Research Brief: Highlights from Formative Research with First-Time Young Parents in Ebonyi State, South East Nigeria

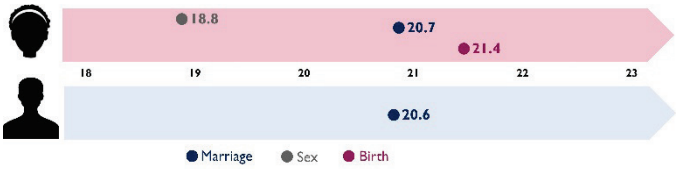
December 2018

www.mcsprogram.org

Background

In Ebonyi State, in South East Nigeria, young people experience major life transitions in rapid succession (Figure 1). By the age of 19, 19.3% of girls in Ebonyi will have begun childbearing.[1] During this critical period, adolescents, and girls in particular, are at a disadvantage due to limited social support and knowledge about reproductive, maternal, newborn, and child health (RMNCH). In addition, these girls often have poor nutrition, limited resources, and few financial opportunities.

Figure 1: In Ebonyi State, the average age at sexual debut occurs before the average age at marriage for young women, and at a similar age for young men.



Adolescent girls are less likely to use essential health care than are older women. In Nigeria, 46% of mothers under 20 years received no antenatal care and only 26% delivered with a skilled provider, compared with 34% and 40% of women aged 15–49, respectively. Further, adolescents have lower knowledge and use of contraceptives than older women; while 10% of all married/in-union women use a modern method of contraception, just 1% of married/in-union adolescent girls do.[1]

There is a clear need for interventions to increase the uptake of health care among pregnant and parenting young people to influence better health outcomes. Use of care will also promote healthy spacing of future pregnancies by providing knowledge of and access to family planning. However, there are few evidence-based models/practices for reaching first-time young parents (FTYPs).

Methods

The United States Agency for International Development's flagship Maternal and Child Survival Program (MCSP) conducted qualitative research in Kogi and Ebonyi States in 2016 and in Bauchi, Cross River, Ondo, and Sokoto States in 2017. The aim of the research was to understand the RMNCH needs of FTYPs, factors influencing care use, and current care gaps.

In each of the six states, two health facility catchment areas were purposively selected, one each from urban and rural areas. In the catchment areas, MCSP recruited study participants—pregnant and parenting adolescent girls aged 15–19—through youth groups, community health workers, and facility-based health providers. These participants were given vouchers to invite others to join the study, including their pregnant/parenting acquaintances, male partners, and/or a senior woman relative or non-relative whom they trusted, respected, and looked to for advice. The study team conducted a total of 72 focus group discussions (FGDs) and 140 in-depth interviews (IDIs) in all six states. In Ebonyi, urban (Abakaliki) and rural (Afikpo) areas were sampled; these sites were selected based on consultation with stakeholders at the state level. A total of 12 FGDs included eight to 12 participants each, and 24 IDIs were conducted. Study participants in Ebonyi included:

- Adolescent mothers and pregnant adolescents who participated in an FGD or IDI (four FGDs and 24 IDIs)
- Male partners of adolescent mothers and pregnant adolescents who participated in an FGD (four FGDs)
- Older, influential female relatives or non-relatives of adolescent mothers and pregnant adolescents who participated in an FGD (four FGDs)

[1] National Population Commission (NPC) [Nigeria] and ICF International. 2014. *Nigeria Demographic and Health Survey 2013*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.

FGDs for first-time mothers and fathers explored perceptions of young couples who use RMNCH care, and support that young couples receive from family and others throughout pregnancy and birth, and for pregnancy spacing. IDIs with young mothers used participatory influence mapping to identify the individuals who were influential during their pregnancy and experience as a new parent.

General Findings

Across all states, FTYPs felt that health care was important, although they did not often use it. The most important barriers to care were the financial burden of care, influence of individuals with power over first-time adolescent mothers' (FTAMs') decision-making, and health care that does not respond to the needs of adolescents. Specific findings for Ebonyi State are outlined below.

Ebonyi State-Specific Findings

Adolescents' Experiences with Pregnancy and Parenthood

Overall, adolescents are unprepared to become parents, with younger FTAMs (15–17 years old) expressing this more strongly than older FTAMs (18–19 years old). Some FTAMs had family support, but many responses were negative, especially among and about younger FTAMs. Responses to early pregnancy ranged from being shocked, unprepared, and regretful about the difficulties of early parenthood, to being happy and excited. Married young couples were generally happy—and perhaps a little nervous. For unmarried young couples, most reactions were negative. Participants stated the FTAM was too young and had too much responsibility, along with expressing shock and concern. Many older, rural women participants were unhappy that their child was having a baby early—especially if the FTAM had not finished school. There was a lot of stigma around pregnancy out of wedlock.

[Treatment of unmarried adolescent parents] differs from family to family. Some families, like my own, threw me out of the house. It still is very bad … I am not yet living with my parents. (First-time adolescent father, rural)

My mum took good care of me when I was pregnant. On the other hand, she was angry with me. (FTAM, age 18–19, urban)

Individuals Who Most Influence FTYPs' Use of Health Care

FTAMs' use of health care is heavily influenced by family, whose preferences are informed by their own knowledge, customs, and experience with health care. Older female relatives, particularly mothers and mothers-in-law, can act as barriers but can also facilitate use of health care. Participants frequently mentioned parents-in-law as influential, with male partners encouraging FTAMs to ask their parents for permission. When people close to FTAMs understand the benefits of care, they are likely to help FTAMs to seek care.

Factors That Facilitate Use of Health Care

Perception of need for health care

The decision to use health care is informed by the perceived need for care and an understanding of the benefits of formal health care, including preventive care. For FTAMs in Nigeria, partners and older female relatives must also perceive the need for care, or the FTAM may not seek or receive it. FTAMs depend on the influential people in their lives and lack the agency to advocate for their own preferences regarding use of health care. The belief that health facilities offer the best RMNCH care, expressed by many respondents in Ebonyi, is a major influencer of care use.

If someone loves his wife, he should tell her to go to hospital and not to [an] herbalist. I don't trust those things that they are doing because somebody might die in that place. (First-time adolescent father, rural)

Adolescents and their influencers desire to space pregnancies

As in other states, participants in Ebonyi State spoke of family planning in the context of pregnancy spacing. FTYPs and older women value spacing children for health and family well-being. Respondents expressed a mix of wanting a baby immediately after marriage, and waiting for a short period. Most participants stated that the ideal time to have children is when both partners are older than 20, have finished school, and have started a job. Respondents across groups noted the difficulty of having a child when neither partner is employed or has started in life.

There are lot of benefits to child spacing. It helps in raising them and in the economic sense. You will be able to plan to send them to school and feed them. If you don't space, one finds it difficult. (Older woman, rural)

Barriers to Use of Health Care

Adolescent girls lack power and social capital

The influence of inequitable gender norms on the use of health care was pervasive in Ebonyi State. Men have the decision-making power, and women and girls defer to them. Although some respondents reported that men and women make decisions about health practices and health care use together, others reported that husbands make most decisions, particularly around contraceptive use.

Some men do not support it [family planning]. It seems, if you tell them about family planning, [he thinks] "Hey look at this woman—maybe she thinks that this is the only child that I want in my whole life. (FTAM, age 18–19, urban)

Restrictive gender norms clearly define roles for men and women in Ebonyi. Although some respondents noted that it is acceptable for men to help their wives during and after pregnancy, others found it difficult to cross gender norm lines. Husbands may wish to help their wives but will face stigma in the community.

Some people don't understand that the man just feels like helping the wife. So they will start saying that the wife is a witch or that she has turned the husband into a slave… But if the woman is a nursing mother, they will not talk. Depends on the stage of the woman and what the husband is doing. (FTAM, age 15–17, rural)

More participants mentioned social capital in Ebonyi than in other states. Social capital typically took the form of church-organized groups that educate youth about marriage and family life. Many respondents discussed the connection among education, employment, and women's empowerment. FTAMs in particular hoped to complete their education so they could secure a good job and provide for their family, as well as have negotiating power in the family.

My own idea is that when you finish your university, and finish your service, and you have a better job, at least when the father of your baby is not responsible in any way… you can still head the family. (FTAM, age 15–17, rural)

The financial burden of accessing health care can be insurmountable for adolescents

Although health care in Nigeria is free, transport and other incidental costs (birth kit, gloves, syringes, and other supplies), add up to a significant and unpredictable cost burden that limits care use. Participants mentioned lack of finances more than any other barrier. Often, respondents noted a preference to use traditional birth attendants (TBAs) over formal health care in connection with financial constraints. Because FTYPs depend on others for money, support from influential family members is a prerequisite for health care use.

I will tell my mother or father to help me. I don't have money to help my wife to go to the hospital. (First-time adolescent father, rural)

Health systems and care are not responsive to the needs of adolescents

When they did use health care, FTYPs reported being shamed by staff and encountering other negative attitudes related to their age. Stigma around adolescent pregnancy made their experiences at health facilities uncomfortable. Some respondents stated that they feel most comfortable with a female provider.

When I came for ANC [antenatal care], a nurse asked me, "Are you married?" I told her yes, and another asked "Are you sure this girl is married?" That is embarrassing. (FTAM, age 18–19, urban)

Several respondents in Ebonyi mentioned fear of unnecessary cesarean sections in health facilities. Some preferred TBA care because TBAs provide warm and responsive treatment, accept payment of fees on installment, and provide traditional treatments.

I like this TBA because the lady will treat you well. If the baby is not okay in your womb, she will give you drugs to drink and your baby will be okay. I think that the best idea is that TBA. (First-time adolescent father, rural)

Unhealthy practices and lack of perceived need for care

Combined with the lack of preparedness for pregnancy and parenthood and limited decision-making power, FTYPs are susceptible to unhealthy practices. Water is often given to the newborn in place of colostrum and various substances are applied to the umbilical cord. Although many respondents in Ebonyi expressed a belief that health facilities provide quality care and perceive value in health care use, others stated that health facility visits are unnecessary if mother/baby are not ill.

She [baby] was healthy so I did not think of taking her to the hospital. (FTAM, age 18–19, rural)

They [older female relatives] said I should just let the breast milk flow onto the white cloth. It was colored and they said that is how my baby will be colored if I breastfed, so I did not. I listened to them. (FTAM, age 15–17, rural)

Despite the value placed on pregnancy spacing, participants reported largely negative experiences with contraceptives, with side effects being a key reason for discontinuation. Respondents mentioned older female relatives, mothers, and mothers-in-law as discouraging young women from using family planning.

Recommendations

The formative research indicates that initiatives must address the special needs of FTYPs, including financial burden, health system factors (such as provider attitudes toward FTYPs), and community capacity to impact health care use in Ebonyi State. Sustaining success will require ongoing stewardship of FTYP needs and data at all levels. Key recommendations to Ebonyi State Ministry of Health and partners include the following.

Strengthen Health System Capacity to Address Barriers to FTYPs' Use of Health Care

- Develop state-tailored strategies to **address financial burden of care** by developing vouchers or special funding streams for FTAMs to reduce the transport and cost barriers that limit care use.
- **Strengthen the capacity of health workers/providers** to provide high-quality, adolescent-responsive health care so FTYPs know they will be taken seriously and treated with respect. Support efforts to mainstream adolescent-responsive care across all service areas and facility staff, including clinicians and support staff, rather than investing in separate care for adolescents.
- **Include age-specific disaggregation** of RMNCH care use indicators to facilitate tracking of FTYP care use.

Foster Demand for Health Care among FTYPs

- **Address social norms and stigma** related to adolescent pregnancy and that limit women's decision-making power, particularly among unmarried adolescents, with family, community, and health system stakeholders.
- **Engage mothers, mothers-in-law, and male partners of FTAMs** to ensure that they have accurate information about pregnancy and newborn care and foster supportive attitudes toward use of health care.
- **Improve understanding of the role of family planning and choice of available methods**, including what to expect from each method, through community organizations, schools, churches, and other partnerships.
- **Consider the holistic needs of FTYPs,** who often use unhealthy practices and have limited use of health care because they lack influence and face cost barriers. Connecting FTAMs with education and employment opportunities could help mitigate cost barriers and provide leverage in negotiating decision-making with partners and family. More respondents in Ebonyi referred to education as facilitating empowerment than in other states.
- The importance of tailoring programs to adolescents' **age and life-stage** is reinforced by these study findings, which, highlight the need for efforts before, during, and after pregnancy.

A comprehensive report detailing the study methodology and findings is available at: https://www.mcsprogram.org/resource/factors-influencing-use-of-health-services-by-first-time-young-parents-findings-from-formative-research-in-six-states-in-nigeria/

This brief is made possible by USAID and the Maternal and Child Survival Program and does not reflect the views of USAID or the United States Government.