



Research Brief: Highlights from Formative Research with First-Time Young Parents in Kogi State, North Central Nigeria

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Background

In Kogi State, in North Central Nigeria, young people experience major life transitions in rapid succession (Figure 1). By the age of 19, 18% of girls in Kogi State 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.

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).

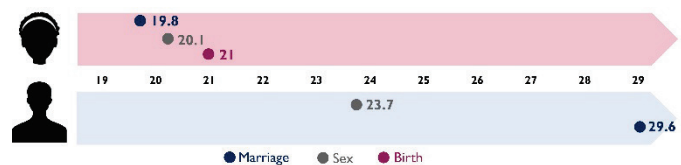
Methods

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 Kogi, the catchment areas of the two health facilities in which MCSP works, urban (Lokoja) and rural (Egbe) areas, were sampled. A total of 12 FGDs, which included eight to 12 participants each, and 22 IDIs were conducted in these areas. Study participants in Kogi included:

- Adolescent mothers and pregnant adolescents who participated in an FGD or IDI (four FGDs and 22 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)

Figure 1: In Kogi State, marriage, sex, and first birth occur in rapid succession for young women; marriage happens much later for men.



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 Kogi State are outlined below.

Kogi State-Specific Findings

Adolescents' Experiences with Pregnancy and Parenthood

Responses to early pregnancy ranged from being shocked, unprepared, and regretful about the difficulties of early parenthood to being happy and excited. Across groups and states, in general, if the young couple was married, they were happy—and perhaps a little nervous. If they were not married, the reactions were mainly negative: people talked of the mother being too young, with too much responsibility, along with reactions of shock and worry. Many older, rural women participants were unhappy their children were having a baby at an early age—especially before finishing school. In Kogi, there was a lot of stigma around pregnancy out of wedlock, but marriage moderated the responses, as in other states. In some cases, men expressed pride in demonstrating their fertility, regardless of marriage status.

The way they [parents of unmarried adolescent girls who become pregnant] react to them is uncalled for. Like the one I saw, as soon as the girls got pregnant their mother chased them out of the home.... The girls can't even get money for feeding and they sleep in different places.... The way they treat them is not good at all. (Older women, rural)

Generally, adolescents are unprepared for becoming parents; this was expressed more strongly by younger FTAMs (15–17 years old) than by older ones (18–19 years old). Marriage was an important mediator of how people reacted to adolescent parenthood: among unmarried FTYPs, the pregnancy provoked distress to both FTYPs and their relatives.

Individuals Who Most Influence FTAMs' Use of Health Care

FTAMs' use of health care is heavily influenced by their families, whose preferences are informed by their own knowledge, customs, and experience with health care. Older female relatives, particularly mothers and mothers-in-law, act as barriers in some cases, but in other cases they facilitate use of health care. When people close to FTAMs understand the benefits of care, they are more likely to help FTAMs seek care. In Kogi, male partners who were present and involved were influential and played a major role in facilitating use of health care. In FGDs, older women talked about their own male partners supporting them. Community and religious leaders were not specifically mentioned as influencers, either positively or negatively.

Factors That Facilitate Use of Health Care

Perception of need for health care

The decision to use health care is informed by the perception of need for that 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, in the majority of cases, the FTAM will not receive it. FTAMs are dependent on these people 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 is a major factor influencing use of health care.

Adolescents and their influencers desire to space pregnancies

As in other states, in Kogi, family planning was spoken of in the context of pregnancy spacing. Both first-time mothers and fathers and older women valued spacing of children for health and family well-being. In Kogi, couples report that they make decisions together about family planning.

Going to antenatal is to protect yourself and the baby inside you, so that you will know how the baby is doing inside you, and nurses and doctor will take care of you and know how you feel inside. (FTAM, age 18–19, rural)

Findings from Kogi differed sharply from the other five states in that no negative comments were made about contraceptive methods and their side effects, a common theme from the other states.

If there is gap between children, it gives good health. They [older children] will be able to help their younger ones like bathing them, taking them to school, etc., so that the parent too can have peace of mind. (Older women, rural)

Barriers to Use of Health Care

Adolescent girls lack power and social capital

Inequitable gender norms were pervasive, with women needing to defer to the wishes of their husbands. Respondents discussed restrictive gender norms that clearly define roles for men and women. However, both older women and adolescents expect husbands to care for wives and children, include cooking and taking on other roles traditionally assigned to women, to help during pregnancy and after childbirth, an acceptable deviation from restrictive norms.

If my wife just delivered, there are so many chores that she will stop doing. I need to make her happy, reduce her stress, give a helping hand to make sure I am always there for her. So [men helping with chores] happens a lot. (First-time father, urban)

FTAMs are dependent on others, particularly male partners, to make health-related decisions and to provide financial support. Across all sites, social capital most often took the form of groups organized by churches that educated youth around marriage and family life. However, not many groups were mentioned. Generally, being connected to a social group in the community means that FTAMs get help with their newborn child. Groups can also help pay medical expenses.

If he has something he wants to do, they usually announce in church...for those who have power to assist will contribute whatever they can and they will give it to the person so he can use it to do whatever he wants to do. (First-time father, rural)

In Kogi and other states, participants described women's empowerment coming from advanced schooling and working.

The financial burden of accessing health care is insurmountable for adolescents

Although health care in Nigeria is free, transport and other incidental costs (birth kits and supplies such as gloves and syringes) add up to a significant and unpredictable cost burden that limits health care use. Lack of finances for the various costs involved with seeking health care was mentioned more frequently and consistently than any other barrier. Often, respondents' preference to use traditional birth attendants (TBAs) over formal health care was mentioned in connection with the financial constraints of the family or couple. Accessing health care costs too much and FTYPs are dependent on others who also lack the money.

Just because of lack of money that is why people will decide to take her to this local place. (First-time father, urban)

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

When they did use health care, FTYPs reported experiences of being shamed by staff and other negative attitudes. Stigma related to adolescent pregnancy made FTYPs' experiences at health facilities uncomfortable.

Some youth allow their wife to go to the TBA...because they do receive good care there; they will assist them to pray. (First-time father, rural)

In addition to unwelcoming staff attitudes, delay in treatment after reaching facilities was also mentioned, as was distance to facilities coupled with lack of transport and needed finances. TBA care was preferred because TBAs allow women in labor to walk around, allow relatives to be present, accept installment payment of fees, and often incorporate prayer, an important element that is not part of most health care.

Unhealthy practices

Combined with the lack of preparedness for pregnancy and parenthood and low decision-making power, FTYPs are susceptible to unhealthy practices. Water is often given to the newborn in place of colostrum, and things such as toothpaste are applied to the umbilical cord. Many comments described use of various drugs and undefined substances in pregnancy.

Even in the hospital, when you told them you come for antenatal, some nurse will be looking as if this one is very small (young). They don't really attend to them. That is why some of the adolescent mothers don't really want to go to the hospital or even for antenatal, because instead of encouraging and giving advice, they will insult and abandon them. (FTAM, age 18–19, urban)

Recommendations

This formative research reveals that initiatives need to address financial burden, health system factors and transform social norms to make the strongest impact on care use in Kogi State. Sustaining success will require ongoing stewardship of FTYP needs and use of data at all levels. Key recommendations to the Kogi 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 for addressing **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 that FTYPs know they will be taken seriously and treated with respect. Support efforts to mainstream adolescent-responsive care throughout all care areas and across all 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 of FTAMs, and male partners** 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 use unhealthy practices and make limited use of health care because they lack influence over their own decisions and face cost barriers. Connecting FTAMs with education and livelihoods opportunities could help mitigate cost barriers and provide leverage in negotiating decision-making with partners and family.
- 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.

If it was a banker that comes for antenatal, the way they will address the banker will be different from the way they [health workers] will address us [pregnant adolescents]. They will just look down on us saying "who are you?" (FTAM, age 18–19, rural)

After bathing the baby, I used hot water ... to rub the umbilical stump. But people advised me to use Close-up tooth paste.... So I tried it. (FTAM, age 18–19, urban)

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/>

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