



## INFORMATION SEEKING BEHAVIOUR OF UNMARRIED PREGNANT TEENAGERS IN SAMARU TOWN OF KADUNA STATE

**\*ISYAKU, AISHATU KUTA; & \*\*IBRAHIM,  
MUHAMMAD LAWAL**

\*Department of Library and Information Science, Ahmadu Bello University, Zaria.

\*\*Institute of Education, Ahmadu Bello University, Zaria

### **Abstract**

This study explored the information seeking behavior of unmarried pregnant teenagers in Samaru Community, Kaduna State. The objectives of this study were to identify the sources of information that are available to unmarried pregnant teenagers and to determine the factors that affect their access to antenatal care information services. The study adopted a qualitative case study research design and snowball sampling technique was used to collect data from the three participants of this study. The study found that Human and Print sources were the available sources of information for unmarried pregnant teenagers in Samaru and the factors that affect their access to antenatal care information services include the fact that unmarried pregnant teenagers are not allowed in general hospitals and the fear of disclosure of their pregnancy. The study recommended the revitalization of Sex-Education as a core General course in the first year in universities and Religious leaders should incorporate sex-education in their Islamic school curriculum and Bible study sessions to educate adolescents on the virtues of abstinence from sexual activities until they marry.

**KEYWORDS:** Maternal Mortality, Information Poverty, Unmarried, Pregnant, Teenagers, Antenatal care information service, Access.

### **Introduction**

Maternal mortality remains one of the major causes of death to female apart from cancer. Sub-Saharan Africa accounts for the highest maternal mortality burden in the world (Musarandega, Machezano, Munjanja & Pattinson, 2021). It also has the

highest teenage pregnancy figure in the world (Mekonnen, Dune and Perz, 2019). In Nigeria for instance, it is estimated that 109 women die daily from preventable pregnancy related complications (Wekesah & Izugbara, 2018). This is the overall figure of maternal deaths. Out of this figure however, 72% is attributable to deaths from abortion by young women and still out of this figure 50% are attributable to illegal abortions by unmarried teenagers in Nigeria (Arisukwu, Igbolekwu, Efugha, Nwogu, Osueke & Oyeyipo, 2020).

Studies on maternal mortality have stressed the important role of Antenatal information services to the management of pregnancy (Mamba, Muula & Stones, 2017). Antenatal information is preventive information that allows for early identification and management of life threatening illnesses and conditions to the mother and her infant during the period of gestation (Fagbamigbe and Idemudia, 2015). However, in Nigeria access to this services are reserved for married pregnant. Many primary healthcare centers require the consent of spouses before pregnant females can access the service. Coupled with the fact that these teenagers fear the discovery of their pregnancy by their parents and the community, they do not utilize the antenatal services (Nmadu, 2017). This leads unmarried pregnant teenagers to engage in risky practices of unsafe abortion to cover up their pregnancy.

These abortions are done secretly and in unhealthy environments, in some cases pregnant teenagers take overdose of prescription pills all in an effort to terminate the pregnancy. This behavior is certainly premised on information, since Nigeria has laws restricting abortions. There is however, paucity of literature on their information seeking behavior. Specifically, there is the need to explore their information needs, their information sources and factors that affect their access to antenatal information.

### **Samaru Town and Its Strategic Exposure to Teenage Pregnancy**

Samru is a growing cosmopolitan town in the Northern Region of Nigeria. It is located in the Sabon Gari Local Government Area of Kaduna State. The town is the host community to the famous Ahmadu Bello University, Zaria. As a result of the cosmopolitan nature of the community and the fact that, Samaru, host several number of young university students of different background, culture and training. Given the prevailing economic difficulty in the country and wide spread poverty especially in Northern Nigeria, young boys finds it easy to lure young girls to sex

leaving them pregnant without knowing what to do and a number of them might find themselves in such state for the first time. In essence, young girls in the community are vulnerable to out of wedlock pregnancy and many are outcast to take care of themselves.

### **Statement of the Problem**

Complications during pregnancy and childbirth are the leading cause of death for 15–19-year-old girls globally. Of the estimated 5.6 million abortions that occur each year among adolescent girls aged 15–19 years, 3.9 million are unsafe, contributing to maternal mortality, morbidity and lasting health problems (WHO, 2019). In Nigeria, the northern region accounts for the highest maternal mortality rate. Kaduna State for example has a maternal mortality rate of 1025/100,000 live births (Akhaine, 2018).

Many strategies by Non-Governmental Organizations (NGOs), government health ministries, scholars, international organizations such as, World Health Organization (WHO); United Nations (UN); and Sustainable Development Goals (SDGs) have provided antenatal health information package to broaden the knowledge base of pregnant females. The information given during antenatal clinic are well packaged to guide them throughout the stages of pregnancy.

Sadly, however, in the northern region of Nigeria, this information is intended for married pregnant women. A major requirement for access to this information is that the spouse of the pregnant female must sign a consent form.

### **Research Questions**

The following research questions were raised for this study

1. What are the sources of information that are available to unmarried pregnant teenagers in Kaduna State?
2. What factors affect access to antenatal health information by unmarried pregnant teenagers in Kaduna State?

### **Literature Review**

Okereke, (2010) examined unmet reproductive health needs and health-seeking behaviour of adolescents in Owerri, Nigeria. This study adopted a mixed research

methodology, data was obtained through questionnaire, FGDs and in-depth interviews. The adolescents were mostly Christians (99.6%) and Catholics (78.6%), with 66.4% living with their parents. Half (50.8%) of the adolescents have had sex. Contraceptive use was low, due to culture. The study found that 27.2% of the ever had sex have had STIs, mostly gonorrhoea and syphilis; 30.2% of the female adolescents have had unintended pregnancies, amongst who 73.3% had recurrent pregnancies and 19.6% of all the females have had abortion. The primary contact for health-care was patent medicine operators. In conclusion, more accessible and cost-effective method of disseminating STI/HIV information involving the use of vernacular and traditional/ local opinion leaders should be used.

Ahinkorah, Hagan Jr., Seidu, Budu, Hormenu, Mintah, Sambah and Schack (2019) determined the influence of access to pregnancy prevention information and services on adolescent pregnancy in the Komenda-Edina-Eguafo-Abrem Municipality in the Central Region of Ghana. The study adopted a matched case-control research design with a 1:1 mapping, female adolescents aged between 15 and 19 years in the KEEA. Municipality were selected using a facility based sampling technique. The study found that non-pregnant adolescents were about two times more likely to have access to pregnancy prevention information from health workers compared to pregnant adolescents [OR = 0.57, 95% CI = (0.33– 0.96),  $p = 0.036$ ]. Likewise, pregnant adolescents were five times more likely to have access to pregnancy prevention information from media compared to non-pregnant adolescents [OR = 5.44, 95% CI = (2.64–11.23),  $p = 0.000$ ]. Additionally, non-pregnant adolescents were two times more likely to receive information on pregnancy prevention from school compared to pregnant adolescents [OR = 0.48, 95% CI = (0.28–0.81),  $p = 0.006$ ]. Sexuality and reproductive health (SRH) programme organizers should target specific intervention programmes that focus on training health workers and/or other analogous staff to enhance their awareness, attitudes, and skills to more effectively meet with the specific needs of adolescents.

Maly, McClendon, Baumgartner, Nakyanjo, Ddaaki, Serwadda, Nalugoda, Wawer, Bonnevie, and Wagman (2017) explored the social and contextual factors shaping the perceptions of adolescent pregnancy and childbirth among a sample of 12 currently pregnant and 14 never pregnant girls living in the rural Rakai District of Uganda. Interviews were conducted to elicit perceived risk factors for pregnancy, associated

community attitudes, and personal opinions on adolescent pregnancy. Findings indicate that notions of adolescent pregnancy are primarily influenced by perceptions of control over getting pregnant and readiness for childbearing. Premarital pregnancy was perceived as negative whereas post-marital pregnancy was regarded as positive. Greater understanding of the individual and contextual factors influencing perceptions can aid in development of salient, culturally appropriate policies and programs to mitigate unintended adolescent pregnancies.

Owusu-Addo, Owusu-Addo and Morhe (2016) examined the Health information-seeking behaviours among pregnant teenagers in Ejisu-Juaben Municipality, Ghana. The study adopted a qualitative design methodology and data was collected using semi-structured interviews and focus groups. The study followed the Consolidated Criteria for Reporting Qualitative Studies (COREQ). Twenty-eight pregnant teenagers aged 15-19 and one midwife participated in the study. Findings indicate unmet information needs among pregnant teenagers including proper understanding of pregnancy stages, infant feeding practices, nutrition, labour and birth and postnatal care.

Nunes, Madeiro and Diniz (2020) analyzed maternal deaths of adolescents in Piauí, Brazil and described the stories of those who died due to induced abortion between 2008 and 2013. A mixed method was adopted for this study. The first part of the study was quantitative. Demographic data and basic causes of deaths from the Mortality Information System. In the second part, qualitative data was collected from the mothers of the adolescents through semi-structured interview. The study found that adolescents' deaths accounted for 17.2% (50 cases) of total maternal deaths. There was delay in the diagnosis and appropriate treatment of abortion complications, which may have contributed to the death of the adolescents. Maternal deaths among adolescents were mostly caused by conditions considered preventable. The stories of young women who died of abortion complications have highlighted the need for better-qualified health care, as well as laws and public policies that protect women who decide to terminate their pregnancies.

## **Methodology**

This study adopted the Qualitative research methodology. A qualitative case study design was adopted as the plan for the study. Semi-structured interview was used for

data collection. In Case study researches, sampling is done at two levels, first the case is selected, then the data source is selected. Samaru Community was selected because it is a community of various ethnic groups by virtue of the fact that it houses a first generation, Federal University; Ahmadu Bello University, Zaria. It is referred to as a “University Village” (Junaid, 2016; Hayatu, 2018). The composition of the staff of the University accounts for the ethnic diversity.

The Snowball sampling technique was adopted for this study. The data source for this study were three females that had been pregnant when they were teenagers and unmarried. The first participant directed the researcher to the other two participants.

## **Result**

The objectives of this study were to identify sources of information that are available to unmarried pregnant teenagers in Samaru Community and factors that affect their access to Antenatal Care information services.

### **Sources of information that are available to unmarried pregnant teenagers**

This study found two themes from the narratives of the participants of this study as the sources of information that are available to them. They are 1) Human Sources and 2) Books and the Library. These themes and their sub-themes are depicted in the table 1.0.

**Table 1.0 Sources of information that are available to unmarried pregnant teenagers**

<b>Themes</b>	<b>Sub-themes</b>
Human Sources	<ul style="list-style-type: none"><li>• Other Mothers</li><li>• Neighbors</li><li>• Friends</li></ul>
Print Sources	<ul style="list-style-type: none"><li>• Books and the Library</li></ul>

Participants of this study recounted their experiences when they were unmarried pregnant and teenagers. They recollected the sources of information that were available to them to include their friends, other mothers who considered their plight

and neighbors. Participant A narrated her ordeal when her father almost disowned her and drove her from their house. She recollected that:

*“... I had some mothers who saw into my plight and some friends yeah two of my friends too, there were some people who had this compassionate they were ready to talk to me, they told me what to do and what not to do and then some of my friends too they were advising me, some were referring me to their personal doctors...”*

Participant B recollected that at that time she was scared of exposure and afraid of her parents knowing about the pregnancy. She said:

*“I just... all I did was just run to my friends and I think maybe I didn't know how they got to know most of those things they told me but I wasn't interested in knowing how they got to know if they could just help me out that was all I was up for...”*

Participant C that became pregnant when she was raped, recounted that she ran from home when her parents insisted on aborting the pregnancy. She said:

*“... I was staying with my friends, there was actually a woman a neighbor and been the woman she was, she noticed that I was not ok and since she was like nice she actually asked me if something was wrong with me, at first I didn't tell her, I just told her that I was ok but later when I started feeling difficulties I just felt I should tell her, when I told her she now said, ah that am I've gone this far, and she was now like let us go to a public health care...”*

These findings are supported in information science literature. Harris and Dewdney's (1994) Principles of information sharing postulated that people seek information from interpersonal sources such as friends, coworkers, relatives etc. Owusu-Addo, Owusu-Addo and Morhe (2016) opined that pregnant teenagers use traditional sources of information like mothers, siblings, male partners, friends and neighbours and to a limited extent print sources.

Factors that affect unmarried Pregnant teenagers access to Antenatal Care Information Services

This study found two factors that affect access to antenatal care information services to unmarried pregnant teenagers. They are 1) no access to unmarried pregnant teenagers and 2) Fear of disclosure. These themes are shown in table 2.0.

**Table 2.0: Fear of disclosure**

<b>Themes</b>	<b>Sub-themes</b>
No access to Antenatal Care for unmarried teenagers	• Teenagers are not really accepted in a general hospital
Fear of Disclosure	• I was trying to cover for myself

The “No access to antenatal care for unmarried pregnant teenagers” theme emerged from the narratives of participants of this study as a factor that affects access to antenatal care information services. Participant A remarked that “...*you know as a teenager you will not really be accepted in a general hospital...*”.

Similarly, the “Fear of disclosure” theme emerged as a factor that affects access to antenatal care information services by unmarried pregnant teenagers. In this study setting, participant B recounted that:

*“... he’s not a true medical doctor I think that was the reason why I I got umm. those complications I bleed for days, and you know he gave me drugs in all of those umm, umm situations I was just trying to cover up for myself...”*

Participant C recalled that “*I didn't know where to go to and umm I didn't want to get exposed...*”. This finding is not surprising as studies have shown that the fear of stigmatization from the community and violence from parents are factors that drive unmarried pregnant teenagers to secrecy and fear of seeking medical interventions (Atuyambe et al., 2005; Maly et al., 2017; Tull, 2020). This in turn sparks the urgent need for abortion by these teenagers that invariably leads to complications and death in some cases.

### **Conclusion and Recommendations**

Based on the findings of this study, it is concluded that unmarried pregnant teenagers are information-poor. They have limited information sources and access to the most important antenatal care information services are constrained by policy and the fear of disclosure by these teenagers. This accounts for the risk they take in aborting pregnancies that leads to complications and hemorrhage that eventually leads to death in some cases.

The study recommends that:



1. Sex-Education should be made a core General Course in the first year in universities as this is a time when new female students are susceptible and gullible to the university life and fraternizing.
2. Religious leaders should incorporate sex-education in their Islamic school curriculum and Bible study sessions to educate adolescents on the virtues of abstinence from sexual activities until they marry.

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