While parents do not wish to discuss contraception with their children for fear of condoning sex, children do not wish to do so for fear of revealing that they are sexually active. Consequently, adolescents rely heavily on peers or social media for information.

"If we bring it to our mothers, they will feel it is because we have started having sexual intercourse; that is why we are talking about prevention." FGD, unmarried girls without children,18-24, Koinadugu

Relationships and dating are taboo but extremely common: This is where injunctive and descriptive norms are strikingly unaligned. In all three locations, people agreed that unmarried adolescents and youth are having relationships, dating, and having sex. The 'ideal person' adheres to tradition and relationships and dating for unmarried adolescents and youth is taboo. However, they are still acknowledged to be extremely common. Many participants agreed that commitment was uncommon but that cohabitation—usually after pregnancy—was perceived to be quite common:

"Boyfriend and girlfriend relationships are common in this community…..In most cases cohabiting is common here. Cohabiting is more common than marriage in this community." FGD, girls who are single parents, 18-24, Pujehun

Transactional sex is viewed as a legitimate way to address poverty: 'Ideal' male partners in Sierra Leone are thought of as good providers who should take "responsibility" for women. At the start of relationships, boys typically give gifts to girls they like, which is very much in line with accepted gender roles. Despite injunctive norms against unmarried adolescents and youth having sex and relationships, there are very few sanctions for a girl or young woman (especially if from a poor family) to enter a sexual relationship for material advantage—particularly if her partner is wealthy. Communities and families appeared unlikely to disapprove of a relationship with a wealthy man. A girl might even face sanctions from her family if she did *not* accept a rich man's offer. Young women in Koinadugu said,

"Once [parents] see wealth, even if the girl does not want it, they will force her to get into it so they too can gain something" FGD, unmarried girls with children 15-24, Koinadugu

Girls in Freetown shared similar views: -

"Her mother [will be] able to influence her daughter to date the man so they can survive through him" FGD, girls who are single Parents,15-17, Freetown

The only scenario where there is disapproval and serious social sanctions are when the relationship was clearly short term. There is a sense that the possibility of marriage must exist for the relationship to be deemed acceptable.

The practice of early marriage is in decline, but poverty and pregnancy make it acceptable: Injunctive norms are against early marriage — meaning it is something that society

increasingly believes ought not to occur *when there are no mitigating circumstances*. This is in keeping with the law, which has prohibited child marriage since 2007 in Sierra Leone (this ruling has been supported and generally adhered to in the country). Unfortunately, there are a couple of common mitigating circumstances, most notably, unplanned pregnancy. In such cases, the family and community *"will be angry. They will drive her out to go to the man,"* explained a girl from Pujehun *(FGD, unmarried girls without children,15-17, Pujehun).*

Girls and young women agreed that they would want to stay in education. However, it appears an unmarried girl who fell pregnant would often face sanctions either way – agreeing to early marriage (she would likely be frowned upon by the community and risk losing out on her education) - or by refusing it (she may be thrown out of the family home and risk losing out on her education). Another reason early marriage might be tolerated is poverty and the family cannot take care of the girl.

Premarital sex is heavily sanctioned, but where it occurs contraception is favoured: According to injunctive norms, unmarried adolescents and youth should not be having sex; however, if they do so, there does seem to be an injunctive norm in favour of contraceptive use because pregnancy is seen as deeply shameful.

"She has to prevent [pregnancy] so that she will not put her family in disgrace, because she is not married and also because she is a student, and that will help her not become a dropout" FGD, boys/partners without children, 15-17, Pujehun

Health care workers are not always seen to be sensitive to this issue however, and can hinder access to contraception, as they do not always respect adolescents' and youths' confidentiality and can often be perceived to be judgmental.

Accessing and using contraception is a woman's responsibility: There is a clear injunctive norm that – except for condoms – that contraception is a woman's responsibility. This is perfectly aligned with the descriptive norm, which suggested that women and girls typically accessed contraception, and boys and men did not. Secrecy surrounds access to contraceptives, with girls often using them covertly due to fear of disapproval, stigma, or even violence. Few participants admitted to using contraception themselves, and those that did were older; however, various accounts suggested that there is uptake of contraceptives among the young. For example, a nurse in Koinadugu explained:

"Adolescent girls feel good about using contraceptives and they are even the ones that normally come to the facility to request for it…adolescent boys, they hardly come to the facility; they believe it's the responsibility of the girls to protect themselves… It's highly unlikely to see a boy coming for condom or any other type of contraceptive." IDI, female nurse, Koinadugu

Availability and accessibility of services were reported to be more challenging in rural and remote areas. Sanctions for married women who used contraception without their husbands' permission could also be more severe, with her facing disapproval from her family and community.

Strongly held beliefs compound the problem. With challenges related to use such as **deep-seated myths** around the side effects of modern contraceptives.

"When you are taking the injection, it will stop your menstruation, and that will block the womb, unless you go to a health center for a cure"
(FGD Woman without children, 18-24, Freetown)

Key implications

This study has revealed key insights to support ASRHR in Sierra Leone:

Let's talk about sex - opening conversations with adolescents: Normalising discussions about sex for unmarried adolescents and youth is essential to break the taboo and allow open conversations. Sex and sexual development are integral components of human development and embracing the normalcy of sex helps reduce

stigma, shame, and misinformation surrounding these topics. The community has rallied around the imperative of preventing unplanned pregnancies, setting the stage for discussions around contraceptive use and reproductive health - recognizing the role of preventive measures in safeguarding the girls' well-being and prospects. This can also link to the economic implications of having large families. Using media and social behaviour change initiatives to highlight the importance of open discussions within families can stop ASRHR feeling like an "illicit" subject and will help young people feel able to discuss it more freely.

Strengthen the nascent idea that contraception is a marker of education: Amplifying the idea that educated people talk about, and use, contraception could act as an incentive and motivator for change. Stressing, that contraceptive use makes it easier for girls to continue learning and may reduce the incidence of unplanned pregnancies.

Dispel myths and assuage concerns about side effects: Use media platforms to provide accurate information and raise awareness of contraceptive methods. Also provide comprehensive education on sexually transmitted infections (STIs), their prevention, and the importance of using condoms to protect against both STIs and unwanted pregnancies. Ensuring that healthcare workers have up-to-date, accurate information to share with young people and that they respect their confidentiality and sensitivity on these issues is also key.

Build on gender norms that position ideal men as responsible providers but reframe as those who participate equally with their wives and girlfriends: Despite contraception being seen as a girl's responsibility, there seemed to be potential of open dialogue with sexual partners, and even, in some cases, partner involvement. These are positive signs that some men and boys are taking more of an active role in contraception. While stressing that ultimately it is the woman's choice, not her husband's, to use contraception, showing joint decision-making and amplifying voices of men who listen to their wives could be very effective.

Amplify the voices of those who support contraception: Mothers are trusted allies for girls and young women and are believed to be the most appropriate family members to discuss contraception with. Equipping mothers with accurate information about contraceptives, which they can pass on to their daughters, could help them play a key role. For example, mothers could spread pragmatic message about the acceptance that sex and relationships are happening among unmarried adolescents and youth. Engaging fathers and young men and boys in these discussions is also vital and using media to amplify the voices of community members advocating for contraception and being positive role models is very important.
Media engagement, school-based interventions, and community dialogues show promise for norm change. Engaging key figures such as parents, teachers, healthcare providers, and religious leaders in meaningful discussions to address misconceptions, challenge stigma, and create a supportive environment that prioritizes the well-being of young people – to eliminate the entrenched negativity towards contraceptives.

These steps can help to create a more supportive environment for the sexual and reproductive health and rights of adolescents and youth in Sierra Leone.

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[i] Sierra Leone Demographic Health Survey (2019) https://dhsprogram.com/pubs/pdf/FR365/FR365.pdf

[ii] https://www.irh.org/social-norms-exploration/