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

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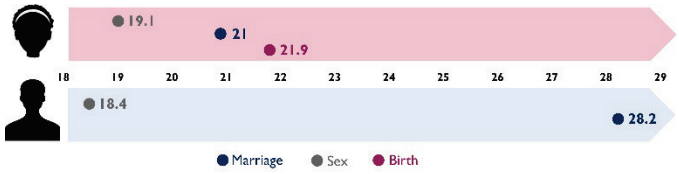
Background

In Ondo State, in South West Nigeria, young people experience major life transitions in rapid succession (Figure 1). By the age of 19, 13.5% of girls in Ondo 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.

Figure 1: In Ondo State, sexual debut occurs earlier for men than for women.



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. 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 Ondo, urban (Ore) and rural (Ikare) areas were sampled; these sites were selected based on consultation with stakeholders at the state level. A total of 12 FGDs, which included eight to 12 participants each, and 24 IDIs were conducted. Study participants in Ondo 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)

[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 with 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 is 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 Ondo State are outlined below.

Ondo State-Specific Findings

Adolescents' Experiences with Pregnancy and Parenthood

Many of the FTAMs stated that it is difficult to be a parent and worried about how they would care for their child. Some unmarried FTAMs said their families drove them out of their natal homes, and these reports aligned with the older women's responses. A lot of older women in the rural groups were unhappy that their children were having a baby so early—especially before finishing school—and expressed remorse over lost opportunities.

I am not happy with her. I paid for school, you did not sit for the exams. We are not happy. As parents, we are not happy that we have children that are not in school. There is no one that will be happy. (Older woman, rural)

There is no way he won't be happy—because he has a job, the wife also has a job. They have done their wedding, and now they are blessed with the fruits of the womb. What is the usefulness of money without children? (First-time adolescent father, rural)

Individuals Who Most Influence FTAMs' Use of Health Care

Partners are a major influence on the decision to seek care. Many participants explained that mothers, mothers-in-law, and others decided where the FTAM would give birth (with a traditional birth attendant [TBA]), citing tradition as a significant motivation. The right place for the FTAM to seek care during pregnancy and childbirth was where older women, such as her mother and partner's mother, went. This was true for urban and rural areas. Male partners were mentioned as barriers because they did not take enough interest in facilitating care, more than having an opinion about where they should or should not go.

When they are pregnant, [the husband] gives them money to come and obtain the card, and when it is around the time to give birth, he comes along with them to the health center. When we get home after their childbirth, he buys drugs for them. (Older woman, rural)

Because my husband and I have never had a baby before, I had no choice but to follow my mother in-law's advice. (FTAM, age 18–19, urban)

Factors That Facilitate Use of Health Care

Good experiences with care

Participants in Ondo State frequently mentioned personal satisfaction, hearing about another's good care experience, and the benefits of a health facility versus an alternative treatment center as factors in seeking care. High quality of care means effective treatment, delivered in a respectful, kind way, at a facility with adequate supplies. It is the job of staff and providers to be polite.

When one sees how they take care of people, then one can say this is where I will deliver my child. Because if the child doesn't come out on time, they can give her a drip that will hasten the delivery. But if you go to traditional birth homes, they give her different leaves to drink that will even affect the child. (FTAM, age 18–19, rural)

At the (clinic)…they will run tests…So and they will educate the person on what to do, how to use it so that pregnancy does not occur. That is why we go. (Older woman, rural)

Perception of need for health care

Comments from all respondent groups, except younger adolescents (including women aged 15–17), demonstrated the perceived need for care. Health care ensured good health outcomes for mothers and babies.

Those TBAs cannot provide quality [care] and [ensure] sound health. They will tell you that they will pray, bring oil, take prayer water, and they won't know what to do if complication arises. When a complication arises, before they get to the hospital, the woman and the child may die. I can't advise them to go to the TBAs, but if they insist going to the TBA, I will also advise them to register in either a private or public hospital. (Older woman, urban)

Adolescents and their influencers' desire to space pregnancies

In Ondo State, child spacing is highly valued, and couples are encouraged to complete their education before beginning their reproductive lives. As in the other states, many people stated that spacing children 3 years apart is ideal. However, when asked about contraceptive methods, most people were ambivalent. In other words, even though they said they wanted to space their children, they were not doing anything about it. Among older women in Ondo, family planning was associated mainly with limiting the number of children, with only a few exceptions.

He can tell her to leave a gap of 3 years before having another baby. Within the space of that 3 years, they will plan, and if they work hard, they will achieve all they have planned. By the time they have another baby, they will be confident that they have what it takes to cater for the baby. (First-time adolescent father, urban)

The best time to give birth to a second child is when the first child is already 5 years old—3 years, 5 years, or 6 years, one can give birth again. If the first child is about 5 to 6 years, one can give birth again. Some may become pregnant with their second child if the first child is just 1 year old. This is not good enough. (Two older women, rural)

Barriers to Use of Health Care

Adolescent girls lack power and social capital

Respondents acknowledged that women's empowerment stems from having advanced schooling and a good job. They described girls who attended school through adolescence and secured work after finishing school as having a degree of independence. The girls in the study stated they had missed this opportunity, since they were already mothers. Many reported that husbands decide what care their wives will receive. People mentioned in the FTAM networks were friends, relatives, and neighbors, who could help them get care, and church groups.

My thought is that when my child's baby is 3 months…I will babysit for her so that she can go and learn a trade because if she is earning a living…in the future, she will not be depending on me to share the little I have with her... I know if she has more than enough she will remember me, I will even be the one to send for her assistance. (Older woman, rural)

When [my wife got pregnant], the family neglected us; it's the people in our community [who] supported us. There is one woman…she gave us 100 pampers; then a woman beside my house gave us rice, palm oil, banana. The family only came after her delivery. They didn't stay longer than 7 days. So one will find help mostly in the community. (First-time adolescent father, urban)

The financial burden of accessing health care is insurmountable for adolescents

The high cost of formal health care compared to TBAs is a common reason for choosing traditional care. All respondents mentioned finances in one way or another, including that first-time adolescent fathers are dependent on others who also lack the money. They noted that formal health care is costly, and TBAs charge a fair, affordable price.

The impact they [husbands] have is they may go and ask from those that have delivered once at the hospital at first… or the traditional birth home. If the person says hospital, the husband will ask how much is being paid… and he will then decide if he will take his wife to the hospital or the TBA's place. (FTAM, age 18–19, rural)

If there is money, there is no place one cannot go to take care of one's wife. When there is no money, one looks for a place that charges less … It all depends on money. (First-time adolescent father, urban)

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

Most comments about poor experiences in health facilities related to the staff's negative attitudes and shaming, particularly toward adolescents. People also experienced stigma and shame if they did not bring a maternity kit to the hospital.

Most of what prevents pregnant teenagers from coming to [the] hospital … [are] because of insults. The day I came to register, I cried. The woman asked "When you chose to have sex, didn't you know the end result?" Are nurses taught to insult people when they go [to] nursing school? Some don't know how to be tolerant of others. (FTAM, age 15–17, rural)

TBAs were described as giving better care than hospital staff to women and families. Because TBAs show respect and warmth, women and families prefer delivering with them.

Recommendations

Overall, the research shows that factors related to the health care system and finances were common barriers in Ondo. Thus, removing these barriers would have the greatest and most immediate impact on the use of maternity care in the state. Key recommendations to the Ondo 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 the financial burden of care** by developing vouchers or 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 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 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 method choice**, 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.
- The study findings reinforce the importance of **tailoring programs to adolescents' age and life-stage**, highlighting 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/

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