

## School Femininity, Stigma, and the State: Adolescent Pregnancy, Policy Implementation, and Grey Spaces in Eastern Freetown

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**Abstract:** This article examines how adolescent pregnancy policy in Eastern Freetown, Sierra Leone, is reshaped through everyday moral judgments, institutional discretion, and community stigma. Drawing on 44 interviews, four focus group discussions, and policy document review, it analyzes the disjuncture between policy as written and policy as lived. Using frameworks of policy sociology, street-level bureaucracy, and moral governance, the study introduces the concept of *school femininity* - the cultural ideal of the “proper” schoolgirl defined by the exclusion of pregnancy. Findings show that teachers, health workers, and community actors mediate policy through moralized discretion, transforming progressive entitlements into conditional, stigmatized practices. The article argues that adolescent rights remain fragile where policy intent collides with entrenched gendered moral orders.

**Keywords:** Adolescent pregnancy, School femininity, Stigma, Moral governance, Street-level bureaucracy, Policy implementation.

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### Introduction

Adolescent pregnancy in Sierra Leone, particularly in dense urban areas like Eastern Freetown, sits at the intersection of state policy, community norms, and personal lives. While national legislation has made significant strides, including allowing pregnant girls to re-enter school, expanding sexual and reproductive health services, and criminalizing sexual exploitation, the everyday reality in low-income communities tells a more fractured story. While progressive in design, such policies are rarely legible in practice, and their meanings are reinterpreted through rumor, discretion, and stigma.

Central to this fractured story is what we term *school femininity*: the cultural ideal of the “proper” schoolgirl, defined not only by academic achievement and discipline but, crucially, by what she must not be - pregnant or a mother. Our notion of *school femininity* captures how both community expectations and institutional practices construct adolescent pregnancy as more than a biological event or policy concern. It points up how pregnancy becomes a symbolic breach of what counts as legitimate girlhood within the school system, and therefore a flashpoint for stigma, silence, and exclusion. Evidence from Bhana et al (2015) further demonstrates that pregnancy frequently disrupts girls’ educational trajectories, and how deeply entwined reproductive experiences are with the risk of dropout and exclusion. At the same time, as Garcia and Leung (2020) argue, stigma and teachers’ subtle shaming of pregnant school girls functions as a regulatory force that amplifies exclusion by framing adolescent pregnancy in moral rather than developmental terms. Taken together, these insights reveal how school femininity is policed through moral grammars that render pregnant schoolgirls both educationally marginal and socially suspect.

Policies may exist in law, but in practice they are often unevenly implemented, morally contested, or simply unknown. This article examines that policy-practice gap, what we call policy-as-formed by the state and policy-as-felt by pregnant schoolgirls. It explores how local actors such as teachers, health workers, and parents, who often wield informal moral authority, particularly as they relate to education and health, mediate formal state interventions into adolescent pregnancy. This article draws on qualitative data from interviews and focus groups in Eastern Freetown to demonstrate how policies that are progressive in design are frequently diluted or diverted by what we term “moral governance”: the informal power of community judgment, discretion, and symbolic sanction.

While much literature on adolescent pregnancy globally and in Africa and Sierra Leone specifically frames it as a public health or development challenge (Ahinkorah et al. 2021; Nuwabaine et al 2023; Ngabaza 2013), this article insists on reading it through the sociology of governance and moral order. We ask: What happens to policy when it descends into morally charged urban spaces? Who interprets it, enforces it, or resists it, and on what terms? How do stigma and respectability politics shape not only the experiences of adolescent girls, but the very implementation of state intent?

Building on insights drawn from Ngabaza and Shafer (2013) study of policy commitments versus lived realities of young pregnant women and mothers in schools, this article focuses on the lived tension between policy as written and policy as lived, in an effort to contribute to a critical body of work on street-level bureaucracy (Lipsky, 1980), policy sociology (Shore & Wright, 1997), and moral regulation (Hunt, 1999;

Goffman, 1963). It argues that in circumstances of social fragmentation, weak institutions, and entrenched gender ideologies, adolescent reproductive policy often fail to reach its targets; and importantly, it is actively reshaped, moralized, and at times weaponized by the very actors tasked with delivering it.

Through this lens, adolescent pregnancy in Eastern Freetown becomes a site of negotiation between structure and agency, between the state's formal commitment to girls' rights and the community's informal policing of morality. This contradiction points up how rights do not simply exist in law but must survive in contested moral terrains

Furthermore, by pointing up school femininity, this article extends debates on adolescent pregnancy beyond policy gaps to the moral grammars of girlhood. It asks not only how policy is implemented or resisted, but also how the very category of the schoolgirl is policed and morally defined. This reframing allows us to see adolescent pregnancy as a test case of how institutions negotiate femininity, respectability, and rights.

### **Theoretical Anchors**

To understand the disjuncture between adolescent pregnancy policy and its lived reality in Eastern Freetown, this article draws on three interrelated theoretical lenses: policy sociology, street-level bureaucracy, and moral governance. Jointly, these frameworks shift the analysis from what policy is supposed to do to how it is interpreted, resisted, or moralized in daily practice.

#### **Policy Sociology**

Policy sociology focuses on the design or text of social policy as well as on its practical life. It is concerned with how social policy operates, adapts, or breaks down within institutional and everyday contexts (Shore & Wright, 1997; Hall & Midgley, 2004). Rather than treating policy as a neutral instrument of development, this perspective treats it as a social artifact that is shaped by values, contested meanings, and institutional cultures. It asks: Who enacts policy? How? And with what embedded moral assumptions?

In the case of Sierra Leone's adolescent pregnancy policies, particularly around school re-entry and access to reproductive services, policy sociology directs us to examine how these policies are understood (or misunderstood), and how their implementation collides with pre-existing social hierarchies, gender norms, and institutional discretion. It helps reveal why some policies, even where well-designed, barely register in the lives of their intended beneficiaries. This also extends debates in communication and implementation studies by showing how weak dissemination infrastructures amplify rumor as a form of policy knowledge."

#### **Street-Level Bureaucracy**

Michael Lipsky's (1980) theory of street-level bureaucracy adds a grounded institutional layer to this analysis. It emphasizes the role of frontline actors like teachers, nurses, social workers who operate in conditions of limited resources, vague policy mandates, and competing expectations. These actors are often seen as only involved in executing policy. However, the theory of street level bureaucracy directs our gaze to seeing how they also make it through the discretionary judgments they apply in everyday encounters.

In Eastern Freetown, such discretion is shaped by personal beliefs, moral attitudes, and institutional cultures. A teacher might support a re-entry policy in theory but exclude a student in practice, citing discipline or reputational risk. A health worker might withhold contraceptive information from an adolescent girl on moral grounds. These decisions are central to understanding how policy is filtered, reshaped, and at times subverted.

Lipsky's insight helps explain the blurry frontier between formal entitlement and lived access. In this grey space, policies are more than just "implemented" or "ignored". They are interpreted through the social lenses of those empowered to deliver them.

#### **Moral Governance and Informal Sanctions**

Beyond bureaucracy lies a normative terrain where gossip, silence, and shaming practices regulate adolescent pregnancy more powerfully than written law. Drawing on Goffman (1963), Hunt (1999), and Foucault (1979), we use the concept moral governance to refer to how moral norms are enforced not through law or bureaucracy alone, but through everyday acts of shaming, gossip, exclusion, and silence.

In these situations we look at how adolescent pregnancy transforms into a moral signal. How it triggers judgments about femininity, respectability, parenting, and social decay. These moral frames are often more powerful than policy itself. They shape how schools respond, how families react, and how health services are offered or withheld.

This layer of governance is informal but effective. It establishes who is seen as "deserving" or "spoiled," who is given second chances, and who is left behind. It produces both social stigma and institutional indifference, and draws our attention to situations where policies on paper exist, but no one feels morally obligated to implement them with empathy.

In this study we also direct our attention to how moral governance intersects with the construction of *school femininity*. Respectable girlhood is tied to modesty, obedience, and sexual silence, and these expectations are inscribed into the everyday practices of schools and families. Pregnancy directly violates this moral template, repositioning girls from symbols of discipline and promise to embodiments of failure and transgression. Understanding adolescent pregnancy as a breach of school femininity clarifies why stigma is so pervasive and why progressive policies so often fail at the point of practice.

### **Toward a Sociology of Grey Areas**

Triangulated, these three frameworks help move the analysis beyond implementation failure to a more complex picture of how adolescent pregnancy policy is socially lived. Policy sociology anchors the analysis in contested meanings. Street-level bureaucracy reveals how discretion and institutional culture mediate delivery. Moral governance uncovers the informal power of norms, shame, and symbolic control.

These dynamics unfold most vividly in what may be called *grey areas*. The first is the grey zone between policymaking and implementation, where official commitments unraveled on contact with lived reality and are reworked in practice. Here, bureaucrats interpret, delay, or soften directives, and produce outcomes that neither match the letter of policy nor amount to outright neglect. The second is the geographical grey area of eastern Freetown. This is a space marked by informality in housing, occupations, and social life. The everyday settings through which policy might operate are unstable, porous, and improvisational, and make the state's presence more negotiated than authoritative. The third is the moral grey area at the intersection of policy "objectivity" and communal "subjectivity." This reality points our attention to how teenage pregnancy becomes entangled in judgments about shame, responsibility, and sexual morality, and how they produce outcomes shaped as much by cultural codes as by legal rights.

Attention to these grey areas allows for an applied elaboration that shows the disruption and moral repurposing of policy. This is a situation where the rights of adolescent girls are not denied outright. Rather they are suspended through everyday acts of judgment, silence, and delay. It is in these liminal spaces that adolescent reproductive policy is most forcefully lived, and it is here that any reimagining of policy must begin if it is to be not only technically sound but socially viable.

These grey areas also reveal how school femininity is constructed through negation. A girl may be formally entitled to re-enter school, but culturally she no longer fits the ideal of the "school pikin." Instead, she occupies a liminal status, marked by terms such as *belleh ooman school pikin* or *school mama* - expressions that encode the tension between child and adult, student and mother. Such linguistic framings illuminate how policy collides with the moral economies of femininity, and in the fusion produce ambiguous identities that undermine rights in practice.

### **Methodology**

This study employs a qualitative approach rooted in interpretivist and constructivist paradigms, seeking to capture how adolescent pregnancy policy is not only enforced but also interpreted, negotiated, and resisted in everyday life.

The research was carried out in Eastern Freetown, specifically Mount Aureol, Ginger Hall, and the wider area around Upper Bombay, Patton, and Easton Streets. These neighborhoods combine high population density, economic precarity, and a dense network of formal institutions and informal social life. They are also in the shadow of Cottage Hospital, the country's largest maternity and children's facility, located within walking distance of these communities, and which also stands, in Foucauldian terms, as a tower of medical surveillance projecting the authority of the state onto adolescent pregnant bodies. Yet Cottage is only one node in this system. Government-assisted and private schools scattered through the same streets extend the reach of discipline, monitoring girls not only through pedagogy and official rules but also through gossip, moral judgment, and sanction. Eastern Freetown is therefore both a policy target and a moral theatre, where adolescent sexuality becomes hyper-visible and fiercely contested.

To trace these dynamics, the study drew on three qualitative methods: semi-structured interviews, focus group discussions (FGDs), and policy document review. In total, 44 interviews were conducted across five categories of respondents: 12 teenage mothers, 9 parents and caregivers, 7 teachers and administrators, 10 health workers, and 6 community leaders, including youth figures, elders, and religious authorities. These conversations extended beyond factual accounts to probe how respondents interpret policy, manage its contradictions, and exercise discretion. Teachers described the pressures they face when balancing re-entry guidelines with parental resistance or institutional expectations; health workers reflected on how their personal values shaped their willingness to provide care.

The FGDs complemented these accounts by surfacing collective narratives and peer dynamics. Four groups were held: with adolescent girls (both in and out of school), mothers of teenage girls, community elders

(mostly women), and male community members. These group settings illuminated the moral scripts that circulate within communities, the generational rifts in understanding adolescent sexuality, and the friction between formal knowledge and folk morality.

The third method was document review. Core national policies, including the *Sexual Offences Act (2012)*, the *Child Rights Act (2007)*, school re-entry guidelines, and adolescent health strategies, were examined for their stated aims. These were then contrasted with community interpretations to explore the “policy-symbolic gap”: the disjuncture between how policy is written and how it is lived, reworked, or ignored on the ground.

Participants were recruited through purposive and snowball sampling to ensure variation in perspective and institutional positioning. This diversity was critical for tracing how different actors reinforce, negotiate, or challenge the moral grammars that underpin teenage pregnancy and its governance. To minimize adult dominance in focus groups, adolescent-only groups were facilitated separately, with extra encouragement for quieter participants.

Data analysis followed a thematic approach guided by the study’s conceptual framework. Four categories structured interpretation: moral discretion (how frontline actors apply policy), policy silence (where rules are unknown or avoided), stigma in practice (how judgment becomes exclusion), and narrative drift (how policy aims are repurposed through moral logics). These categories, read through lenses of policy sociology, street-level bureaucracy, and moral governance, highlight the grey areas where formal law and lived social practice blur.

The authors grew up in the communities researched. Reflexively, the researcher’s dual role as academic and community insider shaped access to participants and interpretation of responses. Given the sensitivity of the topic, strict ethical standards were upheld, including careful translation of Krio idioms to preserve cultural nuance and ethical neutrality. Informed consent was obtained, interviews were conducted in private and in Krio or English, and pseudonyms were used to protect confidentiality.

## Findings

### 1. Policy Awareness and Local Knowledge Gaps

Despite the existence of progressive national policies addressing adolescent pregnancy, particularly in education and health, fieldwork reveals an absence of policy knowledge among those most affected and those expected to implement them. The study found that most teenage girls, parents, and even frontline workers were either unaware of relevant provisions or possessed only vague, second-hand understandings of what the laws actually entailed.

In interviews, adolescent girls frequently expressed uncertainty about whether it was even possible to return to school after giving birth. Many had heard conflicting accounts from peers or relatives, often framed in moral rather than legal terms. One teenage mother remarked, “I don’t know whether I should go back to school. They might laugh at me. That will not be good for me.” The concerns of most adolescent interviewed was not with formal policy access but with anticipated shame and ridicule, and it suggests that, in practice, social stigma defines the limits of possibility more than policy entitlements.

Teachers and school administrators were similarly inconsistent in their knowledge. While some were aware of the school re-entry policy, few could articulate its procedural details or stated rationale. For others, the policy had not even been discussed at staff level. As one teacher put it: “They wrote the policy ‘up there’; but we are ones who see the children. Should we allow everything, we might ‘spoil’ the name of the school.” This reveals a deeper logic: even where policy knowledge exists, it may be overridden by localized concerns about school reputation, moral discipline, and public image.

Among health workers, the awareness gap took on a different form. Most were generally informed about adolescent reproductive health guidelines, but few saw these as relevant in their day-to-day routines. In interviews, it became clear that adolescent girls seeking reproductive advice or contraception were often met with discretion-based gatekeeping. In these circumstances, access depended on the health worker’s mood, moral disposition, or personal relationship with the girl, her family or even the boyfriend or his relatives. Often, relatives or acquaintances with monies to spend receive less moral lectures and better attention.

What emerges is a symbolic marginalization of policy itself. Policies targeting adolescent pregnancy, be they school re-entry or reproductive rights, fail to circulate meaningfully because they are not seen as socially legitimate or morally binding by those tasked with enforcing them. In the absence of deliberate engagement strategies, these policies are left to drift, and become what might be called “policies by rumor” in the grey areas talked about in the preceding sections. They are known through hearsay, distorted by gossip, and filtered through pre-existing community norms.

Viewed through the lens of policy sociology, this suggests that while policy design could be progressive, there are often breakdowns in the communicative and cultural infrastructure of implementation. Where there is

no trusted pathway for translating law into local meaning, policy is rendered mute. And through the lens of moral governance, this silence contributes to ‘greying’ or making selectively invisible certain rights. In these situations these rights are not taught, voiced, or validated because they threaten dominant moral orders.

Thus, in Eastern Freetown, adolescent pregnancy policy suffers less from absence and more from erasure through neglect made possible by institutional fragility, bureaucratic distance, and deeply embedded cultural discomfort with adolescent sexuality. Before implementation can even begin, policy must first become legible. The absence of the legibility- the first missing step - contributes to ‘grey readings’ and implementation of policy. In this sense, policy operated less as a directive and more as a rumor economy, circulating unevenly through gossip networks rather than institutional channels.

## **2. Discretion and Divergence: Teachers as Moral Interpreters**

Even where teachers were aware of the school re-entry policy, their responses revealed a distinct pattern: policy was not taken as binding, but as optional. It is seen as a reference point, not a directive. In practice, many teachers interpreted the presence of a pregnant or mothering girl in school as a moral and reputational risk, not an educational entitlement. This interpretation shape classroom practices as well as determine whether girls were welcomed, monitored, discouraged, or quietly excluded.

Some teachers framed their discretion as protective and claim they were shielding the girl from ridicule or sparing the school from moral scrutiny. One school administrator shared: “If we encourage them to come when their pregnancies are ‘showing’, what will happen to the others? Will people not say we are the ones encouraging girls to get pregnant, or that we are responsible for their pregnancy?” This demonstrates how institutional identity, not simply educational mission, became the hidden curriculum guiding teachers’ discretionary choices. In this response, moral optics overruled educational commitments. The teacher’s gatekeeping was framed as an act of community alignment and a way of maintaining social credibility in layered watch fullness of public judgment.

Teachers often positioned themselves as informal adjudicators of “deservingness.” Girls who were perceived as “humble” or remorseful stood a better chance of returning to school than those seen as “stubborn” or “wayward.” Yet this judgment was subjective, inconsistently applied, and deeply gendered. While girls were scrutinized for their sexual behavior, boys involved in pregnancies were rarely mentioned in any disciplinary context.

This discretion was further complicated by institutional ‘greyness’. Few schools had clear internal procedures for supporting returning adolescent mothers. No formal guidance existed on flexible schedules, in-school counseling, or peer sensitization. As a result, even well-meaning teachers were left to improvise and reproduce societal judgments in the absence of clear administrative structure for dealing with these situations.

From the standpoint of street-level bureaucracy theory (Lipsky, 1980), this illustrates how frontline actors use discretion to interpret policy and at the same time to reshape its ethical content. As Bhana et al (2015) demonstrate in their study South African teachers’ responses to teenage pregnancy and teenage mothers in schools, educators play pivotal roles in these situations. Teachers, under social and institutional pressure, become moral actors first, policy agents second. Their discretionary power is exercised by defining who belongs and who contaminates, who is re-educable and who is beyond redemption

Moreover, through the lens of moral governance, schools emerge as spaces of disciplinary respectability, where the state’s progressive stance on adolescent pregnancy collides with embedded communal anxieties about modernity, sexuality, and gender control. In this situation, policy is slowly ‘greyed out’ in the process of being communally re-authored and implemented.

The consequence is a landscape of discretionary exclusion, where rights depend on personality, perception, and institutional mood. Because such exclusions are not formally recorded, they remain grey to monitoring bodies. Policy makers and senior officials may highlight compliance and celebrate the progressive vision of “radical inclusion.” In practice, however, these commitments unravel into quiet denials, stitched together by teacher discretion, institutional silence, and what Chigona and Chetty (2008) demonstrates in their study of teen mothers and schooling as the hidden exclusions through which school structures often marginalize teenage mothers. These unrecorded acts of exclusion form the lived reality in communities like Eastern Freetown

This discretionary logic reflects a deeper cultural script of *school femininity*: the notion of the “ideal” girl for school, defined as disciplined, modest, and crucially, not pregnant. School femininity operates less as a positive model of achievement than as a boundary of exclusion: it is articulated through what a schoolgirl must *not* be. Pregnancy or motherhood therefore becomes a disqualifier from the category of the proper school child. This helps explain why teachers, parents, and peers often treat visibly pregnant students as “spoilers” of school respectability, and why their presence is read as a moral threat to the institution itself.

### **3. Health Services: Surveillance over Support**

In theory, Sierra Leone's adolescent reproductive health policies promote access through the Free Healthcare Programme. And other more recent directives In practice, girls in Eastern Freetown encounter clinics as arenas of scrutiny, moral correction, and bureaucratic coldness. Health services in the form of the biggest maternity and children hospital in the neighbourhood are formally available. But they function as conditional spaces where access to care is often negotiated through silence, avoidance, or performative modesty.

Interviews with teenage girls revealed a deep fear of being seen at health centers or pharmacies. "It is impossible for me to go ask for condoms or injection at a pharmacy. Eyes will see me as spoilt". The fear of 'eyes watching them' and the shame of them being regarded as 'spoilt' bring about a sense of anticipatory shame so intense that many girls either avoided seeking care entirely or turned to informal peer advice that risk misinformation or unsafe practices.

Health workers interviewed were often aware of adolescent reproductive health guidelines, but few applied them consistently. Some admitted to counseling girls with a moral tone, warning against "spoiling themselves" or associating contraceptive use with promiscuity. One nurse stated: "I am a mother myself, I will not advice girls getting these pills like some sweets for good behaviour." In this situation, maternal authority eclipses professional neutrality, and recast policy into moralized advice rather than rights-based service delivery. Health workers 'greyly' shifted between roles - policy agent, caregiver, moral guardian -based on subjectivities of personal convictions, social familiarity, or institutional ambiguity.

This often positioned them as 'agents of the eyes' rather than support. Rather than enabling adolescent autonomy, clinics often became arenas where community expectations morphed into moral surveillance disguised as medical care. Girls spoke of being judged not just by what they requested, but by how they dressed, who they came with, or how confidently they spoke. Even in clinical spaces, respectability politics were alive and active, and these shape whether care was delivered with empathy or contempt. In other instances, Health workers admitted that they were undertrained and under resourced, with no clear mandate on how to handle sensitive adolescent cases beyond general maternal care.

From a policy sociology perspective, this gap between official rhetoric and lived interaction reflects a form of policy performativity, a situation where high officials laud progressive policies, but compliance is hardly enacted where it matters. Policy becomes decorative, while practice defaults to local moral codes.

Through the lens of moral governance, clinics in Eastern Freetown function less as health spaces and more as moral sorting stations. Girls who appear "well-behaved" are treated with more care; those who transgress unspoken rules of sexual silence are pathologized or dismissed. In this setup, shame is a tool of institutional regulation. Adolescents must navigate not only the risk of pregnancy, but the risk of being perceived as immorally wanting it.

While national policies promise protection and empowerment, adolescent girls encounter a subtler regime: one where access is unofficially conditional, and care is doled out according to unwritten moral codes. In this moralized healthcare landscape, policy implementation falters in grey areas because it is culturally uncomfortable.

### **4. Stigma Scripts: Community Judgments and Institutional Silence**

In the communities studied, teenage pregnancy often marks a symbolic fall from respectability. Across interviews and focus groups, a shared narrative emerged: adolescent pregnancy is read as a moral failure of self-control, parental discipline, and sexual restraint. This stigma is expressed not only in words, but also enacted through a range of culturally embodied practices that communicate judgment and shame.

One such practice is "shumu". This is the silent pushing out of lips to signal to others that a person passing by is morally compromised. Without speech, the gesture compresses gossip, surveillance, and condemnation into a single movement instantly understood by those within the cultural code. Closely related is "congosa," the widespread practice of backbiting. Congosa goes beyond idle talk; it is a sharp and often stinging form of speech that highlights another person's faults with the intent to reduce their social standing and invite shame.

Another technique is "hint," which takes the form of cryptic or riddle-like speech. Directed at someone in a disparaging way, hinting allows a speaker to condemn indirectly, layering the insult in metaphor while still making its meaning unmistakable to both target and audience. Similarly, "provoking" is a well-honed form of taunting, especially common among men gathered at street junctions or in backyard spaces. Through jeers, laughter, and barbed commentary, they create an oral gauntlet for the shamed person to endure.

These embodied practices - shumu, congosa, hint, provoking - transmit stigma as well as perform governance. They turn everyday gestures into instruments of social regulation and are reinforced through other mechanisms such as whispers, open mockery, and the withdrawal of support. Together they form a daily script of social policing, rehearsed at home, in schools, in clinics, and even in mosques and churches. Teenage

pregnancy, in this cultural frame, transcends beyond being just a personal or familial issue to becoming a public performance of disgrace, monitored and reproduced through everyday gestures and speech. Teenage girls reported being described as “spoiled,” “useless,” or “bad influence.” Here, the pregnancy becomes public evidence of moral breach.

This stigmatization followed a patterned logic that aligned with dominant community norms around femininity, sexuality, and shame. Respectable girlhood was associated with modesty, obedience, and sexual ignorance. Pregnancy was the marker of deviance. The moment a schoolgirl became visibly pregnant, her place in the moral community shifted. She became cautionary tale, an embodied warning to others.

A semantic dissonance encoded in local language amplifies this narrative. Terms such as *belleh ooman school pikin* (a pregnant “woman” who is still a child) capture the contradiction between biological maturity and social immaturity. Similarly, the pejorative expression *school mama* is deployed to ridicule girls who become mothers while in school. As one parent phrased it, ‘Na school pikin me get, nor to school mama,’ a phrase that condenses rejection into a cultural aphorism, and draws a sharp moral line between the two categories. These linguistic framings reinforce the idea that motherhood and schooling are mutually exclusive identities, and in doing so, they reproduce the stigma that policy attempts to dismantle.

What is also notable is how institutions mirrored these community judgments. Health workers, similarly, engaged in shaming through tone, unsolicited advice, or invasive questioning. Even silence operated as a tool of moral exclusion: some schoolgirls described being ignored or dismissed altogether in institutional spaces.

These practices point to what Erving Goffman (1963) would call “courtesy stigma”. This relates to where institutions take on the community’s moral judgments and operationalize them through informal sanctions. This process blurs the boundary between policy implementation and collective moral surveillance. The state does not directly stigmatize pregnant girls; rather, the greying of the policy in the grey areas already discussed functions as a delegation of that function to the very actors it relies on for service delivery.

The result is a stigmatizing ecosystem, where shame circulates freely, barely checked by policy safeguards. Schoolgirls internalize this moral messaging, which shapes their decisions post-pregnancy, whether to return to school, seek healthcare, or even remain in their community. Many drop out quietly, the result of a grey atmosphere that suffocates their lived experience of pregnancy.

From a moral governance perspective, the stigma operates as a form of everyday regulation that disciplines both the pregnant schoolgirl the broader community of adolescents through fear and spectacle. It sets the boundaries of acceptable school femininity and punishes transgression through emotion: shame, guilt, isolation.

In policy terms, this moral climate constitutes an implementation chokehold. Progressive laws cannot function in environments where their beneficiaries are morally disqualified. The re-entry policy means little if schools reinforce shame. Health guidelines are hollow if clinics communicate disgust. Policy does not fail because it is absent; it fails because it enters a space already saturated with normative scripts that cancel its authority.

In short, where community stigma dominates, state policy retreats. And in its place emerges a silent, powerful alternative: the moral script, written by gossip, policed by discretion, and performed through exclusion.

## 5. Parental Responses and Gendered Blame

Parental reactions to teenage pregnancy in Eastern Freetown reflected a deeply gendered and morally charged understanding of sexuality, family honor, and discipline. Mothers and fathers did not respond in the same way, nor were they equally present in the lives of pregnant adolescents. In the majority of cases, mothers were the emotional and economic first responders, while fathers enacted distance, anger, or silence, often symbolizing a break in the moral contract between daughter and household.

Mothers interviewed described a range of conflicted emotions that included disappointment, worry, and shame. But they also expressed compassion, practical concern, and in some cases, protective action. One mother said, “I was vexed, but she is my child. If I don’t care for her, who will?” Another added, “People will ‘shumu’ and ‘congosa,’ but God is for all of us. I will be patient with her.” These responses suggest that while stigma was real, maternal roles were flexible. They were able to absorb the emotional and reputational shock of pregnancy in ways that preserved some level of support for the girl.

While mothers often mediated stigma with a mix of care and worry, fathers were more likely to translate stigma into disciplinary withdrawal. Girls and mothers reported that many fathers refused to speak to the pregnant girl, stopped providing financial support, or even sent the girl to live with relatives. In one case, a girl was sent away from the household altogether: “My father told me I have disgraced him, and I don’t have a place in his house again.” The language of disgrace, rather than disappointment or worry, was common in paternal responses, suggesting that pregnancy was read not just as a family issue, but as an attack on the father’s public

moral standing.

This gendered asymmetry reproduced broader patriarchal scripts in which girls are blamed as moral actors while boys fade into invisibility. In community discourse and institutional practice, schoolgirls were overwhelmingly positioned as the ones responsible for pregnancy. When boys were pursued, the consequences were typically minimal: their families might pledge to support the pregnant girl, or in moments of heightened anger the matter might briefly reach the police. Yet such cases were almost always withdrawn, and once dropped, the anger and shame turned full force on the girl.

Boys, by contrast, became increasingly unmentioned, or are mentioned in euphemistic terms that softened their role. Teachers and community elders frequently justified this imbalance with comments such as, *"It is the girls who knew what they wanted. The boys did not drag them or tie them to it."* Such statements exemplify what scholars of gendered moral responsibility describe as the asymmetrical attribution of agency: girls are held accountable as moral actors, while boys are treated as incidental participants. This reframing obscures such structural vulnerabilities as economic precarity, lack of protection, coercive social relations that shape adolescent sexuality. Instead, the burden of blame is recast as individual choice, but only for girls.

In this way, community narratives and institutional responses reinforce a form of structural inequality disguised as agency, where girls are moralized into responsibility, and boys are excused into invisibility.

This gendered assignment of blame is central to the production of stigma. The pregnant stomachs of schoolgirls became moral signposts and evidence of family failure, parental leniency, or feminine deviance. Boys, meanwhile, remained socially invisible, protected by cultural scripts that excused or ignored their involvement.

These patriarchal dimensions take on policy relevance and shape their outcomes within community and household settings. Where fathers act as financial decision-makers, their withdrawal often leads to material precarity; girls are unable to afford school re-entry costs, health services, or basic needs for the child. Policy, in this case, is structurally undermined not just by institutional failure but by household-level gender politics.

Moreover, the moral governance framework helps illuminate how parents, especially fathers, become enforcers of community respectability, translating public judgment into private punishment. Their responses move beyond the familial to become social performances meant to restore standing, signal discipline, and distance themselves from perceived deviance.

## **6. Coping, Resistance, and Silence among Adolescents**

Pregnant schoolgirls in Eastern Freetown do not simply absorb stigma and exclusion. They respond. Sometimes they do it quietly, other times defiantly, and often within constrained moral and institutional terrains. The data reveal a complex repertoire of coping, resistance, and silence that pregnant schoolgirls and teenage mothers deploy to navigate the aftermath of pregnancy in a judgmental environment, a patchy policy making and grey implementation landscape.

For many, silence is the first line of survival. Several girls recounted concealing their pregnancies as long as possible, fearing backlash from parents, teachers, and peers. This concealment is often about avoiding a public fall from moral grace. In a situation where 'congosa', 'shumu', 'hint' and 'provoking' circulate faster than policy, visibility equals vulnerability.

Others spoke of withdrawal from public life, and often from school, practicing what they call 'kehk' wearing uniforms to go to school but going somewhere else to avoid possible detection in the more crowded and intrusive peer environment of the school. These quiet exits go unrecorded in official data but represent a major form of institutional exclusion where shame, not policy, does the pushing.

Yet silence was not the only response. Some girls exercised forms of resistance and grit, grounded in faith, peer support, or inner resolve. A few continued schooling, using their frequency in school as a means of avoiding suspicion that they might be pregnant, but also relying on not making their pregnancies visible or on a code of *siècle* and support amongst close friends. Others might drop out of school but sought informal income through small trading.

Still, even these forms of resistance were shaped by the narrow options available. Girls had little institutional support. There are no school counselors, no youth advocates, no reproductive health champions within their communities. Their coping strategies were intensely individualized, and often burdened with guilt, self-blame, or moral compromise. This aligns with what symbolic interactionists would talk about as "spoiled identities": identities that must be constantly watched, explained, or hidden to avoid further moral injury.

What's striking is how policy frameworks barely register in these coping narratives. Notably, girls cited God, friends, or mothers as sources of support, but never policy, highlighting its near-complete absence from their coping imaginaries. This absence signals a critical disconnect: policy is not failing solely at the level of implementation; it is failing at the level of recognition. It is not known, not trusted, and not felt.

From the lens of policy sociology, this reveals a dangerous gap between entitlement and affective



experience. Girls may technically be entitled to re-entry and healthcare, but their lived environment renders these entitlements abstract. Meanwhile, moral governance fills the void by shaping what is thinkable, sayable, and survivable for pregnant adolescents.

Generally, pregnant schoolgirls and adolescent mothers in Eastern Freetown are not passive victims. But their efforts to cope and resist occur within an environment that delegitimizes their voice, moralizes their choices, and renders state protection aspirational rather than accessible. Until that gap between policy-as-formed and policy-as-felt is bridged, the cycle of shame, silence, and institutional betrayal will continue.

### Discussion of Findings

This discussion interprets the findings by situating adolescent pregnancy policy in Eastern Freetown within a moral implementation regime rather than a simple gap between law and practice. While policies on school re-entry, adolescent health, and protection exist, their meaning is reshaped through everyday moral judgment, institutional discretion, and community stigma.

#### 1) Street-level discretion becomes moral governance

Teachers and health workers act as street-level bureaucrats, interpreting re-entry and adolescent SRH policy through personal beliefs and institutional culture. In practice, they serve as moral gatekeepers - deciding who is “deserving,” when a return “sends the wrong message,” and whether care should be tempered by cautionary lecture. This is classic Lipsky, but with a twist: discretion here is not only administrative but profoundly moral, reshaping rights into judgments. The effect is policy fragmentation into micro-regimes of judgment, with girls’ rights contingent on institutional mood and local optics.

#### 2) Policy as rumor, not reference; Stigma scripts colonize institutions

A central finding is that policy circulates less as shared text than as rumor. Few actors have seen guidelines; training and SOPs are scarce; dissemination is absent. In this vacuum, ideas travel informally, are moralized, and enforced as if they were law. Rumour and discretion thus stands in for policy.

At the same time, community stigma that cast girls as “spoiled,” “bad examples,” or lacking “home training” colonizes institutions. Schools and clinics reproduce this moral gaze through isolation, silence, and cold encounters. These practices transform re-entry and adolescent-friendly care into conditional entitlements, policed through shame and surveillance. Stigma is enacted as much through institutionalized ideals of school femininity as through gossip and rumor. This finding aligns with policy diffusion literature, which emphasizes that weak communication infrastructures allow informal rumor to substitute for formal dissemination.

#### 3) School Femininity and Grey Spaces

The findings point to a deeper cultural logic that organizes how adolescent pregnancy is interpreted in Eastern Freetown: the notion of *school femininity*. This refers to the moral and institutional ideal of the proper schoolgirl - disciplined, modest, sexually silent, and above all, not pregnant. School femininity is defined not so much by positive attributes of achievement as by the negation of pregnancy and motherhood. A pregnant schoolgirl disrupts this normative order, appearing as a contradiction in terms: at once a “school pikin” and, through her visible belly, a “belleh ooman.”

The ambiguity of this status is encoded in local language. Expressions such as *belleh ooman school pikin* (“a pregnant woman who is still a child”) capture the tension between biological maturity and social immaturity. Similarly, the pejorative *school mama* is deployed to ridicule girls who seek to combine education with motherhood. In the everyday idiom of parents, the refusal is clear: “*Na school pikin me get, nor to school mama*” (“I have a schoolchild, not a school mother”). These terms illustrate how adolescent pregnancy generates moral unease by straddling, in the eyes of the communities, two incompatible categories - student and mother.

Placed within the broader framework of grey areas, school femininity occupies a liminal space where policy objectivity collides with moral subjectivity. National re-entry policies affirm the right of a mother to remain a student, yet community discourse and institutional practice frame such duality as morally untenable. This produces what might be called *grey femininities* - identities that are neither fully rejected nor fully accepted, suspended in ambivalence.

Highlighting school femininity as both an institutional ideal and a cultural script helps explain why adolescent pregnancy policy struggles to take root. It is not only that policies are poorly disseminated or unevenly implemented; it is that they confront a moral template that refuses to recognize the possibility of motherhood within schooling. By surfacing these contradictions, this analysis contributes an original lens for understanding how adolescent pregnancy policy is reshaped at the intersection of language, morality, and institutional discretion.

### Conclusion

This study has demonstrated that adolescent pregnancy policy in Eastern Freetown operates within a moral implementation regime rather than a simple policy–practice gap. On paper, Sierra Leone’s frameworks - school re-entry policies, adolescent-friendly health services, and child protection laws - signal a progressive commitment to adolescent rights. But in practice, these policies are filtered through dense moral, institutional, and spatial negotiations that reshape their intent. What emerges is not implementation failure, but moral reinterpretation.

Three insights sharpen this argument. First, the study introduces the concept of school femininity: an idealized image of the schoolgirl constructed as respectable precisely through what she must not be - pregnant or a mother. The school, as much as it is an educational space is a disciplinary theatre in which femininity is measured against this exclusionary ideal. Girls who become pregnant thus fall outside the category of the “proper schoolgirl,” and terms like *belleh ooman school pikin* or *school mama* condense this moral ambiguity. Whilst policy might posit technical protocols, what become felt are symbolic boundaries of femininity.

This leads to the second insight: the analysis reframes policy as both formed and felt. While state documents form a progressive architecture, what is felt on the ground are its distortions: teachers’ moralizing discretion, parents’ protective silences, peers’ taunts, and health workers’ stigmatizing gazes. Policy texts may assert rights, but meanings travel more powerfully than laws. This disjuncture shows how policy operates as an object of negotiation rather than simple transmission.

Third, Eastern Freetown itself exemplifies grey spaces - zones where the formal and informal blur. As one of the city’s most informal landscapes, it embodies both material precarity and symbolic density. In these situations, adolescent pregnancy sits at the intersection of multiple grey areas: between policy and practice, between visibility and concealment, between the designation of girls as both children and women. These overlapping ambiguities make stigma a central organizing principle of how policy is lived.

Theoretically, this study contributes to policy sociology by showing that meanings, not texts, anchor delivery; to street-level bureaucracy by illustrating how discretion becomes normative and moralized; and to moral governance by tracing how shame and rumor regulate entitlements. Empirically, it reframes adolescent pregnancy policy as a struggle over legitimacy, respectability, and belonging in urban Sierra Leone.

For scholarship, the contribution lies in showing how adolescent rights in fragile environments cannot be secured by drafting progressive laws alone. They require attention to the moral terrains, gendered ideals, and grey spaces where policy is re-authored. For practice, adolescent rights require more than progressive texts; they must be translated into socially legible and morally defensible claims within communities.

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