ALiGN | Advancing Learning and Innovation on Gender Norms

ALIGN REPORT

Muslim leaders' evolving views of child and adolescent health and life skills in Sierra Leone

Regina Mamidy Yillah, Augustus Osborne, Anaïs Bash-Taqi and Saidu Wurie Jalloh

April 2025

www.alignplatform.org

IfD

ALiGN

About the Institute for Development Sierra Leone

The Institute for Development (IfD) is a locally registered research institute in Sierra Leone that has been operational since 2013. It specialises in delivering high-quality qualitative and mixed-methods research, training and technical assistance to government, NGOs, civil society organisations and the private sector. IfD's mission is to empower decision-makers with evidence, data and knowledge to understand what works, for whom, why and under what circumstances. By focusing on evidence-based solutions, the organisation supports sustainable development initiatives that address critical challenges in Sierra Leone. Its vision is to foster a high-capacity research and development sector that drives equitable and transformative progress in the country.

Acknowledgements

This report is the culmination of collaborative efforts and unwavering support from numerous individuals and organisations, without whom this work would not have been possible.

First and foremost, we extend our deepest gratitude to the Muslim religious leaders across Sierra Leone who generously shared their time, insights and perspectives. Your candid reflections have provided invaluable contributions to understanding the evolving dynamics of adolescent health education in the country.

We are immensely grateful to the Ministry of Basic and Senior Secondary Education (MBSSE), the Ministry of Health and Sanitation (MoH), and the Ministry of Gender and Children's Affairs (MOGCA) for their steadfast commitment to advancing adolescent health and gender equality. Your leadership and guidance have been instrumental in shaping the child and adolescent health and life skills (CAHLS) programme and fostering dialogue with key stakeholders.

Special thanks to our partners in the field, including representatives from NGOs, UN agencies and community-based organisations, whose tireless advocacy and technical expertise have enriched the implementation and evaluation of CAHLS. Your dedication to improving the lives of Sierra Leonean adolescents is both inspiring and essential to the success of this initiative.

We are particularly indebted to the Gender Equality and Social Inclusion (GESI) team at ODI Global and ALIGN for their research and resources, which have provided a critical foundation for this study. The ALIGN team's work on gender norms and social inclusion has been a guiding light in navigating the complexities of cultural and religious sensitivities in adolescent health education.

We also wish to acknowledge the contributions of the teachers, health workers and community leaders who participated in this study. Your on-the-ground experiences and insights have been vital in contextualising the challenges and opportunities of CAHLS implementation.

Finally, we express our heartfelt appreciation to the young people of Sierra Leone, whose resilience and aspirations drive the urgency of this work. It is for you that we strive to create an inclusive, supportive and empowering environment where informed decision-making and equitable opportunities can flourish.

This report is dedicated to all those working tirelessly to bridge the gap between tradition and progress, ensuring every adolescent in Sierra Leone has the tools and knowledge to lead a healthy, empowered life. Thank you for your unwavering commitment to this shared vision.

Table of contents

Tables

Acronyms and abbreviations

CAHLS	Child and adolescent health and life skills
CSE	Comprehensive sexuality education
FGD	Focus group discussion
KII	Key informant interview
LGBTQI+	Lesbian, gay, bisexual, trans, queer and intersex (the plus sign represents people who may identify using other terms)
MBSSE	Ministry of Basic and Senior Secondary Education
NGO	Non-governmental organisation
SMRHB	Safe Motherhood and Reproductive Health Bill
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights

Definitions

Anti-rights actors: individuals, organisations or movements that actively oppose human rights frameworks, particularly those related to gender equality, sexual and reproductive health and rights (SRHR), and the rights of marginalised groups (McEwen and Narayanaswamy, 2023). These actors often challenge progress on issues such as abortion access, LGBTQI+ rights and comprehensive sexuality education (CSE), framing their opposition as a defence of traditional values or cultural norms.

Child and adolescent health and life skills (CAHLS): a broader framework than CSE developed for Sierra Leone that integrates health education with life skills development, focusing on equipping adolescents with the tools they need to navigate physical, emotional and social challenges. The term CAHLS was deliberately chosen to exclude the word 'sexuality' in its title. This decision was made to address cultural and religious sensitivities in Sierra Leone, ensuring the programme's acceptability to religious stakeholders while still covering critical aspects of adolescent health and life skills.

Comprehensive sexuality education (CSE): a curriculum-based approach to teaching sexuality and relationships that is age-appropriate, scientifically accurate and rights-based. CSE aims to equip individuals with knowledge, skills, attitudes and values to make informed decisions about their health, well-being and relationships, while promoting gender equality and respect for human rights (Bonjour and Van Der Vlugt, 2018).

Gender backlash: a reactionary response to efforts aimed at advancing gender equality and challenging harmful gender norms. Gender backlash can take many forms, including political

resistance, public misinformation campaigns and the mobilisation of conservative or religious groups to oppose reforms (Flood et al., 2021).

Gender norms: the societal expectations and beliefs about how individuals should behave, based on their perceived gender. These norms often reinforce stereotypes and inequalities, dictating roles, responsibilities and behaviours for men, women and non-binary individuals (Cislaghi and Heise, 2020).

Gender-restrictive actors: a subset of anti-rights actors who specifically focus on reinforcing traditional gender roles and norms. These actors resist policies and programmes that challenge patriarchal structures, promote gender equity or expand rights related to gender and sexuality. While their goals often overlap with those of anti-rights actors, they are primarily concerned with maintaining rigid definitions of gender and gender roles (Martínez et al., 2021).

Life skills education: a component of education that focuses on developing critical thinking, problem-solving, communication and interpersonal skills. Life skills education is often incorporated into programmes addressing health, well-being and empowerment, especially for children and adolescents.

Key findings

Shifts in Muslim religious leaders' perspectives on CAHLS

Muslim religious leaders in Sierra Leone initially resisted CAHLS, viewing it as promoting promiscuity or conflicting with Islamic values. However, public health crises such as Ebola (2014–2016) and COVID-19 (2020–2021) underscored the urgency of adolescent health education, leading to gradual acceptance. Government policies, such as the Child Rights Act (2007) and campaigns like Hands Off Our Girls, further influenced shifting attitudes. Despite progress, resistance persists on contentious issues such as contraception and abortion, particularly among conservative rural leaders.

Acceptable versus controversial topics in CAHLS

Leaders widely endorse topics aligned with Islamic teachings, including puberty education, menstrual hygiene, abuse prevention and abstinence promotion. Conversely, they oppose contraception for unmarried adolescents, perceiving it as endorsing premarital sex, and reject abortion except in cases where the mother's life is at risk. These disagreements highlight the need for culturally sensitive approaches to contentious subjects.

Gender-segregated teaching and age restrictions

Most religious leaders in Sierra Leone advocate for gender-segregated instruction on sensitive topics to comply with cultural and religious norms of modesty. They also emphasize age-appropriate delivery, suggesting that complex issues such as contraception be introduced only to older adolescents (ages 16+), while foundational topics (e.g., puberty) may be taught earlier.

Factors influencing attitude shifts

Engagement through workshops and sensitisation programmes helped clarify misconceptions about CAHLS, while crises including Ebola and COVID-19 exposed gaps in adolescent health support, making leaders more receptive. Younger, urban imams were more likely to reconcile Islamic teachings with public health needs, whereas economic pressures (e.g., poverty-driven early marriages) complicated adherence to moral teachings.

Regional variations in acceptance

Acceptance of CAHLS varies significantly by region. Urban areas (e.g., Freetown) show greater openness due to exposure to advocacy and education, while rural regions (e.g., Koinadugu, Port Loko) remain conservative. However, some districts, for example Kailahun, saw increased support post-Ebola due to high teen pregnancy rates, and Pujehun which benefited from mass awareness campaigns.

1 Introduction

> **We must ensure that our children are equipped with the knowledge and skills to make informed decisions about their health and future (Bio, 2018).**

In recent years, the global push for gender equality reforms has faced growing resistance, particularly in areas related to sexuality education and reproductive rights. Comprehensive sexuality education (CSE) and life skills programmes, which are essential for equipping individuals with knowledge about health, relationships and bodily autonomy, have become flashpoints in broader cultural and political debates (Mijatović, 2020). This backlash reflects a global phenomenon, with many countries across different continents navigating tensions between progressive reforms and deeply rooted cultural, religious and political opposition (ibid.).

For instance, in the United States, the 2022 overturning of *Roe v Wade* not only curtailed federal protections for abortion but also reignited debates about the inclusion of reproductive health in education (Coen-Sanchez et al., 2022). In contrast, Argentina's historic legalisation of abortion in 2020 signalled progress in a predominantly Catholic country, yet challenges in implementing sexuality education persist due to opposition from conservative sectors (Brysk, 2025). Meanwhile, Poland's imposition of one of Europe's strictest abortion laws has sparked widespread protests, underscoring the societal divisions that also impact the delivery of life skills education (Bucholc, 2022). These cases highlight the interconnectedness of reproductive rights, sexuality education and the broader struggle for gender equality, illustrating how legal, cultural and political factors shape the global landscape of education and empowerment.

The Gender Equality and Social Inclusion (GESI) team at ODI Global, through the Advancing Learning and Innovation on Gender Norms (ALIGN) Platform, has been investigating the growing influence of anti-rights movements and their impact on global progress toward gender equality and social justice (D'Angelo et al., 2024). ALIGN's research has explored key areas, such as the backlash against CSE and the role of conservative movements in shaping gender norms and policies globally (D'Angelo et al., 2024). For example, ALIGN's study on challenging harmful gender norms through education highlights how sexuality and life skills education can serve as critical tools for addressing entrenched inequalities while navigating opposition (Marcus, 2018).

Sierra Leone, a nation striving to address entrenched gender inequalities, has found itself at the centre of this global debate. Efforts to integrate life skills and sexuality education into the national curriculum have faced significant resistance, reflecting broader global trends documented in ALIGN's research. These insights underscore the importance of understanding and addressing the influence of anti-rights movements to sustain progress towards gender equality and social justice.

1.1 Background

Sierra Leone has made significant strides in advancing education policies aimed at equipping young people with essential life skills to navigate the complexities of modern society (Yillah et al., 2025). CAHLS programmes represent a cornerstone of these efforts, integrating health education with critical life skills to address the unique challenges faced by adolescents (WHO, 2023). To navigate cultural sensitivities, the term CAHLS has been adopted to avoid explicit references to sexuality.

Introduced in 2018 as part of President Julius Maada Bio's commitment to comprehensive health education, CAHLS aims to equip young people with life-saving knowledge and skills by addressing topics such as sexual and reproductive health (SRH), mental health, decision-making, communication skills, gender equality and the prevention of gender-based violence (UNFPA Sierra Leone, 2024).The curriculum is delivered at both primary and secondary school levels, offering age-appropriate and evidence-based content (MBSSE, 2023).

In primary schools, the CAHLS curriculum is delivered as part of social studies, while in junior secondary school it is integrated into the following subjects:

- language arts
- social studies
- integrated science
- religious and moral education
- physical and health education
- home economics
- mathematics

There is debate about whether a standalone subject should be included in senior secondary school. The CAHLS curriculum is currently being piloted in 50 schools in Sierra Leone by teachers, trained by the Ministry of Basic and Secondary School Education (MBSSE) in collaboration with civil society organisations and international partners (UNFPA Sierra Leone, 2019). These partnerships have been instrumental in ensuring that the curriculum reflects global best practices while remaining culturally sensitive and aligned with national development goals. The government's commitment to CAHLS underscores its recognition of education as a powerful tool for fostering gender equality and empowering young people. However, the success of these efforts hinges on overcoming systemic barriers, particularly ensuring that educators are adequately trained and supported to deliver this expanded curriculum effectively.

The implementation of CAHLS has not been without challenges. The programme's inclusion of topics such as CSE has sparked resistance from certain groups, including anti-rights and gender-restrictive actors, who argue that such content undermines traditional values. This backlash reflects broader tensions over gender and reproductive rights in Sierra Leone, as seen in the debates surrounding the Safe Motherhood and Reproductive Health Bill (SMRHB) (Aineah, 2024).

The SMRHB, introduced in 2024, initially sought to legalise abortion up to 14 weeks for any reason and up to birth under specific circumstances. While the bill was a landmark step towards addressing maternal mortality and unsafe abortions, it faced significant opposition from religious leaders, political elites and anti-rights groups (ibid.). In response to public feedback and consultations with the Inter-Religious Council, the Ministry of Health proposed amendments that narrowed the grounds for legal abortion, removed explicit references to gender in anti-discrimination provisions, and introduced a conscience clause for healthcare providers. These changes reflect a broader conservative push that has influenced public discourse on reproductive health and education.

Despite these challenges, CAHLS remains a critical component of Sierra Leone's education policy. By equipping adolescents with the knowledge and skills to make informed choices, the programme seeks to address deeply entrenched gender inequalities and improve health and social outcomes. Moving forward, it will be essential to ensure that CAHLS is implemented effectively and inclusively, navigating the complex sociopolitical landscape while safeguarding the rights and well-being of young people.

1.2 The context of CAHLS in Sierra Leone

Box 1: Why CAHLS is more important than ever

As debates over reproductive rights intensify globally and anti-rights movements gain momentum, the need for comprehensive health education, such as CAHLS, has never been more urgent. These programmes provide young people with the critical knowledge and skills needed to make informed, responsible decisions about their health and future. In Sierra Leone, where adolescent pregnancies, child marriages and gender-based violence remain pervasive, CAHLS serves as a vital tool to address these deeply entrenched issues (Reilly, 2014).

The shifting legal and political landscape in Sierra Leone, illustrated by the proposed amendments to the SMRHB, highlights the fragility of progress in advancing women's and girls' health and rights (Aineah, 2024). Under pressure from the Inter-Religious Council, the government agreed to amendments that restricted access to comprehensive abortion services and removed provisions ensuring adolescents' access to reproductive health education (ibid.). Such compromises, while representing steps forward, also expose the vulnerability of these gains to backlash from anti-rights groups and cultural conservatism. In this context, CAHLS emerges as a powerful countermeasure, equipping young people with accurate, age-appropriate information to navigate complex societal challenges. By addressing misinformation, reducing stigma, and fostering open dialogue between communities and policymakers, CAHLS builds a stronger foundation for equitable healthcare outcomes and gender equality.

Beyond its immediate impact on health, CAHLS plays a transformative role in shaping the future of societies. It empowers adolescents to challenge harmful norms, advocate for their rights, and contribute to building inclusive communities. However, the success of such initiatives depends on the ability to navigate cultural and religious sensitivities, particularly in countries like Sierra Leone, where religious leaders hold significant influence over societal attitudes and behaviours.

In Sierra Leone, a predominantly Muslim country, CAHLS represents both a critical necessity and a significant challenge (Sillah, 1994) given the nation's high rates of adolescent pregnancies, child marriages and maternal mortality, outlined in Table 1. Such alarming figures underscore the urgent need for effective programmes like CAHLS to address these issues by equipping adolescents with the knowledge and skills necessary to make informed decisions about their health and futures. Recognising this urgency, the current government has adopted a proactive approach to addressing sexual and reproductive health and rights (SRHR) through policies, such as the Radical Inclusion Policy, and the declaration of a national emergency over high rates of sexual and gender-based violence. These efforts reflect a determined commitment to tackling the root causes of these challenges and improving outcomes for women and girls.

Table 1: Adolescent health in Sierra Leone: key indicators

Indicator	Statistic	Source
Adolescent pregnancy rate	28% of girls aged 15–19 have begun childbearing	Nuwabaine et al., 2023
Child marriage rate	39% of girls married before age 18	Nuwabaine et al., 2023
Maternal mortality rate	443 deaths per 100,000 live births (2020)	World Bank Group, n.d.

The journey of CAHLS in Sierra Leone

Sierra Leone's journey with CAHLS reflects broader efforts to reform its education system, which has struggled historically to prioritise health education. Early initiatives, such as Family Life Education, laid the groundwork but were repeatedly disrupted by socioeconomic challenges and health crises, including the Ebola outbreak in West Africa (2014–2016) and the COVID-19 pandemic (UNFPA Sierra Leone, 2018). These crises disproportionately affected girls' access to education, underscoring the urgent need for inclusive health education.

In 2020, the Government of Sierra Leone took a significant step towards gender equality in education by lifting the long-standing ban that prohibited pregnant schoolgirls from attending school. This progressive move followed a pivotal judgment on 12 December 2019 by the Economic Community of West African States Court, which was the result of a case brought by Equality Now, along with Women Against Violence and Exploitation and the Child Welfare Society, in collaboration with the Institute for Human Rights and Development.

This legal victory was also underpinned by sustained advocacy efforts by organisations such as Amnesty International, which had been campaigning since at least 2016 against the discriminatory practices that prevented pregnant girls from continuing their education in Sierra Leone. These efforts were crucial in building international pressure and highlighting the injustices faced by these young women, ultimately contributing to the government's decision to repeal the ban through the Radical Inclusion Policy, which aims to ensure that all children regardless of gender, pregnancy, disability or socioeconomic status have access to quality education, addressing systemic barriers and promoting a more inclusive system (Thomas, 2020).

Despite these reforms, the implementation of CAHLS in Sierra Leone continues to face significant obstacles, including limited resources, inadequate training for educators and resistance from certain stakeholders (Sarkin and Ackermann, 2018). Resistance, particularly among religious leaders who perceive aspects of the CAHLS curriculum as conflicting with Islamic teachings and cultural values, remains a significant barrier. While Christian leaders and representatives of traditional religions have generally expressed more openness to the curriculum, some concerns persist regarding specific topics, such as contraception, which they feel may challenge cultural norms. Nonetheless, their engagement has been more collaborative, with many supporting the programme's broader goals of improving adolescent health and reducing gender-based violence.

This report will primarily focus on the perspectives of Muslim leaders, as Islam is the dominant religion in Sierra Leone and their influence is critical to the successful implementation of CAHLS. For the purposes of this study, the category of Muslim leaders includes a range of individuals who hold religious authority or influence within their communities, such as educated imams formally trained in Islamic theology, mosque leaders who oversee religious and community activities, and self-identified gatekeepers who may not hold formal titles but are regarded as moral and cultural authorities. While some of these Muslim leaders have shown a growing acceptance of specific health interventions, such as the use of modern contraceptives within marriage, others remain deeply concerned that CAHLS may promote behaviours they deem inappropriate for children and adolescents, such as premarital sexual activity or the normalisation of contraceptive use among unmarried youth (Yillah et al., 2024). These varying perspectives are shaped by differences in religious education, community roles and personal interpretations of Islamic teachings.

1.3 About this report

This study explores the evolving views of Muslim religious leaders in Sierra Leone on CAHLS and their critical role in shaping the programme's acceptance and success. By understanding their perspectives and concerns, the report aims to identify pathways to foster collaboration, address resistance and ensure that CAHLS fulfils its potential to empower young people and promote gender equality in Sierra Leone.

Muslim religious leaders' views are important, not only because they shape community-level acceptance of health education but also because they influence broader policy debates and implementation efforts. By examining how these attitudes are shifting, considering recent legislative reforms and societal changes, this research contributes to the global discourse on balancing cultural and religious values with the urgent need for comprehensive health education.

The findings from this study will inform strategies for effective CAHLS implementation in Sierra Leone, offering practical recommendations for engaging religious leaders, addressing resistance and fostering collaboration. Furthermore, these insights will provide valuable lessons for other countries navigating similar challenges, where the interplay of tradition, religion and modern health education remains a delicate balancing act.

In a world where sexual reproductive health education continues to be both essential and contested, fostering mutual understanding and collaboration among diverse stakeholders is key to building resilient, inclusive and equitable societies. CAHLS stands at the intersection of health, education and social justice, making it an indispensable tool for empowering young people and driving sustainable progress in Sierra Leone and beyond.

Table 2: Timeline of key events related to CAHLS and CSE in Sierra Leone

Year	Event
2015	The National Basic Education Curriculum was reviewed to assess its strengths and gaps in CSE integration.
2018	CAHLS was introduced into the national education framework to improve adolescent health outcomes.
2019	The MBSSE began integrating CAHLS into basic education.
2019–2023	The government's Medium-Term National Development Plan emphasised CSE as a key programme to reduce early and unintended pregnancies.
2021	A dedicated CAHLS syllabus was piloted in 50 schools across grades 4–12, supported by NGO and United Nations partners.

2 Methodology

2.1 Research questions

The research questions that informed this study were as follows:

1. Have there been any shifts in Muslim religious leaders' perspectives on CAHLS in Sierra Leone? If so, how and why did the shifts occur? If not, why not?
2. What aspects of CAHLS do Muslim religious leaders find acceptable? What do they find concerning and why?
3. Do stakeholders think religious leaders' perspectives have shifted? If so, how and why did these shifts occur? If not, why not? How have these shifts affected their CAHLS work and personal views?

2.2 Study design

This study employed a qualitative research design to explore the evolving views of Muslim religious leaders in Sierra Leone on CAHLS. A qualitative approach was chosen to facilitate an in-depth understanding of participants' perspectives, beliefs and experiences, which are shaped by complex cultural, social and religious contexts.

2.3 Study setting

The study was conducted in five regions of Sierra Leone to reflect the geographical, cultural and socioeconomic diversity of the country: Freetown (Western Area Urban), Kabala (Northern Province), Kailahun (Eastern Province), Port Loko (North-Western Province) and Pujehun (Southern Province). Freetown, as the capital city, represents an urban and cosmopolitan hub with a mix of progressive and traditional influences, while Kabala, in the predominantly Muslim Northern Province, reflects rural and conservative traditions. Kailahun, in the Eastern Province, is known for its strong cultural heritage and post-conflict recovery dynamics, whereas Port Loko, in the North-Western Province, is a centre of Islamic scholarship and traditional leadership. Pujehun, in the Southern Province, represents a region with a mix of indigenous practices and Islamic influence. This diversity underscores the varying perspectives and roles of Muslim religious leaders, ranging from urban, reform-oriented leaders in Freetown to more traditional, community-based leaders in rural areas, which has implications for how CAHLS engages with them to address local challenges effectively.

2.4 Study population

The study focused on two groups: Muslim religious leaders and other key stakeholders.

A total of 30 Muslim religious leaders were purposively selected. Inclusion criteria required participants to have served as religious leaders for a minimum of 10 years, ensuring they had sufficient experience and authority to provide insights into the evolution of community attitudes and policies. Efforts were made to include leaders from diverse sects and roles to capture a broad range of perspectives.

An additional eight participants were drawn from stakeholders with expertise in CAHLS policy and implementation. These included representatives from the Ministries of Gender and Children's Affairs, Basic and Secondary Education, and Health and Sanitation, as well as rights advocates, United Nations agencies, non-governmental organisations (NGOs) and teachers.

This diverse stakeholder group provided complementary insights into the systemic and institutional factors influencing CAHLS implementation.

2.5 Sampling techniques

A purposive sampling technique was employed to ensure the inclusion of participants with relevant knowledge, experience and influence in the subject matter. To identify additional participants, particularly in rural areas where religious leadership networks are tightly knit, snowball sampling was also incorporated.

2.6 Data collection

The research combined focus group discussions (FGDs) with Muslim religious leaders and semi-structured key informant interviews (KIIs) with key stakeholders. Prior to data collection, a consultative meeting was held with policymakers, and CAHLS implementers to gather feedback on the study design, research tools and discussion topics. This feedback focused on ensuring that the language used in the tools was culturally appropriate, the discussion topics were relevant and respectful of religious and cultural sensitivities, and the study design adequately addressed community concerns. These insights informed culturally sensitive adjustments, ensuring the methodology was contextually relevant and inclusive.

Focus group discussions

Six FGDs, each comprising six participants, were conducted with Muslim religious leaders. Discussions were structured to encourage open dialogue and collective reflection. To enhance recall accuracy and contextualise discussions, the timeline method was employed (Sheridan et al., 2011). Participants were guided through a timeline spanning from 2007 (when the Child Rights Act was passed) to the present. Key events, such as the introduction of Family Life Education, the Ebola outbreak, the repeal of discriminatory laws against pregnant schoolgirls and the COVID-19 pandemic, were pre-populated on the timeline. Visual aids, including photographs and printed materials, were used to prompt memory and facilitate discussions. A scenario-based approach was integrated, where participants responded to vignettes covering core CAHLS topics (e.g. puberty, healthy relationships and contraception). These scenarios elicited candid responses about the acceptability of curriculum content and participants' reasoning, rooted in religious teachings and cultural norms.

Key informant interviews

Semi-structured interviews were conducted with eight key stakeholders who possessed extensive knowledge of CAHLS development and implementation. Interviews explored challenges, successes and opportunities associated with CAHLS, as well as stakeholders' experiences in engaging with religious leaders on the topic. The interview guide included open-ended questions to examine perspectives on policy evolution, barriers to implementation and strategies for addressing resistance from religious and cultural groups.

2.7 Language and recording

All FGDs and KIIs were conducted in participants' preferred languages (English, Krio or local dialects) to ensure clarity and comfort. Sessions were audio-recorded with participants' consent, and detailed field notes were taken to capture non-verbal cues and contextual observations.

2.8 Data analysis

The study employed a rigorous and systematic approach to ensure the reliability and validity of findings. Thematic analysis involved a two-stage collaborative coding process (King et al., 2019). During the open coding phase, transcripts from FGDs and KIIs were reviewed line by line to identify emerging themes and patterns, with particular attention to evolving views on CAHLS and the cultural and religious factors influencing these perspectives. In the focused coding phase, initial codes were refined and consolidated into broader thematic categories, such as 'acceptance of health interventions', 'concerns about cultural appropriateness', and 'perceived societal impacts of CAHLS'.

MAXQDA software was used to manage and organise data, ensuring systematic and transparent coding. Additionally, timeline data collected during FGDs was analysed to map changes in attitudes against historical events, such as the Ebola outbreak and the repeal of discriminatory laws. To enhance the validity of findings, triangulation was employed by cross-referencing data from FGDs, KIIs and timeline analyses. Regular team discussions were held to refine the coding framework, resolve discrepancies through consensus, and cross-validate emerging themes against field notes and audio recordings. This iterative approach ensured a comprehensive and reliable analysis of the data.

2.9 Ethical considerations

The study adhered to established ethical research principles, including informed consent, confidentiality and respect for participants' cultural and religious values. Ethical approval was sought and obtained from both the Sierra Leone Ethics and Scientific Review Committee and ODI Global's Research Ethics Committee in London.

2.10 Limitations of the study

While the study provides valuable insights into the evolving perspectives of Muslim religious leaders on CAHLS in Sierra Leone, several limitations should be acknowledged. First, the sample size was relatively small, including only a limited number of religious leaders and stakeholders. Future studies could address this by incorporating a larger and more geographically diverse sample. Second, the sensitive nature of the topic and the presence of researchers may have introduced social desirability bias, potentially influencing participants to provide responses they perceived as favourable or acceptable. Third, the data collection period was relatively short, spanning November to December 2024. Additionally, the findings are specific to the cultural, religious and social context of Sierra Leone and may not be directly generalisable to other settings without adaptation. Finally, the study relied heavily on self-reported data, which is subject to recall bias and selective reporting, potentially affecting the authenticity of some responses. Despite these limitations, the study offers important insights and a foundation for further research on CAHLS and similar topics.

3 Findings

3.1 Shifts in Muslim religious leaders' perspectives on CSE/CAHLS

Policy context and the role of crises

The introduction of CAHLS policies in Sierra Leone occurred within a broader policy framework shaped by earlier legislative measures, such as the Child Rights Act 2007. The act, which aimed to promote and protect the rights of children, included provisions on child welfare, protection from abuse, access to education and healthcare. However, it was initially met with resistance, particularly from religious leaders and parents who perceived certain provisions as undermining parental authority. For example, the Act granted children the right to express their opinions freely and make decisions about their well-being in certain circumstances, which some religious leaders and parents interpreted as reducing their traditional role in guiding and disciplining their children.

A participant from Koinadugu shared their initial apprehension:

> **When the Child Rights Act came, many of us thought it was telling children not to listen to their parents. The idea that children could have rights, even to refuse discipline, was very strange to us. It felt like the government was taking away our authority as parents and community leaders.**
>
> Koinadugu – P6, religious leaders FGD

Despite these initial concerns, the Act laid the groundwork for subsequent initiatives like CAHLS by establishing a legal framework that prioritised child welfare and adolescent health. Over time, advocacy efforts helped clarify misconceptions about the act, emphasising its role in protecting children from harm rather than undermining parental or community authority.

Workshops and sensitisation efforts played a critical role in clarifying misconceptions about CAHLS, particularly its focus on equipping adolescents with life skills and health knowledge rather than undermining religious or parental authority. The workshops were often organised collaboratively, with the government providing policy direction while international NGOs offered technical and financial support. This partnership ensured that the sensitisation sessions reached diverse communities and included input from local leaders, religious figures and other stakeholders, fostering a more inclusive and effective approach. A Ministry of Health official explained:

> **Some religious leaders referenced the Child Rights Act, saying it was another attempt to take away parental authority over their children. The Child Rights Act was seen as an attempt to give children autonomy, which was disagreeable to them. But over time, clarifications and workshops helped quell those fears.**
>
> Ministry of Health official

The crises of Ebola (2014–2016) and COVID-19 (2020–2021) further shifted perspectives on CAHLS by highlighting the dire consequences of inadequate adolescent health education. During the Ebola crisis, prolonged school closures and strict quarantine measures disrupted daily routines and left girls particularly vulnerable to abuse, exploitation and early pregnancies. With schools closed, many girls were left unsupervised at home or sent out to engage in informal labour to support their families, increasing their exposure to predatory relationships and sexual violence. A study by the United Nations Population Fund (UNFPA) reported a significant rise in teenage pregnancies during the Ebola outbreak in Sierra Leone, with many girls becoming pregnant due to sexual exploitation or transactional sex in exchange for food or financial support (Thomas, 2020).

This impact was notably gendered, as boys, while also affected by the crisis, were less likely to face the same risks of sexual exploitation and pregnancy. Instead, boys were often drawn into child labour or, in some cases, petty crime as a means of survival. The disproportionate burden on girls underscored the urgent need for comprehensive adolescent health education, including life skills and reproductive health knowledge, to mitigate these vulnerabilities.

Religious leaders, who had previously resisted CAHLS, began to recognise its potential in addressing these challenges. One religious leader shared:

> **We saw so many of our daughters drop out of school because they got pregnant during Ebola. It was painful to see how vulnerable they were. That's when we started to think differently about programmes like CAHLS [as] they could help protect them.**
>
> Kailahun – P4, religious leaders FGD

Stakeholders confirmed that the Ebola crisis marked a turning point, forcing communities to confront the importance of CAHLS in safeguarding adolescent health. A participant from Kailahun explained:

> **During that time, especially in rural areas, the lack of education led to a significant number of teenage pregnancies. However, I believe that with the intervention of NGOs, there has been progress in educating children, even those as young as 10 or 15 years.**
>
> Kailahun – P6, religious leaders FGD

The COVID-19 pandemic further reinforced these lessons, as similar patterns of school closures and economic hardship once again disproportionately affected girls. Literature on the intersection of gender norms and crises highlights how entrenched gender inequalities exacerbate the vulnerabilities of girls in times of crisis (O'Donnell et al., 2021). These findings emphasise the importance of integrating gender-sensitive approaches into health education policies like CAHLS to build resilience and empower adolescents, particularly girls, in the face of future crises (UNESCO, 2018).

High-profile campaigns, such as the Hands Off Our Girls campaign, launched by the First Lady of Sierra Leone in 2018, and policy pressure from the national government further emphasised the importance of CAHLS in addressing issues like teenage pregnancies and sexual abuse. The campaign aimed to combat gender-based violence, child marriage and teenage pregnancies by raising awareness about the rights of girls and advocating for their protection. It focused on community engagement, working closely with traditional and religious leaders to challenge harmful practices and promote the education and empowerment of girls. It also emphasised the enforcement of laws

against child marriage and sexual violence, highlighting the role of local authorities and communities in safeguarding adolescent girls. A local imam in Pujehun remarked:

> **Medical experts highlighted the challenges faced by girls, including cases of abuse and teenage pregnancy... Over time, these efforts increased awareness. Today, many people understand the dangers of teenage pregnancy, and children are more aware.**
>
> Pujehun – P5, religious leaders FGD

The campaign's widespread reach and emphasis on collaboration with community leaders helped to shift public attitudes, making the goals of CAHLS, such as equipping adolescents with life skills and health knowledge, more acceptable and relevant to local contexts.

As the landscape of children's rights and adolescent health evolved, CAHLS policies became central to ongoing debates about the intersection of education, health and cultural values. The crises of Ebola and COVID-19 underscored the urgent need for resilient systems that could adapt to both emergent challenges and entrenched societal norms. Moving into the current phase of CAHLS implementation, it is evident that the journey toward comprehensive and inclusive educational policies continues to be shaped by lessons learned from these pivotal moments.

Early resistance and gradual adaptation

Muslim religious leaders in Sierra Leone historically exhibited scepticism or outright opposition toward the introduction of CAHLS (UNESCO, 2023). Participants emphasised that discussing topics such as contraception, puberty and adolescent sexual health was often perceived as 'promoting promiscuity' or being 'anti-religious doctrines'. This resistance was particularly pronounced in the early stages when CAHLS was introduced as part of broader efforts to address adolescent health challenges.

A participant from Pujehun recalled how the acceptance of CAHLS often started as a top-down process, with religious leaders feeling compelled to comply due to government endorsement:

> **When the NGO introduced the idea, the government accepted it and even passed it in parliament. Once it became a policy, even the average person, who may not have been willing to adopt it, felt compelled to follow it because they believed that if they refused, the government might hold them accountable.**
>
> Pujehun – P3, religious leaders FGD

Similarly, a religious leader in Freetown reflected on the evolution of attitudes toward CAHLS and broader issues of women's human rights:

> **During that time, I wasn't an imam, but I had entered the medical field at Connaught, pursuing CHN [Community Health Nurse]. Comparing that time to now, there has been a shift from negative to somewhat positive changes. Back then, the practices were not as effective as they are now. For example, sexual abuse was not properly addressed; people used to see it as something trivial because the law was weak.**
>
> Freetown - P5, religious leaders FGD

While initial resistance to CAHLS was widespread, continuous advocacy and real-life pressures, such as the rise in teenage pregnancies, catalysed gradual adaptation among many Muslim religious leaders. A participant from Kailahun highlighted how the practical realities of teenage pregnancy and sexual abuse compelled religious leaders to reconsider their stance:

> **Initially, many of us were against it because we thought it would encourage bad behaviour among children. But when we saw the increase in teenage pregnancies and the suffering of young girls, we realised that something had to change. We started to understand that CAHLS could help address these issues.**
>
> Kailahun – P4, religious leaders FGD

Advocacy efforts emphasised how CAHLS could address critical issues like sexual abuse, teenage pregnancies and the lack of life skills among adolescents (UNFPA Sierra Leone, 2024). This gradual adaptation highlights the complex interplay between laws (what is officially required) and social norms (what people actually do). The introduction of CAHLS policies aimed to shift entrenched beliefs and practices regarding adolescent health and education. However, aligning these policies with existing social and religious norms required careful negotiation, as abrupt changes often provoked resistance.

The enforcement of CAHLS policies, which at times appeared to starkly contrast with deeply held religious doctrines, sparked debates about their appropriateness and effectiveness. Some religious leaders questioned whether CAHLS policies were perceived as merely guiding behaviour or as imposing changes too extensively. These debates highlight the broader challenge of introducing policies aimed at shifting entrenched gender and social norms, particularly in contexts where cultural and religious values are tightly intertwined with social practices and beliefs about adolescent health.

Research on norms and legal changes underscores how legal reforms addressing gender and SRH often face resistance when they fail to align with existing social norms. For instance, ODI Global's work on gender norms and SRH highlights that laws and policies alone are rarely sufficient to shift behaviour; instead, sustained engagement with community leaders and stakeholders is critical for fostering acceptance and gradual change (Marcus et al., 2024).

In the case of CAHLS, the normative conflicts between the policies and religious doctrines reveal the need for a more integrated approach that combines legal reforms with community-level advocacy and dialogue. As the literature suggests, aligning legal frameworks with social norms requires not only top-down enforcement but also bottom-up engagement, where religious and community leaders are actively involved in shaping and promoting the desired changes (Cialdini and Trost, 1998). Without this, the risk of backlash or superficial compliance remains high, as evidenced by the initial resistance to CAHLS policies in Sierra Leone.

Current implementation and persistent debates

Despite observable shifts in perspectives regarding CAHLS, debates persist around sensitive topics such as contraception and abortion. A stakeholder from an NGO acknowledged that progress has been uneven:

> **A few are still holding on to their teachings… some have transformed into believing that such information can be shared, or they should… share that CAHLS information… But we need to do lots more in shifting norms.**
>
> NGO staff member, CAHLS pilot

Some religious leaders emphasised the importance of early education to instil values and provide guidance:

> **If you teach your child from a young age, they will grow up with those teachings and values. If you wait until they are 18 without discussing these matters, they may have already encountered challenges without proper guidance.**
>
> Freetown - P3, religious leaders FGD

However, acceptance remains uneven and depends on factors such as the stance of local leadership, prior exposure to training and personal interpretations of Islamic texts. In some communities, progressive local leaders, including imams who support CAHLS, have played a pivotal role in encouraging open discussions on topics such as reproductive health. These leaders often emphasise the compatibility of such discussions with Islamic principles, framing them as essential for protecting the well-being of adolescents. However, in other areas, resistance persists, particularly among leaders who interpret Islamic texts more conservatively or lack exposure to sensitisation and training programmes. As an NGO staff member explained:

> **On a scale of 10, I'll say 4 [have shifted], 6 are still struggling to change their mindsets on CAHLS because it's from their book, the Quranic book... They quote a hadith that one of their prophets married a girl of 16 years.**
>
> NGO staff member, CAHLS pilot

Top-down legal norms versus bottom-up social norms

The introduction of legal mandates, such as the Child Rights Act and the Radical Inclusion Policy, represents a top-down approach to norm change. These policies function as 'external shocks' to entrenched practices by signalling official expectations for new behaviours, such as the adoption of CSE. However, participants' accounts reveal that legal mandates alone often lead to 'compliance without internalisation'. For instance, a religious leader in Pujehun noted that some imams initially complied with child rights policies because 'the government might hold them accountable' (Pujehun, P2, religious leaders FGD) but their acceptance of the underlying principles remained limited.

This disconnect between legal norms and social acceptance is consistent with normative change theories, which suggest that legal mandates create opportunities but do not guarantee deep-seated change (Goldberg, 2006). The uneven uptake of CAHLS in communities reflects these dynamics, with some religious leaders resisting due to personal interpretations of Islamic texts or limited exposure to sensitisation efforts.

Community gatekeepers and norm entrepreneurs

Religious leaders often act as gatekeepers of social norms, with their approval or disapproval significantly shaping whether new practices gain traction. The accounts from Pujehun and Freetown illustrate how progressive imams who championed CAHLS played a pivotal role in fostering broader acceptance within their communities. Their involvement not only legitimised the programme but also encouraged others to reconsider their positions.

NGOs and governmental agencies acted as norm entrepreneurs by providing training, resources and persuasive messaging that reframed CAHLS within the context of community welfare and Islamic values. As one NGO staff member explained, 'we need to do lots more in shifting norms', underscoring the iterative nature of these efforts. The gradual shift in attitudes among some religious leaders demonstrates the potential of sustained engagement and dialogue in overcoming resistance.

Strategies for negotiating norm conflicts

The empirical data also highlights strategies that have been effective in negotiating conflicts between legal norms and religious beliefs, aligning with insights from CSE and social norm change theories. CSE research emphasises the importance of culturally sensitive, participatory approaches that address resistance to new ideas while fostering shared understanding and acceptance (Warrington and Brodie, 2017).

Incremental sensitisation and dialogue

Gradual sensitisation emerged as a key strategy for reducing backlash and fostering acceptance of CAHLS. Participants from Kailahun emphasised the importance of 'sensitising people gradually, little by little', (Kailahun – P3, religious leaders FGD), an approach supported by both social norm theories and CSE literature. Studies on CSE highlight that incremental introduction of sensitive topics allows individuals to process new information and align it with existing belief systems (UNESCO, 2018). Community forums, workshops and discussions that integrate religious teachings with public health messages were particularly effective in creating shared understanding and reducing resistance. For example, the United Nations Educational, Scientific and Cultural Organization (UNESCO) underscores the value of dialogue-based interventions in CSE to address contentious issues like contraception and reproductive health, emphasising that gradual engagement fosters trust and minimises backlash (UNESCO, 2018).

Leveraging descriptive norms

Highlighting the growing number of imams and community members who have shifted their stance on CAHLS has also been instrumental. Descriptive norms, which reflect what people perceive as typical behaviour, can influence others to follow suit. This is consistent with CSE findings, which show that modelling behaviour change through respected community figures can normalise discussions around sensitive topics like sexual health and rights (Haberland and Rogow, 2015). For instance, in Pujehun, religious leaders who initially resisted CAHLS noted that seeing their peers engage with the programme made them more open to reconsidering their positions.

Aligning messaging with core religious values

Resistance to CAHLS often stems from perceptions that it contradicts religious doctrine. However, reframing the programme around shared values, such as the protection of vulnerable populations, has proven effective. This approach aligns with CSE literature, which emphasises the importance of contextualising SRH education within local cultural and religious values (Chandra-Mouli et al., 2015). For instance, imams who supported CAHLS frequently cited the importance of safeguarding girls' welfare, a principle deeply rooted in Islamic teachings. For instance, one imam explained how 'medical experts highlighted the challenges faced by girls…' (Port Loko, P3, religious leaders FGD). This is a health-focused rationale that aligns with the moral imperative to protect the community. This mirrors findings in CSE research, where linking interventions to broader community welfare has been shown to reduce resistance (UNFPA, 2020).

Cultivating local champions

Identifying respected local champions, such as imams with medical training or experience working with NGOs, has also helped bridge secular and faith-based perspectives. CSE literature highlights the role of local champions in fostering acceptance of SRH programmes by leveraging their credibility

within the community (Haberland and Rogow, 2015). Their involvement reduces perceptions that such programmes are externally imposed or 'westernised'.

Persistent debates and the road ahead

Despite observable progress, debates on sensitive topics such as contraception and abortion persist, reflecting the non-linear nature of norm transformation. As one NGO staff member observed, '[religious leaders] are still struggling to change their mindsets', highlighting the uneven adoption of CAHLS principles. These challenges echo findings in CSE literature, which document similar resistance to SRH education in conservative contexts (Chandra-Mouli et al., 2015).

Key challenges include:

- **Interpretations of religious texts:** religious leaders often reference hadith (religious sayings) or Quranic passages to justify resistance to CAHLS, particularly on topics like contraception and early marriage. Such challenges are mirrored in CSE literature, where misinterpretations of religious texts frequently emerge as barriers to programme implementation (UNESCO, 2018).
- **Geographic and leadership variations:** adoption of CAHLS varies significantly across regions, influenced by local leadership styles, exposure to NGO training and community histories with crises like Ebola. Similarly, CSE programmes often encounter regional disparities in acceptance, shaped by local sociopolitical contexts (Chandra-Mouli et al., 2015).
- **Limited follow-through mechanisms:** without consistent follow-up workshops, mentorship and policy reinforcement, initial compliance may remain superficial, stalling deeper internalisation of norm change. CSE research underscores the importance of sustained engagement and follow-up mechanisms to ensure long-term impact and behavioural change (Haberland and Rogow, 2015).

Sustained engagement between government agencies, NGOs and religious institutions is crucial. Drawing on theories of norm diffusion and cascades (Finnemore and Sikkink, 1998) and insights from CSE literature, policy actors can work toward a 'tipping point' where acceptance of CAHLS becomes self-reinforcing. This requires iterative, dialogical processes that integrate CAHLS with Islamic values and community welfare, ensuring that it is no longer perceived as an external imposition but as a locally relevant and beneficial practice. CSE research highlights the importance of participatory approaches that engage stakeholders at all levels, from grassroots to policy, to ensure that programmes resonate with local values and priorities (UNESCO, 2018; UNFPA, 2020).

3.2 CAHLS topics that are acceptable to religious leaders

Puberty, menstrual hygiene and Islamic teachings

Puberty and menstrual hygiene represent an area of clear alignment between CAHLS content and Islamic principles of cleanliness and bodily awareness. Several religious leaders highlighted that Islam has long emphasised personal hygiene, underscoring an intrinsic compatibility between these CAHLS topics and Islamic doctrine. This acceptance underscores Bicchieri's (2005) proposition that norms gain traction when they resonate with deeply held cultural or religious values. In this context, focusing on puberty and menstrual hygiene does not introduce radical or unsettling ideas; rather, it reaffirms pre-existing religious and cultural commitments.

For many imams, *taharah* - the requirement for cleanliness during prayer - and the broader Islamic injunction to maintain personal purity offer a natural entry point for discussing bodily changes. As one religious leader noted:

> **It's acceptable to teach menstruation, as my brother said. Our Prophet said that Allah is pure and does not accept anything that is impure, which is why we must always maintain cleanliness.**
>
> Freetown - P1, religious leaders FGD

A participant in Port Loko further validated this perspective by referencing Islamic historical teachings on hygiene, suggesting that CAHLS content is not an external imposition but an extension of long-standing Islamic principles:

> **Islam has been teaching such cleanliness decades before NGOs arrived.**
>
> Port Loko – P3, religious leaders FGD

Together, these remarks reveal a low barrier to acceptance for lessons on puberty and menstrual health. This is significant because acceptance of CAHLS is not only about introducing new ideas but also about legitimising the curriculum through established religious frameworks.

Abuse prevention and sexual violence awareness

The near-unanimous agreement among Muslim religious leaders on teaching abuse prevention and sexual violence awareness illustrates how certain universal values such as protecting the vulnerable and upholding dignity overlap with religious doctrines. As a Ministry of Health official pointed out, most religious leaders strongly support safeguarding life and promoting well-being, as long as they are well-informed about the content:

> **[Religious leaders] are supportive of other aspects like the right to shelter, food and education... The contentious topics remain family planning for adolescents and safe abortion practices.**
>
> Ministry of Health official

In Islamic jurisprudence the protection of honour and lineage is paramount (Booley, 2024). Raising awareness of sexual exploitation and encouraging children, especially girls, to report abuse is seen as a direct way to protect their dignity. A leader in Koinadugu underscored this responsibility:

> **When children are not fully aware of what to do, adults will use it as an opportunity to fool them... This is why it is important for girls to be mindful of their sexual and reproductive health rights, not to be fooled by the wrong adults.**
>
> Koinadugu – P4, religious leaders FGD

By framing abuse prevention as an Islamic duty to protect the vulnerable, CAHLS advocates can foster stronger community endorsements. This approach aligns with value-based framing strategies, which are highlighted in social norm change literature as effective for increasing acceptance of previously

debated topics. Bicchieri (2005) emphasises that aligning new norms with existing moral frameworks reduces resistance by minimising perceived threats to deeply held values. Similarly, Cialdini and Trost (1998) argue that normative influence is more likely to succeed when it resonates with the audience's core beliefs and cultural identity. In the context of CAHLS, emphasising shared values such as the protection of the vulnerable, which is central to Islamic teachings, can help mitigate cognitive dissonance and foster broader acceptance without appearing to undermine religious or cultural principles.

Promotion of abstinence and moral responsibility

Many religious leaders readily endorse discussions around delaying sexual initiation (Verona, 2010), as this aligns with broader Islamic teachings on chastity and moral conduct. These lessons echo the principle of safeguarding oneself from harm, a strong tenet in Islamic moral reasoning.

Teaching morality in a changing world is seen as an essential responsibility by many religious leaders. A participant in Freetown highlighted the importance of timely guidance:

> **If you wait until they are 18 without discussing these matters, they may have already encountered challenges...**
>
> Freetown - P3, religious leaders FGD

This perspective underscores the belief that adolescents, especially in rapidly evolving social environments, require early moral and religious instruction to navigate peer pressures and shifting social norms. Importantly, this resonates with the 'preventive' approach in public health and education, where providing accurate information at a younger age is believed to foster healthier decision-making.

Abstinence, as promoted by some religious leaders, is often framed as a strategy to prevent unintended pregnancies, which are seen as both a moral and practical concern. In interviews, several religious leaders noted that their perceptions shifted when they recognised the prevalence of teenage pregnancies and their associated challenges. For example, the surge in unintended pregnancies during the Ebola crisis highlighted the limitations of silence or delayed instruction, prompting some leaders to advocate for earlier discussions on SRH. This alignment between abstinence, morality and the prevention of early pregnancies reflects a growing recognition among religious leaders of the need to address these issues proactively, in ways that remain consistent with Islamic values.

Balancing rights with responsibilities

Initially, some religious leaders misunderstood legislation like the Child Rights Act as granting 'rights without responsibilities', an idea that clashed with hierarchical family structures and traditional notions of authority. This misunderstanding contributed to resistance against CAHLS, as it was perceived as undermining parental control and moral guidance.

Over time, however, many leaders came to recognise that CAHLS lessons also emphasise responsible behaviour, which aligns with religious teachings on accountability and moral conduct. As one participant explained:

> **We thought it was just about giving children rights, but when we saw they were teaching them to be responsible too, it made sense.**
>
> Pujehun – P2, religious leaders FGD

Another religious leader echoed this sentiment, noting how the emphasis on accountability shifted his perspective:

> **It is not just about rights; they teach them to respect their parents and make good decisions.**
>
> Freetown - P1, religious leaders FGD

These reflections suggest that initial resistance was rooted in a perception of conflict between secular legislation and religious or cultural values. However, once leaders understood that CAHLS also reinforces concepts of responsibility and accountability, key tenets of Islamic moral reasoning, some began to view the programme as complementary rather than contradictory to their teachings. This shift highlights the importance of framing educational content in ways that resonate with existing moral and cultural frameworks to foster acceptance and collaboration.

3.3 Controversial topics: contraception and abortion

The research identified two topics that remained most controversial for imams because they required closer doctrinal interpretation: contraception and abortion. While the CAHLS programme in Sierra Leone addresses these issues within the broader context of maternal and child health and community welfare, discussions remain limited due to the sensitive nature of these topics and the need to align them with religious teachings.

Contraception in Islamic discourse

Contraceptive use, particularly among unmarried adolescents, represents a core tension point in Islamic discourse. While some religious leaders cite precedents for birth spacing, such as the Prophet's companions practicing coitus interruptus, they generally assume these methods apply within marital contexts. Extending this rationale to unmarried adolescents introduces new layers of moral and religious complexity. One participant from Kailahun explained this distinction, stating:

> **We are not saying we completely disagree. In Islam, there are ways to prevent pregnancy that are acceptable, as long as it doesn't harm or take a life. But if it involves ending a pregnancy after 120 days, then it becomes a serious issue.**
>
> Kailahun – P6, religious leaders FGD

This perspective highlights a critical distinction: while contraceptive use in marriage might be acceptable, teaching it to adolescents who should ideally abstain provokes moral unease among religious leaders. This stance is consistent with injunctive norms (social rules that dictate how individuals ought to behave based on moral/societal expectations) that prioritise chastity until marriage.

Religious leaders also emphasise assumptions about age and sexual activity. A participant from Port Loko questioned the need for contraceptives among younger adolescents, stating:

> **If an individual has reached the age of 18, it might be acceptable. However, if someone is below 18, how can they get pregnant if they are neither married nor involved in sexual activity?**
>
> Port Loko – P3, religious leaders FGD

This viewpoint reveals a belief–behaviour gap: while religious leaders acknowledge the rising rates of teenage pregnancies, they struggle to accept pragmatic interventions like condoms for unmarried youth. Instead, they promote abstinence as the ideal solution. This contradiction underscores how legal or health imperatives to reduce teenage pregnancies must contend with strong religious injunctions about premarital sex.

Abortion as a moral and ethical fault line

Abortion emerged as the most contentious issue in discussions with Muslim religious leaders. Whether early- or late-term, most leaders in this study view abortion as *haram* (forbidden) except when the mother's life is medically at risk. This stringent stance aligns with mainstream Sunni jurisprudence, which permits abortion only under exceptional circumstances. A religious leader in Freetown articulated the core rationale:

> **Abortion is a very sensitive issue because it leads to the loss of life. From an Islamic perspective, it is not permissible except in cases where only one life can be saved...**
>
> Freetown - P2, religious leaders FGD

A government official acknowledged the challenges of reconciling these opposing perspectives:

> **[Muslim religious leaders] still resist the idea of safe abortion, as it conflicts with their religious beliefs... We must navigate these beliefs carefully in our educational efforts.**
>
> Government official

This clash between religious imperatives (preserving life) and public health imperatives (reducing unsafe abortions) epitomises the normative conflict described in policy debates globally. Sierra Leone's experience highlights the need for culturally sensitive messaging and careful negotiation with religious leaders. Engaging religious scholars who can contextualise extreme cases where abortion might be permitted under Islamic law could help bridge this divide.

3.4 Gender-segregated teaching and age restrictions

The implementation of CAHLS programmes in Muslim-majority communities brings to light significant cultural considerations, particularly around gender-segregated instruction and age-appropriate content delivery. These preferences are deeply rooted in local norms of modesty and moral development, which shape both the approval and critique of CAHLS by religious leaders.

Importance of gender-segregated instruction

The preference for gender-segregated teaching reflects entrenched norms around modesty and propriety in many Muslim communities, where boys are expected to be taught by male educators and girls by female educators, particularly when addressing sensitive topics such as puberty, menstruation or sexual behaviour. Religious leaders and community members consistently endorsed this approach, framing it as essential for maintaining cultural comfort and ensuring students feel at

ease when engaging with intimate or personal topics. A participant from Port Loko linked gender-segregated teaching with broader acceptance and expansion of CAHLS programmes:

> **If they start implementing this in [one] town, they should extend it to other communities as well... But yes, female teachers for female students, male teachers for male students.**
>
> Port Loko – P6, religious leaders FGD

Similarly, a participant from Pujehun emphasised that children feel more comfortable discussing intimate topics with same-gender teachers:

> **Men should teach boys, and women should teach girls, because children might feel awkward otherwise.**
>
> Pujehun – P2, religious leaders FGD

From these responses, it is evident that gender-segregated instruction is viewed as a key factor in increasing acceptance of CAHLS among religious leaders and community members. Religious leaders in both urban and rural settings highlighted the importance of this approach, with rural participants, such as those in Kailahun and Pujehun, being particularly insistent on its necessity. In more urban areas like Freetown, participants acknowledged logistical challenges in ensuring gender-segregated instruction in under-resourced schools but still expressed support for the principle.

From a CSE perspective, gender segregation can facilitate programme delivery by creating safe spaces for discussing sensitive topics, reducing discomfort and fostering open dialogue (UNESCO, 2018). However, CSE literature also warns that such practices, if not carefully managed, may reinforce gender stereotypes and fail to challenge broader inequities (Haberland and Rogow, 2015). The CAHLS programme must balance these considerations, ensuring that gender-segregated teaching aligns with cultural preferences while promoting inclusivity and gender equality.

Religious leaders also noted gaps in implementation, particularly in non-formal education settings targeting out-of-school girls, where they stressed the need for female educators to lead instruction to ensure cultural sensitivity and encourage participation. Overall, the findings suggest that respondents are more inclined to accept and support CAHLS if the mode of instruction adheres to gender-segregated norms, as this approach aligns with community values and fosters greater comfort among students and educators alike.

Age-appropriate content delivery

Religious leaders also emphasised the importance of tailoring CAHLS content to the age and developmental stage of students. They expressed concerns that introducing detailed information on topics such as contraception or sexual behaviours too early could encourage experimentation or conflict with community values of innocence. One participant from Pujehun captured this sentiment:

> **We are not saying these topics should not be taught, but the way they are introduced matters. For younger children, it should be done carefully, step by step, and in a way that respects our cultural and religious values.**
>
> Pujehun – P5, religious leaders FGD

When asked to elaborate on what topics should be introduced at different ages, religious leaders provided general guidance that reflected shared cultural and moral values but avoided specifying exact age thresholds. Their recommendations generally followed a cautious, step-by-step approach to introducing sensitive topics:

- For younger children (under 12 years), topics such as personal hygiene, puberty and abuse prevention were deemed appropriate.
- For adolescents (12–15 years), discussions could expand to include menstruation, reproductive health and the physical changes associated with puberty, but with a continued emphasis on abstinence and moral responsibility.
- For older adolescents (16–18 years), more complex topics such as contraception and family planning could be introduced, but only within the context of marriage.

It is worth noting that these recommendations align with the current CAHLS curriculum that is being piloted. A participant from Kailahun explained the rationale for this approach:

> **Children should not be exposed to everything at once. They need to understand their bodies first, and then, as they grow older, they can learn about other matters like family planning, but always in a way that respects our values.**
>
> Kailahun – P4, religious leaders FGD

These suggestions were broadly representative of the views expressed across study locations, although there were some variations in emphasis. For example, participants in rural areas like Kailahun and Pujehun were more insistent on the gradual introduction of topics, whereas those in urban areas like Freetown were slightly more flexible, acknowledging the need to address certain issues earlier due to urban adolescents' greater exposure to external influences.

In comparison to the actual CAHLS curriculum, the religious leaders' recommendations reflect a narrower and more value-based approach. While CAHLS incorporates developmentally appropriate practices, as recognised in international frameworks like the UNESCO (2023) guidelines, it also aims to provide comprehensive, rights-based sexuality education that includes topics such as contraception and family planning for all adolescents, regardless of marital status. This represents a divergence from the religious leaders' emphasis on abstinence and the marital context for contraception.

The CAHLS curriculum is therefore more inclusive in its content, addressing the needs of unmarried adolescents and promoting access to contraception as part of a broader public health strategy. However, the curriculum also seeks to respect cultural sensitivities by introducing topics gradually and framing discussions in ways that resonate with community values. Balancing these priorities remains a key challenge for CAHLS, particularly in contexts where religious leaders' views strongly influence community acceptance of the programme.

Tensions and pathways forward

The preference for gender-segregated, age-appropriate teaching underscores that public health interventions must adapt to local sociocultural realities rather than a one-size-fits-all approach. While some public health advocates argue that mixed-gender discussions foster empathy and reduce stigma, ignoring local norms and values can intensify backlash and undermine the broader goals of CAHLS.

For example, in Pujehun, a participant expressed scepticism about mixed-gender discussions:

> **Boys and girls together might feel ashamed or embarrassed. They will not talk openly about what they are going through, so how can they learn?**
>
> Pujehun – P3, religious leaders FGD

Over time, demonstrating that CAHLS complements rather than undermines Islamic principles could lead to deeper acceptance and eventual internalisation of new norms. For example, topics such as puberty education and abuse prevention were seen as seamlessly integrating with Islamic teachings, while others, such as contraception for unmarried adolescents, remain hotly contested.

The findings reveal a nuanced landscape in which gender-segregated, age-appropriate instruction emerges as a consistent preference, reflecting community norms of modesty and moral development. In practice, this preference is not yet uniformly implemented across schools, with significant gaps in non-formal education settings. Addressing these gaps requires culturally aligned pedagogies, well-structured sensitisation efforts and continuous engagement with religious leaders.

3.5 Stakeholders' views on whether religious leaders' perspectives have shifted and the impact on CAHLS work

Stakeholder observations of shifts: 'yes, but uneven'

Most stakeholders who have worked with religious leaders observed a tangible shift in perspectives over the past decade, but consistently emphasised the uneven nature of these changes.
In many respects, the 'yes, but uneven' narrative highlights both the dynamic evolution of religious leaders' viewpoints and the persistence of conservative pockets where traditional beliefs remain firmly entrenched.

This unevenness underscores how religious leaders' individual characteristics such as age, level of religious training and urban versus rural context affect openness to CAHLS. In the data, younger or urban-based imams often displayed greater openness to reconciling religious teachings with scientific approaches, citing the importance of addressing contemporary issues like teenage pregnancies and abuse. For example, an imam in Freetown highlighted the need for:

> **...balanced discussions that protect our values while addressing the realities young people face today.**
>
> Freetown – P3, religious leaders FGD

This suggests that exposure to diverse perspectives, including global discourses on Islamic scholarship and public health, may shape their receptiveness.

However, this pattern is not uniform. Some urban-based leaders also expressed concerns about external influences undermining Islamic values, which aligns with existing literature suggesting that urban leaders, while more exposed to outside ideas, may adopt a defensive stance to safeguard religious identity against perceived encroachment (Atkinson et al., 2024). For instance, a participant in Freetown remarked:

> **We have to be careful. Not everything from outside fits our values. We must ensure what we teach aligns with Islam.**
>
> Freetown – P5, religious leaders FGD

Conversely, older or more conservative leaders in rural areas often adhered to traditional interpretations, displaying resistance to integrating CAHLS topics like contraception for unmarried adolescents. This reflects findings in the literature, which highlight that rural leaders, with less exposure to external trends, may prioritise maintaining established norms over adapting to new ones (Beer, 2014). A participant in Kailahun explained:

> **Our way of teaching has worked for generations. Why should we change it now because of ideas coming from outside?**
>
> Kailahun – P2, religious leaders FGD

These dynamics highlight the complex interplay between context, personal characteristics and openness to CAHLS. While urban leaders may be more exposed to global discourses, their responses vary between receptiveness and defensiveness, depending on their perception of external influences. In contrast, rural leaders often prioritise preserving traditional norms, which may hinder the integration of CAHLS topics that challenge existing cultural or religious frameworks.

Nonetheless, some stakeholders described surprisingly positive encounters once they engaged directly with hesitant imams:

> **The first time that I had to go and talk to these people was when someone put a report... trying to sabotage our intention to implement CAHLS in the community. And I realised... these people are human just like you and I... if you go to these people and you talk to them, they listen. They start telling you about things even in their own households, issues they are facing with their own children. You start talking, and then you see the changing mindset.**
>
> MBSSE Government official

This anecdote highlights dialogue and personal rapport as pivotal methods for breaking down initial barriers and building trust. The government official's experience illustrates how direct, face-to-face engagement can transform resistance into openness, as it provides an opportunity to address misconceptions and foster mutual understanding. For example, the official noted that once conversations began, religious leaders not only listened but also shared their own challenges, such as struggles with adolescent behaviour within their own households. This reciprocity helped shift the focus from opposition to collaboration, as stakeholders began to see the relevance of CAHLS in addressing shared concerns.

Such findings align with theories on normative change, which emphasise the importance of face-to-face engagement and iterative conversations in reshaping entrenched beliefs (Cialdini and Trost, 1998; Bicchieri, 2005). In this case, the government official's willingness to engage directly with community members created a space for mutual respect and understanding, which allowed for a gradual shift in attitudes toward CAHLS.

The findings further suggest that this process is not merely about presenting information but about building relationships. By approaching community leaders as equals and engaging in iterative, two-way conversations, the official was able to reduce defensiveness and foster a sense of shared purpose. This underscores the importance of interpersonal communication and trust-building as critical tools for navigating resistance to health interventions in culturally sensitive contexts.

Moreover, high-profile advocacy campaigns, including Hands Off Our Girls, have helped popularise the need to protect adolescent girls from sexual exploitation and child marriage. Stakeholders noted that

some religious leaders, prompted by public health imperatives and social pressure, have now publicly endorsed these protective measures, though their engagement with other adolescent health topics remains uneven:

> **When the strategy was declared a public health emergency, it brought various stakeholders, including religious leaders, together... While there was support for raising awareness about reducing child marriage, the contentious issue remains how far adolescent health education should go, particularly on topics like contraception and reproductive rights.**
>
> NGO staff member

These observations highlight significant, albeit incomplete, progress in engaging religious leaders as allies in CAHLS. While many leaders support teaching children about protective measures such as avoiding early marriage and sexual exploitation, there remains hesitancy around addressing more sensitive subjects such as contraception or reproductive health in CAHLS curricula. This unevenness underscores the need for tailored approaches when engaging religious leaders, particularly in areas where conservative values may limit their willingness to support comprehensive adolescent health education.

Ultimately, these findings suggest that while religious leaders traditionally seen as gatekeepers of conservative values are demonstrating flexibility in specific areas of adolescent health, further efforts are needed to build consensus on what children should learn in CAHLS. Targeted dialogue and trust-building initiatives, especially among older, rural or deeply conservative leaders, could help address these gaps and ensure more uniform acceptance of CAHLS topics across regions and communities.

How and why shifts in attitudes toward CAHLS occurred

Stakeholders and religious leaders identified several key drivers behind the shifts in attitudes toward CAHLS: legislation and policy pressure; exposure to workshops; community realities and crises; alignment with core Islamic principles; and the influence of younger religious scholars. These factors collectively illustrate how normative change can be driven by both external influences and internal reinterpretations of values. Drawing on theories of normative change, this section explores how these drivers have contributed to reshaping attitudes toward CAHLS, while also highlighting the challenges that remain (Cialdini and Trost, 1998; Bicchieri, 2005).

Legislation and policy pressure

Government policies such as the Child Rights Act and the Radical Inclusion Policy have played a critical role in setting new normative standards for adolescent health and rights. These policies establish clear expectations for protecting adolescents, and their enforcement creates a sense of accountability among stakeholders, including religious leaders. As one participant explained:

> **...if we refused, we feared the government might hold us accountable.**
>
> Pujehun – P3, religious leaders FGD

This comment underscores the role of legislation as a top-down mechanism for normative change, where compliance is initially motivated by external pressure rather than internalised values. According to Bicchieri's (2005) theory of social norms, compliance can serve as a precursor to deeper attitudinal shifts. Over time, as religious leaders engage with the policies and observe their outcomes, they may begin to internalise the underlying values, gradually aligning their attitudes with the broader goals of CAHLS.

However, the effectiveness of legislation in driving normative change depends on several factors, including enforcement mechanisms, community buy-in and the perceived legitimacy of the policies. In this context, the role of government and civil society in sustaining dialogue with religious leaders is crucial to ensuring that compliance evolves into genuine support for CAHLS.

Exposure to workshops and training

Workshops and sensitisation sessions, often organised by NGOs and government agencies, have served as platforms for norm diffusion. These sessions provide religious leaders with opportunities to raise theological concerns, voice objections and engage in open dialogue about CAHLS. As a government stakeholder put it:

> **...over time, clarifications and workshops helped quell those fears.**
>
> Ministry of Health official

Workshops are particularly effective because they align with adult education theories, which emphasise the importance of participatory, dialogical approaches to learning (Bojanić and Pop-Jovanov, 2018). By creating a supportive environment for discussion, these sessions help to demystify contentious topics and address misconceptions. For example, religious leaders who initially viewed CAHLS as contradictory to Islamic teachings were able to reconcile these concerns through structured discussions that highlighted the alignment between CAHLS and Islamic principles.

Theories of social influence (Cialdini and Trost, 1998) suggest that such interactive sessions are effective because they enable leaders to observe peer endorsement and gradually shift their own attitudes. This process, often referred to as 'deliberative norm diffusion', underscores the importance of sustained engagement and trust-building in promoting normative change.

Community realities and crises

Public health crises such as Ebola and COVID-19 have exposed the vulnerabilities of adolescents, particularly girls, to sexual exploitation and teenage pregnancy. These crises have acted as 'critical junctures', accelerating normative shifts by highlighting the consequences of inaction. As one religious leader noted:

> **...during that time... the lack of education led to a significant number of teenage pregnancies.**
>
> Kailahun – P6, religious leaders FGD

Critical junctures theory (Miller et al., 2015) posits that crises can disrupt existing norms and create opportunities for change by increasing the perceived costs of maintaining the status quo. In this case, the fallout from school closures and limited access to education during the crises prompted many religious leaders to reconsider their resistance to CAHLS. Confronted with real-world consequences of withholding CAHLS education, these leaders became more receptive to preventive measures aimed at protecting adolescents.

Alignment with core Islamic principles

CAHLS proponents have successfully leveraged Islamic teachings to bridge the gap between religious and medical discourses. By emphasising how topics such as puberty education, hygiene, abuse prevention and even birth spacing align with Islamic values of protecting life, dignity and cleanliness, they have been able to foster greater acceptance among religious leaders. As one participant said:

> **During the time of the Prophet, some men practiced withdrawal. Islam cherishes the preservation of life... so it supports measures that protect it.**
>
> Freetown - P1, religious leaders FGD

This approach, often referred to as 'cultural leveraging', resonates with contextual theology, which seeks to reinterpret religious texts in ways that support progressive policy aims without undermining core religious identities (Luka and Byang, 2024). By framing CAHLS topics as consistent with Islamic principles, proponents have been able to reduce resistance and build a shared understanding of the programme's goals.

The success of this approach highlights the importance of culturally sensitive messaging in promoting normative change, particularly in contexts where religious values play a central role in shaping community attitudes.

Influence of younger religious scholars

Younger imams, particularly those with overseas Islamic education, have emerged as influential voices in reshaping attitudes toward CAHLS. These scholars often draw on modern scientific knowledge alongside classical jurisprudential sources, presenting a more progressive interpretation of Islamic teachings. One participant explained:

> **The younger imams who have studied abroad or been exposed to modern ideas are the ones pushing for change. They explain how science and Islam can work together, and this has helped some of us see things differently.**
>
> Koinadugu – P3, religious leaders FGD

These younger scholars act as 'norm entrepreneurs', introducing new ideas and advocating for change within their communities (Finnemore and Sikkink, 1998). Their ability to bridge traditional and modern perspectives makes them particularly effective in challenging entrenched norms and fostering openness to CAHLS.

The influence of younger religious leaders underscores the importance of generational dynamics in driving normative change. As these leaders gain prominence, they are likely to play an increasingly important role in shaping community attitudes toward adolescent health and education.

If no shift, why not?

Despite gradual changes in attitudes toward CAHLS, stakeholders observed that resistance persists among segments of the religious leadership, reflecting the fractured nature of normative change. While some leaders embrace progressive ideas, others remain firmly aligned with traditional values.

A recurring concern among religious leaders is that CAHLS represents a vehicle for introducing western moral permissiveness, which they associate with the erosion of local customs, modesty and chastity. Discussions of SRH are often viewed as promoting liberal attitudes toward sexuality, particularly when the messaging lacks cultural tailoring. For example, some leaders expressed anxiety about the impact of dress codes and open discussions of sexuality on societal values:

> **If we are to succeed with the initiative, the dress code must be controlled… Women's bodies are a magnet that attract men. If nothing is done about the dress code, then we are heading for doom.**
>
> Koinadugu – P4, religious leaders FGD

These concerns align with broader critiques of CSE in conservative contexts, where interventions are perceived as neglecting cultural sensitivities and imposing external values (Jones, 2011). For CAHLS, this underscores the importance of culturally grounded approaches that address these fears while maintaining fidelity to the programme's objectives.

Another significant barrier is the belief that discussing contraception with unmarried adolescents condones premarital sex, which is strictly prohibited in Islam (see 'Contraception in Islamic discourse' in Section 3.3). Some leaders also resist CAHLS because they interpret family planning as defiance of divine will, viewing children as blessings from God and contraception as a sin. As one NGO stakeholder explained:

> **They will tell you particularly that children are from God, and so preventing one from getting them, it's a sin... We need to do lots more in shifting norms, traditions, beliefs, particularly religious beliefs.**
>
> NGO staff member, CAHLS pilot

This belief reflects a broader tension between religious teachings and public health goals. However, Islamic jurisprudence offers diverse perspectives on family planning, with many scholars permitting contraceptive use under certain conditions (Sillah, 1994). Leveraging these interpretations and using culturally appropriate messaging could help CAHLS address this barrier.

Additional factors that contribute to resistance to CAHLS include concerns about children's rights discourse, which some religious leaders equate with a lack of discipline, fearing it undermines hierarchical family structures (see 'Balancing rights with responsibilities' in Section 3.2). Cultural taboos around open discussions of sex can also create resistance to CAHLS, as many leaders view such conversations as inappropriate or even harmful. For example, some believe that discussing sexuality with adolescents encourages moral deviance, particularly in schools:

> **Talking about sex openly with young people is not something we are used to. It feels like we are encouraging them to do what they should not be doing.**
>
> Kailahun – P4, religious leaders FGD

These barriers align with findings in CSE literature, which highlight similar challenges in conservative contexts. Resistance often stems from normative dissonance, where traditional cultural and religious expectations clash with evolving social realities. According to Miller et al. (2015), such dissonance can only be resolved through sustained dialogue and culturally sensitive engagement. Furthermore, literature emphasises the importance of reframing CSE content to align with local values while addressing public health priorities (Sillah, 1994; Bhana et al., 2010).

3.6 Effects of these shifts on stakeholders' work and personal views

This section examines the effects of the identified shifts on the work and personal views of key stakeholders involved in implementing CAHLS. The stakeholders discussed here include government officials and representatives of NGOs. These individuals play a critical role in shaping, promoting and executing CAHLS initiatives, often serving as intermediaries between policy frameworks and community-level implementation. This analysis aims to explore how the shifts in societal, cultural and policy landscapes influence their professional responsibilities and personal beliefs, as well as how they navigate the challenges and opportunities arising from these changes.

Facilitated implementation of CAHLS

Many stakeholders report that even partial shifts in religious leaders' attitudes have had tangible benefits for programme implementation. Imams and other clerics often serve as community gatekeepers, whose endorsement or neutrality can significantly influence local acceptance of CAHLS. As one government stakeholder explained:

> **It is crucial to involve religious leaders in all discussions related to girls' health and rights. Their influence is significant in shaping community attitudes and behaviours. If they are on board, we can make substantial progress.**
>
> Government official

This underscores the principle that collaborative governance incorporating religious figures in decision-making and policy planning can expedite the integration of sexuality education into schools and communities. Collaborative governance is particularly effective in contexts where religious leaders hold significant influence over community norms and values. Studies have shown that engaging religious stakeholders as partners, rather than treating them as adversaries, can enhance the cultural legitimacy of public health interventions and increase community acceptance (Marshall et al., 2021).

For instance, Marshall et al. (2021) emphasise that religious leaders are often gatekeepers of moral authority in their communities, and their endorsement can lend credibility to public health programmes. Similarly, a study highlights how sexuality education initiatives in sub-Saharan Africa have succeeded when they involved religious leaders in co-developing culturally sensitive curricula, rather than imposing externally designed frameworks (Wangamati, 2020).

This shift also illustrates how public health interventions thrive when they enlist religious stakeholders as allies. Research on faith-based approaches to health promotion underscores the potential for religious leaders to act as 'norm entrepreneurs', facilitating normative change by reinterpreting religious teachings to align with public health goals (Schoenberg, 2017). For example, in contexts where family planning or sexuality education is controversial, religious leaders have successfully reframed these topics as matters of health and human dignity, thereby reducing resistance and fostering community buy-in (Reimers, 2025).

Personal transformations among stakeholders

Through repeated interactions and dialogue, many stakeholders found their own assumptions challenged. Initially, they expected unwavering opposition from religious leaders but discovered common ground through respectful, informed discussions. One government official reflected on this process, noting how engaging with religious leaders required confidence, cultural competence and humility, rather than condescension. This experience highlights a critical learning curve for stakeholders: effective communication with religious leaders involves a willingness to understand their perspectives on their own terms. Such skills are integral to adaptive leadership in public health contexts, where bridging cultural and ideological divides is essential for programme success.

Self-censorship and adaptation

Where resistance remains strong, stakeholders sometimes adapt or limit the content they present, particularly around sensitive topics like abortion. While the CAHLS curriculum does not explicitly

include abortion as a core focus, stakeholders have expressed the need for careful navigation of such issues during implementation. In some cases, they suggest that integrating discussions on abortion-related topics, such as post-abortion care or the health risks of unsafe procedures, could be beneficial, provided these discussions are framed within culturally and religiously acceptable boundaries. This reflects a broader tension between the need to address critical health concerns and the necessity of respecting deeply held beliefs in communities where CAHLS is implemented, but it is a pragmatic compromise balancing the need to avoid backlash with the desire to provide comprehensive SRH education. One government stakeholder said:

> **They [religious leaders] still resist the idea of safe abortion, as it conflicts with their religious beliefs... We must navigate these beliefs carefully in our educational efforts.**
>
> Government official

While such selective messaging can help sustain partnerships, it may also inhibit full realisation of a comprehensive curriculum, particularly if key health topics are consistently downplayed or excluded.

3.7 Integrating social norms, gender and religious teachings

Protecting girls' 'purity' versus their autonomy

A central tension lies between safeguarding female modesty, a value deeply embedded in local religious and cultural norms and promoting girls' autonomy to make informed decisions about their bodies. Campaigns like Hands Off Our Girls receive broad support because they focus on protection from external harm (sexual violence, child marriage). However, when that focus shifts to giving girls agency over their sexual health, some religious leaders interpret it as undermining moral standards. Other stakeholders were also concerned about gendered double standards:

> **There is too much focus on girls' rights without teaching boys their responsibilities. Boys must also be taught to respect women and take responsibility for their actions.**
>
> NGO staff member, referencing Hands Off Our Girls

This indicates a gender imbalance in how sexual norms are enforced and taught, often placing the burden on girls to remain pure rather than educating boys about respect and consent. The challenge, therefore, is to balance protective discourses with empowerment discourses, ensuring that adolescent girls gain autonomy while communities remain confident that Islamic moral codes are upheld.

Male authority and segregation

The preference for gender-segregated instruction reflects existing power structures that place men in authority over male spaces and women in authority over female spaces. Many see this as a protective measure ensuring sensitive topics are addressed in a culturally appropriate way:

> **Men should teach boys, and women should teach girls. It is not proper for a man to discuss these issues with girls.**
>
> Pujehun – P2, religious leaders FGD

Others, however, argue it can reinforce patriarchal norms and restrict cross-gender dialogues essential to shaping equitable social norms. Social norm change theorists emphasise that while gender segregation in programmes like CAHLS may temporarily ease community resistance, it risks reinforcing existing gender inequalities if not paired with strategies for eventual integration. Scholars argue that meaningful and sustained progress toward gender equality requires constructive engagement between all genders, as this fosters mutual understanding, collaboration, and dismantling of harmful stereotypes (Gebrihet et al., 2024). For instance, a study highlights how social norm change is most effective when interventions create opportunities for dialogue and collective reflection across gender lines, rather than perpetuating separation (Legros and Cislaghi, 2020). Similarly, another study notes that while initial accommodations to cultural norms such as gender-segregated training may be necessary to gain community buy-in, these should be viewed as transitional strategies rather than end goals (Shields, 2008).

Navigating this balance of meeting communities where they are while encouraging gradual progress remains a key implementation challenge for CAHLS. Stakeholders must carefully design programmes that respect cultural sensitivities without compromising the broader goal of gender equality, ensuring that any temporary measures, such as segregation, are accompanied by long-term plans for integration and empowerment. This approach aligns with adaptive leadership principles, which stress the importance of balancing immediate feasibility with transformative change over time (Vitreouli et al., 2024).

Mixed acceptance of child marriage laws

The legal prohibition of child marriage at under 18 is increasingly accepted, particularly in public forums. However, residual beliefs that a girl's puberty signals readiness for marriage still exist:

> **We do not encourage child marriage anymore, but in some communities, people still believe that when a girl reaches puberty, she is ready for marriage.**
>
> Kailahun – P4, religious leaders FGD

This partial compliance to legal norms reflects a layered transition: outwardly, leaders distance themselves from child marriage due to moral condemnation and legal repercussions yet underlying cultural logics about puberty persist. Further sensitisation that aligns religious principles with the legal age threshold could reinforce this gradual shift.

Economic realities

Poverty acts as a structural driver of adolescent pregnancies, often overriding moral teachings when families prioritise survival over moral imperatives:

> **Parents are poor, so they send their daughters to men who can give them money. This is the real cause of teenage pregnancy in many areas.**
>
> Kailahun – P6, religious leaders FGD

This demonstrates the intersection of socioeconomic and cultural factors: even if religious leaders endorse abstinence or decry teenage pregnancy, the lack of economic opportunities can push families to ignore these teachings for financial relief. Hence, comprehensive interventions, including scholarships, school meals and livelihood programmes, are essential to reinforce any normative change sought through CAHLS.

3.8 Regional nuances and commonalities

While overarching themes persist across Sierra Leone, the reception and adaptation of CAHLS content vary significantly by region. In Freetown, proximity to the capital fosters a slightly higher acceptance of nuanced CAHLS topics, largely due to increased exposure to diverse viewpoints and more frequent interactions with government or NGOs. Urban stakeholders emphasise formalised training for teachers and religious leaders, reflecting an environment where standardised curricula and oversight are more feasible. Although there is general openness, many leaders advocate aligning CAHLS with moral teachings to maintain community support.

In Koinadugu, the historical context of early marriage reveals deep cultural, economic and religious roots, traditionally upheld as a means to secure a girl's future, protect her chastity and strengthen family alliances. Religious leaders in rural areas often relied on specific interpretations of religious texts to justify child marriage. However, sustained sensitisation efforts and the emergence of younger imams, many of whom have studied in modern or overseas Islamic institutions that emphasise human rights and social justice, have led to a significant normative shift. These younger leaders reframe religious texts to oppose early marriage, highlighting its harm to health, education and overall well-being. Repeated sensitisation campaigns by NGOs and public health organisations reinforce these messages by engaging religious leaders in dialogue and presenting evidence of the negative outcomes associated with child marriage, such as maternal mortality and intergenerational poverty. Consequently, many leaders now publicly condemn early marriage, fostering an environment that increasingly prioritises girls' education.

Kailahun, meanwhile, witnessed a surge in teenage pregnancies during the Ebola crisis. This development forced communities to reassess the implications of withholding SRH information from young people. In response, religious leaders have strongly championed messages on body ownership and self-defence, framing these measures as consistent with Islamic imperatives to safeguard life. Yet, even as there is growing acceptance of harm-reduction strategies, abortion remains a clear red line, facing near-universal opposition despite other shifts.

In Port Loko, imams insist that CAHLS initiatives adhere to local moral standards and often scrutinise content to filter out perceived 'western' influences. While there is openness to certain topics, such as puberty education and birth spacing within marriage, any content suggesting the normalisation of out-of-wedlock intercourse is met with resistance. Collaboration with external partners is possible but guarded, reflecting a strong sense of community gatekeeping and the desire to preserve local norms.

Pujehun offers a somewhat different landscape, where mass awareness campaigns have created broader uniformity in the acceptance of CAHLS fundamentals. Religious leaders often collaborate with chiefs and other secular authorities, reinforcing each other's messages and creating a more cohesive stance. Presenting CAHLS in religious or moral terms proves particularly effective here, given leaders' keen sensitivity to perceived moral boundaries.

Common threads cut across all these regions. Abortion faces steadfast reluctance, except when a mother's life is at risk. Repeated dialogue and workshops play a critical role in mitigating misunderstandings and fostering incremental shifts. These patterns underscore the dynamic yet uneven trajectory of how religious leaders in Sierra Leone engage with CAHLS, shaped by a complex interplay of policy, crises, generational change and religious interpretation. While progress is visible, particularly in aligning certain CAHLS topics with Islamic principles, deep-seated barriers persist around premarital contraception, abortion and broader questions of youth autonomy. Moving forward, sustained engagement, context-sensitive education and economic support remain essential to consolidating and expanding these meaningful yet fragile shifts.

4 Conclusion

The findings presented in this report underscore the pivotal role Muslim religious leaders in Sierra Leone play in shaping community perceptions around adolescent health education. Over time, shifting attitudes among some religious leaders have been influenced by a combination of factors, including top-down legal mandates such as the Child Rights Act, the Teenage Pregnancy Strategy and the Hands Off Our Girls campaigns, as well as repeated workshop engagements and crisis events like the Ebola and COVID-19 outbreaks. These shifts have been particularly evident among younger imams and those with exposure to modern or overseas religious training, who have emerged as influential catalysts. By offering nuanced religious justifications, these leaders have attempted to bridge Islamic teachings with public health imperatives, fostering cautious acceptance of certain elements of the CAHLS curriculum.

Despite progress, the pace and extent of these changes remain uneven, reflecting the tension between progressive health education goals and entrenched cultural and religious norms. Topics such as puberty education, hygiene and abuse prevention have generally gained broad support among religious leaders, as they align with Islamic principles of cleanliness, protection and moral responsibility. However, more controversial issues, including contraception for unmarried adolescents, abortion and co-educational instruction, continue to face significant resistance. This resistance is rooted in fears of promoting 'western moral permissiveness', deeply held doctrinal interpretations and the economic realities of poverty, which often exacerbate the challenges of implementing adolescent health programmes. For example, while family planning for married couples is increasingly accepted, providing similar information to unmarried adolescents remains contentious.

Similarly, the cultural definition of 'readiness' for marriage, often tied to puberty, clashes with the national legal standard of 18 years, creating further tensions. Poverty also undermines moral appeals, as economic desperation can push families to prioritise survival over long-term health and education outcomes, leading to early marriages or exploitative relationships.

4.1 Recommendations

The findings of this report highlight the complex interplay between cultural, religious and policy factors influencing the implementation of CAHLS in Sierra Leone. To ensure the programme's success and sustainability, several strategic recommendations emerge. These recommendations address gaps identified in the study and propose actionable steps to enhance the effectiveness of CAHLS while fostering broader acceptance among stakeholders.

Contextualise the CAHLS curriculum

The government, in collaboration with NGOs and community-based organisations, should prioritise the contextualisation of the CAHLS curriculum. While the current curriculum reflects international best practices, it must be further tailored to align with local cultural and religious values. The evolving perspectives of religious leaders highlight the need for collaborative, culturally sensitive and context-specific approaches to embedding CAHLS within community norms.

Integrating religious teachings into the CAHLS curriculum is another key strategy for addressing resistance. Using scriptural references from the Quran and hadith to support topics such as abuse prevention, hygiene and moral behaviour can help foster a sense of ownership among religious leaders and reduce suspicion. Collaboration with influential religious bodies, such as the Council of

Imams, could further strengthen this alignment and ensure that the curriculum is perceived as both culturally and spiritually relevant. Engaging religious leaders as equal partners in the development and implementation of CAHLS programmes can reinforce the moral and spiritual imperatives already present in Islamic doctrine, offering a more holistic and enduring approach to adolescent health education. However, it is important to acknowledge that the views of imams or other religious leaders do not necessarily reflect the diverse perspectives within their communities. Women, girls and grassroots advocacy groups often have distinct perspectives on SRHR issues, shaped by their lived experiences and specific challenges and their involvement is vital (see 'Engage women, girls and grassroots advocacy groups in programme design' recommendation).

By framing CAHLS within a culturally and spiritually relevant context, stakeholders can reduce resistance and foster a sense of ownership among religious leaders and their communities.

Ensure collaboration between stakeholders

The successful implementation of these changes requires a coordinated effort involving the government, international NGOs and local organisations. The government should take the lead in contextualising the CAHLS curriculum and ensuring alignment with national policies, while NGOs and community-based organisations can provide technical support, conduct sensitisation workshops and address structural barriers through complementary programmes. These could include scholarships, school meals or vocational training initiatives (see 'Address economic drivers of inequality' recommendation).

Formalise criteria for recruiting and training CAHLS educators

The recruitment, training and certification of CAHLS educators should also be formalised to ensure consistency in programme delivery. Currently, the curriculum is delivered by a mix of teachers, health workers and NGO facilitators, but inconsistencies in their training and cultural competence present significant challenges. The government should establish clear guidelines for selecting and training educators, emphasising cultural sensitivity, religious awareness and the ability to navigate sensitive topics effectively.

Younger imams and religious leaders with formal or international training should also be engaged as local champions, as their influence can help bridge the gap between modern public health approaches and traditional religious teachings. Providing these leaders with platforms for public engagement, such as community events, mosque sermons and radio programmes, can amplify their reach and foster acceptance within their communities.

Address economic drivers of inequality

Economic realities must also be addressed to ensure the success of CAHLS. Poverty remains a structural driver of adolescent pregnancies and early marriages, often undermining the moral and educational appeals of the programme. Complementary interventions such as scholarships, school meals and vocational training initiatives should be integrated into CAHLS to alleviate the economic pressures that force families to prioritise survival over long-term health and education outcomes. These structural supports are critical to ensuring that CAHLS achieves its broader goals of reducing teenage pregnancies and promoting gender equality.

Engage women, girls and grassroots advocacy groups in programme design

While the report emphasises respecting gender norms, it is crucial to question whose gender norms are being respected and whether they align with the needs and rights of marginalised groups. Advocacy efforts must navigate these complexities carefully, ensuring that programmes do not perpetuate harmful norms but instead promote equity and inclusivity. While religious leaders play a significant role in shaping community attitudes, their perspectives do not always reflect the lived experiences of women and youth. Advocacy efforts should include the voices of these groups to ensure that CAHLS is inclusive and responsive to the needs of all community members.

Women and girls often face unique challenges related to SRHR, and their input is essential to designing programmes that address these issues effectively. Grassroots organisations can also play a vital role in bridging the gap between policy frameworks and community realities, providing valuable insights into the barriers and opportunities for CAHLS implementation.

Implement robust monitoring and evaluation systems

Monitoring and evaluation systems should be strengthened to track the progress of CAHLS and adapt the curriculum to evolving community needs. Regular assessments, including surveys, focus groups and interviews, can provide critical feedback on shifts in attitudes and behaviours among religious leaders, educators and community members. This data should be used to refine the curriculum and teaching methods, ensuring that they remain relevant and effective. Cross-regional knowledge exchange should also be facilitated to share success stories and lessons learned between urban and rural areas. For example, the experiences of urban communities like Freetown, where exposure to diverse perspectives has fostered greater acceptance of CAHLS, could inspire rural districts such as Koinadugu and Port Loko to adopt similar strategies.

4.2 Areas for further research

Further research is needed to address gaps identified in this study and provide a deeper understanding of the factors influencing CAHLS implementation. One critical area for exploration is the perspectives of women, girls and youth, whose voices have been under-represented in the discourse dominated by male religious leaders. Understanding their views on CAHLS and SRHR issues could provide valuable insights into the programme's impact and inform strategies for fostering inclusivity and equity. Additionally, research should examine the long-term effects of CAHLS on adolescent health outcomes, including its influence on teenage pregnancy rates, school retention and gender-based violence. Finally, studies should investigate the economic dimensions of CAHLS implementation, exploring how poverty and socioeconomic disparities shape community attitudes and programme effectiveness.

In conclusion, the successful implementation of CAHLS in Sierra Leone requires a multi-faceted approach that integrates cultural sensitivity, economic support and inclusive engagement. By addressing the structural, cultural and educational barriers identified in this report, stakeholders can create a more supportive environment for adolescent health education, ensuring that CAHLS fulfils its potential to empower young people and promote gender equality. Sustained collaboration between the government, NGOs, religious leaders and grassroots organisations will be essential to achieving these goals and driving transformative change for Sierra Leone's adolescents.

References

Aineah, A. (2024) '"Clearly forbidden": religious leaders in Sierra Leone oppose government plan to legalize abortion'. ACI Africa, 23 December (www.aciafrica.org/news/13501/clearly-forbidden-religious-leaders-in-sierra-leone-oppose-government-plan-to-legalize-abortion).

Atkinson, R., Tallon, A. and Casado-Diaz, M. (2024) 'Leadership, urban structure and place: evidence from Bristol and Dorset' *Urban Research & Practice* 17(4): 477–496 (https://doi.org/10.1080/17535069.2023.2236585).

Beer, A. (2014) 'Leadership and the governance of rural communities' *Journal of Rural Studies* 34: 254–262 (https://doi.org/10.1016/j.jrurstud.2014.01.007).

Bhana, D., Morrell, R., Shefer, T. and Ngabaza, S. (2010) 'South African teachers' responses to teenage pregnancy and young parents in schools' *Culture, Health & Sexuality* 12(8): 871–883 (https://doi.org/10.1080/13691058.2010.500398).

Bicchieri, C. (2005) *The grammar of society: the nature and dynamics of social norms*. New York: Cambridge University Press (https://doi.org/10.1017/CBO9780511616037).

Bio, J. M. (2018). 'President Bio launches free education, calls on parents and teachers to support the initiative.' Press release. Sierra Leone State House. (https://statehouse.gov.sl/president-bio-launches-free-education-calls-on-parents-and-teachers-to-support-the-initiative).

Bojanić, B. and Pop-Jovanov, D. (2018) 'Workshops in education: theoretical and practical issues' Методички видици 9(9): 223 (https://doi.org/10.19090/mv.2018.9.223-234).

Bonjour, M. and Van Der Vlugt, I. (2018) 'Comprehensive sexuality education'. Rutgers Knowledge File. Utrecht: Rutgers (https://rutgers.international/resources/knowledgefile-cse).

Booley, A. (2024). 'Unveiling Islamic Perspectives on Women's Rights in the Family: Duty, Honour, Equality and Human Dignity' *Manchester Journal of Transnational Islamic Law & Practice*, *20*(2): 62-84 (www.electronicpublications.org/stuff/1081).

Brysk, A. (2025) *Abortion rights backlash: the struggle for democracy in Europe and the Americas*. New York: Oxford University Press.

Bucholc, M. (2022) 'Abortion law and human rights in Poland: the closing of the jurisprudential horizon' *Hague Journal on the Rule of Law* 14(1): 73–99 (https://doi.org/10.1007/s40803-022-00167-9).

Chandra-Mouli, V., Lane, C. and Wong, S. (2015) 'What does not work in adolescent sexual and reproductive health: a review of evidence on interventions commonly accepted as best practices' *Global Health: Science and Practice* 6(3): 435–449 (https://doi.org/10.9745/GHSP-D-15-00126).

Cialdini, R. and Trost, M.R. (1998) 'Social influence: social norms, conformity, and compliance' in D. T. Gilbert, S.T. Fiske and G. Lindzey (eds.) *The handbook of social psychology*, 4th edn. New York: McGraw-Hill, pp. 151–192.

Cislaghi, B. and Heise, L. (2020) 'Gender norms and social norms: differences, similarities, and why they matter in prevention science' *Sociology of Health & Illness* 42(2): 407–422 (https://doi.org/10.1111/1467-9566.13008).

Coen-Sanchez, K., Ebenso, B., El-Mowafi, I.M., et al. (2022) 'Repercussions of overturning Roe v. Wade for women across systems and beyond borders' *Reproductive Health* 19(1): 184 (https://doi.org/10.1186/s12978-022-01490-y).

D'Angelo, S., Khan, A., Marcus, R. and Homonchuk, O. (2024) *Whose hands on our education? Identifying and countering gender-restrictive backlash*. ALIGN Report. London: ODI/ALIGN (www.alignplatform.org/resources/report-whose-hands-our-education-countering-backlash).

Finnemore, M. and Sikkink, K. (1998) 'International norm dynamics and political change' *International Organization* 52(4): 887–917 (https://doi.org/10.1162/002081898550789).

Flood, M., Dragiewicz, M. and Pease, B. (2021) 'Resistance and backlash to gender equality' *Australian Journal of Social Issues* 56(3): 393–408 (https://doi.org/10.1002/ajs4.137).

Gebrihet, H.G., Reda, A.A., Geremedhn, M.A. and Abebe, S.A. (2024) 'Examining women [in]equality under the UN Agenda 2030 and Africa Agenda 2063: between rhetoric and reality' *Cogent Social Sciences* 10(1): 2433148 (https://doi.org/10.1080/23311886.2024.2433148).

Goldberg, S.B. (2006) 'Constitutional tipping points: civil rights, social change, and fact-based adjudication' *Columbia Law Review* 106: 1955 (https://scholarship.law.columbia.edu/faculty_scholarship/65).

Haberland, N. and Rogow, D. (2015) 'Sexuality education: emerging trends in evidence and practice' *Journal of Adolescent Health* 56(1 Suppl): S15–S21 (https://doi.org/10.1016/j.jadohealth.2014.08.013).

Jones, T.M. (2011) 'Saving rhetorical children: sexuality education discourses from conservative to post-modern' *Sex Education* 11(4): 369–387 (https://doi.org/10.1080/14681811.2011.595229).

King, N., Horrocks, C. and Brooks, J. (2019) *Interviews in qualitative research*, 2nd edn. London: Sage Publications.

Legros, S. and Cislaghi, B. (2020) 'Mapping the social-norms literature: an overview of reviews' *Perspectives on Psychological Science* 15(1): 62–80 (https://doi.org/10.1177/1745691619866455).

Luka, R.T. and Byang, D.L. (2024) 'Contextual theology and the challenge of globalization' *Humanities and Social Sciences* 12(6): 229–235 (https://doi.org/10.11648/j.hss.20241206.17).

Marcus R (2018). Education and gender norms. ALIGN guide. London: ALIGN/ODI (www.alignplatform.org/gender-norms-and-education).

Marcus, R., D'Angelo S., and Michalko, J. (2024) Nurturing gender-equitable masculinities: lessons for transforming norms through education systems (www.alignplatform.org/resources/report-nurturing-gender-equitable-masculinities-through-education).

Marshall, K., Roy, S., Seiple, C. and Slim, H. (2021) 'Intrinsic and strategic leverage of religion in development' *The Review of Faith & International Affairs* 19(sup1): 31–41 (https://doi.org/10.1080/15570274.2021.1983356).

Martínez, J., Duarte, Á. and Rojas, M.J. (2021) *Manufacturing moral panic: weaponizing children to undermine gender justice and human rights*. The Elevate Children Funders Group and Global Philanthropy Project Report (https://globalphilanthropyproject.org/2021/03/24/manufacturing-moral-panic).

MBSSE (2023) 'The new senior secondary curriculum for Sierra Leone: subject syllabus for adolescent health and life skills'. Freetown: Ministry of Basic and Senior Secondary Education (https://mbsse.gov.sl/wp-content/uploads/2023/09/SSS-Syllabus-Adolescent-Health-and-Life-Skills.pdf).

McEwen, H. and Narayanaswamy, L. (2023) *The international anti-gender movement: understanding the rise of anti-gender discourses in the context of development, human rights, and social protection*. United Nations Research Institute for Social Development Working Paper 2023-06 (https://cdn.unrisd.org/assets/library/papers/pdf-files/2023/wp-2023-4-anti-gender-movement.pdf).

Mijatović, D. (2020) 'Comprehensive sexuality education protects children and helps build a safer, inclusive society'. Council of Europe Portal, 27 July (www.coe.int/en/web/genderequality/-/comprehensive-sexuality-education-protects-children-and-helps-build-a-safer-inclusive-society).

Miller, M., Clark, J. and Jehle, A. (2015) 'Cognitive dissonance theory (Festinger)' in *The Blackwell encyclopedia of sociology*. Wiley (https://doi.org/10.1002/9781405165518.wbeosc058.pub2).

Nuwabaine, L., Sserwanja, Q., Kamara, K. and Musaba, M.W. (2023) 'Prevalence and factors associated with teenage pregnancy in Sierra Leone: evidence from a nationally representative Demographic and Health Survey of 2019' *BMC Public Health* 23(1): 527 (https://doi.org/10.1186/s12889-023-15436-x).

O'Donnell, M., Buvinić, M., Krubiner, C. and Bourgault, S. (2021) *The impacts of health crises on women and girls: how historical evidence can inform assessment and recovery through a gender lens*. Working Paper 574. Washington DC: Center for Global Development (www.cgdev.org/publication/impacts-health-crises-women-girls-how-historical-evidence-can-inform-assessment-and).

Reilly, A. (2014) 'Adolescent girls' experiences of violence in school in Sierra Leone and the challenges to sustainable change' *Gender & Development* 22(1): 13–29 (https://doi.org/10.1080/13552074.2014.902239).

Reimers, E. (2025) 'Sex education and religion: resistance and possibilities' *British Journal of Religious Education* 47(1): 52–62 (https://doi.org/10.1080/01416200.2024.2336533).

Sarkin, J. and Ackermann, S. (2018) 'Understanding the extent to which truth commissions are gender sensitive and promote women's issues: comparing and contrasting these truth commission roles in South Africa, Guatemala, Peru, Sierra Leone, and Liberia' *Georgetown Journal of International Law* 50: 463–516.

Schoenberg, N.E. (2017) 'Enhancing the role of faith-based organizations to improve health: a commentary' *Translational Behavioral Medicine* 7(3): 529–531 (https://doi.org/10.1007/s13142-017-0485-1).

Sheridan, J., Chamberlain, K. and Dupuis, A. (2011) 'Timelining: visualizing experience' *Qualitative Research* 11(5): 552–569 (https://doi.org/10.1177/1468794111413235).

Shields, S. (2008) 'Gender: an intersectionality perspective' *Sex Roles* 59: 301–311 (https://doi.org/10.1007/s11199-008-9501-8).

Sillah, M. (1994) 'Islam in Sierra Leone: the colonial reaction and the emergence of national identity' *Institute of Muslim Minority Affairs Journal* 15(1–2): 121–143 (https://doi.org/10.1080/02666959408716312).

Thomas, A.R. (2020) 'UNFPA applauds Sierra Leone government's decision allowing pregnant girls to attend school'. The Sierra Leone Telegraph, 31 March (www.thesierraleonetelegraph.com/unfpa-applauds-sierra-leone-governments-decision-allowing-pregnant-girls-attend-school).

UNESCO (2018) *Accountability in education: meeting our commitments*. UNESCO Global Education Monitoring Report, 2017/8. Paris: UNESCO (https://doi.org/10.54676/VVRO7638).

UNESCO (2023) 'Sierra Leone: comprehensive sexuality education'. Webpage. UNESCO (https://education-profiles.org/sub-saharan-africa/sierra-leone/~comprehensive-sexuality-education).

UNFPA - United Nations Population Fund (2020) *Comprehensive sexuality education: advancing human rights, gender equality, and improved sexual and reproductive health*. UNFPA Report (www.unfpa.org/resources/comprehensive-sexuality-education-advancing-human-rights-gender-equality-and-improved).

Verona, A. P. (2011). Religion and Sexual Initiation in Brazil. HORIZONTE (www.academia.edu/94007258/Religion_and_Sexual_Initiation_in_Brazil).

Viterouli, M., Belias, D., Koustelios, A., et al. (2024) 'Time for change: designing tailored training initiatives for organizational transformation' in B. Dimitrios Belias, I. Rossidis and C. Papademetriou (eds.). *Organizational Behavior and Human Resource Management for Complex Work Environments*. IGI Global, pp. 267-307.

Wangamati, C. (2020) 'Comprehensive sexuality education in sub-Saharan Africa: adaptation and implementation challenges in universal access for children and adolescents' *Sexual and Reproductive Health Matters* 28(2): 56–61 (https://doi.org/10.1080/26410397.2020.1851346).

Warrington, C. and Brodie, I. (2017) 'Developing participatory practice and culture in CSE services' in H. Beckett and J. Pearce (eds.) *Understanding and responding to child sexual exploitation*, 1st edn. Routledge pp. 121-133.

WHO - World Health Organization (2023) WHO releases updated guidance on adolescent health and well-being. Webpage (www.who.int/news/item/11-10-2023-who-releases-updated-guidance-on-adolescent-health-and-well-being).

World Bank Group (n.d.) 'World Bank Open Data'. Electronic dataset, World Bank Group (https://data.worldbank.org).

Yillah, R.M., Bull, F., Sawaneh, A., et al. (2024) 'Religious leaders' nuanced views on birth spacing and contraceptives in Sierra Leone: qualitative insights' *Contraception and Reproductive Medicine* 9(1): 40 (https://doi.org/10.1186/s40834-024-00301-y).

Yillah, R.M., Sah, R.K., Bash-Taqi, A. and Osborne, A. (2025) 'Bridging the gap: exploring students' needs, knowledge, and preferences for delivering comprehensive sexuality education in Sierra Leone' *BMC Public Health* 25(1): 852 (https://doi.org/10.1186/s12889-025-21866-6).

ALiGN **Advancing Learning and Innovation on Gender Norms**

About ALIGN

ALIGN is a digital platform and programme of work that supports a global community of researchers, practitioners and activists, all committed to gender justice and equality. It provides new research, insights from practice, and grants for initiatives that increase our understanding of – and work to change – patriarchal gender norms.

ALIGN Programme

ODI Global
203 Blackfriars Road
London SE1 8NJ
United Kingdom
Email: **align@odi.org.uk**
Web: **www.alignplatform.org**

Disclaimer

Citation

Yillah, R.M., Osborne, A., Bash-Taqi, A. and Wurie Jalloh, S. (2025) *Guiding youth: Muslim leaders' evolving views of Child and Adolescent Health Life Skills in Sierra Leone*. ALIGN partner report. London: ALIGN/ODI Global.

Copyright

Cover photo

Girls returning from school near Freetown, Sierra Leone.
©robertonencini | Shutterstock ID: 460865203

ALIGN is led by ODI Global and currently supported by a range of international donors including the Government of Canada (through Global Affairs Canada).

ALiGN Advancing Learning and Innovation on Gender Norms

ODI Global