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Sierra Leone: Family Planning as a Gateway to Food Security

When most people think of the world hunger problem, family planning as a solution does not usually come to mind. However, family planning is one of the most untapped solutions to solving hunger, especially in countries with little contraceptive use, such as Sierra Leone. Sierra Leone is ranked 161 out of 182 countries based on contraceptive use by Index Mundi (“Contraceptive”). If couples have the ability to choose how many children to have and how often, there will be less people without food insecurity. To achieve this, several strategies need to be used: breaking down taboos, providing better access, and helping women pay for contraceptives.

Sierra Leone is a small African country bordering the Gulf of Guinea, between the size of South Carolina and Virginia. As with many African countries, Sierra Leone was formerly a British colony, and, upon gaining independence, was thrust into food insecurity, disease, and political unrest. Civil war broke out in the early 1990s and was not resolved until 2002. As the country was recovering, it was hit by the Ebola outbreak in 2014. The Ebola outbreak caused nearly 4,000 deaths and more than 8,000 confirmed cases (Nordström). This has made it even harder for Sierra Leone to recover from the civil war.

After the civil war, Sierra Leone was reinstated as a presidential republic, meaning that citizens vote directly for the president. Parliament serves as the legislative branch, and 132 out of 146 seats are voted for. The remaining fourteen seats are reserved for paramount chiefs (“Sierra Leone.” CultureGrams). A paramount chief is the highest level of chief. Each paramount chief is in control of an assigned region (“Paramount”). This allows for each region to have representatives, but the people still get to choose who creates legislation for them.

It is not uncommon for families to live in multi-generational compounds with several small houses for sleeping and one or two for cooking. In urban areas, families are smaller, because of limited space. In these areas a family may live in a small apartment with few bedrooms (“Sierra Leone” CultureGrams).

Traditionally, women take care of the children, clean the house, cook, and do many other household chores. Overall, women are usually limited to household work and are not traditionally allowed to help their husband bring in income. It is important to point out that men are not expected to do many of these things. Men are expected to hunt, farm, or do other activities that bring in food and an income. Recently, laws have been passed that improve gender equality. Women have taken seats in the parliament. More and more women are getting the education they deserve. However, as of 2019, 48.6 percent of women still believe that their husband is justified in beating them if they “do something wrong”(“Women”). This may include refusing sex or failing to prepare food correctly.

The population of Sierra Leone is roughly 6,807,300 (“Sierra Leone” CultureGrams), with a population density of nearly 95 people per square mile. For comparison, the United States has about 90 people per

square mile. According to the Population Reference Bureau (PRB) the total fertility rate in Sierra Leone is 4.2. This means that each woman has approximately four children in her lifetime. The population growth rate of Sierra Leone is 2.4 percent (“Sierra Leone” CultureGrams). While this is not the highest population growth rate in the world, it is among the top. Much of the population is youth, and there are very few older people.

In many areas in Sierra Leone, families can only afford breakfast and a late lunch (“Sierra Leone” CultureGrams). Unfortunately, there is not much variety in these meals. Rice is a huge staple food and almost all meals include some form of it. Cassava, a starchy root vegetable, is also very important in Sierra Leone diets. Meals may also include tropical fruits, fish, or sweet potatoes (“Taste”). This provides very little variety.

One of the largest problems that causes food insecurity in Sierra Leone is family size. Many families are very large and it is hard to provide enough food for everyone. Nearly a third of women ages 20 to 24 had a child before the age of eighteen (“UNICEF”). Part of this problem is that only 21 percent of married women, ages 15-49, are using contraceptive methods.

In countless Sub-Saharan countries, the problem is not a want for contraceptives. Sometimes, it is a lack of access. Other times, it is taboo. In numerous cases, it is because the husband does not want to use them. All of these things are unfair to the women they affect. Women deserve a right to choose when to have children and how many to have, and these barriers impair their ability to make these decisions and help provide food for their family.

These decisions are especially important when a family is already struggling to provide enough food. When a mother has several young children, she may need to breastfeed more than one. This hurts the mother’s health, and it also makes it harder for her to care for and feed the rest of her children. Teen pregnancies are more harmful towards the baby and the mother. The chance of infant mortality in a teenage pregnancy is higher, as is the chance for low birth weight. As for the mother, she’s more likely to drop out of school (“The Adverse”). Across the world, pregnancy complications are the largest cause of death for girls aged 15-19 (“Adolescent”). It is easier to provide enough food for all of the children if a family can choose how many children to have and how often.

Unfortunately, this is not an easy problem to solve. Breaking down taboos takes getting to know a community and finding ways to connect contraceptives to things that matter to them. In many communities, contraceptives are a relatively new concept. This makes many people opposed to using them. In a study published by Springer Nature, of girls aged 15 to 24, the biggest reason (70.2 percent) for not using contraceptives was because their partner does not want to use them (Labat). If taboos about using contraceptives can be broken down, it empowers girls to ask to use contraceptives, and can help decrease the number of teen pregnancies.

One way to decrease teen pregnancies, and all pregnancies, would be increased use of contraceptives. However, about a fourth of married women in Sierra Leone would use contraceptives but don’t have access to them (Keen). The demand for contraceptives leads to long lines to get contraceptives, including long-acting reversible contraceptives (LARC), only to find that the clinics are out of stock. Another part

of this issue is that some women, especially in rural areas where 57 percent of the population lives (“Sierra Leone” CultureGrams), can not make the long walk to the contraceptive clinics. Many women have several children and need to bring their children on the trek to reach a clinic.

Adding to this problem in Sierra Leone is that contraceptives can be expensive. A LARC can cost up to 900 U.S. dollars, with a minimum of about 700 dollars (Eisenberg). With an average GDP of 510 dollars per year, a LARC is very expensive and out of most families’ budgets. Even if a woman can get to a contraceptive clinic that has contraception methods in stock, they may be much too expensive and the woman would have gone the miles to the clinic for nothing in return.

Fortunately, there are many solutions to these problems. The most successful strategy would use several solutions together. The first solution is using strategy from an organization currently working in several other countries. The most similar of these countries would be Kenya, where the organization is called Tupange, which is Swahili for “let’s plan”. This organization holds events about contraceptives and sexual health. Melinda Gates describes one of these events in her book *The Moment of Lift*: “My hosts took me to a community outreach event that had the feel of a fairground. Tupange representatives sang and danced outside to help attract foot traffic to the fair, and inside, volunteers walked around wearing giant aprons festooned with contraceptives - the most effective methods hanging at the top, the least effective methods on the bottom.” This is a great way to start breaking down taboos and getting people to realize how helpful contraceptives are. While it does not give women more access to contraceptives, it would help increase awareness and help more couples understand how contraceptives work. One of the largest barriers to increased contraceptive use is that there is no room for conversation. Many older generations condemn the use of contraceptives, partially because of myths around the concept. One of these myths is that contraceptives make people infertile. Using Tupange, myths can be sorted out and there is room for questions. Even if Tupange does not convince more partners to use contraceptives, it opens up a door and introduces them.

However, there is a lot of preparation that would go into a Tupange event. First, the organization running the event would have to decide whether to find a permanent building space to hold the event, or if they are going to travel with the event. If the event is temporary, an event space would have to be rented. If Tupange is permanent, some sort of building space would need to be found and bought or rented. Next, volunteers would have to be found. Because so much money would go into a space, contraceptives to hand out, and educational material, it is important to find volunteers that can be educated but do not expect to get paid. Finally, contraceptives to hand out would have to be bought and pamphlets or other educational handouts would have to be made. It is important to know how much money needs to be put into this project. To rent a floor of a building in Freetown, at least 7,000 US dollars would need to be spent, per year (“Commercial”). To print trifold brochures, it would cost roughly 240 dollars for 1,000 (“Brochure”). Beyond this, there needs to be signage around the event space. To print a single 36” by 48” full color poster, it could cost 80 dollars (“FedEx”). To buy five of these, it would cost 400 dollars. If these are the only things bought, it would cost nearly 8,000 dollars. This does not consider the potential cost of educating volunteers, providing examples of contraceptives, any sort of audio/visual costs (microphones, projectors, internet access), tables or chairs, or any other printed materials. The cost of holding a Tupange event could run into hundreds of thousands of dollars. However, events like this are

very important because before contraceptives can get to communities, the communities have to be ready for conversation.

Once there is room for discussion, organizations can begin to get contraceptives to women and men that need them. Because women are the primary child caretakers and bear the child during pregnancy, access to contraceptives needs to be easier for women. Beyond this, it is easier for a man to make a trip to a contraceptive clinic. One organization already working in Sierra Leone is MSI Reproductive Choices. MSI has women educating on contraceptives, bringing contraceptives to remote communities, and helping with safe abortions. There are numerous more organizations doing the same thing. However, there are still dozens of girls that have never used contraceptives. Part of this problem is accessing the community that needs the contraceptives. Many girls are ashamed to get contraceptives. As explained earlier, taboos are one of the largest barriers to universal contraceptive access. In Sierra Leone, there needs to be a way to get women and girls contraceptives in a judgment-free, private way. One way that has been tried in other countries, would be to offer contraceptives in schools. If contraceptives could be handed out for free at school, it would be easier for teenage girls to get what they need. Although only 41 percent of girls are enrolled in secondary school (“School”), part of that is because, from 2015 to 2020, pregnant girls were not allowed to attend school because they were thought to be a “bad influence” (Fofana). If contraceptives were available in school, girls would be able to prevent getting pregnant.

To prevent teenage girls from getting pregnant, contraceptives in schools should be available. However, the education system is underfunded (Boogaard), so schools can not provide contraceptives by themselves. Donations from outside organizations would have to be required. This is tricky because many families discourage the use of contraceptives or believe that talking about sex encourages teens to have it, so the organizations donating contraceptives may be condemned in communities. MSI, however, has gotten around this problem. In Sierra Leone, MSI has found women in the communities who are supportive of contraceptives and can be taught about them. In turn, these women turned to their communities, where they were already trusted, and taught about contraceptives. If we could find teachers or other school staff who are supportive of contraceptives and already a trusted part of the communities, these women could be responsible for bringing the donated contraceptives into schools. The only other option would be to have people from the donation organizations bring in contraceptives. This would be a problem because the citizens already are untrusting of contraceptives, so unknown (probably foreign) charity workers would make the untrust worse. Bringing contraceptives into Sierra Leone schools would prevent teenagers from getting pregnant, but it is a delicate balance of trust.

In order to fully prevent girls from getting pregnant too early, there is something more that would be needed. It is one of the largest health units in the United States, but it is not taught in Sierra Leone - sex education. The Sierra Leone school systems are not required to teach sex ed, so many do not. Part of this is because there is a myth that teaching about sex encourages teenagers to take part in it. There is progress being made, though. An app developed during the COVID-19 pandemic for Sierra Leone teenagers teaches sexual education. The app walks through relatable situations and teaches teens how to respond. Emma Kargbo, a teenager who has used the app says, "It teaches us about contraceptives and other ways we can be protected" (Milne). One of the few problems with this would be internet access; only 62% of the population has access to 3G internet (“GSMA”). Because sexual education is not taught in schools, it is important that teens and young adults can access information in a different way. Another way to

increase education for teens would be to market Tupange towards teens. Unfortunately, many teens are not allowed to spend time with friends and any free time is spent with family members (“Sierra Leone” PAX). If we could make Tupange easy to move around, the program could visit schools for a day each. This would help open schools up to sex education, without requiring teachers to teach about it or learn new curriculum. There are steps that are being made to help schools teach sexuality education (“Sierra Leone Takes”). However, many schools do not have funding to teach sex ed.

Another barrier to accessing contraceptives is cost. One idea to help solve this is sponsorship. Power to Decide, a non-profit organization is doing this in the US. On their donation page, Power to Decide explains how much each donation amount helps: “\$5.00 provides a month of birth control pills to a person in need” (“Support”). It is very possible that something like this could work in Sierra Leone. However, to make this even more personal, sponsors could sponsor a specific woman that signed up. Women in Sierra Leone who struggle to afford contraceptives could sign up for this program through the nearest contraceptive clinic. People around the world could sign up to sponsor a woman. By doing this, they could make a one time donation that covers the cost of contraceptives for a year (birth control pills, short term methods), a one time donation that covers a LARC (IUD, implant), or they could make a repeating donation that covers enough birth control for a month (if it was a monthly donation, for example). With the repeating donation, the sponsors could choose how often to donate. This would help women to get contraceptives, even if they cannot afford them.

Increasing family planning and contraceptive use in Sierra Leone is a daunting task, but several simple solutions can have a great impact. Access to contraceptives not only helps families have only as many children as they can support, but it also empowers women to better help their families. Hopefully, the world will realize that family planning is one of the most effective ways to help solve hunger around the globe.

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