

SHORT COMMUNICATION/COMMENTARY

2YOUNGLIVES

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2YoungLives is a mentoring intervention for pregnant adolescents developed by community-based organization Lifeline Nehemiah Projects (LNP) to combat the stigma and mitigate the social disadvantage associated with this common life event for teenagers in Sierra Leone¹. Often abandoned by families and exiled from school, the outcomes for these girls are poor; late or absent antenatal and delivery care, poor diet and lack of emotional, financial and social support can all too often lead to maternal mortality or morbidity, stillbirth and neonatal death, as well as poor social, economic and emotional outcomes². 2YoungLives seeks to combat these disadvantages by training local women with a reputation for kindness and compassion to mentor pregnant teenagers. The intervention is holistic, with a number of distinct elements that contribute to girls and babies thriving not just surviving. These elements include support to start a small business, to reconcile with families, to attend antenatal care, to breastfeed exclusively, to parent positively, to take up postpartum contraception, and to return to school or learn a trade. A pilot cluster randomized controlled trial is currently underway to understand how the intervention may work in different communities and identify implementation strategies that can inform future scale-up³. For this trial, the intervention is being rolled out in six new communities across five districts, and outcomes for teenagers and their babies

are being compared with those in six control communities.

LNP has a long history of engaging and involving stakeholders as change agents in their communities. Originally set up in 1996 with the purpose of rebuilding the lives of ex-child soldiers and young people affected by the war, the same vision of mentoring and training young people continues to expand. For example, the Lifeline Betteh Tumara technical and vocational training centre has directly benefited over 3000 young women and men since 2012. During the Ebola outbreak LNP led the response in their locality in community education, radio talk shows, supporting quarantined households, and establishing an Ebola treatment centre at one of the outbreak epicentres in Kuntorloh. Recognising the damage that can be done to existing local traditional leadership structures by short-term programmes, LNP determines to engage and build relationships over time within these traditional structures, gaining trust and strengthening them in order for the communities to own the process for finding local solutions, whilst challenging mindsets which undermine their development.

When planning this trial, LNP focused strongly on the community engagement and involvement strategy that they would employ to pave the way for acceptance of 2 Young Lives in these intervention communities. It was crucial to look at the geographical areas, understand how the

communities operate, and get the right people to engage and involve, including those who were likely to buy into the vision. The team made three trips to each site: an initial trip to meet for introductions and to pay respects to the chief and other leaders; a second trip to meet wider community members and give opportunity for community-wide airing of concerns and sharing of local beliefs and potential barriers to the acceptance of the intervention, and when we also study the community attitudes towards teenage pregnancy and spot members who clearly have a passion for the health and wellbeing of pregnant and vulnerable girls, and a third trip to identify mentors in collaboration with the community stakeholders. Listening, discussing, and connecting with the right people in the community was imperative to build trusting relationships, and this LNP strategy proved to be very successful. Almost exclusively, significant barriers were raised and discussed; some religious, some based on previous history with other NGOs, some rooted in interpretations of current government policy. However, because these trips were factored into the timescale and budgeting of the project, there was time and space to address these barriers in respectful ways appropriate to each community and to mitigate them.

The tailored engagement approach also made space to address the unique issues faced in some communities and not others. For example, in one of the communities, parents were reluctant to let their children become part of the mentoring scheme because of the unfulfilled promises of other NGOs. The team proposed to bring some of the stakeholders down to Freetown to the Lifeline compound to see for themselves the various activities that

LNP is engaged in. They also had the opportunity to see and listen to girls that had gone through 2YoungLives and Betteh Tumara programmes and are now working and living independently within their communities and supporting their families. The stakeholders were so impressed with LNP's vision and work that when they returned, they called a meeting for all and explained the developments they had seen to ensure that their community's children would benefit in a similar way. In another community, the mentees were reluctant to go to the government peripheral health unit (PHU) for antenatal check-ups for fear of a government policy of reporting under-18s who register at the PHU to the police. This led to girls attending a private clinic to avoid this risk. The LNP team engaged the PHU staff to discuss and understand this barrier to maternity care for this vulnerable group, and also asked the midwife to attend the monthly meetings held by the 2YoungLives team for the mentees, to build the confidence and boldness of the girls and also give them reassurance that they would not be arrested in the PHU. Just after these engagements, all the pregnant girls were confident enough to attend the government PHU. Asking 'how will this work in your community?' and being ready to be flexible to tailor approaches to different communities have both been keys to success.

The project is now in the formative stage of qualitative data collection to understand how issues around teenage pregnancy are currently perceived in both intervention and control communities and some of this new data is showing encouraging outcomes. Previously, 2YoungLives has been seen primarily as an individual intervention affecting the outcomes for individual adolescent girls. However, there

is another layer of impact emerging from the data, which can be directly linked to LNP's initial strategy of community engagement; that of whole community mindset change. We are being told that there is a new awareness within the communities about the need to care for pregnant teenagers, that it is now acceptable and promoted for pregnant girls to go to school in accordance with the radical inclusion policy, and that even girls who are not currently mentored due to the team's capacity limitations are being viewed differently by other community stakeholders since these difficult and sensitive topics have been aired openly in their communities.

We have a saying at Lifeline; 'changing mindsets takes a million conversations. These conversations are very respectful, and they take time, they take energy, they take patience, but if that means shifting attitudes and mindsets to benefit young, marginalized women, they are a valuable investment.

REFERENCES

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3. Fernandez Turienzo, C., November, L., Kamara, M., Kamara, P., Goodhart, V., Ridout, A., Sam, B., Thomas, S., Williams, P.T., Sandall, J. and Shennan, A.H., Innovations to reduce maternal mortality and improve health and wellbeing of adolescent girls and their babies in Sierra Leone. *The Lancet Child & Adolescent Health*.2022