

POLICY BRIEF

12th August, 2025

Empowering Youth for Effective Sexual Reproductive Health Rights Advocacy and Policy Engagement

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Introduction

Sexual and reproductive health and rights (SRHR) are fundamental to health and well-being, gender equality, democracy, peace and security, and sustainable development. SRHR is grounded in the right and the ability of all individuals to decide over their own bodies, and to live healthy and productive lives. Sierra Leone faces multiple challenges in the provision of sexual and reproductive health and Universal Health Coverage.

"Achievement of sexual and reproductive health relies on the realization of sexual and reproductive rights, which are based on the human rights of all individuals".

The Guttmacher-
Lancet Commission

This policy brief examines existing gaps in policies on SRHR in Sierra Leone and outlines recommendations for effective multi-stakeholder approach to advance SRHR. The intended audience is the Y-ACT SRHR Coalition to better understand the policy situation on ground for evidence-based advocacy engagements with policymakers.

About Us

Youth in Action (Y-ACT) is a unit at Amref Health Africa. The Y-ACT SRHR Coalition was borne out of the interventions of the *Empowering Youth for Effective SRHR*

Advocacy and Policy Engagement Project. The coalition of 12 organizations is led by Youth Partnership for Peace and Development – a youth-led civil society organization established to enhance the capacity of young people in their communities to promote Peace, Human Rights, Health, Climate Justice, Gender Justice and Social inclusion of marginalized groups to influence policies that engages in evidence-based advocacy that will yield positive change in society¹.



The project is designed to harness the dynamic energy of Sierra Leone's youth to advance the Sexual and Reproductive Health and Rights (SHR) agenda. By focusing on informed advocacy and Meaningful Youth Engagement (MYE), the project will equip young people with essential SHR knowledge, advocacy skills, and policy engagement techniques. The goal is to nurture a generation of well-informed advocates who can effectively articulate their needs and assert their rights. Additionally, the project aims to

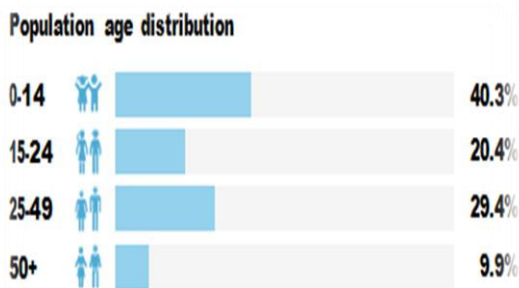
¹ <https://www.yppdatwork.org/>

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stimulate youth-led advocacy initiatives that address contextually relevant SHR issues within their communities².

Youth Demography

About 70% of Sierra Leone's population is under 35, making it a country with a largely young population. Notably, 30% of the population is between the ages of 18 and 35, making up approximately 49% of the labor force in the nation. In the past, youth in Sierra Leone were classified by the African Charter as individuals aged 15 to 35. However, as part of a commitment to more inclusive youth engagement, the new national youth strategy currently places an emphasis on younger people under the age of 29. Youth are further divided into a number of divisions under the National Youth Policy, including male and female, rural and urban, adolescents and adults, physically challenged and able-bodied, educated and uneducated, in-school and out-of-school, organized and unorganized, and skilled and unskilled³.



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² <https://srhr.yactmovement.org/>

³ <https://srhr.yactmovement.org/>

⁴ <https://population.un.org/wpp/Download>

Context

This brief uses the Guttmacher-Lancet Commission (GLC) definition of SRHR.

The Guttmacher-Lancet Commission integrated definition of SRHR

Sexual and reproductive health (SRH) is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall wellbeing.

The Constitution of Sierra Leone, the supreme legal document in the country, guarantees basic human rights and freedoms, including the right to life and equality before the law. However, the Constitution does not explicitly address sexual and reproductive health rights (SRHR) as fundamental human rights. While Section 27 of the Constitution guarantees the right to life, it fails to specifically recognize reproductive rights such as access to family planning, safe abortion, and comprehensive sexual education. The absence of this explicit recognition allows for misinterpretations of SRHR, undermining the prioritization of these rights in policy and practice⁵.

Sierra Leone as a post-conflict country is yet to recover from the brunt of the long-decade civil war. Amidst post-conflict efforts to recover from the losses, the country is plagued with several problems of which transformative sexual

⁵ <https://shorturl.at/2BzrM>

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reproductive health stands among the biggest of them.

Sierra Leone after the war has made significant efforts to improve Sexual Reproductive Health and Rights (SRHR). Several legal and frameworks on SRHR have been enacted; the enactment of the **Child Rights Act 2007** was a stepping stone to promoting child rights in line with the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child⁶. The **Child Rights Act, 2024** will promote the rights and responsibilities of children, and the state's obligation to provide for those rights⁷. The **Prohibition of Child Marriage Act 2024** added to the strengthening of legal frameworks to protecting children from early child marriage to enhance their health and wellbeing.⁸

The **Sexual Offences Act 2012** which seeks to addresses critical issues such as rape, defilement, and child sexual abuse, providing legal protections for survivors. The **Sexual Offences (Amendment) Act, 2019** was introduced to strengthen the existing legal framework⁹; the **Public Health Act of 2014** that focuses on maternal and child health.

Girls married before 18



29.6%

Several efforts to adopt the **Safe Abortion Bill 2015** proved fruitless amidst the calls to action¹⁰ by SRHR service-providing institutions like Marie Stopes Sierra Leone and civil society partners like People Alliance for Reproductive Health

Advocacy (PARHA) Coalition. Further multi-stakeholder engagements with different committees in parliament by Marie Stopes¹¹ Sierra Leone and partners, the **Safe Motherhood and Reproductive Health Care Bill** had unanimously been backed by the government according to Sierra Leone's President Julius Maada Bio¹² to decriminalize abortion and provide comprehensive reproductive health services and reduces maternal mortality rates.

Sierra Leone's current abortion law dates back to 1861 in which abortion is

Percentage of women age 15-49 have undergone Female genital mutilation



83.0%

severely restricted. Unsafe abortions

⁶<https://natlex.ilo.org/dyn/natlex2/r/natlex>

⁷ <https://shorturl.at/j8kIW>

⁸ <https://unstats.un.org/sdgs/indicators/>

⁹ <https://tinyurl.com/5y9mc9xw>

¹⁰ <https://shorturl.at/jVkl7>

¹¹ <https://shorturl.at/q9V1r>

¹²<https://shorturl.at/LAP8n>

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account for about 10% of maternal deaths in Sierra Leone. Unsafe abortions are a leading cause of maternal mortality in Sub-Saharan Africa.¹³



Government's commitments in protecting and promoting Adolescents' rights to their sexual and reproductive health have derived little results as harmful practices like Female Genital Mutilation (FGM) is on a never-ending run. According to the 2019 Demographic Health Survey, 83 percent of women age 15-49 have undergone FGM¹⁴.

What are the Gaps?

Sierra Leone's SRHR policies are governed by several legal frameworks, both domestic and international, which seek to ensure the protection and fulfillment of these rights. However, despite these frameworks, gaps persist, particularly in access to services, education, and legal protections for citizens, especially women and young people.

While the country has various policies

¹³ <https://shorturl.at/RcmeS>

¹⁴ <https://shorturl.at/S2Mue>

and strategies in place to addressing SRHR, several significant gaps remain:

Lack of Legal Recognition of SRHR

One of the most significant gaps in Sierra Leone's SRHR policy framework is the limited recognition of these rights in the Constitution. Without specific legal recognition of reproductive health rights, citizens have no clear legal foundation for demanding these services, making it difficult to ensure that SRHR issues are prioritized in policy and law. This lack of clarity creates a situation where SRHR may not always be fully protected or integrated into broader legal and healthcare policies.

Limited Resources Allocation for SRHR Services

Another major gap is the inadequate allocation of resources for SRHR services. While international donors provide some funding, the national government's budget for sexual and reproductive health services remains insufficient. This resource gap limits the availability and quality of SRHR services, particularly in rural areas where healthcare infrastructure is weak, and access to essential services is limited.

Unsafe Abortion Practices

The restrictive abortion law in Sierra Leone dates back to 1861 which allow abortion only when the mother's life is at risk. As a result, many women resort to

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unsafe abortion methods, contributing to high maternal mortality rates. Expanding access to safe and legal abortion services is a critical gap that needs to be addressed in order to reduce the risks associated with unsafe abortions. Recent efforts from civil society and development partners have seen government's backing of the Safe Motherhood and Reproductive Health Care Bill¹⁵.

Cultural and Religious Barriers

Cultural and religious norms present significant barriers to the realization of SRHR in Sierra Leone. Many religious and traditional leaders discourage the use of contraception, particularly among unmarried individuals, and oppose safe abortion.

These cultural norms contribute to widespread misconceptions and misinformation about reproductive health, creating significant challenges in the implementation of SRHR policies. Moreover, early marriages and teenage pregnancies, which are common in Sierra Leone due to poverty, gender inequality, and cultural traditions, exacerbate the country's maternal health challenges.

Lack of Comprehensive Sexual Education

Another significant gap in advancing SRHR in Sierra Leone is the lack of comprehensive sexual education. The

introduction of comprehensive sexual education into the national school curriculum is essential. This would ensure that young people have the knowledge and skills to make informed decisions about their sexual health, reducing the risk of early pregnancies and sexually transmitted infections. The rate of schools in the rural areas of Sierra Leone that lack the provision of comprehensive sexual education runs below 30 percent.

The 2021 National Policy on Radical Inclusion¹⁶ in Schools seeks to guarantee that all Sierra Leonean schools are inclusive of and accessible to all pupils, particularly those who are frequently excluded or marginalized.

The government of Sierra Leone is dedicated to implementing CSE, as stated in the Review of the National Curriculum Framework and Guidelines for Basic Education¹⁷ (2018-2019), and the revised National Education Policy will contain measures pertaining to its execution. Every core subject area, from upper elementary to senior high school, will incorporate CSE into the curriculum.

¹⁵ <https://shorturl.at/LAP8n>

¹⁶ <https://shorturl.at/P3fRO>

¹⁷ <https://shorturl.at/ZsSI4>

URGENT CALL TO ACTION

Accelerate the adoption of CSE into the school curriculum

One of the notably biggest gaps in SRHR in Sierra Leone is the adoption of CSE into the school curriculum. We call on government to accelerate the adoption of the CSE framework in providing young people, especially girls and young women, with access to accurate information and SRHR services. This will empower them to make informed decisions about their bodies and lives.

Enhance Funding Resource Allocation

We urge the government and development partners to adequately finance the implementation of CAHLS in schools across Sierra Leone so as to foster effective awareness raising on SRHR. The investment in health infrastructure will facilitate the access and utilization of services in regard to SRHR, particularly in rural and underserved areas.

Strengthen Community Engagement

Sierra Leone is highly cultural and religious sensitive. This sensitivity called for the change in name from CSE to CAHLS with the same content intact. Harmful practices like FGM and early marriage show no sign to stop as they are being stimulated by cultural and religious beliefs. Strengthening engagements with community leaders, religious leaders, and traditional authorities in promoting SRHR will foster the eradication of these harmful practices and break down social and cultural barriers to achieve comprehensive sexual education.

Empower Young People on SRHR

Empowering young people, especially girls and young women, with access to accurate information and SRHR services is crucial to the advancements of CAHLS. A case of youth empowerment on SRHR is the *Empowering Youth for Effective Sexual Reproductive Health Rights and Policy Engagement Project* that is being implemented by 12 coalition organizations led by YPPD with support from Amref Health Africa. Supporting initiatives like this will enhance the level of understanding of young people in advancing their sexual reproductive health rights.