

# Research Brief: Highlights from Formative Research with First-Time Young Parents in Sokoto State, North West Nigeria

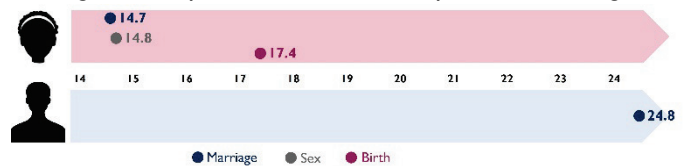
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## Background

In Sokoto State, in North West Nigeria, young people experience major life transitions in rapid succession (Figure 1). By the age of 19, 56.3% of girls in Sokoto will have begun childbearing.<sup>1</sup> 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 Sokoto State, girls marry before the age of 15 on average, but delay the first birth for a few years after marriage.



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.<sup>1</sup>

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 about 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 Sokoto, urban (Sokoto) and rural (Tangaza) 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 Sokoto 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 women relative or non-relatives who participated in an FGD (four FGDs).

<sup>1</sup> 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 the support they receive from family and others throughout pregnancy and birth, and in pregnancy spacing. IDIs with young mothers used participatory influence mapping to identify the individuals who were influential during their pregnancy and their 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 are 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 adolescents' needs. Specific findings for Sokoto State are outlined below.

## Sokoto State-Specific Findings

### Adolescents' Experiences with Pregnancy and Parenthood

In other states, marriage is a mediator for positive and negative reactions to adolescent pregnancy. In Sokoto, the reactions on either end are much stronger, with unmarried parents stigmatized by family and community and greater acceptance of early marriage. In contrast to other states, people across groups in Sokoto more consistently stated that the first pregnancy is happy in a married couple, no matter their age.

*How does it feel to be the parent or relative of an adolescent mother or father and starting a family? 1) Happy (laughs)... 2) He feels happy... 3) He will be excited that he is going to have a grandchild. (Three older women, rural)*

*[From the same group of women]: How would a mother in your community react if her daughter was 15 and unmarried and became pregnant? 1) Oh!... 2) Oh my God... 3) Sadness... 4) Sadness really. (Four older women, rural)*

### Individuals Who Most Influence FTYPs' Use of Health Care

As in other states, husbands in Sokoto State are expected to facilitate their wives' care, and they decide what that care will entail. Other relatives may step in, but husbands appear to have a stronger role in Sokoto than in other states. Husbands are also directly influenced by their own parents. All groups mentioned husbands most frequently as barriers to care. FTAMs and older women said that husbands do not give their wives money or permission to go to the hospital.

*Can you tell me why you don't go for ANC [antenatal care]? My husband has not granted me the permission.*

*Why don't you ask for permission? Because I heard him saying he doesn't want me to go for ANC. (FTAM, age 18–19, rural)*

## Factors That Facilitate Use of Health Care

### Good experiences with care

As in other states, participants mentioned personal satisfaction with care, a good reputation for high-quality care, and the benefits of a health facility over alternative treatment, especially for delivery, as affecting health care use. Quality of care and the importance of safety during delivery were common reasons for using or returning to care. High-quality care means effective treatment, delivered in a respectful, kind way, at a facility with adequate supplies.

*[Use of traditional birth attendants (TBAs)] is because of care given by health workers. For example, IVs and injections given to women in labor, unlike the TBA who uses rags and presses the woman's abdomen. In [a] health facility she will deliver safely and stronger. (First-time adolescent father, rural)*

### Perception of need for health care

Respondents in Sokoto demonstrated perception of need for health care. People stated that facilities were safer and better for mothers and babies.

*What would motivate you and your partner to come to the health facility? 1) To look after your health when pregnant. 2) I am of the opinion to come to hospital for checkups. (Two FTAMs, age 15–17, rural)*

## Adolescents and their influencers desire to space pregnancies

Most participants in Sokoto stated a desire to space children by at least 3 years. Child spacing is valued for health and family harmony. In general, participants stated that limiting the number of children is not acceptable—that is up to God. Most people also said that husbands and wives discuss decisions about family planning use. In Sokoto, the ideal time to have a first child is earlier than in other states. Many participants commented about young couples having a child when they are in their teens, or at least by age 20. Unlike other states, there were no comments about finishing education and starting work before considering parenthood. These data suggest that early marriage and parenthood is more the norm in Sokoto than in other places.

*The good thing about child spacing is that otherwise you have hands full with children. Their upbringing and their health issues become hard to handle. (FTAM, age 15–17, urban)*

*When you have another pregnancy while breastfeeding, it's [a] bad omen for the child, because he might be sick and he will not get full attention. But when you have child spacing the newborn will get support from the brother. (FTAM, age 15–17, urban)*

## Barriers to Use of Health Care

### Adolescent girls lack power and social capital

Gender power themes were more prominent among participants in Sokoto than in other states. Men clearly have decision-making power in the household pertaining to health care. The man's job is to take care of his wife, and if her pregnancy is endangered, he should take her to the health facility.

In Sokoto State, some roles are delineated, with no shift between what men and women do, even when the woman is pregnant or has just given birth. Another woman might help her with chores, but her husband would not—nor would she expect or want him to do so. In other states, all respondents viewed a man helping his wife positively.

*1) There is one man in our area, people call him "wife's slave" just because he helps his wife with house chores and [is] not going to chat with friends. 2) Wife's slave, they will call him... 3) Or they think she bewitched him. (Three FTAMs, age 18–19, urban)*

*1) I think she should obey her husband's instructions... 2) I concur with what the first speaker has just said. There is need for her to accept the decision made by her husband. (Two first-time adolescent fathers, rural).*

### The financial burden of accessing health care is insurmountable for adolescents

The cost of obtaining maternal health care is one of the most important barriers identified by FTAMs, first-time adolescent fathers, and older women, across all states, regardless of urban or rural residence. It was the second most frequently mentioned barrier, after health system factors.

*Using health services [for ANC and delivery] is most paramount. She need to get injections, parents need to look after this. What might stop her from going? If her husband has no money. (FTAM, age 15–17, urban)*

### Health care is not responsive to the needs of adolescents

Respondents in Sokoto stated that it is unacceptable for male practitioners to attend women during pregnancy and delivery. First-time adolescent fathers identified male practitioners as a significant barrier; women also mentioned it as a barrier. More rural residents in Sokoto mentioned difficulties associated with distance than in other states. Quality of care was a concern, as were the attitudes of staff. TBAs were described as giving better care than hospital staff to women and families.

*1) When my wife was about to deliver, on reaching (the hospital) I saw a lot of men taking care of married women, and we just returned home where she could deliver instead. 2) Some women prefer to be attended to by a woman and not a man. 3) There is every possibility that there is no female health worker in the facility, all are men and this is just it. (Three first-time adolescent fathers, urban)*

### Gender and adolescents parents

Participants revealed that gender roles are well-defined, and lines cannot be crossed without social consequences. Many respondents in Sokoto State expressed a preference for sons. Unmarried pregnant or parenting adolescents in Sokoto reported being stigmatized.

*(About unwed young parents) 1) We consider such affairs as something extremely wrong. It is something like inability to abstain and lack of good upbringing. 1) He [a man who has impregnated a girl outside of marriage] will be considered as someone who has no good character and willing to lead girls astray. In fact, he no longer has value in the society. 2) Truly, they have no value in the society and shall be considered as someone who has destroyed his reputation and that of his family. (Partners, rural)*

## Recommendations

As the formative research shows, initiatives should include the FTAMs' partners and other relatives in interventions to achieve sustained success. Interventions need to address financial burden, health system factors (such as ensuring that female practitioners are available at maternity facilities), and community capacity together to make the strongest impact on care use in Sokoto State. Sustaining success will require ongoing stewardship of FTYP needs and data at all levels. Key recommendations to Sokoto 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.
- In Sokoto, people are reluctant or refuse to use family planning and reproductive health care provided by male providers. The government should **ensure that female practitioners are available** in maternity facilities.
- **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 use unhealthy practices and have limited use of health care because they lack influence over decisions about their health care 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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