

**EXPLORING THE LIVED EXPERIENCES OF EXPECTANT TEENAGERS IN
THEIR HEALTH INFORMATION SEEKING BEHAVIORS IN KAJIADO
COUNTY, KENYA**

BY

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DECLARATION

Declaration by the Candidate

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DEDICATION

To the resilient and brave expectant teenagers in Kajiado County, Kenya, whose experiences and narratives served as the basis for this study. Your courage and persistence serve as a beacon of hope and a reminder of the importance of seeking knowledge in the face of adversity.

To my friends and family, who have been my pillars of support and encouragement the entire way, thank you. Your confidence in me has always given me motivation.

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To the memory of Dr. Jane C. Malel whose profound guidance and unwavering support were instrumental in shaping this work. Though you are no longer with us, your legacy of wisdom and mentorship continues to inspire and influence my academic journey.

To my son Razon Ratemo, who will be greatly inspired by this effort to pursue the greatest academic echelons.

This work is focused to improving access to health information and empowering young people as they navigate their own unique paths.

ABSTRACT

Teenage pregnancy is a public health challenge; expectant teens need easy access to reliable health information to safeguard their health and that of the unborn child. Limited research on expectant teenagers' health information-seeking behaviors hinders tailored interventions and informed decisions. The purpose of this study was to explore distinct viewpoints, challenges, and tactics for obtaining and using health information during pregnancy by expectant teenagers in Kajiado County, Kenya. The research questions were; What are the main sources of health information for expectant teenagers in Kajiado County? How do social, cultural, and economic factors influence health information-seeking behaviors of expectant teenagers in Kajiado County? What are the challenges of sensemaking in expectant teenagers accessing health information in Kajiado County? What strategies and interventions could be employed to improve access to health information for expectant teenagers in Kajiado County? The study utilized Uses and Gratifications Theory; to explain expectant teens' search for health information, Social Cognitive Theory; to illuminate socioeconomic influences and Health Belief Model; to highlight cognitive factors. The study adopted a relativist-interpretivist philosophical paradigm and a qualitative approach. The case study design was suitable for the study to capture personal experiences and external factors in health information seeking, providing practical insights to inform policies, programs, and interventions for better health information accessibility. A total of 32 expectant teenagers, aged between 15-19, sampled purposively from villages, towns and medical institutions participated in the study. Of these, 14 were utilized for semi-structured interviews, while, 18 were in three focus groups of six each for triangulation. Thematic analysis was applied to structure and interpret collected data. The findings revealed that expectant teens commonly sought information from family, friends, healthcare professionals, and the internet but faced challenges such as sociocultural norms, economic constraints, and systemic barriers. These intersecting issues, including poverty, gender inequality, and underdeveloped healthcare systems, complicated their ability to access reliable health information. Furthermore, they struggled with sensemaking, facing difficulties in interpreting medical jargon, sorting through misinformation, and reconciling cultural beliefs with empirical data. Therefore, these findings support the conclusion that although expectant teenagers utilize both informal and formal sources for their informational needs, there are intricacies such as stigma, health literacy, trust and accessibility at play. Addressing stigma, misinformation, poverty, and digital divides through culturally-sensitive and youth-friendly interventions can empower informed decision-making and improve outcomes. The study recommends intervention strategies for adolescent decision-making, including trusted leaders, healthcare professionals, digital literacy, and peer education, fostering critical thinking and trust in reliable sources.

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ABBREVIATIONS AND**ACRONYMS**

ANC:	Antenatal Care
APPs:	Applications
ASRH:	Adolescent Sexual and Reproductive Health
CDC:	Centre for Disease Control and Prevention
CHEPs:	Community-based Healthcare Programs
CHWs:	Community Health Workers
ETs:	Expectant Teenagers
FGDs:	Focus Groups Discussions
HBM:	Health Belief Model
HISB:	Health Information Seeking Behavior
HIV:	Human Immunodeficiency Virus
ICTs:	Information and Communication Technologies
KDHS:	Kenya Demographic Health Survey
KNBS:	Kenya National Bureau of Statistics
LMICs:	Low-and Middle-Income Countries
MOE:	Ministry of Education
MOH:	Ministry of Health
NACOSTI:	National Commission for Science, Technology and Innovation
SCT:	Social Cognitive Theory
SES:	Socio-Economic Status
SHC:	Society for Health Communication
STDs:	Sexually Transmitted Diseases

TBAs:	Traditional Birth Attendants
TV:	Television
U&G:	Uses and Gratifications Theory
UNICEF:	United Nations Children's Fund
WHO:	World Health Organization

OPERATIONAL DEFINITION OF TERMS

Barriers to Information Seeking: Obstacles that hinder expectant teenagers in Kajiado County from actively searching for health-related knowledge.

Communication: The process of sharing information and ideas for decision making among expectant teenagers.

Community Resources: Available local resources and services that contribute to or hinder health information seeking among expectant teenagers.

Cultural Influences: The impact of local customs, traditions, and societal norms on the health information seeking behaviors of expectant teenagers.

Decision-Making: The process through which expectant teenagers make choices based on the health information they acquire during pregnancy.

Digital Health Literacy: The ability of expectant teenagers to access, understand, and apply health information from digital sources.

Expectant teenagers: Young girls or adolescents who are pregnant or preparing for parenthood. In this study, expectant teenagers are girls aged between 13-19 years who are preparing for parenthood.

Healthcare Access: The ease or challenges faced by expectant teenagers in Kajiado County when accessing formal healthcare services.

Health Communication: The exchange of information related to health between individuals, groups, or organizations.

Health information: Data, knowledge, or resources that provide information related to

health and well-being.

Health information-seeking: The act of obtaining or collecting data regarding illnesses, therapies, wellness, and other medical subjects in order to learn about overall health.

Healthcare Policies: The impact of existing policies on the health information seeking behaviors of expectant teenagers.

Healthcare Provider Communication: Interactions and communication between expectant teenagers and healthcare professionals regarding health information.

Information Gaps: Areas where expectant teenagers in Kajiado County feel a lack of knowledge or resources related to their health during pregnancy.

Information Sources: Various outlets, platforms, and individuals from which expectant teenagers gather health-related knowledge.

Interventions: the deliberate actions or strategies designed to bring about positive changes or improvements in a particular situation, condition, or group of individuals.

Kajiado County: The specific geographical region under study, providing context for the experiences of expectant teenagers in health information seeking.

Lived experiences: The unique, random interactions, events, and circumstances that expectant teenagers in Kajiado county encounter throughout their life as they navigate health information journeys.

Pregnancy Journey: The overall process and stages involved in being pregnant among teenagers in Kajiado County.

Psychosocial Well-being: The emotional and social aspects of the lives of expectant teenagers influenced by their health information seeking experiences.

Self-Efficacy: The belief in an expectant teenager's ability to successfully seek and use health information during pregnancy.

Sensemaking: The cognitive and emotional process by which expectant teenagers navigate and interpret the information landscape surrounding their pregnancy's health.

Stigma and Discrimination: Negative attitudes or behaviors directed towards expectant teenagers, affecting their willingness to seek health information.

Support: The role of family, friends, and community in providing assistance and encouragement to expectant teenagers during their health information seeking.

Theme: Denotes a level of consistent behavior or data interpretation that is directly related to the open research issues or

CHAPTER ONE

INTRODUCTION

1.0 Overview

The background for the study '*Exploring the Lived Experiences of Expectant Teenagers in their Health Information Seeking behaviors in Kajiado County, Kenya*' is given in this chapter. It offers information on comprehending the special views, feelings, emotions, and difficulties faced by expecting teenagers while they look for information on their health and navigate. This chapter also covers the statement of the problem, research questions, and study rationale. It also highlights scope and study limitations.

1.1 Background to the Study

Teenage pregnancy, according to United Nations Children's Fund (UNICEF), is a pregnancy in a girl between the ages of 13 and 19 (UNICEF, 2022). Teenage pregnancy is still a problem for worldwide public health, with over 16 million girls aged 15-19 giving birth each year, contributing to nearly 11 percent of all births worldwide (UNICEF, 2022). In addition to disability adjusted life-years and deaths, according to Eliner et al (2022), some of the serious illnesses they may experience in the short- and long-term include obstetric fistula, coma, an inflammation and infection of the womb because their bodies are not physically prepared. Girls who experience early pregnancy and childbirth have also reportedly suffered from a variety of societal repercussions, such as early and forced marriage, stigmatization, violence, and lower social standing within families and communities from which they come.

Kajiado faces the significant issue of teenage pregnancy, which has implications for the

health and well-being of expectant teenagers. According to the 2022 Kenya Demographic and Health Survey (KDHS), the teenage pregnancy rate in Kajiado County is 22%, which is significantly higher than the national average of 15%. Teenage pregnancy can have a number of unfavorable effects for both the mother and the child, including an increased risk of sexually transmitted diseases, deaths, poorer educational outcomes, and increased poverty (Wado et. al., 2019). Factors such as cultural norms, socioeconomic factors, education levels, and access to healthcare have all been identified as contributing factors to the region's high frequency of teen pregnancy (Olenja, et al., 2016). These factors underscore the importance of understanding how expectant teenagers seek and engage with health information during this critical period.

Sub-Saharan Africa has one of the highest rates of teenage pregnancy in the world, according to Mezmur et al. (2021), with at least 90% of these births taking place in low- and middle- income countries (LMICs). Teenage pregnancies are further linked to issues like school dropouts (Mathewos & Mekuria, 2018). Sserwanja et al., (2021) observe that due to the increased likelihood of children born to adolescents having inferior educational success; this prevents the affected teenagers from reaching their full potential. Early pregnancy and childbirth during teens may impede a girl's normally healthy development into maturity, can have a negative impact on her educational opportunities, financial security, and health (Kotoh et al., 2022).

Along with the difficulties associated with teen pregnancy, information access disparities have led to inaccurate information and deteriorating delivery outcomes (Sserwanja, Musaba & Mukunya, 2021). They are not empowered and hence are unable to

appropriately decide on about their well-being and that of their babies (Kotoh et al., 2022). In order to reverse the adverse outcomes, access to reliable health information would be beneficial. It permits the young ladies to choose wisely when it comes to pregnancies (Sserwanja et al., 2021). Expectant teenagers, however, have reportedly been reluctant to seek medical assistance for their sexual and reproductive health issues because they fear being stigmatized and embarrassed by programs that target older women (Hsiao, 2023).

In low- and middle-income countries, efforts to improve healthcare services' accessibility are hampered by limited access to Sexual and Reproductive Health (SRH) information, especially for teens. This further impedes the achievement of universal health coverage (Sserwanja et al. 2022). Kenya is one of 40 countries with the highest rate of teenage pregnancy at 15% (KDHS, 2022), a decline from 18% in 2014, highlighting the need for greater work. In spite of programs against teen pregnancy such as keeping girls in school and developing an action plan, one in five adolescents (10–19 years old) are expectant or have their first child already, with rates ranging from 3% at 15 to 40% at 19 (KDHS, 2022). Making an intervention is one thing; using the information to achieve efficacy is quite another.

Health communication has two objectives: to persuade and inform (Oxman et al., 2022). It is characterized as the use of communication evidence, tactic, theoretical constructs, and creativity to facilitate interventions, policies, and strategies that improve the population's health and well- being (SHC, 2018). It focuses specifically on promoting health-related information, knowledge, and behaviors to improve public health outcomes (SHC, 2018).

Health communication serves as a vital framework for understanding the dynamics of

communication related to health information and its impact on the lives of expectant teenagers (SHC, 2018). In the study, health communication acts as a lens to explore the complex interplay of information, knowledge, attitudes, beliefs, and behaviors among expectant teenagers in Kajiado County. It assesses information access, knowledge and awareness level, communication preferences, factors influencing information seeking and empowerment of expectant teenagers to reliably decide on their health and pregnancy. Ultimately, this paves way for providing valuable insights to inform the development of effective health interventions that address the specific challenges and concerns faced by this vulnerable population.

Delivering accurate, accessible, and customized information through a variety of communication channels in an effort to support their well-being despite the complexity at play, effective communication takes center-stage in influencing the health information-seeking behavior of expecting teenagers (Oxman et al. 2022). Accessing accurate and reliable health information is vital for expectant teenagers to appropriately decide about prenatal care, childbirth, and even after birth (Oxman et al., 2022). Health information seeking enables them to understand the changes happening in their bodies, make informed choices regarding their healthcare options, and seek appropriate support services.

While research has examined how and why expectant teens search out information concerning their status in various contexts, there is a limited understanding of the lived experiences of expectant teenagers in Kajiado County, which at 22 per cent is among top counties in Kenya with high rates of teenage pregnancies (KDHS, 2022). Existing studies often focus on general population trends and overlook the unique sociocultural

dynamics, information sources, and challenges specific to the local context. Therefore, there is a critical need to explore real-world experiences of health information seeking among expectant teens in Kajiado to fill this research gap and generate context-specific insights.

1.1.1 The Global Perspective

For teenage girls between the ages of 15 and 19, maternal conditions rank among the main causes of death and disability-adjusted life years (UNICEF, 2022). The projection is that 14 million adolescent girls give birth before turning 18 (UNICEF, 2022). Although it is regarded as a severe social and public health issue on a global scale, around 95% of cases occur in underdeveloped nations (Ahinkorah, 2020). The World Health Organization (WHO) reports that compared to women in their twenties and thirties, teenage girls between the ages of 15 and 19 have a five times higher risk of dying during pregnancy and childbirth (WHO, 2020). Ochen et al. (2019) discovered that unsafe abortion, STIs, sexual violence, and limited access to healthcare had an impact on the reproductive health of expectant teenagers.

Globally, expectant teenagers often face unique challenges in accessing accurate and comprehensive health information (Senkyire et al, 2022). Limited knowledge about reproductive health, including contraception, prenatal care, and parenting, can contribute to increased vulnerability and inadequate decision-making. In many parts of the world, social norms, cultural factors, and educational gaps may hinder expectant teenagers' ability to seek and obtain appropriate health information (Karim et al., 2021). It is generally agreed that these challenges are not limited to Kajiado but are prevalent in various societies and cultures across the globe (Lobo et al, 2020).

A study on the patterns and factors of teen pregnancy by Mutea et al. (2022) discovered that low access to health care, non-use of contraception, and early sexual initiations are the predecessors of teen pregnancy. Early adolescent sexual activity has also been linked to unexpected teenage pregnancy, as well as an increased HIV infection risk and other sexually transmitted diseases (STDs) (Mutea et al., 2022). The study confirmed an earlier inquiry that found that sexual activity among teenagers in Sub-Saharan Africa remained greater than in other countries, which is associated to higher rates of child marriage in the region (Ahinkorah et al., 2021).

Wodon Q. et al. (2017) used data from the late 1990s and found that, depending on the nation, child marriage and early pregnancy account for 5% to 33% of dropout rates for females between the ages of 15 and 24. They pointed out that many young girls who marry early have fewer career opportunities as a result of their lower educational attainment, continuing the cycle of poverty. According to UNICEF (2022), teenage mothers are more likely to drop out of school and this can have a negative impact on their future earning potential. At the same time, they are more likely to live in poverty in a move that can make it difficult to provide for their children's basic needs hence the need for comprehensive sex education, access to contraception, and support for young parents. Increasing the age of first birth is so significant since it affects the young mother and baby's well-being as well as the social and economic prospects of young girls (Wodon et al., 2017).

Living in a low-socioeconomic level household has been connected to domestic violence, physical abuse, and parental separation (Ahinkorah, 2020). In addition, there is rising worry that young girls who experience physical abuse may approach older men in an effort

to meet their fundamental needs—which include money, food, shelter, and clothes—that are not provided by their parents or guardians (Ochen et al, 2019). This is in an effort to also balance their daily needs with the new state of affairs in their lives. According to Ahinkorah (2020), social factors such as peer pressure, sexual abuse, and adolescent and reproductive health awareness are also predictors of teenage pregnancy worldwide.

Notably, there appear to be some geographical variations. Adolescent childbirth rates, for instance, vary widely, with rates as high as 50% in Sub-Saharan Africa and as low as 2% in China, Latin America, and the Caribbean (18%, to be exact) (Ahinkorah et al, 2020). In Ghana, which continues to have higher rates of teen pregnancy, for example, one in every ten young girls between the ages of 15 and 19 had begun childbearing in the city, whereas around double this number occurred in rural settings (Ahinkorah et al, 2021). A national research found that 11% of teens between the ages of 15 and 19 gave birth to a living child, 3% were expecting their first child, and 14% had started having children.

In addition to the previously mentioned, Ochen et al. (2019) found that stigma, limited information about the availability of contraceptive methods, and inadequate access were important contributing factors of adverse maternal outcomes for expectant teenagers in a study on predictors of teenage pregnancy among girls aged 13-19 in Uganda. Their health is at risk if they have several sexual partners and use contraceptives sporadically because they don't know how effective they are (Ochen et al., 2019); this is a sign of the connection between contextual circumstances and the behaviors of anticipating youths seeking health information.

The term "*health information-seeking behavior*" (**HISB**) describes how people look for information about illnesses, treatments, risks, symptoms, and health-protective measures, among other things (Mills and Todorova, 2016). Access to adequate, readily available, and trustworthy information has the ability to lessen the numerous problems and poor delivery outcomes (Karim et al., 2021). For example, Lobo et al. (2020) discovered that the most credible source of nutrition information for a number of themes among expectant women was verbal contact from health experts and websites.

Long-term absence of parents, single-parent household, child of an adolescent woman, lack of knowledge on how to avoid pregnancy and lack of adequate communication with parents are all major factors in teenage pregnancy (WHO, 2022).

Information and Communication Technologies (ICTs) and digital technologies' roles in health information seeking is a crucial aspect of the global context. In recent years, advancements in technology have significantly impacted the accessibility and dissemination of health information (Sserwanja, 2022). Internet access, mobile devices, and social media platforms have opened new avenues for expectant teenagers to seek health information, connect with support networks, and access online resources (Gonzales et al., 2020). However, it is essential to acknowledge that the digital divide, limited digital literacy, and disparities in access to technology and internet connectivity can exacerbate existing inequities in health information seeking among expectant teenagers globally.

According to studies, trustworthy and adequate information for mature women has improved maternal outcomes, particularly in nations with low rates of adolescent

pregnancy, such as Korea (Lippke et al., 2021). For example, in the healthcare setting, communication problems have been found to be the primary cause of 72% of all perinatal deaths (Sentinel, 2020). In Japan, social structures have been described as significantly contributing to avoiding young girls from poor homes from going completely without schooling, as well as offering a channel for sexuality communication (Kirchengast, 2016). With the very high levels of education in Japan, teenagers are more likely to be aware of the risks of teenage pregnancy and to have access to contraception (Baba & Fujiwara, 2016).

A study by Nguyen et al., in instance, discovered that in both Japan and Korea, where teen pregnancy rates are lowest, there is a great emphasis on equitable access to basic education (Nguyen et al., 2019). Adolescent pregnancy is strongly stigmatized in Japan and Korea, where parents, teachers, and other adults actively promote this view. Teenagers who do participate in sexual activity are therefore less likely to do so and, if they do, are more likely to take contraception (Nguyen et al., 2019). There are also progressive policy elements, such as a school system that supports family-level teenage pregnancy prevention efforts revolving around communication to boost the education and health of expectant teenagers, teen moms, and their children (Kim J., 2014).

From the discussion, by examining the real-world encounters of searching out information by expectant teens in Kajiado within the global context, this study advances our knowledge in a more comprehensive way on challenges, barriers, and opportunities faced by expectant teenagers worldwide. This has implications for policy-making, program development, and the design of interventions targeting expectant teenagers' health information seeking needs.

Furthermore, stakeholders can identify best practices, successful models, and innovative strategies implemented in different regions to address the information gaps and support the health and well-being of expectant teenagers. This knowledge can facilitate the development of comprehensive, evidence-based approaches that prioritize the provision of accurate, youth-friendly health information, and services on a global scale.

1.1.2 The regional perspective

The diverse cultural, social, and economic contexts found in Africa have a big impact on how expectant teenagers seek out health information. These young women's access to and utilization of health information is frequently hampered by their early marriages, cultural norms that value motherhood above personal development, and limited access to high-quality education, especially for girls (Erasmus et al., 2020). In many African countries, attitudes about teenage pregnancy and health information are heavily influenced by traditional beliefs and cultural conventions. For instance, teenage pregnancies are stigmatized in some societies, which discourage young expectant mothers from seeking medical attention from professionals (Muthelo et al, 2024). Because of this cultural stigma, victims prefer to consult with family, friends, or traditional healers rather than official healthcare experts, even though they can offer more thorough and factually supported information (Erasmus et al., 2020).

For these young women, informal and community networks become vital resources that frequently offer vital information and support. In many African communities, traditional healing methods and religious convictions influence how people seek out health information (Union, 2021). Because of this, rather than depending exclusively on official

healthcare facilities, expecting teenagers often seek advice from family members, elders, and community health professionals. Although this can offer helpful support, there's a chance that detrimental behaviors and misconceptions will continue. Furthermore, social media and peer pressure can be important information sources; however there are big differences in the platforms' dependability and accuracy (Union, 2021).

It is noteworthy that social support networks, including family, friends, and peers, are influential in the search for health information among expectant teenagers (Mabetha et al, 2022) by engaging them in communication. Expectant teenagers seek solace and confess their pregnancy to people they are available to since they need reassurance of their security and stigma-free and non-discrimination times (Renbarger et al, 2021), with family support networks being demonstrated to be particularly advantageous to the wellbeing of young moms when contrasted with non-family help from the community and health sector. According to Nambile et al. (2022), young women who receive sufficient social support during their pregnancies are more likely to experience a decreased risk of maternal depression as well as higher levels of self-esteem and life satisfaction in the weeks and months following giving birth. The quantity of support thus they receive, community attitudes on such pregnancy and the impact of these relationships on their health seeking behaviours are all important to them.

A 2022 study by Nambile et al found out that teenagers in Africa who are expecting have different health information needs due to financial constraints. Access to resources for healthcare and education is restricted in many areas due to significant economic problems. Additionally, the cost of traveling to medical facilities, the accessibility of printed

educational materials, and the cost of mobile data for internet research can all be major obstacles in remote or underdeveloped areas (Nambile et al., 2022). Due to financial limitations, there are often more disparities in the accessibility of health information, which leads to a reliance on local, maybe erroneous sources of information. Teenagers who are expecting therefore find it challenging to get timely and relevant medical care in these kinds of settings (Nambile et al., 2022). On the other hand, urban settings provide easier access to knowledge, yet social stigma, education level, and poverty all contribute to the persistence of inequality (Sserwanja et al., 2022).

The digital gap, which results from unequal access to technology and the internet throughout the continent, aggravates these differences (Jia et al., 2021). Even while urban places could have better connectivity, infrastructure is sometimes lacking in rural villages. This digital barrier makes it harder for expectant teens to find online health resources, which exacerbates already-existing disparities (Jia et al., 2021). Sserwanja et al., (2022) conclude that language limitations and poor literacy rates also make it difficult for health information to be effectively disseminated, which exacerbates the difficulties this vulnerable community faces.

Ahinkorah et al.'s (2020) study in Ghana found that widespread differences in regional healthcare systems throughout Africa affect the quality and accessibility of health information for young mothers. Wherever there is a well-functioning healthcare system, there are tools and programs designed specifically to educate new mothers. Yet, many regions still struggle with issues associated with inadequate healthcare infrastructure, including a shortage of trained medical workers and limited access to modern healthcare

facilities. This difference makes it harder for expectant teens in less developed areas to get trustworthy information and get healthcare (Sserwanja et al., 2022). The necessity of targeted treatments and support networks is emphasized by this.

In addition to the previously mentioned, Africa has a disproportionately high rate of HIV/AIDS and other reproductive health issues, which have a big influence on the lives of teenage girls who are expectant (Erhabor et al., 2013). Young women face a complicated situation due to the high incidence of HIV on the continent and the restricted access to services and information around sexual and reproductive health. HIV infection and early pregnancy frequently coexist, increasing vulnerabilities and reducing access to chances for employment and education (WHO). These problems are amplified by cultural, social, and economic considerations; many young mothers experience prejudice, stigma, and a lack of supportive networks.

Musie et al. (2022) established that the stigma attached to HIV and teenage pregnancies can further discourage young women from getting the care they need. At the same time, girls' autonomy is frequently restricted by patriarchal norms, which makes it challenging for them to make independent healthcare decisions. Additionally, attitudes toward abortion, contraception, and prenatal care are influenced by one's religious and spiritual beliefs. According to Haider et al. (2023), simultaneously, the cultural setting has a big influence on how expectant teenagers see pregnancy and get information. Pregnancy is stigmatized in certain societies, causing isolation and concealment even as health information seeking activities are greatly influenced by cultural variables, including attitudes regarding sexuality in the community, gender roles, and power dynamics in families especially in the

African context.

It is critical to comprehend how expectant teens look for health information in this situation. Phiri et al (2023) established that inadequate availability of precise and developmentally appropriate information can result in unsafe conduct, subpar health outcomes for mothers and children, and heightened susceptibility to HIV infection. Information-seeking habits are influenced by various factors, including poverty, poor literacy rates, and cultural norms related to pregnancy and sexuality. Poverty, gender inequality, and cultural factors all contribute to these problems by limiting the autonomy and decision-making power of teenage females (Phiri et al., 2023). This highlights the need to invest in education and awareness campaigns that are specifically geared toward the needs of young people, giving them the knowledge and skills to protect their health, as well as to strengthen health systems to provide comprehensive sexual and reproductive health services, including HIV prevention, testing, and treatment.

Cultural norms and accepted health beliefs have a big impact on how people seek and receive health information (Ntshayintshayi et al., 2022). In many African communities, herbalists and traditional birth attendants are well-known sources of health information; nevertheless, their recommendations are often based on cultural traditions rather than scientific evidence (Bagelman et al., 2021). This reliance on traditional sources could potentially conflict with modern medical advice and affect the veracity of the information gathered. It can be crucial to integrate traditional knowledge with contemporary health education in order to bridge the gap between cultural customs and evidence-based treatment.

It emerges that the experiences of expectant teenagers in Africa who are looking for health information are heavily impacted by local and regional events. Governmental and non-governmental organizations have created programs specifically intended to enhance youth education about maternal health in a number of locations (Brindis et al., 2020). These initiatives usually focus on providing comprehensive sexual education, access to reproductive health treatments, and support networks. However, the effectiveness of these programs may vary based on local goals, resources, and implementation strategies (Sturgill et al., 2021). To address the diverse requirements of expecting teenagers in various African regions, it requires a thorough understanding of local conditions and a commitment to developing freely available and culturally appropriate health information resources.

1.1.3 The Kenyan context

Kenya ranks among 40 nations with the highest rate of teenage pregnancy at 15% (KDHS, 2022), showing the need for greater action. Kenya, a diversified country, has a population of 47.6 million people, with 23.5 million men and 24.1 million females (KNBS, 2019), with 42.5% under the age of 15. The Ministry of Education's 100% transition to secondary education policy (Otieno, 2020) has resulted in the enrollment of the majority of girls in this age group. Teenage pregnancy has reared its ugly head in the realization of many young girls' school goals in Kenya (Muchiri, 2022), with Kajiado, Narok, Nairobi, Kakamega, and Homabay Counties leading the pack (WHO, 2022). Additionally, apart from working against exploiting the full potential of the teens, it puts their babies' health at serious danger (WHO, 2022).

The high prevalence of teen pregnancies in Kenyan counties, which has remained for some years despite occasional outcry when figures are disclosed, needs a redoubling of efforts

and an adjustment in approach to combat this scourge (Afidep, 2022). For instance, in a study examining how Covid-19 lockdowns affected teenage pregnancies and school dropout rates among secondary females in Kenya, Zulaika et al discovered that girls who missed 6 months of school, compared to identical girls who graduated immediately previous to the epidemic, those who were affected by the Covid-19 shutdown had a three times higher chance of dropping out of school and a twice higher chance of becoming pregnant (Zulaika et al, 2021). Teenagers from poorer homes are more likely (29%) than those from wealthier households (21%) to have started having children before the age of 20 (WHO, 2022).

In order to direct the execution of programs, Kenya's National Plan of Action (NPA) on Adolescent and Teenage Pregnancy was initially created in 2019 (UNESCO, 2021). The draft action plan, which is part of the 2022–2027 multi-sectoral approach, includes important action items that were provided by parents/caregivers, religious and cultural leaders, and other experts who are knowledgeable and skilled in protecting girls from teenage pregnancies and bolstering government systems and structures that support adolescent health (UNESCO, 2021). Matanda (2022) indicates that socioeconomic disparities, with variations in access to healthcare services, educational opportunities, and economic resources may impact their health information seeking practices and overall well-being. Ruzibiza (2021) found that higher education levels were a crucial component to address teenage pregnancy.

Teenage pregnancy often carries social stigma and discrimination in many societies, including Kenya (Kimemia & Mugambi, 2016). Gaudie, Mutra and Mullan (2018) found that efforts to reduce stigma and support expectant teenagers should focus on promoting

understanding, empathy, and comprehensive education about sexual and reproductive health. They observe that creating supportive environments that provide access to healthcare, education, and social support can enhance outcomes for the expectant adolescent and her child and lessen the detrimental impacts of stigma around teen pregnancy (Gaudie et al, 2018). This underscores the need for understanding how stigma and discrimination affect the real-world experiences of expectant teenagers in Kajiado to allow for comprehending their health information seeking behaviors, their reluctance to seek formal healthcare, and the possible effects on their general and mental health.

Even though information and communication technology have advanced significantly in Kenya, there is still a digital gap, especially in rural areas. For example, internet access, social norms, illiteracy, and an unmet contraception requirement can all create a fertile ground for teenage pregnancy (Kimemia & Mugambi, 2016). Teenage girls are thought to wish to avoid pregnancy, but this is difficult due to misconceptions and misinformation regarding contraception, as well as a lack of knowledge on where to access such contraception and how to utilize it properly (Lobo et al, 2020). Nkordeh et al. (2017) discovered that, although the internet can be a useful tool for learning, few of the participants used it for sexting rather than for talking, taking pictures, or looking up movies. Access to and use of digital technologies, such as the internet and mobile phones, among expectant teenagers in Kajiado help identify potential barriers and opportunities for leveraging technology in health information seeking.

If not carefully regulated, social media has been shown to have a substantial role in teen pregnancy. Teenagers who were more engaged on social media were more likely to have had sex and to have been pregnant, according to a 2023 study by Molokwu and Ajagbe on

peer pressure and social media as predictors of adolescent pregnancy in Oyo state, Nigeria. The study also found that teenagers who were exposed to sexually explicit information on internet aided platforms had a likelihood of having had sex at a younger age. Another by Habito et al., (2022), found that teenagers who followed celebrities who had become pregnant as teenagers were more likely to have had sex and to have been pregnant themselves. The study suggests that social media can normalize teen pregnancy and make it seem like a more common and acceptable experience than it really is. These confirmed Kimemia and Mugambi's 2016 study on whether social media promoted teenage pregnancy in Meru County which found that there was a significant level of student access to social networking sites, with a concentration on sexting and sexually explicit music, photos, and videos. The study advised that school administrators implement internet usage regulations and recommendations.

The healthcare landscape in Kenya is continually evolving, with ongoing efforts by the government, non-governmental organizations, and international partners to address the existing challenges and improve healthcare access and quality throughout the country (Kioko et al., 2018). For instance, the availability and accessibility of resources, including prenatal care services, community health programs, and educational materials, vary within Kenya with well- established healthcare facilities equipped with modern medical technology in contrast with rural areas that may have limited healthcare infrastructure (Kioko et al., 2018). A thorough understanding of how expectant teenagers in Kajiado County go about seeking information requires a strong grasp of the entire healthcare landscape of the county. Factors such as healthcare infrastructure, healthcare provider-patient relationships, and the role of traditional medicine may significantly impact their

ability to access accurate and reliable health information.

Despite the negative outcomes, expectant teenagers have been discovered to be reluctant to seek medical attention for their issues related to sexual and reproductive health because of stigma (Mutahi et al., 2022), putting their health at risk. Research on sexual and reproductive health in Kenya highlights the need for a comprehensive guide to assist authorities, health professionals, groups, and policymakers in providing accurate and appropriate information to this underserved group. These instances serve as crucial reminders to global institutions of the importance of continuing to work to improve maternal and sexual reproductive health outcomes for all (Matanda, 2022).

1.2 Problem Statement

One in five teenagers (13-19 years) in Kenya becomes pregnant or gives birth to their first child (KNBS, I., 2023), and teenage pregnancy is still an issue for public health worldwide. Disparities in the accessibility of information have exacerbated the problem, resulting in erroneous information, decreased birth outcomes, and the difficulties that come with teen pregnancy (Grønvik & Fossgard, 2018).

Despite the importance of health information seeking during pregnancy (Amanquah et al., 2023), the true experiences of expecting teenagers when searching for health information are not well understood. Limited research exists that explores the specific challenges, strategies, and perspectives of expectant teenagers in accessing and utilizing health information. The lack of knowledge impedes the creation of focused interventions and support networks that cater to the specific requirements of expectant teenagers and enable them to make well-informed health choices.

Therefore, to provide guidance for developing and implementing evidence-based policies, initiatives, and services for ultimately boosting expecting teens' health and well-being, it was necessary to research and obtain insights into the contextual factors, information sources utilized, barriers faced and strategies employed by expectant teenagers to seek and utilize health information.

1.3 Research Aim and Objectives

1.3.1 Research aim

The aim of the study was to explore the lived experiences of expectant teenagers in their health information seeking in Kajiado County, Kenya. so as to provide guidance for developing and implementing evidence-based policies and services for ultimately boosting expectant teenager's well-being.

1.3.2 Study Objectives

The objectives of the study were;

- i. To identify the primary sources of information that expectant teenagers in Kajiado County need during pregnancy.
- ii. To explore the influence of social, cultural, and economic factors on health information-seeking behavior of expectant teenagers in Kajiado County.
- iii. To find out the challenges of sense making in expectant teenagers accessing health information in Kajiado County.
- iv. To recommend intervention strategies to improve access to reliable health information for expectant teenagers in Kajiado.

1.4 Research Questions

The research questions were: -

1. What are the primary sources of health information for expectant teenagers in Kajiado County?
2. How do social, cultural, and economic factors influence health information- seeking behaviors of expectant teenagers in Kajiado County?
3. What are the challenges of sensemaking in expectant teenagers accessing health information in Kajiado County?
4. What intervention strategies could be employed to improve access to health information for expectant teenagers in Kajiado County?

1.5 Scope/Delimitation of study

To comprehend how expectant youngsters, search out health information, their navigation of environmental variables and barriers to sense making were explored and interventions to address the impact of these experiences on their health outcomes established. The study was conducted in Kajiado County using a case study method within the field of qualitative methodology. A sample of 14 expecting teenagers for interviews and 18 for focus groups was utilized for data collection within a period of two months before analysis.

The Uses and Gratifications Theory, Social Cognitive Theory, and the Health Belief Model were all used in this study to help create new knowledge, offer a framework for understanding, and direct the research process.

1.6 Limitations

Despite the useful insights, it is prudent to recognize limitations. First, the research was confined to Kajiado County and used a small sample size. A small sample size of 32 for instance would restrict generalization of the findings to a larger population. Additionally, the study relied on self-reported data, which raises the risk of memory recall errors and social desirability bias. Researcher subjectivity and bias is also possible in qualitative research even as a single geographical location limits transferability. There could also be the Hawthorne effect and constraints related to resources and time.

To tackle these limitations however, I employed purposive sampling, saturation, triangulation, rich description, contextual analysis and reflexivity. In order to establish trust with the participants and provide a safe environment in which they might talk about their experiences, I was also open and honest. The most critical aspects of the research such as a clear research plan developed outlining the key objectives, research questions, and methods were prioritized to ensure efficient use of limited resources and time.

1.7 Justification

Teenage pregnancy is a common problem with well-known causes that has a detrimental impact on people's health, society, and economy (WHO, 2022). A global public health priority, among the 40 countries with the highest rates of teen pregnancy is Kenya (KDHS, 2022) with Kajiado County ranking among the top nine counties responsible for 56 percent of pregnancies, along with Nairobi, Homabay, Meru, Kisii, Kericho, Narok, Mandera, and Bomet.

No study as per the publications at my disposal so far has specifically looked at the difficulties experienced by young expectant women who are trying to find health information, even though Kajiado County has a high prevalence of teenage pregnancies. Existing studies often overlook the unique challenges and opportunities for health communication in this population. This work aimed to fill this gap by providing an understanding of the difficulties, facilitators, and experiences that this vulnerable population faces, such as societal stigma, a lack of support, and insufficient access to healthcare resources.

This study offers light on the precise elements that impact their health information seeking behaviour by studying their lived experiences. A comprehensive understanding the unique viewpoints would assist policymakers, healthcare professionals, and community organizations to establish youth- friendly strategies, empower them, and, most importantly, enhance existing healthcare systems.

1.8 Significance of the Study

The value of examining the lived experiences of information seeking among expectant teenagers in Kajiado county lies in gaining a deeper understanding of this unique demographics' issues, demands, and perspectives. We are able to recognize the obstacles and enablers to obtaining accurate and relevant information during pregnancy by researching their experiences. It also provides a comprehensive picture of the contextual factors impacting their health information seeking habits and decisions, as well as sheds light on the sociocultural aspects, social support networks, and healthcare services that are available to them. A study of real-world experiences reveals flaws in the current healthcare system and influence legislation aimed at improving healthcare services, enhancing health

communication strategies, and ultimately improving health outcomes among this vulnerable population.

1.9 Assumptions of the study

The following assumptions guided the investigation of the lived experiences of expecting teens in Kajiado County seeking health information:

1. Expectant teenagers face unique challenges
2. Health information seeking is crucial for expectant teenagers
3. Health information seeking is influenced by various factors
4. Lived experiences shape health information seeking
5. Information-seeking methods vary among expectant teenagers
6. There are existing gaps in the provision of health information specifically tailored to the needs of expectant teenagers.

1.10 Summary

This chapter provides context for the study. It investigates the complexities of the real-world experiences of expectant teenagers seeking health information and the need to understand how they might be addressed for positive results. Handling societal intricacies necessitates knowledge, power, and emotions.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a comprehensive literature review to inform the topic and make connections. It seeks to place the study of expectant teenagers' lived experiences with accessing health information into the discipline of health communication within the larger field of communication studies. It raises questions about the scope of the research topic. It also looks into health communication theories and how applicable they are to the contextual complications.

2.2 Definition of Key Concepts

2.2.1 Health Information-Seeking

Health information-seeking, also known as health seeking, health information behavior, or health information-seeking behavior, is a sequence of interactions that reduce uncertainty over health status (Lu et al., 2020). They maintain that health information-seeking aids in the development of a societal and personal sense of health. It is thus the process of seeking or gathering information about health, wellness, diseases, treatments, and other medical topics in order to make informed decisions about people's health. People can get health information from a variety of sources, including health care providers, insurance companies, pharmaceutical firms, family and friends, media, instructional materials, marketing, and the internet—including social media and other sources (Augustaitis et al., 2021). To this end, in the study, health information seeking would entail the process through which expectant teenagers actively search, gather, evaluate, and utilize health-related information to decide on their prenatal care, childbirth, and postnatal health.

During pregnancy, expectant teenagers have unique information needs and face specific challenges and decisions related to prenatal care, childbirth, and postnatal health (Sserwanja, 2022). Health information seeking becomes crucial for them to access accurate and reliable information to guide their choices and actions. Physicians, nurses, midwives, and other healthcare workers play an important role in spreading health information. According to Alotaibi and Frederico (2017), healthcare providers can provide individualized guidance, answer particular queries, and lead the vulnerable group in their health information seeking process as helpful sources to expecting teenagers. However, in order to properly communicate health information, they must be well-equipped with communication skills (Mata et al., 2021). As a result, they suggest that, in addition to verbal communication, nonverbal communication such as gestures and expressions, eye contact, and body language can provide insights into how healthcare providers deal with expectant teenagers from various social, cultural, and economic backgrounds.

During pregnancy, there are the specific types of information that expectant teenagers seek, such as prenatal care, nutrition, exercise, childbirth options, breastfeeding, and postpartum care (Eliner et al., 2022). Their information needs can be influenced by their age, cultural background, educational level, and personal circumstances. Mmari et al., (2019) found that comprehensive prenatal and post-natal care, labor and child birth, nutrition and parental support were the critical concerns by teenagers in accessing reliable health information underscoring the importance of tailoring information to their specific needs and preferences. Reed et al., (2022) observe that the internet provides a wealth of health-related information through platforms such as webpages, online discussion boards, and social media platforms. Trustworthy sources of genuine and scientifically supported

information include peer-reviewed journals, prominent medical institutions, and official government health websites. Expectant teenagers, for example, may be hesitant to correct disinformation due to the hostile internet environment and their incapacity to detect the proper information. According to Augustaitis et al. (2021), the lack of misinformation check mechanisms makes it difficult for health information consumers to identify legitimate information from inaccurate knowledge.

The digital age makes use of mobile applications. Access to health communities, information, tracking tools, and symptom testing are all made possible through a wide variety of mobile health applications (Kimemia & Mugambi, 2016). For instance, it has been discovered that mobile health (mHealth) technology have the potential to enhance many aspects of patient care by providing information, monitoring symptoms, and encouraging and tracking adherence to long-term pharmaceutical medication or habits (Magnani & Kimani, 2017). It's essential to evaluate these apps' dependability and accuracy before relying on them. Customers' health and digital literacy levels, prior knowledge, unique circumstances, and personal values all affect how they rate products and services (Kotzin, 2005).

Peers, family, and communities are examples of support groups that allow people to share their experiences. Strand and Gammon (2021) argue that peer support can be beneficial in the search for health information since individuals can learn from others who have first-hand experience. Emotional support, practical assistance, financial support, and educational counseling for expectant teenagers in a nonjudgmental and understanding manner are helpful in navigating and increasing positive delivery outcomes (Strand & Gammon, 2021). Books and printed materials, such as periodicals and pamphlets, can also

provide detailed information on specific health issues. These resources are frequently available in public libraries and healthcare centers (Ahinkorah, 2020)

The majority of studies on health-related information seeking behavior have concentrated on other populations while ignoring expectant teenagers, including Kenya (Karim et al. 2021). Because the teenage body experiences fast physiological, psychological, and social change, adolescence is a vital period of human development (WHO, 2022). Females are especially vulnerable to adolescent pregnancy and motherhood issues such as hypertension, infections, pre-term birth, low birth weight, and, in rare circumstances, death (Pineles, Harris & Goodman, 2022). However, the majority of health risks have been attributed to a lack of suitable and reliable information as a result of socioeconomic consequences, cultural and societal inequalities (Amoadu, 2022).

Governments, according to Lu et al., (2022), must employ technology to give information about sexual and reproductive health issues such as medication, diet, and foetal development throughout pregnancy. However, it was determined that such a study focused on a certain stage of pregnancy without taking into account the dimension of varied consumer information requests their relationship with one another throughout the pregnancy. A thorough study indicated that websites, mobile apps, and patient portals were essential components in pregnancy information, according to Lu et al., (2022). As previously said, technological improvements have resulted in a shift in which people choose to acquire sexual reproductive health information online rather than in conventional settings ((Lwoga, Nagu, & Sife, 2017).

Ideally, Information-Seeking Behaviours highlight the many behaviours and tactics used by expectant teenagers while looking for health information amid barriers such as limited access to healthcare services, financial constraints, and lack of comprehensive sex education, stigma, cultural barriers, language barriers, and information overload. Actively seeking knowledge, asking questions, taking prenatal classes, participating in online forums or support groups, and seeking counsel from trusted individuals are all examples of this.

According to the debate, accessibility, credibility, convenience, and personal preferences are significant elements influencing health information seeking behaviours among many groups, including expectant teenagers. For instance, access to comprehensive and reliable information can enable them to make informed choices about their prenatal care, childbirth plans, and postpartum health, thereby improving their overall well-being. This necessitates interventions that take these characteristics into consideration with the primary goal of improving the health outcomes of both the young mother and child.

In my view, the perspective of Information Seeking Behavior enriches communication studies by providing a systematic framework to understand individuals' motivations, strategies, barriers, information evaluation, and outcomes in the context of communication processes. It enhances our understanding of how people engage with and utilize information within communication contexts and largely laying bare the precise elements ultimately, facilitating the development of informed and effective communication practices.

2.2.2 Lived Experiences

Personal interactions, events, and situations that an individual has directly encountered and gone through in their life are referred to as lived experiences. A person's upbringing, culture, environment, and personal decisions, among other things, shape these experiences (Suleiman- Martos, 2020). In this study, lived experiences refer to expectant teenagers' subjective, personal, and contextual perspectives on health information seeking during pregnancy, which include their thoughts, emotions, beliefs, behaviours, and interactions. They contribute to an individual's distinct worldview, knowledge, and understanding (Berger and Luckmann, 1966). Sharing and reflecting on life experiences can increase empathy, enhance understanding, and contribute to the creation of a more inclusive and diverse society.

The lived experiences of expectant teenagers can be complex and diverse, as they navigate the challenges and responsibilities associated with pregnancy and impending parenthood at a young age (Suleiman-Martos, 2020). These experiences can be influenced by various factors such as cultural background, socioeconomic status, support systems, and personal choices. Gubrium and Jessor (2018) found that each individual's circumstances and support networks play a significant role in shaping their journey through pregnancy and early parenthood. Access to comprehensive healthcare, education, social support, and non-judgmental guidance can change expectant teenagers' lives for the better, helping them navigate this unique phase and achieve their goals.

The approach of Berger and Luckmann on lived experiences emphasizes the relationship between social institutions and individual agency. They emphasize that individuals' experiences are socially formed within a larger social framework, rather than being isolated

or completely subjective (Berger & Luckmann, 2016). They provide insights into how lived experiences are shaped and understood in a social context by exploring the social processes involved in the formation of reality. Aspects of socioeconomic considerations, cultural values, family dynamics, peer influence, educational opportunities, health care, and social policies all play a significant role in moulding expecting teenagers' experiences in their social context (Sserwanja, 2022). In my view the social construction of reality sheds light on how these external factors contribute to the shaping of their identities, self-perception, and decision-making processes.

Additionally, Berger and Luckmann highlight the importance of language and communication in the construction of reality (Berger & Luckmann, 1966). In the context of expectant teenagers, language and communication play a crucial role in how they understand and communicate their experiences, seek support or face judgment, and negotiate their changing roles and responsibilities. Their insights generally provide a valuable lens through which we can analyze the dynamics of social interaction and the process of giving meaning in the context of the lives of expecting teenagers (Berger & Luckmann, 2016). Exploring the lived experiences of expectant teenagers in relation to their health information seeking, thus, paves way for adding to the corpus of knowledge already in existence and clarifying the variables affecting their attitudes, actions, and decision-making processes.

From the discussion, understanding expectant teenagers' lived experiences during their information-seeking journeys during pregnancy are critical for getting insight into their particular views, challenges, and needs. We hope to study the subjective narratives and personal tales of these teenagers as they traverse the hurdles of finding health information

through in- depth qualitative research. We can learn about the social, cultural, and environmental aspects that influence their information-seeking behaviours by diving into their lived experiences. This involves investigating how their families, peer networks, healthcare systems, and socioeconomic circumstances affect their access to and use of information. We hope to discover gaps in information supply, barriers faced by expectant teenagers, and the impact of their lived realities on their information seeking practices through this research. Giving voice to their experiences not only contributes to academic scholarship but also assists in the creation of resources, support networks, and interventions that are specifically designed to meet their needs and preferences, ultimately improving their overall well- being and that of their babies.

2.2.3 Expectant teenagers

The concept of "*expectant teenagers*" refers to girls between the age of 13-19 who find themselves expectant or anticipating parenthood (UNICEF). These teenagers navigate a complex landscape characterized by physical, emotional, and social changes, often requiring reliable and accurate health facts to help them make wise choices regarding their pregnancy and prenatal care (Sewpaul et al. 2021). Due to their age, expectant teenagers have been reported to encounter social stigmatization, limited access to healthcare resources, and a lack of comprehensive knowledge about pregnancy and maternal health (Ahinkorah, 2020). In concentrating on this specific population, the research aims to address the gaps in understanding and support for expectant teenagers in Kajiado.

Expectant teenagers draw upon a diverse range of sources to seek health information throughout their pregnancy journey. One prominent source is healthcare providers, including obstetricians, midwives, and nurses (Sserwanja et al, 2022). These professionals

play a pivotal role in providing accurate and reliable information regarding prenatal care, childbirth, and postnatal support (Sserwanja et al., 2022).

In addition to healthcare providers, teens who are expecting frequently consult online resources, including reliable sites, discussion boards, and social networking sites (Kimemia & Mugambi, 2016). The internet provides convenient access to a vast array of pregnancy-related information, allowing teenagers to gather knowledge, seek advice from online communities, and explore personal experiences shared by others. Kimemia and Mugambi (2016) maintain the need to keep in mind that there might be a wide range in the quality and dependability of internet sources.

Expectant teenagers also rely on their immediate social networks, including family, friends, and peers who have had previous experiences with pregnancy and parenting (Strand & Gammon, 2020). These personal connections offer emotional support, practical advice, and cultural guidance, shaping the teenagers' understanding of pregnancy and influencing their information-seeking decisions. It has been shown that emphasizing social support significantly lowers maternal mortality rates and increases access to reproductive healthcare for all (Renbarger et al, 2021).

Expectant teenagers have been found to engage with support groups, community organizations, or educational materials specifically tailored to their unique needs (Strand & Gammon, 2020). These resources provide additional guidance, access to specialized information, and a sense of belonging within a community of individuals sharing similar experiences. By drawing on these diverse information sources, expectant teenagers navigate the challenges of seeking health information while considering multiple

perspectives and incorporating various sources of knowledge into their decision-making processes (Strand & Gammon, 2020). Examining their experiences of seeking health information sheds light on the barriers they face, the sources they turn to, and how technology and social networks play a part in their information-seeking activities.

Inadequate health information seeking among expectant teenagers can however have significant implications for their well-being (UNICEF, 2022). For instance, it has been discovered that many teenagers do not receive comprehensive sex education, which includes information about contraception, sexually transmitted infections (STIs), and pregnancy which often leads to unplanned pregnancies and STIs (Eliner et al., 2022). When expectant teenagers lack access to accurate and reliable health information, they may struggle to make informed decisions regarding their prenatal care and overall health (Oxman et al., 2022). This can result in adverse outcomes for both the mother and the baby. Without adequate knowledge about prenatal nutrition, exercise, and potential risks during pregnancy, expectant teenagers may be more vulnerable to complications and health issues (Karim et al., 2022).

Ahinkorah (2020) indicate that inadequate health information seeking can contribute to heightened levels of anxiety and stress among expectant teenagers. Pregnancy already brings about significant changes and uncertainties, and the lack of reliable information can exacerbate these feelings. Without appropriate guidance, expectant teenagers may experience increased anxiety about their health, the development of the fetus, and the challenges they may face as young parents (Lu et al., 2022). Kotoh et al.'s research from 2022 indicates that stressed- out moms are more likely to have issues with pregnancy and delivery, low birth- weight kids, and preterm deliveries. Simultaneously, they draw

attention to the fact that children of stressed moms are also more prone to experience health issues.

Inadequate health information seeking can at the same time negatively impact the expectant teenagers' ability to access appropriate prenatal care (Mmari et al., 2019). Sewpaul et al., (2021) found out that such can lead to delays in seeking prenatal care which increase the risk of complications for both the mother and the baby. For example, a teenager who does not know that she is pregnant until she is already in her second trimester may be more likely to develop gestational diabetes or preeclampsia (UNICEF, 2022). Regular prenatal care appointments are essential for keeping an eye on the mother's and the baby's health, spotting possible issues, and guaranteeing a smooth pregnancy (Gubrium & Jessor, 2018). However, without the necessary knowledge and understanding of the importance of prenatal care, expectant teenagers may delay or even forego seeking medical assistance, leading to suboptimal care and increased health risks.

In addition to the immediate health implications, inadequate health information seeking has also been reported to also have long-term consequences for expectant teenagers. As reported by UNICEF (2022), mothers who receive insufficient health information are more likely to die from complications related to pregnancy, have low birth weight or early births, and may be more prone to abuse and neglect. The knowledge and understanding gained during pregnancy can shape their attitudes and behaviors towards health not only during the prenatal period but also throughout their lives (Karim et al., 2021). Insufficient information has been linked to hindrances in the development of health literacy skills, making it challenging for expectant teenagers to navigate the healthcare system and make informed health decisions beyond pregnancy (Sserwanja et al., 2022).

Addressing the issue of inadequate health information seeking among expectant teenagers crucial for promoting their overall well-being. Health information is aimed at providing a wide range of knowledge, resources, and communication channels that individuals seek to understand and manage their health conditions effectively. Provision of accurate and accessible health information, healthcare professionals, educators, and policymakers can empower expectant teenagers to make informed choices, reduce anxiety, and improve their access to appropriate prenatal care. This, in turn, can positively impact their health outcomes, enhance their confidence as parents, and contribute to their long-term well-being.

2.3 Health Communication

Health-related subjects have attracted a lot of interest in the discipline of Communication Studies due to their relevance in shaping individual behaviors, decision-making processes, and overall health outcomes. Within this field, understanding the communication processes surrounding health information seeking is of particular interest, as it offers insights into how individuals engage with information to make well-informed decisions about their health and welfare. Among the diverse population groups that require specific attention within this context, expectant teenagers stand out as a vulnerable and understudied group. Pregnancy during teenage presents unique challenges, making it imperative to investigate the lived experiences of expectant teenagers in relation to their health information-seeking practices. Situating this research within the broader field of communication studies allows for gaining valuable insights into the role of communication processes and media use in shaping the health information-seeking practices of this vulnerable population, and ultimately align with the study discipline.

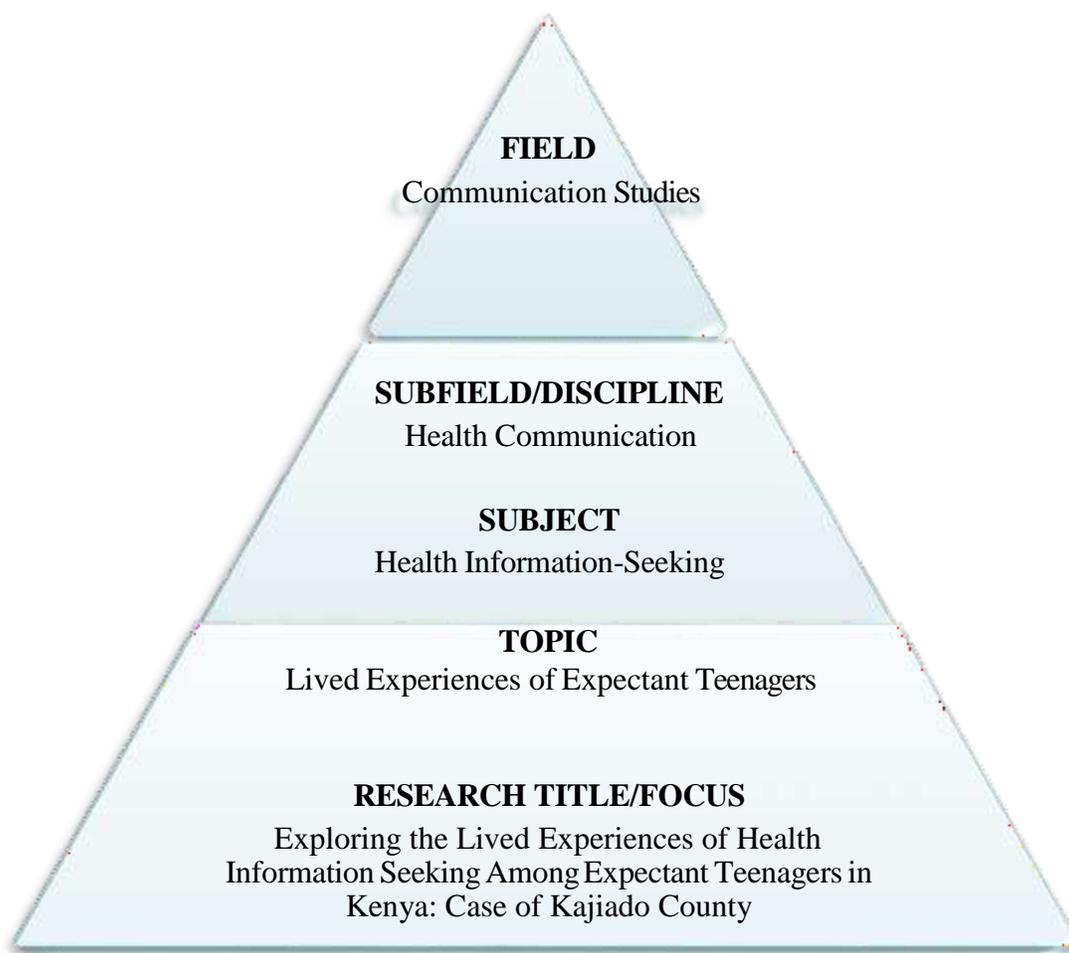


Fig. 1. Situating the study within the field, discipline and subject

Source: Author; Ong'ondo & Jwan, 2020: p82

The subfield of health communication within the larger field of communication studies is concerned with comprehending the intricacies of information distribution, the media's role in health promotion, communication in public health promotion efforts, and interactions between patients and providers (Kreps, 2010). This subfield examines the communication processes and strategies employed in the context of health-related issues, aiming to improve health outcomes, enhance patient empowerment, and facilitate informed decision-

making (Oxman et al., 2022). It applies communication evidence, strategy, theory, and creativity to support behaviors, policies, and practices that increase the population's health and well-being (SHC, 2018). The experience of pregnancy during teenage introduces distinct challenges and vulnerabilities, underscoring the importance of effective health communication interventions tailored to their specific circumstances.

Health Communication is all communication activities that aim to improve health outcomes, from interpersonal communication between healthcare providers and patients, to mass media campaigns and digital health interventions (WHO). It involves exchanging information related to health between individuals, groups, or organizations (SHC, 2018). It encompasses various communication channels, such as interpersonal communication, mass media, digital platforms, and healthcare provider-patient interactions (Krishna & Thompson, 2021). Health communication emphasizes the need to consider individual and community decision-making processes and recognizes the potential impact of communication on health promotion, disease prevention, and healthcare delivery (SHC, 2018). In this study it relates to the sharing of health-related knowledge, information, attitudes, and behaviors between expectant teenagers and various sources, such as healthcare providers, peers, family members, media, and community resources.

According to Powers et al (2016), Health Communication focuses on the dissemination and exchange of information related to health, including promoting healthy behaviors, providing information about health services, and addressing health-related concerns within specific populations or communities. In this case, the study revolves around understanding the experiences of expectant teenagers in Kajiado County when seeking health information. It explores their perspectives, challenges, and strategies in accessing

relevant and reliable health information during pregnancy with an aim of gaining insights for improving health communication strategies and interventions tailored specifically for this population group and ultimately enhance their health outcomes.

Communication plays a central role in the provision of health education, understanding information-seeking behaviors, identifying barriers to communication, and improving supportive communication for this vulnerable population (Powers et al., 2016). Health communication efforts should emphasize a comprehensive approach to teenage pregnancy prevention, which includes access to contraceptive methods, reproductive healthcare services, and information about healthy relationships and communication skills (Oxman et al., 2022). Even as it acts as a lens to explore the complex interplay of information, knowledge, attitudes, beliefs, and behaviors (Kreps & Kunimoto, 1994), health communication provides valuable insights to the academic discourse and informs the development of effective health interventions that address the specific challenges and concerns faced by this vulnerable population (Powers et al., 2016).

Based on the foregoing, I observe that through the lens of health communication subfield, nuanced insights on how these teenagers seek, obtain, and engage with health information during their pregnancy are gained. It follows that health communication enables the development of tailored communication strategies, empowers decision-making, addresses societal stigmas, and improves the quality of healthcare interactions. It is crucial to highlight that health communication procedures are dynamic and might differ amongst individuals depending on their particular circumstances, cultural variables, and resources available which calls for healthcare practitioners, educators, and researchers take them into account when developing effective health communication strategies suited to the

needs of expectant teens.

The specific focus of the study primarily revolves around understanding the lived experiences of expectant teenagers in Kajiado regarding their search for information concerning their health. This emphasis on health-related experiences suggests that the study aligns with the subfield of Health Communication.

The theoretical framework adopted for the research also influences the subfield (Luft et al., 2022). For example, the study draws upon theories and concepts from Health Communication like the Health Belief Model and Albert Bandura's Social Cognitive theory, emphasizing the communication processes related to health, healthcare, and well-being in health information seeking.

The research methodology employed also shapes the subfield of Health Communication within Communication Studies. For example, in keeping with the qualitative research traditions prevalent in health communication, the study employs focus groups and interviews to acquire comprehensive insights into the lived experiences of expectant teenagers.

While taking into account the contextual factors, the research aimed to gain insights into expectant teenagers' experiences, challenges, and the influence of communication on their health-related decisions and behaviors. It is thus my stand that by investigating the specific context of expectant teenagers in Kajiado and their health information seeking practices, this research topic aligns closely with the key concerns and objectives of Health Communication.

2.4 Theoretical Framework

The study was anchored on Uses and Gratifications Theory, Social Cognitive Theory and the Health Belief Model to give a foundation for conceptualizing, developing, conducting, and analyzing the research.

2.4.1 The Uses and Gratifications Theory (U&G)

Researchers Elihu Katz, Jay Blumler, and Michael Gurevitch developed the Uses and Gratifications Theory (U&G) in the 1940s and 1950s. It emphasizes people's active choice and use of media and information sources to meet their own needs and preferences. It implies that people make conscious decisions based on their needs and preferences rather than being passive consumers of media messages. This theory holds that people utilize media and information to satisfy certain wants or gratifications, and that these needs or gratifications influence the media choices that people make (Katz et al., 1974).

According to the notion, there are five basic requirements that people utilize media to fulfill: Diversion/Escapism: People utilize media as a way to unwind and escape from the real world. Personal identity: Individuals use media to gain self-awareness and to shape their sense of self. Social interaction: Individuals connect and form social interactions with each other through media.

Information as a primary cognitive need: According to Ruggiero (2000), the foundational needs in the concept of uses and gratifications are cognitive needs like learning and obtaining information, understanding people's social contexts, exploring, and being curious. Media is used by people to gain knowledge about the world and to help them make wise decisions.

Entertainment: People enjoy themselves and find entertainment through media. For expectant teenagers:

Information: Teenagers who are expecting probably go to look for information about parenting, labor, and pregnancy in the media. They could use this information to make well-informed decisions regarding the health of both themselves and their unborn child.

Personal identity: Teenagers who are expecting also utilized media to explore their identity as mothers and to learn more about themselves. This was especially important for teenagers who were facing challenges, such as unplanned pregnancy or teen pregnancy.

Social interaction: Expectant teenagers also use media to connect with other expectant mothers and to build social relationships. This was a valuable source of support and information.

Regarding Kajiado County's teen expectant population's search for health information, U&G shed light on the motivations, preferences, and gratifications sought through various communication channels, including traditional media, digital platforms, and interpersonal interactions. U&G applied to the study in the following ways:

Understanding Motivations: According to the theory, people actively look for media and information to satisfy their unique needs and desires (Rubin, A. M., 2009). Expectant teenagers in Kajiado sought health information for various reasons, such as understanding prenatal care, managing their health during pregnancy, and ensuring the well-being of their unborn child. The theory thus helps in the exploration of the specific motivations and gratifications that drove these teenagers to seek health information.

Assessing Media Choices: According to U&G, people can choose the media sources that best suit their needs and tastes. Expectant teenagers in Kajiado relied on various sources for health information, including online platforms, social media, healthcare professionals, peers, and family members. For example, the digital era has "reawakened U&G from dormancy" due to the rapid progress of information technology (Ruggiero, 2000:13) as there is a large pool of traditional media, social media, and messaging apps, which has undoubtedly, resulted in content diversity and plurality. Using the theory of Uses and Gratifications, I investigated the specific media sources preferred by expectant teenagers and the gratifications they derived from each source.

Examining Gratifications: Individuals seek gratifications through media consumption, such as information, entertainment, social interaction, personal identity, and emotional release, according to Katz et al., (1974). The teenagers sought information to make decisions about their health, gain a sense of empowerment, and connect with others who have similar experiences, or alleviate anxiety and concerns.

Identifying Audience Segmentation: U&G suggests that individuals have different needs, gratifications, and media preferences (Rubin, 2009). I applied this theory to identify distinct segments within the population of expecting teenagers in Kajiado based on their health information-seeking behaviors and gratifications. Findings point to the need for healthcare professionals and policy makers to customize interventions and communication tactics to each segment's unique needs and preferences.

Evaluating Media Effects: The theory recognizes that media consumption can impact people in both positive and bad ways. Analyzing the real-life experiences of expectant teenagers in Kajiado helped determine how health information-seeking habits affect their health results, decision-making processes, self-efficacy, and overall well-being. This analysis provided insights into how media use influences the target population and guides the development of effective interventions.

With individuals opting for content that aligns with their specific gratifications and interests, the Uses and Gratifications Theory helped gain a deeper understanding of the motivations, preferences, and effects of health information seeking among expecting teenagers in Kajiado. This further gives room to investigate the dynamic interaction between media use, sought-after gratifications, and the distinct experiences of this particular demographic.

2.4.2 Social Cognitive Theory (SCT)

A psychological and behavioral theory developed by Albert Bandura, The Social Cognitive Theory (SCT) places a strong emphasis on how social factors, self-efficacy, and observational learning shape behavior (Bandura, A., 1986). It requires a deep interest in how people pick up new behaviors through social interaction and observation, as well as the reciprocal relationships that exist between environmental, behavioral, and personal elements. SCT holds that people learn by seeing other people and the results of their activities, and their behavior is influenced by their beliefs in their own capabilities to perform the behavior (Luszczynska & Schwarzer, 2015).

In the study, SCT helped understand how their behavior is influenced by the behaviors and attitudes of others, such as family members, peers, healthcare providers, and media representations. I noticed that teenagers who are expecting potentially observe and pick up tips from the people in their social networks, such as their friends, relatives, and medical experts, who may have a favorable or bad impact on how they seek out health information. Their self-efficacy, or confidence in their capacity to successfully acquire and comprehend health information, also affected how eager they were to look for it.

In the study, The Social Cognitive Theory (SCT) applies through;

Observational Learning: The SCT suggests that individuals learn by observing others, by being rewarded or punished for their own behavior, and by thinking about their own behavior (Bandura A., 1986). Regarding teens that are expectant and are looking for health information, the theory proposes that these teens might watch how their friends, family, or medical experts behave when looking for health information. Their behavior may be influenced by what they observe and perceive as effective strategies for obtaining information.

Self-Efficacy: One of the main tenets of the SCT is self-efficacy, which is the conviction that one can carry out a particular activity on one's own (Bandura A., 1997). Expectant teenagers' self-efficacy in seeking health information could impact their motivation and persistence in actively seeking relevant and accurate information. Factors such as previous successful experiences, peer support, and positive role models can enhance self-efficacy and encourage them to engage in health information- seeking behaviors (Woolever, 2023).

Social Support: The SCT emphasizes how crucial social support is for affecting behavior change. Expectant teenagers' social networks, including family, friends, and healthcare providers, provided emotional support, information, and guidance during their health information-seeking process. Sserwanja et al., (2022) point out that supportive relationship can positively impact their motivation, knowledge, and ability to access appropriate health information.

Behavioral Modeling: The SCT posits that individuals learn behaviors through observing and imitating others (Abdullah, 2019). Findings indicated that the teenagers were influenced by the behaviors they observed in their social environment, such as the use of specific sources like healthcare professionals, internet and peers or techniques for locating health information. Influential people's modeling of efficient methods for obtaining health information also had an impact on their own actions.

Outcome Expectations: The SCT emphasizes the role of outcome expectations in shaping behavior. Woolever (2023) established that expectant teenagers think about the potential benefits of their health information-seeking behaviors, such as better understanding of pregnancy-related difficulties, better health decision-making, and higher self-care, thus positive outcome expectations might act as motivators for seeking health information.

2.4.3 The Health Belief Model (HBM)

The Health Belief Model (HBM) is a theoretical framework that takes people's beliefs and perceptions into account to explain and predict health-related actions (Rosenstock, I. M., 1974). The Health Belief Model (HBM) was developed in the 1950s and has been widely utilized to understand and forecast personal health-related behaviors. According to the

Health Belief Model (HBM), three primary factors affect behavioral intention: one's attitude toward the behavior, one's perception of behavioral control (the perceived ease or difficulty of performing the behavior), and one's perception of subjective norms (the perceived social pressure to perform or not perform the behavior).

HBM focuses on personal beliefs on the severity of a health issue, perceived vulnerability to it, benefits of taking action, and barriers to action (Carpenter, C. J., 2010). Teenage mothers- to-be weigh the advantages of acquiring accurate information to make well-informed decisions against the hazards of receiving insufficient health information during pregnancy, such as potential injury to themselves or their unborn children (Oxman et al., 2022). A few examples of perceived barriers are restricted access to health resources, worries about privacy, or ignorance of the various information sources that are of significance unto them.

In the study, the following scenarios were covered by the Health Belief Model: Perceived Susceptibility: According to the HBM, people who believe they are more vulnerable to a certain health problem are more inclined to take precautions to protect their health (Rosenstock, I. M., 1974). Understanding their perceptions of the risks associated with pregnancy and childbirth sheds light on their health information- seeking behaviors. It explores whether they consider themselves susceptible to certain pregnancy-related complications and if these perceptions influence their information- seeking practices.

Perceived Severity: According to the HBM, people are more inclined to participate in health- related actions if they believe that their health status could have serious implications (Rosenstock, 1974). In the case of expectant teenagers in Kajiado, exploring

their perceptions of the severity of pregnancy-related issues, such as maternal mortality or infant health, allowed for understanding how these perceptions shape their motivation to seek health information.

Perceived Benefits: According to the Health Belief Model (HBM), people are more inclined to embrace health habits if they think doing so will have beneficial effects (Green, Murphy & Grybosky, 2020). Examining the perceived benefits of health information seeking among expectant teenagers in Kajiado provided insights into the factors that motivate them to seek information. For example, they believed that acquiring accurate health information can help them make informed decisions about prenatal care or improve their pregnancy outcomes.

Perceived Barriers: The HBM emphasizes that perceived barriers can hinder individuals' adoption of health behaviors (Owusu-Addo, 2016). It is possible to determine the difficulties and roadblocks expectant teens in Kajiado encounter while trying to get and use pertinent health information by investigating the perceived barriers to this process. This effectively addressed research question number 3. These barriers include limited access to healthcare services, cultural or societal norms, financial constraints, illiteracy or lack of awareness about available resources.

Cues to Action: The HBM states that things, people, or occasions that trigger people to alter their behavior can motivate them to take health-related action (Rosenstock, 1974). A thorough comprehension of the triggers that motivate them to seek health information, such as recommendations from healthcare providers, social support networks, or media campaigns, give room for developing effective interventions and strategies to promote

health information-seeking behaviors.

Self-efficacy: According to the HBM, self-efficacy has a significant role in altering behavior. It speaks to a person's confidence in their capacity to carry out a particular conduct (Carpenter, C. J., 2010). Exploring the self-efficacy of expectant teenagers in Kajiado regarding health information seeking provided insights into their confidence in finding and utilizing relevant information. It assisted in identifying potential areas for support and empowerment to enhance their self-efficacy and promote positive health behaviors.

Interconnection of U&G, SCT and HBM in the study

I gained a more thorough grasp of the complexities of the lived experiences of expectant teenagers in Kajiado seeking health information by combining these three theoretical frameworks: Uses and Gratifications Theory (U&G), Social Cognitive Theory (SCT), and the Health Belief Model (HBM). By highlighting their needs, motives, and the satisfaction they receive from information sources, U&G shed light on why teens look for health-related information. According to U&G, media and information play a crucial role in meeting the unique information demands of expectant teenagers. In focusing on the influence of social learning and observational learning on the formation of health habits, SCT enhances U&G. This idea lays bare how peers, role models, and media characters teach anticipating teenagers about pregnancy, childbirth, and parenting. SCT also emphasizes the significance of self-efficacy, which affects teens' self-confidence in their capacity to find and apply health information efficiently. Ultimately, the HBM advances our understanding of health information seeking by concentrating on the cognitive aspects that drive health behaviors. This theory contributes to understanding how expectant teenagers view their

vulnerability to pregnancy-related hazards, the gravity of potential consequences, and the benefits of seeking health information. Furthermore, the HBM helps to make sense of the perceived hurdles to receiving and using health information, such as cost, time limits, literacy and lack of accessibility.

2.5 General and Empirical Literature Review

Health information seeking is essential to the well-being and decision-making processes of expectant teenagers, particularly in underserved areas such as Kajiado County. Understanding the lived experiences of health information seeking among expectant teenagers is essential for improving their access to accurate and reliable information, promoting positive health outcomes, and addressing the unique challenges they face. However, despite the significance of this topic, research expressly addressing the real-world experiences of expectant teenagers in Kajiado County accessing health information is scarce.

This literature review aims to fill this gap by examining existing studies and research related to the experiences, needs, and barriers faced by expectant teenagers in accessing and utilizing health information in Kajiado County. By exploring the current body of knowledge, this review seeks to identify key themes, gaps, and recommendations for future research and interventions. Enhancing an understanding of the lived experiences of health information seeking among expectant teenagers in Kajiado County not only adds to the scholarly debate on adolescents and sexual reproductive health but it also aids in the creation of focused and successful plans to meet their requirements for reproductive health and encourage favorable results for both mothers and infants.

2.5.1 Information Sources and Channels

Expectant teenagers seek health information from a variety of sources throughout their pregnancy journey. Healthcare providers, such as obstetricians, midwives, and nurses, are one important source. These professionals are critical in delivering accurate and reliable information about prenatal care, labour, and postnatal care (Owusu-Addo & Morhe, 2016). It is critical to tell them of the increased chance of premature birth, low birth weight, and other complications apart from a worse survival probability for their offspring (Sserwanja, 2022). It is vital to connect expectant teenagers with early prenatal care and to promote a healthy lifestyle that includes a well-balanced diet, daily exercise, and abstinence from alcohol and drugs (Ahinkorah et al, 2021).

Apart from medical professionals, adolescent mothers frequently rely on internet sources including reliable websites, discussion boards, and social networking sites (Jia, Pang & Liu, 2021). Jia, Pang, & Liu, (2021) argue that because consumers are more likely to stick with treatment after they have enough knowledge about their health difficulties, online health information searching is anticipated to be advantageous for consumers of health information.

The internet provides convenient access to a vast array of pregnancy-related information, allowing teenagers to gather knowledge, seek advice from online communities, and explore personal experiences shared by others. Owusu-Addo et al., (2016) concluded in their qualitative analysis that poor educational attainment may be a likely explanation for why expectant teenagers did not use the Internet as a source of health information. However, it is essential to note that the reliability and quality of online sources can vary

significantly (Sserwanja et al., 2021), which calls for training on how to assess credibility and reliability of the information they find online.

Expectant teenagers also rely on their immediate social networks, including family, friends, and peers who have had previous experiences with pregnancy and parenting. These personal connections offer emotional support, practical advice, and cultural guidance, shaping the teenagers' understanding of pregnancy and influencing their information-seeking decisions (Duby et al, 2022).

Social support reduces stressors and improves the mental and physical well-being of pregnant women (Bedaso et al., 2021). Apart from helping to reduce the risk of complications during pregnancy and childbirth, research has shown that social support can have a positive impact on the physical and mental health of both the mother and the baby (Baney et al., 2022). They at the same time elucidate that women who receive less social support throughout their pregnancy are more likely to use drugs, develop mental illnesses, and have poor birth outcomes.

Expectant teenagers have been reported to engage with support groups, community organizations, or educational materials specifically tailored to their unique needs (Sserwanja et al., 2021). These resources provide additional guidance, access to specialized information, and a sense of belonging within a community of individuals sharing similar experiences. According to Sserwanja et al., (2021), social support treatments and social participation may be useful in avoiding prenatal and neonatal poor birth outcomes. Furthermore, social support can boost self- esteem, boost immunity against illnesses, and contribute to a healthier lifestyle (Bedaso et al., 2021). By drawing on these diverse

information sources, expectant teenagers navigate the challenges of seeking health information while considering multiple perspectives and incorporating various sources of knowledge into their decision-making processes.

2.5.2 Information needs and preferences

Expectant teenagers face unique challenges and uncertainties, necessitating access to accurate and relevant health information (Kotoh et al., 2022). Studies have consistently highlighted the multifaceted nature of their information needs, encompassing various aspects such as prenatal care, nutrition, physical changes, labor and delivery, postnatal care. For instance, Oxman et al., (2021) found that topics such as prenatal care, nutrition, pregnancy complications, childbirth preparation, contraception, sexually transmitted infections, parenting skills, and postnatal care were critical concerns for expecting teenagers. It is important to provide expectant teenagers with accurate, comprehensive, and age-appropriate information in a way that is respectful of their needs and preferences. This helps them make informed decisions about their pregnancy and parenting, and can improve their chances of having a healthy pregnancy and baby.

Furthermore, research has indicated that expecting teenagers frequently demand information that is culturally sensitive, age-appropriate, and personalized to their individual situation (Kerlow, 2023). Expectant teenagers require information that is age and culturally sensitive to address their unique developmental needs, provide emotional support, respect their cultural background, empower their autonomy, and improve their overall health outcomes. For example, teenage pregnancy has been found to lead to stigma and seclusion (Olenja et al., 2016) meaning message crafting should be done with care. Such information ensures that patients receive the essential support, guidance, and

resources to navigate their pregnant experience in a relevant, meaningful, and beneficial manner.

Hsiao et al., (2023) found that preferences for information sources also emerge as a critical factor, with studies indicating that expectant teenagers often rely on a combination of formal sources such as healthcare providers, educational materials and informal sources like peers, family members and social media platforms. There are many different places to find out about health, including the Internet, TV, radio, newspapers, periodicals, and friends and family. Due to the high cost of books and other health information sources, Anasi and Allison (2018) found that pregnant women were more likely to rely on traditional sources of health information, such as radio and television. Due to their credibility and reliability, the women rate health professionals to be the most trusted source of information, followed by informal sources such as family and friends and the Internet (Hsiao et al., 2023).

Inadequate information resources, lengthy wait periods for doctor appointments, and embarrassment about asking questions or discussing pregnancy-related issues were the most prevalent barriers to information access among expecting teenagers (Ghiasi, 2021).

Poor communication with health practitioners, as well as shame, is another challenge that rural expectant women face when seeking information from health professionals with many expectant teenagers avoiding clinics and other medical practices due to maltreatment by health care personnel and mature women (Sewpaul et al., 2021). For example, a qualitative study conducted by Erasmus et al. (2020) on "barriers to accessing maternal health care amongst pregnant adolescents in South Africa" discovered that stigma

associated with adolescent pregnancy as being deviant, reckless, and shameful has long been a barrier to adolescents obtaining antenatal care. In their families, communities, schools, and ANC facilities, the teenagers frequently internalized these views and were afraid of how others would react.

Social support networks can help overcome obstacles to searching out information such as stigma or accessibility issues, by providing resources, transportation, and accompaniment to healthcare appointments (Lin, 2023). Apart from helping expectant teenagers identify reliable information sources and understanding the importance of seeking accurate and reliable information about pregnancy, childbirth, and parenting, social support can help expectant teenagers feel comfortable asking questions about critical concerns as these (Erasmus et al., 2020). Social support networks also serve as sources of information themselves, as members share their own experiences, knowledge, and advice related to pregnancy and childbirth (Sserwanja et al., 2022).

In fostering a supportive environment, social networks empower expectant teenagers to seek out accurate and reliable health information, promoting positive health outcomes for both themselves and their infants. From the aforementioned, it is important to note that access to accurate, trustworthy information remains a challenge for this vulnerable population (Sserwanja et al., 2022). Limited health literacy, societal stigmatization, and inadequate healthcare infrastructure contribute to gaps in meeting their information needs. Filling these gaps and understanding the specific information preferences of expectant teenagers in Kajiado County can inform the development of targeted interventions and improve their overall health outcomes.

2.5.3 Sociocultural Context

The social and cultural setting in which people live and interact is referred to as sociocultural context. It encompasses the social structures, cultural norms, values, beliefs, practices, and institutions that shape people's behavior, attitudes, and experiences. The social and cultural norms and values that surround a teenager's life can have a significant impact on their health-seeking behaviors. The sociocultural backdrop shapes how people see the world, connect with others, and make sense of their experiences from the start.

Teenagers who are expectant seek for health information in large part because of their sociocultural background. Loughmiller-Cardinal and Cardinal (2023) contend that teenagers from different sociocultural backgrounds have different beliefs, values, and norms about health and pregnancy which influence how they seek and use health information. Teenagers from societies that prioritize familial and communal ties, for instance, might be inclined to ask their parents, siblings, or other reliable adults for health-related information. Those from cultures that place a high emphasis on independence could be more inclined to turn to the internet or other independently accessible sources for health information. Teens from marginalized groups may have less access to accurate and reliable health information, which can ultimately make it more difficult for them to make decisions about their own and their babies' health (Kuvuna et al., 2024). According to Davis (2023), the sociocultural context can have a big impact on how easily accessible health information is for teenagers who are expectant.

Traditional beliefs surrounding pregnancy and childbirth, such as cultural taboos, gender roles, and familial expectations, can influence how expectant teenagers seek and access health information (Amoadu et al., 2022). One study found that girls from low-income

homes and those who never attended school or dropped out were more likely to marry before turning eighteen and to be victims of sexual abuse. In some cultures, teenage pregnancy is seen as acceptable or even desirable which can make it more likely for teenagers in these cultures to become expectant (Phiri et al., 2023). Teenagers who are married off as children are less likely to take contraception to postpone getting pregnant and to be active in decisions about their reproductive health (Amoadu et al, 2022). Girls are also more likely to experience sexual abuse because they lack the power to demand safer sex.

Additionally, social networks, including family, peers, and healthcare providers, shape the information-seeking processes by either facilitating or hindering access to relevant resources (Lin, 2023). Social support networks for instance shape health information seeking among expectant teenagers through emotional support, information sharing, the establishment of norms and expectations, role modeling, and practical assistance.

These networks, consisting of family members, friends, peers, and community members, provide emotional, informational, and instrumental support during the pregnancy journey (Kotoh et al., 2022). Strong social support networks among expectant teens increase the likelihood that they will actively seek out and use health information to make decisions about their prenatal care, childbirth, and general well-being (Maina, 2024). The presence of supportive individuals provides a sense of reassurance, encouragement, and guidance, which enhances their confidence in accessing and understanding health information (Sserwanja et al., 2022).

Despite the foregoing, an expecting teen's socioeconomic position may also influence how they look for health information (Amoadu et al., 2022). Teenagers from low-income

families have less access to healthcare resources or face financial barriers to seeking care which makes it difficult for them to get the health information and care they need. They have been found to lack affordable and accessible healthcare services, transportation to healthcare facilities, health insurance or inadequate coverage, knowledge about available health resources and hesitate to seek healthcare due to stigma or fear of judgment. As a result, expectant teenagers from lower SES backgrounds have a less likelihood of receiving timely and comprehensive prenatal care (Kotoh et al., 2022), which may have a detrimental effect on both their health and the wellbeing of their children (Mmari et al., 2021). For example, expectant teenagers lower SES backgrounds are more likely to experience negative pregnancy outcomes, like low birth weight and early delivery. They are also more likely to experience postpartum depression and other mental health challenges (Sserwanja et al., 2022).

It is within this sociocultural context that expectant teenagers navigate their way through seeking health information, and thus, examining the interplay between the sociocultural factors and their information-seeking experiences is vital to develop effective interventions and support mechanisms (Kuvuna et al., 2024). Delving into the sociocultural context provides insights into how cultural norms and social dynamics impact the information-seeking behaviors and experiences of expectant teenagers in Kajiado County, ultimately contributing to a more holistic understanding of their health information- seeking journeys.

2.5.4 Barriers and challenges

Numerous researches have brought to light a variety of obstacles and difficulties that expectant teenagers encounter while trying to find health information. One prominent barrier identified in the literature is the lack of comprehensive and accurate information

available to teenagers regarding their reproductive health and pregnancy- related issues (Hsiao et al., 2023). Expectant teenagers' life and the well-being of their unborn children can suffer as a result of a lack of complete and reliable information (Senkyire, 2022). These young people struggle to make informed decisions about their health, prenatal care, and entire parenting journey if they do not have access to credible information.

One significant impact is the potential for inadequate prenatal care. For the sake of the growing fetus and the mother, proper prenatal care is crucial, as it can help identify and address any potential health risks or complications (Sserwanja, et al., 2022). For example, prenatal care can assist in recognizing and controlling chronic diseases, high blood pressure, diabetes, and other health issues that may impair pregnancy. It also helps in screening for and preventing birth defects and generally monitoring the baby's growth and development (Barbosa et al., 2020). However, without comprehensive information, expectant teenagers may not fully understand the importance of regular check-ups, proper nutrition, and prenatal vitamins. As a result, they may not seek the necessary medical attention, leading to potential health issues for themselves and their babies (Barbosa et al., 2020).

Lack of accurate information has been reported to hinder the teenagers' ability to make informed choices about their pregnancy and available options. Without understanding all the available alternatives, such as parenting, adoption, or abortion, they feel overwhelmed and uncertain about the best path to take (Sserwanja et al., 2022). For instance, expectant teenagers in Kajiado County lack access to accurate information about pregnancy and childbirth due to a number of factors, including limited availability of health facilities, illiteracy, and cultural taboos. As a result, these teenagers can often be misinformed

about the risks and complications of pregnancy, and they may make decisions that are harmful to their health and the health of their babies. Sserwanja et al., (2021) point out that such can also lead to increased stress and anxiety, as well as a higher likelihood of making decisions that may not align with their long-term goals or personal circumstances.

The emotional health and support networks of the youth are also impacted by inadequate knowledge. Pregnancy at a young age can be emotionally challenging, and without accurate guidance, expectant teenagers may feel isolated, ashamed, or stigmatized (Hsiao, 2023). When teenagers lack information about important topics such as mental health, relationships, and sex, they may feel confused and scared which can lead to a number of negative consequences, including increased anxiety and depression, low self-esteem, poor decision- making, risky behaviors, isolation from friends and family, difficulty forming healthy relationships, and self- harm or suicide (Scorza et al., 2023). For instance, such can make it difficult for them to feel comfortable seeking help from health care providers or other sources of information. Luttges et al., (2021) emphasize that in addition to such they may not have access to support networks, counseling services, or educational resources that could help them navigate their emotions and develop healthy coping mechanisms.

Moreover, the absence of comprehensive information can perpetuate cycles of misinformation and misconceptions (Karim et al., 2021). Teenagers turn to unreliable sources, such as peers or the internet, which may provide inaccurate or incomplete information. Kotoh et al., (2022) aver that expecting teenagers are at an increased risk of exposure to misinformation about their health from the internet and their peers, due to their age, lack of experience, and limited access to reliable information. This misinformation can lead to misconceptions about pregnancy, childbirth, and parenting, potentially resulting

in unhealthy practices or unrealistic expectations on top of making poor health decisions (Hsiao et al., 2023). This indicates that accessible resources, educational programs, and support networks specifically tailored to their needs can empower them to make well-informed decisions, seek appropriate healthcare, and develop the necessary skills to navigate parenthood successfully.

Limited access to sexual and reproductive health services, including inadequate counseling and educational resources, has been reported as a significant challenge faced by expectant teenagers (Hsiao et al., 2023). Limited access to sexual and reproductive health services for expectant teenagers has significant implications for their overall well-being and the outcomes of their pregnancies. When teenagers face barriers to accessing these services, they are at an increased risk of inadequate prenatal care, higher rates of complications, and poorer health outcomes for themselves and their babies (WHO, 2022). Efforts should be made to ensure that comprehensive sexual education programs are widely available, promoting awareness of safe sex practices, contraception, and reproductive health (Sserwanja, 2022). It is crucial to increase the accessibility of prenatal care services, including affordable healthcare options and clinics tailored to the needs of teenage mothers.

Additionally, cultural and societal factors, such as stigma and judgment associated with teen pregnancy, make them reluctant from seeking useful information. According to Ntshayintshayi et al., (2022), stigma has been found make them feel ashamed and embarrassed about their pregnancy, and it discouraged from seeking the health information and care they need. Teenagers who are afraid of being judged may delay or avoid getting prenatal care, which can have serious health consequences for both the mother and

the baby. Sewpaul et al., (2021) contends that expectant teenagers shy from seeking medical help as a result of stigma and embarrassment. The societal stigma surrounding teenage pregnancy often leads to negative perceptions, stereotypes, and judgments directed towards expectant teenagers, which can create a hostile environment and discourage them from seeking accurate and comprehensive health information (Kotoh et al., 2022).

Teenagers worry about being judged for their age, sexual activity, or the circumstances surrounding their pregnancy. In instance, Miller et al., (2021) found that they are seen as irresponsible or promiscuous apart from being accused of ruining their lives or the lives of their unborn children and be blamed for the pregnancy, even if they were not the only person involved. This fear can lead to a lack of trust in healthcare providers and reluctance to engage with the healthcare system (Sewpaul et al., 2021). At the same time, some expectant teenagers may not trust health care providers because of past negative experiences or because of cultural beliefs. This can make it difficult for them to get the information and care they need. Consequently, expecting teenagers may refrain from seeking accurate information, missing out on essential prenatal care and guidance (Sserwanja et al., 2022), further amplifying their feelings of vulnerability, causing them to withdraw and avoid seeking the help and support they need.

Furthermore, the lack of confidentiality and privacy in health care settings discourages teenagers from actively seeking information and support (Sewpaul et al., 2021). Confidentiality is crucial for establishing trust and ensuring that individuals feel safe and comfortable seeking the care they need (Field et al., 2020). However, when expectant teenagers perceive a lack of confidentiality and privacy, it can deter them from seeking the information and support necessary for their reproductive health. It contributes

to increased stress levels, anxiety, and a sense of vulnerability, which further impacts their mental and emotional health (Macharia et al., 2021). Furthermore, the fear of judgment and invasion of privacy can perpetuate a cycle of limited information seeking, resulting in suboptimal care and potential negative health outcomes for both the teenager and their baby.

Simultaneously, the fear of judgment and invasion of privacy can perpetuate a cycle of limited information seeking, resulting in suboptimal care and potential negative health outcomes for both the teenager and their baby.

According to Haider et al., (2023), language, cultural, and educational barriers affect access and quality of care. In instance, language barrier can make it difficult for expectant teenagers to understand and communicate with their health care providers about their health needs. If the majority of healthcare professionals in the county speak English, these teenagers may be less likely to seek out health information or more likely to misinterpret the information they do find, both of which could have serious negative effects on their health and the health of their unborn children. Haider et al., (2023) point out those linguistic barriers can also lead to misconceptions and misinformation about pregnancy and childbirth which can be especially dangerous for expectant teenagers due to their age and lack of experience. To address this, more health information should be supplied in local languages by community-based health workers who can translate the material and deliver it in a culturally acceptable manner. Another is to train expectant teenagers in basic health literacy skills to help them to understand health information, even if it is not in their native language.

Limited financial resources can make it challenging for expectant teenagers to afford the costs associated with seeking health information (Nambile et al., 2022). This includes expenses such as transportation to healthcare facilities, medical consultations, laboratory tests, and prenatal care. Additionally, purchasing essential items such as prenatal vitamins, maternity clothing, and baby supplies can become financially burdensome (Apolot et al., 2020). The financial burden may deter them from seeking regular check-ups and obtaining the necessary information to ensure a healthy pregnancy. The lack of financial means can result in delayed or infrequent healthcare visits, which can compromise their health and the well-being of their unborn child (Apolot et al., 2020). Without regular check-ups, it is evident that expectant teenagers may miss out on important information and guidance necessary for a healthy pregnancy.

Nambile et al.'s qualitative investigation of the obstacles and tactics required to enhance maternal health services for pregnant adolescents in Uganda found that transportation difficulties further compound the challenges faced by expectant teenagers (Nambile et al., 2022). Lack of reliable transportation options or the cost of transportation can make it difficult for them to travel to healthcare facilities or attend prenatal appointments (Field et al., 2020). These result in missed opportunities for receiving crucial health information, as well as hinder their ability to engage in regular prenatal care (Nambile et al., 2022). The lack of transportation options has also been established to limit their access to other support services, such as counseling or parenting classes, which could provide valuable information and guidance during their pregnancy journey.

To overcome these barriers and challenges requires a multi-faceted approach, it is crucial to foster an environment that promotes empathy, respect for autonomy, understanding, and acceptance for expectant teenagers. Apart from implementing strict protocols, and providing ample infrastructure, healthcare providers must also be trained to provide non-judgmental and supportive care, ensuring that expecting teenagers feel safe and comfortable seeking information and assistance. Creating inclusive and accessible healthcare services, as well as promoting peer support networks, can help break down barriers and empower expectant teenagers in their health information-seeking journey.

2.5.5 Sensemaking strategies

Carl Weick defines sensemaking as the process by which people make sense of complex social dynamics in order to create their own roles and narratives within their organizations. Weick claims that sensemaking first and foremost organizes flux, causing people's regular activities to break when they encounter circumstances that contradict their sense of meaning or do not fit into their preexisting action plans. Sensemaking is the process of observing and bracketing: people look at the current circumstance and attempt to categorize it in light of their preexisting mental models of related phenomena (Weick, 2012). Labeling is the process by which people give verbal descriptions of their lived experiences' shape. This is the essence of sensemaking. Labeling helps people find common ground by enabling them to communicate their meanings to one another (Clark & Brennan, 1991). Retrospective sensemaking occurs when people interpret events only after they have finished participating and have had time to consider the results (Weick, 2012). This approach investigates how people reconstruct and interpret past experiences in light of new information and understanding.

Park's meaning-making perspective is primarily interested in how people create meaning in their lives, especially when it comes to trying and upsetting circumstances. People have a global orienting system that aids in meaning-making and enables them to comprehend and make sense of a wide range of events and circumstances in their lives (Park, 2010). In order to "restore the sense of the world as meaningful and their own life as worth-while," people must evaluate their new experiences and modify their orienting system when they come across circumstances that cannot be explained by their preexisting orienting system (Park, p. 258).

Navigating the labyrinth of complex health information can be daunting for anyone, but for expectant teenagers grappling with a whirlwind of emotions and physical changes, the challenge can be monumental. To make sense of this multifaceted terrain, they employ a diverse toolbox of cognitive and social strategies that act as their internal compass (Allen & Jackson, 2013). Faced with a constant influx of often overwhelming health information, they must not only grapple with new physical experiences and emotional adjustments but also actively engage in making sense of intricate medical terminology, conflicting advice, and evolving recommendations (Greyson, 2015). This intricate process, however, goes beyond simply gathering and filtering information. It necessitates the employment of diverse cognitive and social strategies to interpret, evaluate, and ultimately translate complex health knowledge into meaningful insights that guide their decisions and shape their experiences throughout pregnancy.

When it comes to cognitive abilities, questioning and critical thinking are critical because they allow one to compare and contrast data from various sources while challenging

its veracity and accuracy. Teens analyze data, looking for meaning in complex medical jargon and contrasting information from various sources to spot discrepancies (Amo-Adjei, 2022). They have been found to combine data from multiple sources to create a detailed picture of their pregnancy journey. As they establish a personalized understanding of their health, pattern recognition is put to use as they make connections between the information they encounter and their experiences. For example, pattern recognition enables them to spot recurring themes and patterns in a variety of sources, resulting in a more comprehensive understanding. Zhang and Soergel (2020) established that they might also perform mental simulations in which they imagine possible results from various decisions based on how they understand the information.

Teenagers who are expecting perform an amazing mental dance to make sense of the overwhelming amount of health information available to them (Greyson, 2015). They do more than just collect data; they also use a variety of cognitive strategies to personalize, filter, and interpret the data, which ultimately shapes their understanding and influences their health-related decisions. It has been discovered that by doing so they can make sense of this complicated environment, turning uncertainty into clarity and giving them the confidence to make the right decisions regarding their own health and the health of their unborn children (Zhang & Soergel, 2020).

Categorization and simplification are critical tactics. It can be daunting to deal with the sheer amount and technical jargon of health information (Sserwanja et al., 2022). Teenagers who are expecting frequently look for more clarification or simplification to close this gap. They might rephrase their queries to medical professionals, request illustrations or diagrams, or divide difficult subjects into smaller, more digestible portions.

Through this iterative process, they are able to gain a better understanding of their health condition and their options (Amo- Adjei, 2022). Teenagers might, for instance, read pages containing medical jargon, which could include complex fetal development diagrams, strange symptoms, and statistics regarding the likelihood of becoming pregnant. Most probably she might divide these ideas into smaller, easier- to- understand chunks. She could make mental maps to organize information according to themes such as prenatal care, nutrition, and labor preparation, or she could make analogies, likening her changing body to a flower blooming. She can ultimately process complex information by breaking it down into manageable chunks and organizing it in this way, gradually developing a thorough understanding.

When presented with ambiguous advice or a perplexing medical term, a teenager will not accept it passively. She will turn into a detective, questioning healthcare providers, family members, and even online communities (Amo-Adjei, 2022). This "why" and "how" approach ensures that she fully understands the information and its implications, dispelling any uncertainty and empowering her to make informed decisions. When confronted with contradictory information from various sources, teenagers use critical thinking skills to compare and contrast. They may assess the credibility of various sources by taking into account factors such as medical expertise, cultural relevance, and personal experiences (Woolever, 2023). This comparative method assists them in identifying untrustworthy information and ultimately basing their understanding on the most credible sources.

Teenagers who are expecting rely heavily on the social sphere to help them make sense of things. Brown (2016), points out that by using their social networks, they share their worries and information with family, friends, and trusted adults, which gives them the

chance to receive validation and see things from different angles. They pick up useful information and gain insight from the experiences of others by actively listening and participating in online forums or support groups. Jones & Williams (2018) observe that the teenagers can assess various interpretations, spot possible biases, and obtain a deeper understanding of their circumstances by discussing ideas with others. They are able to improve their comprehension and gain greater self- assurance in their choices thanks to this social feedback loop.

Expectant teenagers frequently integrate information carrying complex medical jargon into their personal narratives in order to truly internalize it. They relate medical facts to their personal histories, feelings, and aspirations for the future (Amo-Adjei, 2022). Through the storytelling process, they are able to give the information a personal touch and give it context specific meaning. They acquire a sense of agency and control over their health decisions by viewing their pregnancy journey through their own lens.

Socially, teens who are expecting turn to their social networks for clarification and support. They look to dependable sources, such as medical professionals, family members, or more seasoned peers, for reassurance and clarification (Sserwanja et al., 2022). Sharing and debating information with peers, exchanging ideas, and developing a shared understanding are all part of collaborative information-seeking. In order to obtain understanding and lessen feelings of loneliness, people compare their experiences and information access with others through social comparison (Bedaso et al., 2021). Crucially, the emotional support they receive from their social networks gives them self-assurance and gives them the ability to sort through the confusing maze of health information and decide what's best for their children and themselves (Muthelo et al, 2024).

To start with, expecting teens often seek guidance and clarification on confusing or contradicting health information from reliable sources such as mothers, grandmothers, older sisters, or close friends (Sserwanja et al., 2022). These confidantes, who frequently have personal experience with pregnancy, can provide adolescents with emotional support and culturally appropriate interpretations, assisting them in assimilating new information into their preexisting understanding. With similar experiences and pregnancy anxieties, adolescent peers occupy a special place in the social landscape. Expectant teens engage in collaborative sensemaking through informal conversations, online forums, or support groups (Johnson et al., 2022). They question, interpret, and validate information together. Through the removal of false information and the provision of alternative viewpoints, this peer-to-peer exchange can serve as an invaluable filter.

Despite the fact that power dynamics may occasionally prevent teenagers from asking direct questions of medical professionals, they nevertheless use nuanced methods to interpret healthcare information (Ntshayintshayi et al., 2022). Asking clarifying questions, getting second opinions, or contrasting the advice of the provider with data obtained from other sources could all be part of this process. Johnson (2022) conclude that comprehending these strategies for negotiating can enhance healthcare dialogue and guarantee that the teenagers actively engage in well-informed decision-making.

It is important to remember that traditional values and customs upheld by families and communities frequently have a big impact on how teens view pregnancy and health (Miller et al., 2021). A holistic understanding of their health needs can be formed by expecting teens actively seeking guidance from elders, traditional healers, or religious

leaders and fusing their wisdom with scientific data. Healthcare professionals can create interventions and communication strategies that are sensitive to cultural differences by recognizing the importance of these community knowledge systems.

2.5.6 Decision-making processes

The decision-making processes related to health information seeking among expectant teenagers in Kajiado County emerge as a critical concept in the literature. Studies highlight that these teenagers face complex choices regarding their health during pregnancy and actively engage in seeking information to make informed decisions (Sserwanja et al., 2022). In this situation, decision-making is complex and influenced by a range of environmental, social, and personal factors. The protagonist Janie Crawford in Zora Neale Hurston's novel "Their Eyes Were Watching God" is a young black lady who is married off to an older man when she is a teenager, highlighting the complexity and significance of decision-making for expectant youths. She becomes pregnant, but she is unhappy in her marriage. She eventually makes the difficult decision to leave her husband and start a new life. Janie's story shows that even in difficult circumstances, women can make their own decisions about their lives. This emphasizes the importance of understanding the factors influencing their decision-making processes (Hausman, 1976).

Teenagers face a unique set of challenges in making decisions about their pregnancies, including limited knowledge, social stigma, and lack of access to resources. As a result, they reportedly rely heavily on health information seeking to help them make informed decisions about their care. A 2023 study by Woolever found that expectant teenagers often engage in a process of trial and error when seeking health information. The inherent obstacles and uncertainties of teenage pregnancy drive them to engage in this exploratory

process. These young mothers-to-be, often without the experience and wisdom that comes with adulthood, struggle with questions and anxieties about their own and their unborn child's well-being. They were discovered to try out different sources, such as the internet, friends, or family members, to see what works best for them apart from changing their minds about what they need to know as their pregnancies progress (Woolever, 2023). It's an indication that it is a bumpy road, marked by a succession of attempts to sort through the vast amount of information accessible in order to make the best decisions for themselves and their child.

Another study by Sserwanja et al., found that expectant teenagers often engage in a process of collaborative decision-making. They were discovered to be consulting with their partners, families, or healthcare providers to get input on their decisions. This process was reported to be helpful for teenagers, as it could allow them to get different perspectives and make more informed choices. However, the decision-making process can also be challenging for expectant teenagers. They for instance felt pressured to make decisions that please others, or they were afraid of making the wrong choice (Sserwanja et al., 2022). They also lacked the confidence in their ability to make informed decisions. Despite the challenges, expectant teenagers were reported to be resilient and resourceful. They were able to find ways to seek out and evaluate health information, and they were able to make decisions about their care, even in difficult circumstances within complicated environmental variable strands.

To keep or not to keep? A study by Engelbert et al. (2019) on the key decision-makers in teenage pregnancies in Jamestown, Ghana, discovered that the partner, family, friends, and teachers were the most significant decision-makers, with expecting youths playing the

most significant role. Teenagers who opted to carry their pregnancies to term were also impacted by social and personal variables. These teenagers consider their own knowledge, beliefs, and values and reflect on their understanding of pregnancy and its associated risks and benefits (WHO, 2022). They might weigh their own health concerns, aspirations, and desires for a healthy pregnancy and childbirth (Sewpaul et al., 2021). Additionally, their own experiences, previous knowledge, and access to information sources can shape their decision-making process.

Social factors play a significant role as well. Expectant teenagers may seek guidance and support from their families, friends, and partners. These social relationships play a vital role in shaping their information-seeking behaviors, as they provide both emotional support and practical knowledge (Jittitaworn, Catling & Homer, 2020). For instance, their social networks provide emotional support and influence their attitudes towards health information seeking. For expecting teenagers, social networks act as a critical support system, providing emotional consolation and changing their views towards health information seeking. According to Sserwanja et al., (2022), when used appropriately, these platforms can help young mothers- to- be navigate their pregnancies with confidence and make informed decisions for their own and their kids' health and well-being. Peer experiences and advice may impact their decision- making, either reinforcing or challenging their existing beliefs (Mabetha, 2022). They may act as per the advice of friends on aspects like nutrition and childbirth preparedness.

Furthermore, cultural norms, beliefs, and societal expectations impact the decision-making processes of expectant teenagers. The literature suggests that traditional cultural practices, community values, and stigmatization related to adolescent pregnancy influence

their choices and information-seeking behaviors (Amoadu et al., 2022). These norms encompass a wide range of beliefs, values, and behaviors that are ingrained in the social fabric of the expectant teenagers (Sserwanja et al., 2022). For instance, there may be a strong emphasis on collective decision-making and reliance on traditional practices and beliefs surrounding pregnancy and childbirth. Expectant teenagers within these cultural contexts may feel pressured to conform to established norms and seek information from elders, family members, or community leaders rather than healthcare professionals. This reliance on traditional sources of information can limit access to accurate and evidence-based health information, potentially leading to misinformation or outdated practices.

On the other hand, cultural norms can also serve as sources of support and guidance for expectant teenagers (Sserwanja et al., 2022). In communities where open communication and support networks are valued, teenagers may feel more comfortable discussing their health concerns and seeking information from trusted individuals within their cultural circles. These norms can facilitate the sharing of experiences, knowledge, and resources, creating a sense of solidarity and reducing feelings of isolation and stigma associated with teenage pregnancy (Amoadu et al., 2022). Teenagers from religious or spiritual backgrounds may also seek guidance from their religious leaders or consult religious texts for information on pregnancy and childbirth. Cultural norms that emphasize the importance of faith and spirituality may lead expecting teenagers to prioritize seeking information within their religious communities (Amoadu et al., 2022).

Accessibility and availability of health information sources serve as another aspect of decision-making among expectant teenagers. The availability of diverse and reliable sources of health information is crucial. More often than not, these teenagers find it

difficult to navigate the terrain of information because of contextual factors like literacy and societal stigma (Sewpaul et al., 2021). Teenagers who are expecting should have access to a variety of resources, including healthcare providers, educational materials, hotlines, websites, and support groups (Kotoh et al., 2022). These sources should provide accurate, up-to-date, and evidence-based information on topics such as prenatal care, nutrition, fetal development, childbirth, and postnatal care. The availability of these sources ensures that expectant teenagers can gather the necessary knowledge to make informed decisions and take appropriate actions to protect their health and the well-being of their babies (WHO).

Senkyire et al., (2022) point out that accessibility is another critical aspect in decision making for the expectant teenagers. The ability to access reliable and comprehensive health information plays a vital role in empowering expecting teenagers to make informed decisions about their health, prenatal care, and parenting journey (Karim et al., 2021). Health information should thus be easily accessible and tailored to the unique requirements of expectant teenagers. It is important to consider various factors that can affect accessibility, such as language, literacy levels, cultural sensitivity, and technological resources (Kotoh et al., 2022). Information should be presented in clear and understandable language, taking into accounts the diverse backgrounds and educational levels of the young mothers-to-be. Providing information in multiple formats, such as written materials, videos, and interactive platforms, can enhance accessibility and cater to different learning preferences.

Expectant teenagers face various barriers that can hinder their decision-making process when seeking health information. According to Field et al., (2020) these barriers can arise

from personal, social, economic, and systemic factors, and they can have significant impacts on the teenagers' ability to access and utilize reliable health information effectively. For example, some cultures discourage expectant women from seeking medical care, while others believe that certain foods or activities are harmful to expectant women. These beliefs make it difficult for expectant teenagers to find information that is consistent with their cultural values. Many expectant teenagers have limited knowledge about pregnancy, reproductive health, and available resources (Mills & Todorova, 2016). They may be unaware of the essence of seeking reliable information or where to find it. This lack of knowledge can create a barrier to making informed decisions about their health.

Teenage pregnancy often carries social stigma and can be associated with feelings of shame or embarrassment. Fear of judgment from peers, family, or society at large may deter expectant teenagers from seeking health information openly (Amoadu et al., 2022). The fear of being stigmatized can prevent them from accessing essential resources and support systems. This calls for support system, such as family or friends, since they can make decision-making on health information more challenging for expectant teenagers at times (Kotoh et al., 2022). A study by Kotoh et al. on the lived experiences and coping mechanisms of pregnant adolescents (2022) found that, without a supportive network, they struggle to gather information, process it, and make informed choices. Emotional support and guidance from trusted individuals are crucial for navigating the complexities of pregnancy and seeking appropriate health information (Hsiao, 2023).

The prevalence of misinformation and disinformation, particularly online, can make it difficult for expectant teenagers to discern accurate health information from false or misleading sources (Sserwanja et al., 2022). Misinformation can perpetuate myths, create

confusion, and lead to poor decision-making. Information overload also poses a challenge because expectant teenagers can often be bombarded with information about pregnancy and childbirth from a range of sources, such as friends, family, the internet, and medical professionals (Anasi & Allison, 2018). The sheer volume of information can be overwhelming, and it can be difficult to know which information is accurate and reliable especially without the necessary media literacy skills (Sserwanja et al., 2022). Additionally, the information that is available online can be contradictory or confusing, which can make it even more difficult to make sense of it all. This calls for digital literacy in an effort to empower the expectant teenagers.

From the debate, it emerges that addressing these barriers requires a multifaceted approach. It involves providing comprehensive and age-appropriate sexual education programs, promoting destigmatization of teenage pregnancy, improving access to affordable healthcare services, and implementing initiatives that enhance digital literacy skills. Furthermore, fostering supportive environments where expectant teenagers feel safe to seek information and ask questions is vital. Teenagers who are expecting can be empowered to make decisions about their health and well-being throughout pregnancy by removing these obstacles.

Overall, decision-making processes as a theme, sheds light on the intricate factors that shape the information-seeking behaviors of expectant teenagers in Kajiado County. By considering the influence of social networks, cultural norms, accessibility to healthcare resources, and the role of digital technology, researchers can gain valuable insights into how these teenagers make decisions about their health during pregnancy. Understanding these complex interactions of personal factors, social dynamics, and the broader

environmental context allows for a more comprehensive exploration of expectant teenagers' experiences and informs the creation of programs and support networks that encourage empowerment, well-informed decision-making and favorable health outcomes.

2.5.7 Emotional and Psychological Impact

Several studies have highlighted the profound effects that the search for health information can have on the emotional well-being of expectant teenagers with Kotoh et al., (2022) indicating that the process of seeking information, particularly regarding pregnancy-related topics, can evoke feelings of anxiety, confusion, fear, and stress. The teenagers have also been found to experience heightened emotional vulnerability as they navigate the complexities of pregnancy while simultaneously grappling with the uncertainty and societal stigmatization associated with their situation (Ntshayintshayi et al., 2022). To support the emotional wellbeing of expectant teenagers, it is important for them to have access to accurate and reliable health information, as well as support from their family, friends, and health care providers (Sserwanja et al., 2022). This helps teenagers to understand the physical and emotional changes that they are going through, and to make informed decisions about their health care. Muthelo et al (2024) found that teenagers should also be encouraged to talk about their feelings with their family, friends, and health care provider so as to feel understood apart from support services such as counseling, support groups, and parenting classes.

Ntshayintshayi et al. (2022) conducted a study titled "Exploring the Psychosocial Challenges Faced by Pregnant Teenagers in Ditsobotla Sub District" and discovered that in addition to the immense stress of dealing with an unwanted pregnancy, being unprepared

for motherhood, being impoverished, and experiencing difficulties during labor and delivery, they also faced stigma from their families, friends, and community. In many settings Kajiado included, societal stigma, embarrassment and rejection can lead to depression and ultimately exacerbate negative outcomes like suicide (Muthelo et al., 2024). Similarly, the pregnancy might strain the teenager's relationship with her boyfriend, particularly if he is not supportive of her decision to have a baby, and it can also lead to conflict with her parents or other family members (Ntshayintshayi et al., 2022). These results serve as a crystal-clear reminder of the necessity to address these issues and enhance the mother's and her unborn child's health outcomes.

Notably, the emotional impact of health information seeking is not solely negative; positive feelings like empowerment, certainty, and control can also be evoked by it. Accessing health information empowers expectant teenagers by providing them with knowledge about their bodies, pregnancy, and the available resources (Sserwanja et al., 2022). Teens who have access to trustworthy and accurate health information are less likely to experience pregnancy anxiety because they will be equipped with the knowledge necessary to make decisions regarding their own and their unborn child's health (Hsiao, 2023). They at the same time feel confident in their ability to make informed decisions about their health, as they are less likely to feel overwhelmed or stressed hence more positive emotional experience during pregnancy.

Seeking health information encourages expectant teenagers to engage in critical conversations concerning their health (Amoadu et al., 2022). For instance, teenagers who are expecting a baby may not know what to expect during pregnancy, childbirth, and the postpartum period and so seeking health information can help them to feel more informed

and in control. This leads to them feeling more comfortable talking to their parents, partners, healthcare providers, support networks, and other trusted adults about their pregnancy (Sserwanja et al., 2022; Muthelo et al, 2024). As they gather knowledge and understanding, they become more confident in articulating their needs, asking relevant questions, and advocating for themselves. They may gain insights into prenatal care, nutrition, childbirth and postnatal care (Kotoh et al., 2022). In this situation, improved communication skills can lead to more meaningful interactions with healthcare professionals and enhance their overall satisfaction with the care they receive.

As a way of realizing emotional impact of health information seeking on the expectant teenagers, their connections with support networks and communities can be facilitated (Sewpaul, 2021). Engaging in forums, online groups, or attending prenatal classes provides expectant teenagers with opportunities to connect with others who are going through similar experiences (Lu et al., 2021). Expectant teens can discover a supportive community that understands their particular situation in these digital and physical locations. They not only get critical knowledge about pregnancy and labor by sharing their memories, concerns, and goals, but they also form bonds that can last a lifetime. Lu et al. (2021) emphasize that by providing a forum for teenagers to share their experiences, ask questions, and get support, social networks can help teenagers to make sense of the information they are receiving and to cope with the emotional challenges of pregnancy. To this end, sharing information, stories, and seeking advice from peers and experienced individuals fosters a sense of belonging, support, and reduce feelings of isolation.

According to Ntshayintshayi et al., (2022), apart from reducing anxiety and enhancing decision- making capabilities, accessing health information during pregnancy allows

expectant teenagers to prepare themselves physically, emotionally, and practically for the arrival of their baby. Physically, it supports the adoption of healthy pregnancy behaviours and ensures the well-being of both mother and child especially in learning about infant care, breastfeeding, diet and postnatal well-being which can help them build confidence in their parenting abilities (Ntshayintshayi et al., 2022). Sserwanja et al., (2022) found out that healthcare providers, such as doctors, nurses, and midwives, can provide expectant teenagers with accurate information about pregnancy, childbirth, and parenting and answer any questions that the teenager may have. Books, websites and online communities can provide a forum for teenagers to ask questions, share experiences, and find support (Lu et al., 2022). This preparation fosters a sense of anticipation, excitement, and bonding with their unborn child, contributing to positive emotional well-being (Oxman et al., 2022).

2.5.8 Support Systems and Interventions

A significant area of concern is the role of support networks and interventions in the context of examining the lived experiences of expectant teens in Kajiado County seeking health information. Numerous studies highlight the crucial role of supportive networks, both formal and informal, in influencing expectant teenagers' access to and utilization of health information. For instance, social support therapies and social participation may be useful in avoiding prenatal and neonatal poor birth outcomes (Bedaso et al, 2021). Furthermore, social support can boost self-esteem, boost immunity against illnesses, and contribute to a healthier lifestyle. Since it is an emotional issue, strong social support has been shown to boost mental and physical well-being, develop social ties, promote health, and improve pregnant women's stress coping ability (Muthelo et al, 2024).

Formal support systems, such as healthcare professionals, counselors, and workers in community health are essential in providing accurate and comprehensive health information to expectant teenagers (Bedaso et al, 2021). These professionals offer guidance on prenatal care, childbirth preparation, and parenting, addressing the specific needs and concerns of expectant teenagers. They not only provide information but also serve as trusted sources of support, ensuring that expectant teenagers receive appropriate and reliable health information throughout their pregnancy journey (Baney et al., 2022). Counselors offer emotional and psychological support, helping expectant teenagers navigate the challenges and emotions that often accompany pregnancy with community health workers bridging the gap between healthcare services and the community, disseminating valuable information about prenatal care, nutrition, and parenting (Muthelo et al., 2024). They can also help to dispel myths and misconceptions about pregnancy and childbirth (Bedaso et al., 2021). This however calls for the need for effective communication skills to allow for reassurance, confidence and ultimately improved birth outcomes.

In addition to formal support systems, informal support networks, including family members, community organizations, friends, and peers, also contribute significantly to the health information-seeking experiences of expectant teenagers. According to Gaudie, Mutra, and Mullan (2018), family members, particularly parents or guardians, frequently establish a strong foundation of trust and comfort, allowing expectant teenagers to openly communicate their fears and questions regarding pregnancy and childbirth. Furthermore, community organizations provide resources, courses, and counseling services geared to the special needs of expecting teen mothers, encouraging a sense of belonging and empowerment. Yurdakul (2018) observes that social support systems include all types

of voluntary interpersonal interactions and practical help aimed at providing financial, emotional, and cognitive assistance. These networks offer emotional support, share personal experiences and provide practical advice on various aspects of pregnancy and childbirth (Gaudie et al., 2018). Expectant teenagers have been proven to benefit greatly from peer support groups in particular, fostering positive attitudes towards seeking health information, and reducing feelings of isolation or stigma.

Interventions targeted at enhancing health information seeking among expectant teenagers have shown promising results and can also help teenagers to develop the skills they need to evaluate health information and make informed decisions about their health. These interventions encompass a range of approaches, such as educational programs, community outreach initiatives, and digital health interventions (Lu et al., 2022; Sturgill et al, 2021). One such approach would be to distribute pamphlets that include accurate, comprehensible, and trustworthy health information. Others would be posters, websites, and other educational materials or teaching on how to evaluate health information and encouraging teenagers to talk to their health care providers. Educational programs focus on equipping pregnant teenagers with essential knowledge and skills related to their reproductive health, empowering people to actively seek out health information and make educated decisions (Muchiri, 2022). For instance, Lu et al., (2022) found that digital health interventions, including mobile applications or online platforms, offer accessible and interactive platforms for expectant teenagers to access health information conveniently.

Community outreach initiatives aim to increase awareness about available health resources and services, emphasizing the importance of seeking accurate and timely information.

According to Brindis et al., (2020), with the evidence that these programs can be effective in reducing teen pregnancy rates, teen outreach pregnancy prevention programs are designed to provide information and skills to help teens delay sexual activity, make informed decisions about their sexual health, and use contraception effectively. Sturgill, Martinasek, and Lanke's 2021 study on the efficacy of teen outreach pregnancy prevention programs, established that the goal of these initiatives is to give participants a sense of empowerment, community, and responsibility. When it comes to future sexual relationships, students felt more confident to utilize birth control, other obstacles, or condoms (Sturgill et al., 2021). It follows that these programs, in addition to teaching life skills, provide teenagers confidence in their abilities to make moral decisions regarding their sexual health.

Nevertheless, despite the presence of various support systems and interventions, challenges persist in ensuring equitable access to health information among expectant teenagers in Kajiado County. Barriers such as limited healthcare resources, inadequate communication channels, cultural norms, and social stigma can hinder the utilization of available support systems and interventions. Both formal and informal networks are thus important in facilitating health information seeking among expectant teenagers in Kajiado County. However, addressing the existing challenges and ensuring equitable access to support systems and interventions remain crucial for effective health information seeking among this vulnerable population.

2.6 Research Gaps

Research on the lived experiences of expectant teenagers has garnered significant attention in recent years, shedding light on the challenges and unique circumstances faced by this

vulnerable population. However, despite the growing body of literature in this area, there remains a noticeable gap in our understanding of the specific real-world experiences of expectant teenagers in the context of Kajiado, a region known for its distinct socio-cultural dynamics. Previous research has predominantly concentrated on older females or alternative settings, thereby neglecting the nuances and complexities of the rural or culturally diverse settings that may significantly influence the experiences of expectant teenagers. Consequently, an exploration of the lived experiences of expectant teenagers in Kajiado is warranted, as it offers the opportunity to fill this research gap, deepen our understanding of the factors shaping their experiences, and inform targeted interventions to support this vulnerable population.

A number of research gaps thus exist and need to be filled including;

Literature Review: There is a dearth of studies on health information seeking among expectant teenagers in Kenya. For example, depression, anxiety, denial of pregnancy, a lack of basic needs provision and care, and limited educational opportunities for personal development after pregnancy are some of the major challenges faced by pregnant adolescents in Kenya, according to Osok et al.'s 2018 study on Adversities and Mental Health Needs of Pregnant Adolescents. This study, however, did not look at how this group sought out health information while attempting to manage the numerous practical, cultural, interpersonal, and logistical hurdles to care, suggesting a contextual gap. In order to close this gap, a thorough analysis of the body of research on teens who are expectant and their search for health information would be conducted with a specific focus on studies conducted in Kajiado or similar settings is crucial. This helps identify any gaps or areas that require further exploration, such as certain facets of the habit of obtaining health

information, cultural variables, or the impact of social networks.

Access to health information sources: Research on the availability and accessibility of health information sources tailored to expecting teenagers in Kajiado County is lacking. According to Sserwanja et al. (2022), trust and trustworthiness were the main concerns with the easily accessible health information sources on pregnancy, which tended to focus on older women. This showed a scope gap as the information segregated against the younger group. To address this gap, the research identified the various sources of health information utilized by expectant teenagers, such as healthcare facilities, schools, family, community centers, online platforms, or traditional media.

Limited understanding of cultural and social factors: The sources of psychological distress in peripartum adolescents in Kenya were investigated in a qualitative study conducted in 2022 by Kumar and Yator et al. The study revealed that expectant teenagers have complex socio- emotional problems that are both a cause and a symptom of poor mental and physical health brought on by an unplanned pregnancy. It was found that while the study's sample size of 23 participants, it was unable to adequately capture the concerns and voices of all expectant, depressed teenagers. This creates a methodological gap because the current study incorporates focus groups for triangulation and better validity for this emotional issue among expectant teenagers navigating a complex socio-cultural context. This helped to explore their experiences, challenges, and preferences regarding health information seeking during pregnancy, ultimately providing insights into their unique perspectives, decision-making processes, and the barriers they face.

Barriers and facilitators to health information seeking: In Kenya, research on adolescent sexual reproduction has mostly concentrated on HIV, factors influencing teenage pregnancy, mental health, pregnancy care, and access to health services like contraceptives (Leslie et al, 2020; Adams et al., 2022; Mutea et al, 2020; Mutahi et al., 2022; Kibe et al, 2022; Olenja et al., 2016). Comprehensive investigations on the barriers those expectant teenagers in Kajiado face when attempting to get health information and interpret it are missing, indicating a contextual gap here. To close this knowledge gap, the qualitative study explored the individual, interpersonal, and structural factors that influence health information seeking. This involved examining factors such as stigma, cultural beliefs, and language barriers, lack of privacy, financial constraints, and healthcare provider attitudes.

Technology and Digital Divide: Although obstacles exacerbated by socioeconomic disparities are visible in Sub-Saharan Africa (Amoadu, 2022), little is known about the impact that technology plays in expectant teenagers' search for health information. In the digital era, exploring how access to smartphones, internet connectivity, and digital literacy impact their ability to seek and utilize health information effectively is necessary. Additionally, there is need to examine the potential for utilizing mobile health interventions or other technological solutions to address information gaps.

In my view, having worked in Kajiado and witnessing the unique challenges faced by expectant teenagers in accessing health information, this research topic holds personal significance to me. The experiences of these young women navigating the healthcare system during pregnancy have often been overlooked. I empathize with their struggles to seek accurate and reliable health information, given the cultural, social, and economic factors that shape their lives. Existing literature has shed some light on this issue,

highlighting the importance of understanding the lived experiences of expectant teenagers. However, it is evident that further exploration is needed to capture the nuances of their journeys and identify effective strategies to support their health information seeking needs. Qualitative research using interviews and focus groups reveals the complexities of experience and would also contribute to the development of targeted treatments to address specific needs in Kajiado. They also add to the scholarly conversation.

2.7 Summary

The literature review chapter explores the lived experiences of expectant teenagers, shedding light on the difficulties, social support systems, and overall well-being of this population. Previous studies have highlighted the unique circumstances faced by expectant teenagers, particularly in rural areas. These circumstances often include limited access to healthcare services, inadequate sex education, and societal stigma surrounding teenage pregnancy. The review identifies key themes emerging from the existing research, such as the psychological and emotional effects of an early pregnancy, the role of family support in shaping the outcomes for expectant teenagers, and the influence of cultural norms and beliefs on their experiences. Additionally, the analysis emphasizes the necessity of all-encompassing support networks that cater to the unique needs of youngsters who are expecting encompassing access to healthcare, education, and social services. Ideally, an investigation of the real-world experiences of expectant teenagers in Kajiado as they seek health information contributes to understanding the unique challenges this group faces even as the literature informs interventions and supportive services to improve the adolescents' well-being and future prospects.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Using Kajiado County as a case, this research aimed to explore the lived experiences of expectant teenagers in Kenya seeking health information. This chapter outlines the overall research design beginning with the research paradigm, approach, and the research method. Also described is the research site, population of study, sampling, data collection tools, data processing and analysis. This section's goal is to demonstrate understanding, and it concludes by detailing the tactic employed. It also presents trustworthiness and ethical considerations.

3.2 Research Design

Mason (2002) defines a research design as a thorough methodological strategy that the study uses to attain its purpose. It clarifies the relationship between sample and data generation techniques, as well as the study paradigm, methodology, and methods. The research design is the overall plan that depicts the relationship between the philosophical paradigm, methodology, techniques, data generation, data analysis, and discussion chosen for a specific study, according to Jwan and Ong'ondo (2011). As explained below, this study employed a qualitative-interpretivist case study research design.

3.2.1 Philosophical paradigm

Gannon, Taheri and Azer (2022) define a research paradigm as the general perspective on how research is/should-be- conducted. They draw attention to the fact that the perspective informs methodological decisions and is based on philosophical concepts like ontology, which unites philosophical viewpoints regarding the nature of reality, and epistemology, which unites philosophical presumptions about the nature of knowledge and how it is gained. Realist-positivist, pragmatist and the relativist-interpretivist (constructivist) paradigms are the three main research paradigms (Gannon et al., 2022; Ong'ondo & Jwan, 2020).

The qualitative study was situated within the relativist-interpretivist paradigm, commonly known as the constructivist worldview, to present, analyze, and interpret data on the lived experiences of expectant teenagers in Kajiado County seeking health information. According to the philosophical paradigm, humans seek comprehension of their known world through their own experience (Creswell, 2018; Denzin & Lincoln, 2011; Mertens, 2010; Schwandt, 2000). Individuals generate subjective meanings of their experiences and objects in their natural context, according to interpretivism proponents.

The interpretivist paradigm holds that there are various realities that are shaped by our social interactions and the language we use, rather than a single "true" reality (Creswell, 2018), and that the meaning of things is constantly being negotiated and renegotiated through our interactions with the world. With the researcher's responsibility to comprehend other people's viewpoints and create or interpret reality according to their own (Boyland, 2019; Ong'ondo & Jwan, 2020), the thesis thus undertook a case study on the real-world

experiences of expectant teenagers in Kajiado County seeking health information. This would make it possible to critically examine the intricate network of complications that expecting teenagers must navigate in their search for health information.

Interpretivists emphasize that individuals perceive their world through a subjective lens, meaning their understanding is shaped by personal experiences, beliefs, and values. This perspective is influenced by various philosophical positions—epistemological (knowledge- related), ontological (nature of reality), and axiological (values). These positions collectively determine how individuals experience and interpret reality (Boyland, 2019).

On the epistemological front, there is interpretivism, indicating that knowledge and reality is not passively received, but rather actively constructed by individuals through their interactions with the world (Creswell, 2018). This means that the experiences of expectant teenagers in Kajiado are not fixed or objective, but are instead shaped by their own individual interpretations of the world. The interpretivist-constructivist paradigm places a strong emphasis on the value of comprehending people's subjective experiences and how their social context shapes them (Jwan & Ong'ondo, 2011). According to subjectivist epistemology, a believer's community or their own criteria of reasonable belief determine what constitutes a reasonable belief. In other words, what counts as knowledge for one person may not count as knowledge for another (Ong'ondo & Jwan, 2020). This is important in the context of health information seeking among expectant teenagers in Kajiado because their experiences are likely to be different from those of adults, and they might be more likely to rely on informal sources of information, such as family and friends.

Ontology is the philosophical branch concerned with the nature of reality (Hoffman & Kumar, 2020). According to relativism, there are various realities that are shaped by our unique experiences and viewpoints rather than a single, objective reality (Moalusi, 2020). In the context of the study, a relativist ontological position would mean that the researcher would not assume that there is a single, "correct" way to understand the lived experiences of expectant teenagers in Kajiado County, but acknowledge that these experiences are shaped by the individual teenagers' backgrounds, cultures, and perspectives. I also acknowledged that my own background, culture, and perspective would shape my understanding of the teenagers' experiences, hence the need to be aware of own biases and assumptions, and took action to lessen my influence on the study.

The axiological position for 'exploring the lived experiences of health information seeking among expectant teenagers in Kajiado' is value-neutrality. As per Denzin and Lincoln (2011), interpretivists hold that it is critical to respect each person's values and give them the freedom to discuss and compromise with others. They define individual values as "honored and negotiated among individuals." This means that I would not impose own values or beliefs on the data (Peels et al, 2019), but would instead seek to understand the experiences of expectant teenagers in Kajiado on their own terms. Value-neutrality was important in this research because it would allow me to gain the participants' trust and cooperation, which, without running the risk of warping the participants' lives, would result in a deeper and more meaningful understanding of them (Denzin & Lincoln, 2011). By honoring individual values so as to create research that is more ethical, accurate, and respectful of the participants, I listened to the participants' stories without judgment, respected their right to privacy and acknowledge their contributions to the research. In order to ask open-ended

questions and thoroughly examine their experiences, I also used focus groups and in-depth interviews.

3.2.2 Research Approach

Creswell (2018) defines a research approach as the method a researcher uses to collect, examine, and evaluate data. Three types of research methodologies exist: mixed, qualitative, and quantitative.

The study utilized a qualitative research approach. This approach is a scientific method of collecting non-numerical data through observation, interviews, questionnaires, focus groups, participant- observation, natural setting recordings, and documentation (Babbie, 2013). According to Creswell (2018), qualitative research is "an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. Ong'ondo and Jwan (2020:13), while noting that meaning is largely found in the natural world in qualitative research, maintain that the key elements of their definition are flexibility in examining a phenomenon, deeper understanding, and a range of interpretations.

In order to fully comprehend the perspectives, difficulties, and issues surrounding health information seeking among teenagers who are expecting, the researcher must draw on the group's actual experiences. Stake (2010) highlights the value of using a qualitative approach when doing research in which the goal is to explain a phenomenon by drawing on participant views, opinions, and experiences. Furthermore, Creswell and Poth (2018) observe that the qualitative approach is suitable for studies in which data collection must take place in a natural context, allowing the researcher to create a degree of detail from

close involvement in the actual experiences.

According to Jwan and Ongondo (2011), a qualitative research methodology "implies an emphasis on the qualities of entities and on process and meanings that are not experimentally examined or measured (if measured at all) in terms of quantity, amount, intensity or duration." Inquiry is shaped by situational restrictions, the social construction of reality, and the close connection between research and the subject being investigated, according to qualitative researchers (p. 10). Lindlof et al. (2011) state that a qualitative technique is preferable since it allows the researcher to concentrate on a small group of participants. Rather than reducing phenomena to variables, qualitative research seeks to capture the contextual nuances that variables alone may not adequately represent (Creswell, 2018).

Table 1: Why this study leans towards a Qualitative methodology

Characteristic	How it manifests itself in the study
Natural setting	Interested in life as it is experienced, events as they unfold, and circumstances as they arise in the day-to-day. At the location where participants first encounter the idea of obtaining health information, data was gathered in the field. By interacting face to face with participants, the researcher would gain a thorough comprehension by speaking with individuals in their context.
Multiple method	The researcher collected different types of data through interviews and focus group discussions. After that, he reviewed the information and interpreted it, classifying it into themes or categories that encompass all of the data sources.
Relativistic	Recognizes the intricacy of knowledge, especially in the social sciences and, therefore, appreciates the multiple complexities that characterize research in the social sciences (Ong'ondo & Jwan, 2020). Hence the need for iteratively and flexibility.
Participants meanings and perspectives	Focuses on multiplicity of meanings, perspectives, understandings and interpretations of the multiple circumstances. The researcher concentrated on meanings participants ascribe to phenomena.

Developing design	The initial research design was iterative, meaning that each step of the process may change or be moved once the researcher goes into the field and starts gathering data. For instance, as research progressed, questions were improved, in accordance with the qualitative research spectrum. Aims at collecting information about the problem or issue from participants using best practices.
Reflexivity	The relationship between the researcher and the study, as well as how their own worldview, methodological reflexivity, and personal reflexivity affect them. In the study, the researcher took a seat. This implies that in the technique part, he would talk about experience, cultural background (such as work experience, history), and how these things affected how he interprets the study's data and what he takes away from it. Regardless of sample size, he enhanced validity and transparency of findings by addressing individual effect on data interpretation (Harding, 2013).
Epistemology of numbers	Qualitative research typically studies a relatively small number of participants but delves deeper into those individuals, settings subcultures and scenes in the hopes of producing a subjective understanding of how and why generalization but about different things, is made. This is in contrast to quantitative approaches which objectively capture a shallow information band from a swath of people.
Holistic account	The investigator constructed a comprehensive image of the topic being studied. This required reporting from a variety of perspectives, identifying the many forces at work, and generally illustrating the larger picture that became apparent. This researcher was more limited by finding the complex interplay of factors in a situation than by rigid cause and effect linkages among variables.
Unstructured data	Primarily works with non-numerical data that was not categorized in terms of a closed set of analytical categories or numbers at the time of production.
Inductive analysis	Attempting to develop ideas or theories from the evidence rather than beginning with a theory that we then seek to verify or refute. It entailed this researcher interactively interacting with the participants so that they can form the themes or abstractions that arise from the session.

Source: Author (Adapted from Creswell 2018, Ong'ondo &Jwan, 2020:14)

3.2.3 Research Method

Every study must include a research design that includes a variety of components, according to Denzin and Lincoln (2011). They contend that methodology of a research project is formed by the formulation of the rules and guidelines for the many components of the research design. Martin (2018) supports Cohen and Manion, insisting that the purpose of methodology is to help us comprehend, as broadly as possible, not the findings of scientific investigation but the process itself. By "method," they refer to the main tactic or strategy adopted, such as a case study, narrative research, grounded theory or ethnography.

The term "methods" in this study refers to the procedures used to record measurements characterizing events, episodes, and accounts as well as to elicit answers to pre-formulated questions. Thus, the methods that follow include case study, grounded theory, phenomenology, ethnography, and narrative research.

In the investigation, a case study was employed. A case study offers extensive insights into the complexities of a particular context while also enabling the evaluation of numerous variables and how they interact within it (Yin, 2018). It also enables the acquisition of knowledge about environments and patterns (Obuya & Ong'ondo, 2020).

A case study is thought of being a comprehensive investigation of singularity carried out in natural environments (Bassegy, 1999). While concurring with Richards (2003) that some researchers look at a case study as a paradigm, an approach or a method, Yin (2003), says that it is an empirical investigation that looks at a current phenomenon in the context of real life, particularly in situations where it is difficult to distinguish the borders between the phenomenon and the context (p. 14). According to Yin (2018), a case study is the perfect

tool for a small- scale researcher's needs since it allows them to thoroughly examine and analyze the topic they are studying. In support of the claim, Jwan and Ong'ondo (2011) note that it examines phenomena by utilizing a variety of information sources from the case's immediate context (Ong'ondo & Jwan, 2020).

'The key characteristic of a case study is not so much the methodology used to gather the data as it is the attempt to record the narrative of a naturalistic process—that is, the participants' routine movements within a well-known and easily defined discursive, conceptual, and professional space (the case) and the implications of those movements—both predicted and not—for learning and for the research project's continued conduct (p.117).'

While emphasizing that the purpose of a case study is not generalization in and of itself, according to Stake (2005), a case is "an entity, a specific limited system" in which certain features are determined to be inside the case while other elements are significant yet outside (p.1). The emphasis here is on what it accomplishes rather than how it differs from others. Accordingly, particularization—rather than statistical generalization—is the true purpose of case studies, according to Obuya and Ong'ondo (2020). Here, the features are highlighted rather than mainly how it differs from competitors. One of the frequently employed qualitative research methods that I have noticed is case studies. These methods usually involve closely examining a single entity, like an individual, family, group of individuals, school, or entire culture, in order to obtain a comprehensive understanding of the participants while giving greater weight to the process than the outcome.

Case studies, according to Yin (2018), have their strengths in among others their ability to provide in-depth insights into a phenomenon, their ability to explore complex issues, and their capacity to investigate a range of research issues. This thus fit well in the study as it sought to explore the intricacies of health information seeking among expectant teenagers

and how they navigate. With weaknesses related to their limited generalizability, their time-consuming nature, and their potential for bias, Yin (2018) observes that their benefits outweigh the limitations. Accordingly, applying a case study method in the study would allow for an investigation of experiences, which are likely to be complex and multifaceted, in detail and to identify the key factors that influence how these teenagers seek health information.

Based on what I have read in (Denzin & Lincoln, 2011), I have come to the conclusion that, even though pertinent statements for both are analyzed and grouped into larger themes, a phenomenological study's ultimate objective is to provide a description that captures the essence of the experience; this is its conclusion. After talking about the main themes, a case study's objective is to offer contextual insights and a suggested strategy for handling the problem going forward.

3.2.4 Research site

The study was situated in Kajiado County. Kajiado County was chosen because members who reside in the county are predominantly the Maasai community where one of Kenya's highest rates of teen pregnancy (22%), is found (UNICEF, 2022).

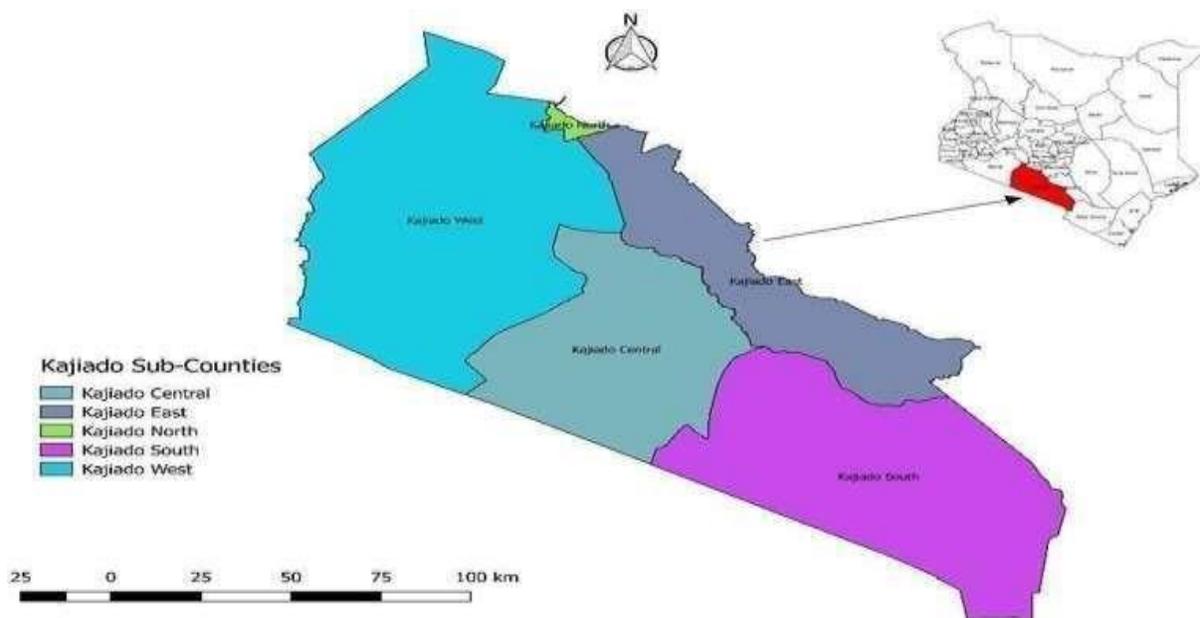


Fig.2 Map of Kajiado County. Source: KNBS

Kajiado County, located in the former Rift Valley Province of Kenya, with a population of 1,117,840 and a total area of 21,292.7 square kilometers as of the 2019 national census, shares boundaries with Nairobi to the north and the Tanzanian provinces of Kilimanjaro and Arusha to the south (KNBS, 2022). With a majority of inhabitants being the Maasai community who are mainly pastoralists, Kajiado County has five sub-counties of Kajiado North, Kajiado East, Kajiado Central, Kajiado South and Kajiado West (Constitution 2010).

Furthermore, situating the research within the context of Kajiado is vital. Kajiado represents a specific geographical area characterized by its own cultural, social, and healthcare landscape. The experiences of expecting teens in Kajiado are greatly influenced by elements like community support networks, healthcare facilities, cultural norms, and resource accessibility (Olenja et al., 2016). An exploration of health information seeking practices within this context aimed to generate context- specific knowledge and

recommendations for improving support systems and interventions tailored to the needs of expectant teenagers in Kajiado.

3.2.5 Study Population

According to Chadwick (2017), a population is a group of cases of a specific sort about which researchers seek knowledge or information. As a result, the demographic for this study is expectant teenagers in Kenya's Kajiado County. I conducted health-related interviews and discussions with expectant teenagers aged between 13 and 19 years in Kajiado County. The emphasis was on how these individuals traversed the complex network of information as they seek health information for their well-being. There are 231,000 people aged 10-19 years as per the 2019 census of Kajiado County with 50-50 gender parity (KNBS, 2019).

3.2.6 Sampling

3.2.6.1 Sampling Technique

Purposive sampling was employed to recruit a diverse sample of expectant teenagers in Kajiado County. Non random sampling looks into perceptions, experiences and perspectives described (Lindlof & Taylor, 2011) and not exploiting already established respondents as in random sampling.

Using purposeful sampling, participants who can provide rich information related to the research question are of essence (Baker & Edwards, 2012). Purposive sampling, according to Lavrakas (2008), is useful when a researcher seeks information held by specific individuals in the population who have the information the researcher seeks. This method

is strategic in nature, allowing the researcher to choose participants or sources that have precise knowledge or insights that are relevant to the study's aims. Accordingly, purposive sampling allows researchers to identify essential informants or specialists who can shed light on a specific phenomenon, making the research process more efficient and targeted (Lavrakas, 2008). In essence, it enables researchers to have access to a lot of valuable information by focusing on those individuals who have the unique insights and data required for their study, ultimately improving the quality of the research (Ong'ondo & Jwan, 2020). In this study, purposeful selection was driven by the fact that specific individuals in Kajiado County have perspectives, attitudes, and issues stemming from pregnancy-related health information. They were also in the best position to provide nuanced insights based on their experiences.

Jwan and Ong'ondo (2011) found out that researchers use purposeful sampling techniques to select participants who possess rich and diverse experiences related to the research topic. By carefully selecting participants who can provide in-depth information and represent a range of perspectives, researchers can maximize the value of a small sample size. When working with a small sample size, researchers can compensate by providing rich and detailed descriptions of individual cases or experiences (Lindloff & Taylor, 2011). By thoroughly documenting the information obtained from each participant, I offer a comprehensive understanding of the phenomena under investigation.

All participants studied were considered sufficient for data.

3.2.6.2 Sample size

Sample size in a study refers to a selection chosen to represent the population (Mack, 2005). On sample size, in this research, it was determined as recommended by Lindlof and

Taylor (2011) who hold that qualitative research has no precise number of subjects to allow for achieving statistical power. According to Ong'ondo and Jwan (2020), at the level of sampling, qualitative researchers ought to be really concerned at how far they can get in terms of variety of the participants with relevance to the issue under investigation (p. 130).

A sample of 32 expectant teenagers participated in the study. They were recruited on being identified by a research assistant on the ground at different centers in the county. Together with the researcher, they got their contacts and planned a meeting considering the participants' convenience.

Even as they insist that 'it depends' on resources, time and epistemic communities, Baker and Edwards (2012) state that 12 is the ideal number to allow the researcher to gain experience with interview planning and structure, interviewing, partial transcription, and quote generation; more than this seems unfeasible, though a longer project might occasionally go up to 20. The choice of 14 is supported by Baker and Edwards (2012) as it is within the range of 12-60 when striving to achieve a diverse sample that includes a variety of viewpoints, backgrounds and experiences. While they acknowledge that saturation point can be easily obtained within this range, they emphasize that diversity boosts and enriches data depth, allowing researchers to acquire a thorough understanding.

To gather richer experiences, three focus groups of 6 each were researched in total. Guest et al. (2016) discovered that three focus groups are sufficient to uncover all of the data set's most pervasive themes. Even as it probes details that emerged from individual interviews, 90% of all themes could be discovered within 3-6 Focus Groups, they found. They contend that three focus groups are typically sufficient to uncover all of the most common themes

found in the data collection. According to Graham and Bryan (2022), the size of a focus group might vary depending on what the researcher considers to be a group; nonetheless, sessions should not exceed 90 minutes and typically include three to twelve people. The most useful sign of data saturation maybe the participants' attitudes during focus groups (Franks, 2020).

To organize and conduct interviews effectively to gather valuable qualitative data that could provide in-depth insights into the research topic, I:

- Explained the purpose of the interviews and how they would contribute to answering the research questions.

- Decided on the type of interviews to be conducted, such as structured, semi- structured, or unstructured interviews whereby this research utilized the in-depth semi- structured interviews, as through their open-ended nature of the questions encourage participants to provide detailed and rich responses, are flexible and prioritize participants' viewpoints. An iterative process with focus, semi-structured in-depth interviews, allow for gaining nuanced insights and contextual understanding on experiences within the participants' settings (Magaldi & Berler, 2020)

- Identified and selected participants who could provide relevant and valuable insights related to the research topic by considering factors such as diversity, expertise, and availability when recruiting expectant teenagers.

- Got the participants' informed permission, making sure they were aware of the study's objectives, their part in it, and any possible risks or advantages. I went over the voluntary aspect of it, as well as how their answers would remain private or anonymous.

-Developed an interview guide or protocol that outlined the topics, questions, and prompts to be covered during the interview. This guide served as a flexible framework to ensure consistency across interviews while allowing for spontaneous exploration of participants' responses.

-Established rapport and built a comfortable and trusting atmosphere with the participants as much as possible.

-While being flexible with the timing of interviews to accommodate participants' daily routines and responsibilities, scheduled a convenient time and place for the interview, preferably one chosen by the participants.

-Followed the interview guide, but was prepared to deviate from it to explore emerging themes or ideas (Baker & Edwards, 2012). Active listening, probing, and open-ended questions were essential to encourage participants to share their experiences and perspectives.

-With the participant's permission, recorded the interview using audio recorder. This was to ensure accurate capturing of the participant's responses and later analysis.

-Took detailed field notes during and immediately after the interview to capture non-verbal cues, and contextual information that may not be captured by the recording.

-Transcribed the recorded interviews verbatim to create a written record for analysis.

-Analyzed the data using qualitative thematic analysis so as to identify themes, patterns, and key findings that emerged from the participants' responses.

It is noteworthy that conducting multiple interviews with different participants ensures data triangulation and increases the credibility and trustworthiness of the findings (Jwan &

Ong'ondo, 2011). There is also need to ensure that ethical guidelines and principles are followed throughout the interview process, including maintaining participant confidentiality, anonymity and informed consent.

For saturation:

In qualitative research, saturation is a subjective decision made by researchers when they believe they have obtained enough data to appropriately address their research questions and establish a thorough understanding of the phenomenon under investigation (Hennink, Kaiser & Marconi, 2017). It is a point in qualitative research where new data ceases to provide additional insights or themes (Baker and Edwards, 2012). Saturation is distinguished by a sensation of data redundancy and the achievement of a coherent theoretical framework or knowledge (Lindlof, 2011).

It is crucial to keep in mind that the saturation point is reached when additional data collection does not produce appreciably new insights or alter our understanding of the subject being studied (Francis et al, 2010). It suggests that the researcher has gathered enough data to explore the phenomenon thoroughly and that further data collection is unlikely to generate new insights (Hennink et al, 2017). In the study, saturation was arrived at the 14th interview.

3.3 Data Generation Techniques

In-depth Interviews and Focus Group Discussions were conducted to elicit rich and detailed narratives on expectant teenagers' experiences, beliefs, perceptions and decision making processes related to health information seeking during pregnancy.

3.3.1 In-depth interviews

In-depth Interviews provide flexibility in terms of adapting to participants' responses and probing for further details (Yin, 2018). As the research topic involves sensitive and personal experiences related to health information seeking during pregnancy, participants in in-depth interviews are free to tell their story at their own comfort level and pace. According to Mawutor and Setfoafia (2023), an in-depth interview is chosen since it provides more information on sensitive problems. While taking into account participant empowerment (Creswell & Poth, 2018), the researcher can explore specific themes or issues raised by participants, ask follow-up questions, and probe for deeper insights.

In-depth interviews offer a more suitable approach to foster rich dialogue, participant empowerment, and a comprehensive understanding of the health information-seeking experiences of expectant teenagers in Kajiado. Also, as the research topic involved sensitive and personal experiences related to health information seeking during pregnancy, in-depth interviews will allow participants to share their stories at their own pace and comfort level.

Creswell and Poth (2018) found that the researcher can explore specific themes or issues raised by participants, ask follow-up questions, and probe for deeper insights. In fact, many researchers use a semi-structured approach to in-depth interviews (Nguyen et al., 2022); because it allows the researcher to have a flexible conversation with the participant while still staying on track with the research question.

Before being verbatim transcribed, the semi-structured in-depth interviews were captured

on an audio recorder with backup copies kept in the cloud for data security.

Building trust and maintaining a respectful and collaborative relationship with the Maasai community was paramount throughout the research process. Cultural sensitivity, ethics, and respect for local customs are essential when conducting research in such environments (Hilário & Augusto, 2020). Cultural sensitivity entails an acute awareness of the beliefs, values, and practices of the local population, enabling researchers to navigate interactions with respect and humility and respect in such contexts. Ethics dictate that research should prioritize the well-being and dignity of individuals, ensuring informed consent, confidentiality, and fair treatment throughout the process.

In the study, such was achieved through:

a. Embracing Cultural Sensitivity and Ethical Approval

According to Hilário and Augusto (2020), a researcher when studying vulnerable groups, should ensure the research respects their values and beliefs. This entailed, among other things, getting permission from the parents or guardians of the expecting teenagers in the community and becoming acquainted with Maasai cultural norms, practices, and traditions. With open communication about the research process and the acquisition of informed permission, I provided a secure and encouraging environment where youngsters felt at ease discussing their experiences. The consent document was first handed to the teenagers for their parents/guardians to sign.

A parent/guardian was present for the actual interview especially for those participants who were under the age of 18. I went over the goals of the study, the methods by which the data was gathered and utilized, and the advantages and disadvantages of taking part. In

addition to being reminded that the information they submit would be kept private (Hennink et al., 2020), the youngsters also had the freedom to inquire about anything and to leave the study at any moment. According to Stommel and Rijk (2021), more participation of users/participants in ethical decision-making allows for the resolution of any problems or queries they may have.

To show respect for teenagers' autonomy and privacy, I did not make assumptions about their experiences or try to pressure them into sharing information that they did not want to share. This necessitated being aware of the power dynamics that exist between myself and the teenagers I was researching.

Failure to adhere to these values could not only jeopardizes the integrity of the research but could also have long-term detrimental implications on the relationship between researchers and the communities being investigated, underscoring the necessity for unwavering dedication to cultural sensitivity, ethics, and respect.

b. Hiring research assistants

The research assistants were hired to help in establishing rapport and acting as cultural liaisons and interpreters to bridge any language or cultural gaps. They were knowledgeable, trusted and in a position to translate the Maa language. Blackman (2021) avers that such a move can help in identifying and recruiting participants in a culturally sensitive way due to good understanding of the community.

Hiring research assistants for the examination of expectant teenagers' lived experiences in Kajiado County was not only a practical necessity, but also a key ethical matter. According to Marsh et al., (2017), the delicate nature of the research issue, which digs into expectant

teens' personal narratives and struggles, necessitates a high level of ethical scrutiny throughout the research process. Research assistants were critical to sustaining these ethical norms.

Research assistants were carefully chosen based on their cultural competence and sensitivity to the unique setting of Kajiado County. This guaranteed that they build rapport and trust with the expectant teenagers, allowing for open and honest communication. Hiring locally from within the community also helped to reduce any power imbalances and build a more inclusive and participatory research environment (Hilário & Augusto, 2020).

Ethical research practices need research assistants to be knowledgeable about informed consent procedures and to protect the participants' anonymity and privacy (Hennink et al., 2020). Expectant teenagers in this study were believed vulnerable, and their rights and dignity had to be maintained at all times. Research assistants were taught to recognize indicators of distress and methods for providing appropriate care put in place.

Ultimately, as essential ethical considerations, the research assistants were adequately trained, treated and compensated for their services, with the importance of their position in the research process recognized (Stevano & Deane, 2019). The careful selection, training, and support of research assistants would contribute to the ethical conduct of the research, ensuring that expectant teenagers' views and experiences were heard and respected while protecting their rights and well-being.

3.3.2 Focus Group Discussions

Three Focus Groups of six each were utilized in the study. A focus group, according to Morgan (1988), is a kind of group interview when a researcher leads a conversation about

a particular topic with a small group of participants, typically 6-8 people who have something in common. By recruiting participants who have characteristics in common with the topic under discussion, it seeks to discover how people feel or think about a specific issue, idea, product, or service (Henriques & O'Neill, 2023). According to Henrique and O'Neill (2023), this approach allows for the collection of knowledge in an open-minded environment that encourages participants to share their perspectives and points of view without pressuring them to cast votes or agree.

The findings of Ong'ondo and Jwan (2020) corroborate those of Kamberelis and Dimitriadis (2005), who noted that focus group discussions' informal setting and largely unstructured questioning encourage participants to reveal aspects of their behavior and attitudes that they might not have revealed in individual interviews. This occurs because, according to Ong'ondo and Jwan (2020), participants feel more at ease and confident in the company of others who have similar opinions and tendencies than when they are alone with the interviewer.

'When done well, focus-group discussions (FGDs) encourage social interactions that are more like to those that happen in daily life. Researchers can access the kind of interaction dynamics that give rise to unique memories, positions, ideologies, habits, and desires among particular groups of people through focus group discussions (FGDs), more so than through observation and one-on-one interviews. It enables researchers to observe the nuanced ways in which individuals relate to one another as they concentrate on processing questions, problems, and subjects (Ong'ondo & Jwan, 2020:137).'

Since I was confident that I could be an effective moderator and that I would not be biased, I moderated the Focus Groups. I decided on the research questions, the sampling criteria for the participants, the location and time of the focus group. Purposive sampling was used to select members for the focus group. The focus groups took into account the following criteria:

The participants;

- Were expectant teenagers aged 13-19 years old.
- Were female and from Kajiado County, Kenya.
- Had a range of educational levels, from those who have not completed primary school to those who have completed secondary school or higher.
- Had some experience with seeking health information, either for themselves or for others and were willing to participate in the study.

A moderator's guide was created, which was a document that outlined the questions that the moderator would ask the participants in a private setting. I started by introducing myself and the purpose of the focus group.

I then asked the participants the questions that were listed in the moderator's guide and listened carefully to the participants' responses and asked follow-up questions to clarify their meaning.

After the focus group discussion, I transcribed the audio-recorded discussion so as to analyze the data. The data that was gathered through the focus group discussion was analyzed using thematic analysis and findings presented in a narrative format, using quotes and excerpts from the participants to illustrate and support the findings.

Accordingly, Yin (2018) avers that, using various sources of evidence provides more convincing and accurate results and conclusions, therefore the two ways improved validity. FGDs helped triangulate findings from interviews hence strengthen the study findings.

3.4 Data Processing and Analysis

For the purpose of interpretation and discussion, data analysis in qualitative research is defined as "a systematic process of transcribing, collating, editing, coding, and reporting the data in a manner that makes it sensible and accessible to the reader and researcher" (Ong'ondo & Jwan, 2020). Put another way, the steps in the data analysis process for qualitative research include gathering and arranging the data (such as image or text data like photos) for analysis, distilling and coding the data into themes, and finally presenting the data in the form of tables, figures, or a discussion.

Thematic analysis, as suggested by Ong'ondo and Jwan (p.177), is the process of looking for themes related to the research question(s) that may be used to organize a sizable amount of data from many sources, including observations, interviews, and documents.

In order to draw conclusions from the responses collected from the in-depth interviews that the researcher conducted with the participants, the study employed thematic analysis. The sensitive subject of teenage pregnancy was discussed in detail, nuance, and a safe environment during interviews, while focus groups revealed fresh viewpoints and impromptu insights. I recorded every discussion, wrote down the transcripts verbatim, and read over the transcripts several times to familiarize myself with the information and understand the perspectives and experiences of participants.

After that, I started indexing the transcripts' important words. Thereafter, the important terms were categorized according to how closely they related to the goals and how similar they were. Based on the categories derived from the study questions, I developed themes.

In order to convey the essential elements of the participants' experiences and perspectives, the qualitative research findings were presented narratively through the use of direct quotes and detailed descriptions. The narrative presentation centered around the themes that emerged from the focus groups and interviews.

3.5 Trustworthiness

To evaluate the trustworthiness or rigor of the qualitative research, four criteria defined by Lincoln and Guba (1985), were used:

3.5.1 Credibility

Credibility describes the degree to which a qualitative study's conclusions faithfully capture the experiences or viewpoints of its participants (Lincoln & Guba, 1985). It focuses on establishing the truthfulness and authenticity of the research. To enhance credibility, I employed both multiple interviews and focus groups for triangulation. Researchers can employ triangulation by using multiple sources of data or methods to enhance the validity and reliability of their findings (Flick, 2022). This could entail gathering information from a variety of stakeholders, including participants, experts, and community members, or it could entail combining several data collection techniques, such as focus groups, observations, interviews and document analysis (Ong'ondo & Jwan, 2020).

3.5.2 Transferability

According to Lindlof (2011), transferability evaluates how much a qualitative study's conclusions can be used or transferred to different situations or environments. In line with

Ong'ondo and Jwan (2020), I enhanced the transferability of my findings by:

- Giving a thorough explanation of the research environment, taking into account the social and cultural background.
- Describing the participants in detail, including their demographics, backgrounds, and experiences.
- Describing the data collection methods in detail, including the specific questions asked, the procedures used, and -the challenges encountered.
- Using multiple data collection methods and triangulating the data.
- Being transparent about own biases and reflecting on how those biases may influence the research process.

Through analysis and following the aforementioned criteria, readers are enabled to determine the relevance and applicability of the findings to their own situations.

3.5.3 Dependability

Dependability refers to the degree to which research findings hold up over time and under different conditions (Lincoln & Guba, 1985). It addresses the issue of reliability in qualitative research. Reliability refers to an instrument's capacity to produce the same result over numerous trials (Middleton, 2020). Dependability is important because it ensures that the findings of a qualitative study are not simply a product of the researcher's own biases or interpretations (Ong'ondo & Jwan, 2020). It also implies that future research and practice can benefit from the findings. Apart from keeping detailed field notes, I employed reflexivity, thick description, and multiple methods and ensure transparency in the research process to enhance dependability.

3.5.4 Confirmability

Confirmability focuses on the objectivity of the research findings in terms of them being confirmed by other researchers. It discusses how much the conclusions are based on the data and unaffected by the researcher's prejudices or assumptions (Creswell, 2018). Confirmability is important because it helps to ensure that the research findings allow other researchers to build on the findings of previous studies and to replicate them in different contexts (Ong'ondo & Jwan, 2020). Strategies such as reflexivity, triangulation, use of multiple data sources, member checking, and peer debriefing are employed to enhance confirmability. It was actualized through employing focus groups and interviews, by avoiding judgements and involving the participants in counter-checking their responses

Together, these four standards help to demonstrate the trustworthiness of qualitative research (Lincoln & Guba, 1985). As a key ethical consideration, the criteria emphasize transparency, rigor, and the researcher's accountability in conducting and reporting qualitative research, thereby enhancing the credibility and usefulness of the findings.

3.6 Ethical Considerations

Clearance was sought from the School of Information Sciences of Moi University. The National Commission for Science, Technology, and Innovation (NACOSTI) was contacted to request a research permit and Kajiado County Commissioner's office informed. Consent from participants or their guardians was obtained while ensuring respect for autonomy, privacy and confidentiality (Hennink et al., 2020; p.71). The study strove maximize benefits of the research for the whole society and not to harm participants either physically or psychologically while at the same time ensuring fair administration and non-

exploitative manner of the research procedures. Participants participated voluntarily, their identity protected and they would be informed about the purpose of the research. The clearances were ethical as they ensured compliance with institutional and national research guidelines. Approvals from Moi University, NACOSTI, and the Kajiado County Commissioner confirmed adherence to standards of informed consent, non-maleficence, and justice, demonstrating accountability, participant protection, and the researcher's commitment to ethical and responsible academic conduct. The study was academic with minimum risks and followed consent and confidentiality procedure throughout.

3.7 Chapter Summary

This chapter describes the research philosophical foundation or paradigm, approach and research method that was applied to explore expectant teenagers' lived experiences of health information seeking. It has also discussed target population, sampling, data generation, processing and analysis. Within the purview of constructivism, the study adopted a qualitative research approach and utilized a case study to explore the intricate web of complexities faced by this vulnerable group as they navigate health information seeking. The study was conducted in Kajiado, Kenya where participants were drawn from the county in their naturalistic setting.

The expectant teenagers who were willing to participate were interviewed by this researcher until a saturation point was reached. Because this study was entirely qualitative, I, the researcher, conducted focus groups and interviews with the aid of guides as data generation tools. Before writing up the final narrative, the generated data was accurately identified, analyzed, and reported upon using a thematic analysis.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter presents study findings on the first and second research questions, namely: i. What are the main sources of health information for expectant teenagers in Kajiado County? ii. How do social, cultural and economic factors influence health information-seeking behaviors of expectant teenagers in Kajiado County? The purely qualitative primary data to be analyzed were the interview transcripts; focus groups were utilized to verify the accuracy and reliability of the information.

The way the themes are arranged and presented in this study is in line with the observations made by Creswell & Poth (2018), who state that when gathering data for a qualitative analysis, the researcher first uses keywords to identify the major themes before categorizing responses under those themes. The themes are then included into the text by the researcher. Ong'ondo and Jwan (2020) point out that in order to analyze non-numeric data; a researcher must create a summary sheet using field notes. After that, the researcher establishes relationships between patterns and themes and establishes category connections. In this study, written notes and recorded audio content were analyzed, and data that had strong connections were grouped together under a single theme. In order to preserve coherence with the study objectives and the research questions, concepts were arranged in relation to thematic areas. Additionally, the researcher presents a summary of the most important responses in different segments as tables. Summaries and paraphrases of other texts are included. A summary of the identity codes used to present the participants

is provided in Table 4.1 below.

Table 2: Summary of participants' Identity Codes

Age	Number of participants	Identity Code
15	1	GRC
16	5	AGT, FL, JE, LM, RE
17	15	AB, BT, GN, GRA, IN, JN, LA, ML, MM, MO, NA, PE, PI, RT, RU
18	6	AG, AS, HN, JO, JN, VI
19	5	JI, LI, RM, SA, SH
Total Number of Participants	32	

The first focus group (FGD01) comprised of LM, GN, MO, IN, JN and PI. The second focus group (FGD02) had JI, JE, HN, MM, RT and RM.

The third focus group (FGD03) consisted of AGT, GRC, GRA, ML, BT and PE. The remaining 14 including: AB, AG, AS, FL, JO, JN, LA, LI, NA, RE, RU, SA, SH and VI participated in in-depth interviews.

4.2 Study Participants

Participants for both interviews and focus group discussions comprised of expecting teens in Kajiado County. Up to 14 expectant teenagers were interviewed. The participants in focus groups formed three groups with each group consisting six members. The total number of focus group participants was 18. The participants were drawn from the five sub counties of Kajiado East, Kajiado West, Kajiado Central, Kajiado North and Kajiado

South. There was one participant in the 13–15 age group, 20 in the 16–17 age group, and 11 in the 18–19 age group. The study participants engaged in a discussion regarding the questions included in the guides. The analysis was done based on thematic areas which were aligned to the research focus as: i. Sources of health information, and ii. Influence of Social, cultural and economic factors on health information seeking-behaviors of expectant teenagers.

4.3 Sources of Health Information for Expectant Teenagers

Expectant teenagers, according to SSerwanja et al. (2022), consult a variety of information sources in order to, among other things, get reassurance, comprehend their pregnancy and development, look for support and guidance, and generally make educated decisions regarding their health and the health of their unborn child. The sources can be informal and/or formal depending on environmental variables at play. The data analysis from both face to face interviews and FGDs generated two broad themes: Informal sources and formal sources. Embedded with the themes were intricacies including: motivations for seeking information, information access, trust and credibility, cultural influences, language barriers, digital literacy, and confidentiality and privacy concerns.

4.3.1 Informal sources

To reveal the intricacies of informal information using insights from expecting teens, a fascinating landscape where informal sources played a pivotal role emerged. Interview transcripts and focus group discussions unveiled a tapestry woven with threads of reliance on family, friends, relatives and traditional birth attendants (TBAs) for health guidance.

Family was pointed out by nearly all the participants with mothers and elder sisters who had gone through the birthing experience as among others it unveiled the several key threads of social support and stigma navigation, familiarity and trust and ultimately navigating cultural currents.

Beyond medical information, it became clear that informal sources offer crucial guidance on navigating the social complexities of teenage pregnancy, addressing cultural expectations, and potentially mitigating the sting of stigma within trusted circles. This is in line with research by Baney et al. (2022) that shows social support can reduce the risk of complications during pregnancy and childbirth in addition to improving the physical and mental health of the mother and the child. When asked to name their information sources, for example, participants almost all gave the same response whereby they included explanations along with the names of their moms, aunts, partners and older sisters.

A participant (AS) recounted:

If you are talking about pregnancy, when I knew it, the first person to know was my mother. When I made her aware she was like, now I had to be taken to hospital to start my clinic. Together with her, we came to the clinic from our far flung place.

Another one (LI) said:

It depends...because information can be acquired from relatives, big sisters or your mother. To me specifically, I seek information from my older sister since I am close to her. She has two children and works as a nurse.

Formal healthcare facilities, with their potential distance, cost, and cultural disconnect, paled in comparison to the readily available comfort and trusted advice offered by close-knit social networks. For instance, the distance travelled and the cost involved to hospital proved a challenge to many participants. Kajiado being vast indicates high transport cost especially for underprivileged families from which most of the expecting teens come. This

is consistent with the observation by Nambile et al. (2022) that the cost of care could prevent them from getting the information they need to ensure a safe pregnancy and from going for routine checkups.

A participant (AG) explained that:

There are many challenges indeed such as lack of money. For instance, if I trekked, I will also go back on foot. Like now, when I arrived with my friend I did not know a book was to be bought. I did not budget for the thirty shillings required to buy the book.

RU indicated, “I have missed clinic appointments as a result of lacking ksh.300 fare...”

Another one (JO) retorted:

It is my parent that supports me. These boys just impregnate you and step back as they do not know how to bring up a child. Meanwhile, I depend on my parents currently.

Informal sources, deeply rooted in community beliefs and traditions, resonate more profoundly with teenagers' cultural understanding of pregnancy and health, providing a familiar lens to interpret complex topics. Teenage pregnancy is in many settings seen as a precursor of immorality condemning those who are caught between (Erasmus et al., 2020).

The culture whereby probably parents do not sit with their children to guide them on life issues and how to navigate because of one or two reasons is a cause for concern. From the explanation of the teens on the sources from which they seek information concerning their health and pregnancy, they are well aware of the expectations of the society in which they live.

For instance, those who sought information on pregnancy from their aunts or grandmothers indicated that the aunties were well versed on how to go about informing the parents of the teenagers especially in the patriarchal community. The argument by the teenagers was that

they had realized their mistake and would only land at softer spots in the name of their aunts or grandmothers who not only understood the pregnancy terrain but also would be listened to by the girl's parents to avoid stigma and shame. They acted as critical confidants.

RU, a participant said:

I told my aunt so that she would tell mom. Infact immediately I knew I was pregnant, I told my uncle's wife so as she could tell my mother who would later inform my dad (LA).

The responses were corroborated by a member of FGD2, GN who responded:

I wanted to confirm whether it was pregnancy or just any disease. I went to my grandmother to inform her since I would not obviously inform my mother. I was at school and if I told her she would lose hope on me and say that I went to play with boys at school instead of studying. So I had to inform her so that she would inform my mother of the same but has since not told her. She just fears.

Only two of the participants stated that their fathers had no problem on knowing that their daughters were expectant. This is in tandem with Loughmiller-Cardinal and Cardinal's (2023) study that indicated such was as a result of the close connection and open communication that they had with their fathers. In-fact, one of the participants stated that the father played a pivotal role in social and emotional support.

LA and AG pointed out that their fathers had risen above condemnation and instead embraced them. In instance, LA recalled:

He did not take it in a bad way. He was in fact a good counselor and advised against abortion since if I was to go to school, my baby would have someone to take care of it.

When asked whether her dad new about the pregnancy, AG, responded:

"I don't know.... Don't think so. Don't know how he will react but I know he is not a bad person"

The aforementioned notwithstanding, a closer look revealed that this tapestry also has limitations ranging from accuracy under scrutiny, perpetuating misconceptions to power dynamics at play. To begin with, traditional knowledge and community beliefs, while culturally relevant, did not always align with evidence-based medical practices, potentially leading to inaccurate information and even harmful practices. Expecting teens who were kept at home only to be taken care of by traditional birth attendants, trusted the information they received from their caregivers as not only were they the only option and believed experienced, but the information they gave was found to be more relatable and acceptable because of their cultural awareness.

Because they are frequently well-established in the community, traditional birth attendants were seen as having a more personal and encouraging relationship with teenage mothers. This is consistent with Bagelman et al (2021) who established that the decision to look for health information is favorably influenced by this sense of community. The homesteads that took into account the TBAs were mainly in the interior, the parents were illiterate and struggling to make ends meet. Participants who were against being treated by TBAs cited infections, low knowledge levels and low chances of survival as the main reason they opted for healthcare facilities.

In instance, as an indication of the awareness of the unpleasant birth outcomes, 16 year old participant (RE) revealed: “I wanted to come to the hospital because a sickness below the stomach.”

According to Ntshayintshayi et al (2022), deeply ingrained beliefs and practices sometimes contradict best medical practices, hindering optimal health outcomes for both mother and

child. The younger participants for instance, were found to largely depend on information from their family members and peers even though they would countercheck with the doctors. This was informed by the trust they had in the medical practitioners as it is their specialty. A participant VI carrying her second pregnancy intentionally made a trip to the hospital to seek reassurance over the possibility of delivering through Caesarean Section (CS) as had been informed by her husband. She insisted:

What motivates me is that I want to know as I was told I will undergo CS again, I opted to seek the doctor and determine whether it is true.

The 18 and 19 year-olds underscored the need for counterchecking with the healthcare practitioner in the event that medical information is contradicted. One of them (FL) asked: “.....Thought you knew doctors have gone to school to learn about their trade?”

It is noteworthy that familial pressure or cultural norms conveyed through informal sources also restrict individual autonomy and informed decision-making, especially for the young and vulnerable teenagers. Expecting teens’ responses pointed at the intricate web of complexities stemming from societal expectations. Those from compassionate families witnessed informational and financial support while those that were strict condemned them. For instance, JO indicated that fathers were not remorseful and one could not seek information from them on that note. She retorted:

Now, fathers are a problem. I do not understand why they are with women yet do not understand the suffering they go through. Mother is a good person. If your mother dies and father remains, you would have done a grievous mistake.

4.3.2 Formal sources

Formal sources include government health agencies, recognized medical associations, and

well- known healthcare facilities. They are critical in the delivery of accurate and reliable information about prenatal care, labor and postnatal care (Owusu-Ado & Morhe, 2016).

The research on "exploring the lived experiences of health information seeking among expectant teenagers in Kajiado County, Kenya" revealed the utilization of formal sources such as healthcare facilities, schools, government resources, and community organizations for health information. Data include interview transcripts and focus group discussions where teenagers mentioned consulting healthcare professionals, attending sex education programs, or utilizing internet.

The presence of formal sources indicates an awareness of the importance of evidence-based medical information and a potential desire to access reliable resources. This could be attributed to among others understanding health risks and complications, seeking professional guidance and fulfilling requirements or expectations.

In the first place, teenagers sought formal sources to understand potential health risks associated with pregnancy and childbirth, especially when concerns arise. For example, they all cited healthcare providers as their most trusted information source since they were well educated and experienced in their job. Even those who stated family, relatives and traditional birth attendants confirmed that they would always ensure they got to hear from a healthcare professional for pleasant outcomes. This is consistent with Sserwanja et al. (2022) study that revealed expecting teens as turning to formal sources because of credibility against many informal sources. They would also be assured of their safety in the hands of a medical professional.

When asked on whom she considers credible in information her about pregnancy, FL replied: “.... I would trust the doctors”

A member from FGD01, IN, agrees with FL, that healthcare professionals were the most trusted sources of health information for expecting teens. She observed:

“First.....they have to check your health and that of the baby....you gain information on what to eat...how to sleep as you cannot sleep normally...”

It has generally been found that formal healthcare settings offer access to qualified healthcare providers who can address specific medical queries and provide personalized advice (Hsiao et al., 2023). Teenagers, while navigating the labyrinth of complexities as they search out information on their pregnancy, get credible information from the professionals who directly shape their habits. This is in tandem with the study findings indicating that health providers were ranked top when it came to establishing the most credible and trusted sources of information. This is justified by a participant VI who reported, “What motivates me is that I want to know as I was told I will undergo CS again, I opted to seek the doctor and determine whether it is true.”

AGT, a member of FGD03 added, “The doctor will not give you advise that will hurt you.....

Mom can also advise you well...I do not deny that...but you go to the doctor.

He is a professional.”

It is expected that attending prenatal care clinics or participating is mandatory or encouraged, leading teenagers to engage with formal sources. Especially in areas where there are teenage pregnancies, it has been established that maternal outcomes are

unpleasant as may result in pre-eclampsia, obstetric fistula, disability adjusted years and even deaths (WHO). This has made governments invest in sexual and reproductive health departments so as to reverse the negative outcomes. With the understanding that teenagers are at an impending danger since they are not physiologically ready for birth due to their age, they insisted on the need to start clinic early so as to monitor their pregnancy and seek medical advice where necessary. For instance, when asked about the motivations behind seeking health information at hospital, AS responded:

"...I got this information on pregnancy care here at the hospital because when I came, and you know was underage, now they had to tell me how to go about the pregnancy, the date for clinic visitation, don't do this and that..."

Another one ML stated: "First is to know about your health.....your baby's....what you need"

These show the anxieties and the mental dance that expecting teenagers get engaged in when they seek information concerning their pregnancy. Such anxieties showcase the dire need they find themselves in punctuated with among others stigma, social isolation, getting out of danger, conforming to the societal requirements and above all struggles to bring up the baby. Doctors can help mitigate such challenge so that they teens have hope and enjoy the pregnancy journey. When asked about what she would do if she was not sure about prenatal and postnatal care, where else she would seek information apart from her mother, AS, was quick to point out, "Maybe only at hospital..."

SH, also commented:

I have come here early this time round because I previously suffered a miscarriage. So this is why I decided to come so that I start my clinic early so that the fetus can be taken care of fully.

Such responses confirm the findings by Baney et al., (2022) who emphasize that healthcare professionals not only act as trusted sources of support, but they also ensure expecting teenagers receive appropriate and reliable information during pregnancy.

While formal sources offer valuable benefits, the research unearthed some limitations ranging from accessibility and utilization, communication and understanding and ultimately stigma and judgment. Challenges emanating from geographical remoteness, transportation limitations, or financial constraints restricted access to formal healthcare facilities or resources. In their 2022 qualitative study on obstacles and tactics required to enhance maternal health services for pregnant adolescents in Uganda, Nambile et al., established that transportation difficulties further compound the challenges faced by expecting teens in a move that denies them an opportunity to visit healthcare centers. For instance, a participant, AS, missed out on some clinics as a result of lack of transportation.

She asserted in part:

...it is not like we have the capability for transport whereby we would come and go back. We had to come on foot. When we arrived at the hospital, that time there were no books for clinic and so we were told to buy.... Remember, we were not prepared to part with Thirty shillings to get the book. Next, the lab required that you pay 50 bob. Let me say enhe....as I came just like that, fare was an issue plus these other requirements which we were not prepared about.

Compounding the constraints is the complex medical terminology or lack of culturally appropriate communication might hinder comprehension and effective informing exchange. Formal sources of health also broke down the language used and allowed for clarification seeking from expecting teens. For instance, a participant, SA, pointed out that a time the message written by the healthcare professionals is too long and can tire

someone. She precisely put it like:

There is a lot of information. A times you get very long information which requires to be shortened yet you cannot manage to do it as you will be forced to read the whole of it. This requires the doctor to intervene.

Few participants mentioned community health workers, the trained volunteers or healthcare providers within communities offering reliable information and basic healthcare services. They indicated that they need to double their efforts and move to the different community centers where they can meet with expectant teenagers and share credible information. They were trusted as any other medical practitioners but were viewed as those who will ease the pressure put on doctors especially during clinics. A participant, AS, stated in part, “They should also be doing meetings with young mothers to help them navigate the pregnancy terrain.”

Fear of judgment or negative attitudes within healthcare settings have been found to deter teenagers from seeking information or openly discussing concerns. Environments where the teens are harassed, not explained to with completion about the pregnancy and needs, are treated as second class after mature women and stigmatized is a recipe for unpleasant maternal experience for these teens (Sserwanja et al., 2022). As formal sources therefore, healthcare professionals are required to be compassionate and ready to assist the vulnerable group members so that they do not suffer further repercussions

4.4 Intricacies of Information sources

From the findings, the choice of the two main sources of information; the informal and formal, was webbed within a network of complexities ranging from motivations and needs, information access, trust and credibility, cultural influences, language barriers, and

ultimately confidentiality and privacy concerns. All these had a bearing on the main sources of information and preferences.

4.4.1 Motivations and needs

There were motivations that were driving the expecting teens to seek out information concerning their pregnancy. This is in line with Gurevitch, Blumler and Elihu Katz in their Uses and Gratifications Theory (Katz et al., 1974), where they hold that individuals actively search out information to fulfill specific needs. They point out that such needs vary from one person to another driven by environmental variables at play. From the findings, three gratifications sought by the expecting teens emerged; information, social interaction, diversion and personal identity. The element of entertainment did not arise.

On the information front for instance, the participants generally sought information actively so as they were empowered and become aware of the pregnancy journey, the challenges at play and how they would navigate the terrain of young pregnancy. This was supported by the findings by Eliner et al (2022) that exercise, prenatal care and nutritional needs were the main information needs for expecting teens. For example, one of the participants, JN, indicated: "...You look for information so as you are in a position to take care of the baby and inform your age mates that it has happened...something like that."

AG outlined that she would not love to be left out as it was an unexpected situation. When asked of the motivations to seek information, she precisely stated, "Mapema ndio best...to mean, the earliest is best."

It emerged that the expecting teens wanted to confront the impending threats and negative

health outcomes as they were not physiologically ready to give birth. This is in line with Sserwanja et al's 2021 study that indicated expecting teens are always punctuated within anxieties brought about by the societal norms and stigma that abound. In instance, when asked about why she sought information concerning pregnancy, JO, responded:

How to mmmh...handle the pregnancy, how to avoid diseases...

AB also stated:

How it will affect somebody...in terms of health

As per the WHO, such vulnerable group members had high chances of developing complications in a move that paints a picture of the need to assist and embrace the members. Social support for the teens has been found to greatly assist them in opening up and having a pleasant experience with hopes for the future. For instance, when asked about her experience with the pregnancy, NA, responded:

To say the truth, I have not faced any challenge since I have received great support from my mother and sister. I have not been pressured or condemned since I have finished my class 8 and a tailoring course in Dec. 2022 from polytechnic. I did not give my parents any pressure since I have completed school with no problem.

The study also established that the expecting teens sought information for their identity. Since they were to become mothers, they wanted to ready themselves for the task ahead such as taking care of the pregnancy and beyond, and so would actively seek out information. Here, they would be made aware of the expectations in society and general while at the same time getting to learn how they would be incorporated. In one instance, participant SA pointed out that she wanted to learn on how to take care of the unborn child and the preparations needs as roles would change. She explained:

The first thing is that I want to know more about pregnancy. You may discern the symptoms....I want to read it by myself since I am not going to tell people. You know, there are changes that happen in our bodies, like you may start asking yourself why you have started turning in size and colour?.

Since the expecting teens were intertwined within a complicated web, they would seek information for interaction. Information sources for instance, family, peers and healthcare providers shape social interactions of these expecting teens (Bedaso et al., 2021). In the study, the common denominator was information sharing with the aim of realizing pleasant outcomes amid the expertise and credibility issues. Those who would make it to the hospital interacted with healthcare providers such as nurses and midwives while those at home were taken care of their mothers, grandmothers and traditional birth attendants. It is through such interactions that decisions would be made by the teens as the onus remained with them. For instance, most of the participants cited a family member as a source of information due to closeness and accommodation. Those who consulted with healthcare providers cited their closeness levels to such officers as a critical factor. It was therefore evident that social interactions were driven by the information need, closeness and knowledge levels.

Nutritional needs for both the mother and the child emerged as a critical area of concern especially for teens attending prenatal visits and those at maternity wards. This was an indication of the wish to have healthy babies and pleasant pregnancy experiences. Such revealed the level of caution that these expecting teens had in an effort to avoid future stress.

For example, a member of FG3 and a participant revealed that she was informed that knowing the dietary requirements would result in a baby with acceptable weight and with

strong immunity. Nearly all participants cited fruits, vegetables and proteins as key components of a well-balanced diet for an expecting mother, hence to the expected positive results. NA for instance, when probed about her nutritional information responded:

You are told to eat vegetables, food like eggs and meat so that there is enough blood in the body since when blood level is low, that is not a good sign. If the blood is not enough, there is some medication you would be given to boost it.

4.4.2 Information access

For expectant teens in Kajiado County, obtaining formal health information from sources like hospitals and schools presents considerable obstacles. These obstacles are made worse by the lack of resources and infrastructure in rural areas, where many healthcare facilities are inaccessible or ill-equipped to offer thorough information on teenage health and prenatal care. Furthermore, expecting teenagers have been reportedly frequently discouraged from seeking information from healthcare providers because of the cultural stigmas associated with teenage pregnancy, which stem from fears of discrimination or judgment (Sserwanja et al., 2022). Due to their lack of access to official sources, expecting teens are more likely to become expectant with health risks and spread false information.

I noticed that expectant teenagers in Kajiado County frequently turn to unofficial networks and community resources in order to obtain information about pregnancy and maternal health because they have limited access to official health information sources. Family, friends, and elders in the community are valuable resources for support and direction, as they can share their personal experiences and customs surrounding conception, pregnancy, and delivery.

Such interactions confirm a key construct in the Social Cognitive Theory which highlights the importance of gaining behavior through learning. Through discussions by teenagers, they learned how to take care of the pregnancy sometimes from their friends and mothers. They observed how some of their peers were managing the pregnancy and how their expectant friends' mothers advised. Many FG01 members cited peers as their point of reference source of information.

In chorus, when asked on how they accessed health information they said: Our friends and mothers...

Furthermore, through outreach initiatives and workshops designed specifically with expectant teens in mind, religious institutions and community-based organizations play a critical role in the dissemination of health information. According to Loughmiller-Cardinal and Cardinal (2023) these unofficial sources can offer insightful information, but they can also spread false beliefs and misconceptions, emphasizing how crucial it is to have access to reliable, fact-based information.

Access to information was found essential for expectant teens living in remote areas in Kajiado County, Kenya, in order to find health information. These teens did not always have easy access to traditional sources of health information, such as medical professionals or libraries. As such, they relied mostly on informal sources of information such as friends, family, or traditional healers. However, data obtained from these sources was not always reliable or accurate. This made the expecting teens to engage in trial and error as they wanted to experience a pleasant journey and outcome.

Due to poor internet connectivity and technology infrastructural challenges, expectant teens in Kajiado County have even less access to information than they would otherwise have. This makes it more difficult for them to access online health resources. Although digital platforms present opportunities for obtaining current health information and support services, expectant teens from underprivileged communities encounter obstacles like cost, literacy, and cultural norms that discourage internet use. Many people in Kajiado County do not have access to the internet, which can make it difficult to find health information online (Olenja et al., 2016).

The lack of the internet was found to have a close connection to poverty as the expecting teens tried to balance between competing needs of food, transport and healthcare. This is consistent with findings by Jia et al (2021) showing that consumers are more likely to stick with therapies after they have knowledge about their health difficulties as online health information will be advantageous to them. In the study, this indicates that expecting teens from low Socio- Economic background would not have access to reliable information as a result of lack of money. When asked about whether she accessed health information online for instance, AG, answered:

I do not...I do not have a phone.

Those who would access the internet such as SH and SA indicated that they would learn a lot in terms of how to take care of the pregnancy and what to do and not to. They outlined that the internet has made it possible for many young mothers-to-be to be immersed in multifaceted platforms to seek health information. While the spread of false information on the internet can put the health outcomes of teenagers at risk, the teenagers who used online

sources revealed that they used it as a first point of reference since they would be easily and readily informed. Asked on where they found health information, SH responded:

I Google to get information.... at least for grownups like us who have now finished form four, we ask questions about pregnancy and care.

SA, who also accessed information online added:

First thing, you can go to the phone and move to Google on how you can raise your kid yet you have not attained that mature age. Also on Tiktok, the more you like videos that teach about child upbringing you inch closer to the reality as they teach you how you can handle yourself.

4.4.3 Trust and credibility

Formal sources including healthcare professionals and community health workers were found to be trusted across the groups as they were believed to understand their trade. The participants agreed that generally, they were looking for information from formal sources as they were in serious situation that risked their lives. This is supported by a key construct in the Health Belief Model (Rosenstock, 1974) that individuals consider their perceived susceptibility, severity and benefits as they navigate cues to action to achieve self-efficacy in their health threatening circumstances.

Informal sources such as friends, family and traditional birth attendants were believed to be more of compassionate compared with the official sources which would only provide professional advice leaving the teens in the decision-making domain. The advice from the formal sources was not forced down the throats of the teens per se but would only act for posterity.

All members of focus group discussions for example insisted that they trusted formal sources of information and that was the reason why they would always turn to them. This

was contributed to by the anxieties that would be arrested by the doctors who they believed to be well informed.

4.4.4 Language barriers

Findings showed that expecting teens in Kajiado County, Kenya, who are looking for health information face substantial obstacles due to language barriers. Due to the variety of languages spoken in the area—including Maasai, Kikuyu, and Swahili—health information materials in languages understandable to the local populace are frequently hard to come by. Language differences are a contributing factor to differences in access to health information, especially for marginalized communities (Schinkel et al., 2018). Teenagers who are expecting and who speak primarily indigenous languages may find it difficult to comprehend health information that is provided in official languages like Swahili or English, which will make it more difficult for them to make decisions regarding maternal health and prenatal care (Schinkel et al., 2018).

Language barriers shape the information-seeking behavior of expectant teenagers in Kajiado County, influencing their preferences for specific communication channels and sources. Davis et al. (2019) found that teenagers frequently rely on verbal communication within their communities or seek advice from family members due to a lack of readily available written materials in their native language. As an illustration, no participant expressly revealed the utilization of written material, indicating that they had conformed with the situation as it is. They would largely access information from both formal and informal sources verbally on demand.

This reliance on interpersonal networks for health information was found to limit the variety and accuracy of the information received, potentially leading to misconceptions or a lack of understanding of critical health topics. The teenagers would get a softer landing in the readily available verbal communication networks such as peers and grandmothers. However, the level of trust for the information sources differed greatly influenced level of exposure, type of friendship and age of the informer. When asked on who to trust, even as AS and FL indicated that trusted friends and grandmothers were the point of reference people respectively, they outlined that healthcare providers reigned supreme.

Furthermore, teenagers were found to be hesitant or embarrassed to seek clarification from healthcare providers or use formal health services if language barriers prevent effective communication. For instance, VI indicated that she would not seek clarification on any information immediately even if she did not understand it. She remarked: “In case I do not understand, I wait until the next clinic so as I seek clarification.”

Informal sources, such as family members, friends, and community elders, are regarded as more accessible and understandable because they use local languages or dialects. This is in line with Haider et al's 2023 study which found that these sources provide a sense of familiarity and cultural relevance, making them more accessible to teenagers looking for information on pregnancy and maternal health. As a result, informal channels become preferred avenues for accessing health information because they bridge the linguistic gap that exists between formal sources.

Njoroge and Tobón (2020) advocate for the development of culturally and linguistically appropriate health education materials in order to improve accessibility and

comprehension. Collaborating with local community leaders, educators, and healthcare providers can help to translate critical health information into indigenous languages and ensure its distribution through reliable channels. This is consistent with the assertion by JN that local community leaders needed to be integrated in the health communications since they are the moral compass. She commented:

I would like to say they educate elders in the community, doctors should also announce any new information through community elders so that information reaches all. By doing this, we can have information that is very useful to all of us.

Furthermore, the study established that investing in digital health platforms and mobile applications that support multiple languages may increase access to information for teenagers from diverse linguistic backgrounds. A participant opined that any digital and written communication should be done in Swahili and English for Kajiado's urban centered populations while remote communities utilize the Maa local language health information materials.

4.4.5 Cultural Influences

This brings out the drivers for those who sought information from either informal or official sources of information. There are those who sought information from doctors while other recognized informal sources as their grandmothers and traditional birth attendants. The feeling that was being portrayed at the hospital setting was that of posterity while grandmothers and traditional birth attendants were confirming norms. The mother to HN who lives with a mental disability explained that initially traditional birth attendants would assist one deliver by continuously massaging the stomach to ensure the baby was properly positioned. She observed:

The hospital is just here at Entarara too near...but you know when the baby comes there is no option...the following day we bring the baby to hospital.... During our time, there were people who would massage our bellies...who can sit nowadays to do such?

TBAs were believed by the teenagers that would take care of them to the level best as the girls were young and awaited to be enjoined in the society. It emerged that teens are integrated within a framework of a complicated cultural web that they should navigate. Among the threads in the web include stigma and isolation.

Especially those from remote areas considered accessing information from their grandmothers who in one way or another had inclined the norms. This would mean that they would conform with the norms in society as grandmothers were believed to have a vast experience when it came to pregnancy and birthing. Through their compassion and connection with the girls, the grandmothers and traditional birth attendants had undergone same procedures of birth and all of them had gone through other harmful practices like Female Genital Mutilation.

Stigma has been reported to champion negative birth outcomes for teens (Sserwanja et al., 2022). It has been established that teens that consistently go through stigma feel rejected and are prone to depression. This assertion is supported by participant JN who insisted that teens might feel unworthy and shy. She stated:

You may be laughed at...you cannot be amidst people since you find yourself ashamed. You indeed find yourself in an unfamiliar situation.

Caught between societal expectations and the shame that comes with teen pregnancy, teens went ahead to consult with their older sisters and aunts. This was due to conviction by the teens that the aunts would know how to break the news to the parents of the teens and act as shock absorbers. It also revealed that aunts would be quickly accepted as norms should be passed down to the nieces. The teachings by both aunts and grandmothers were in one way or the other an acceptance that the teen was now ready for bigger responsibilities and could be married off. When asked on why she would consider an aunt against her mother, RU, answered:

I told auntie so that she would later inform my mother.

4.4.6 Confidentiality and privacy concerns

The expecting teens would confide in their partners, family including older sisters and mothers, grandmothers and aunts so as to have empathy. They were aware that the burden they were carrying was heavy to them and needed assistance albeit not physical. They believed that their inner circle would walk with them through their journey as it sometimes would turn emotional.

Formal and informal sources of information were established to consider variables at play. While the former offered professional advice, the latter was believed to go beyond advice and help ease the burden for the expecting teens hence would be more receptive to communication from the teens. The informal sources utilized their closeness to encourage open communication in readiness for offering the much needed support by the teens. Such is the indication that pregnancy can be heavy on these teenagers as they now need social support (Bedaso et al., 2022) to make them feel at home, assured and have a

pleasant experience. In part, a participant, NA, remarked:

I missed my period and that was an indication of pregnancy. I started asking myself why me? But my sister asked me not to worry as she would support me.

Informal sources were generally regarded as more private than formal which contributes to their popularity among expectant teenagers in Kajiado County. Interactions with family members or trusted community members are confidential, which fosters a sense of security and comfort among teenagers, encouraging them to seek information without fear of judgment or disclosure sources (Ntshayintshayi et al., 2022). This perception of privacy is especially important in a context where teenage pregnancy may be socially stigmatized or taboo. From the responses from FG03 members for instance, all were of the view that whoever they informed immediately they noticed some changes in their bodies was someone they were very close to and who would keep it private.

4.5 Influence of Social, Cultural and Economic Factors on Health Information-Seeking Behaviors of Expectant Teenagers

This section explores findings on the second research question: How do social, cultural and economic factors influence health information-seeking behaviors of expectant teenagers in Kajiado County? It breaks down the themes emerging from the different factors under study.

4.5.1 Social factors

Social factors include aspects that in one way or another influence the way of life socially especially on how people interact. These aspects bring about frameworks which are the official and informal structures—found in families, schools, companies, governments, and

religious institutions—that structure our social interactions. They give us opportunities and resources, as well as mold our values, customs, and behaviors. In the study findings, the following themes had a close connection with social factors that were considered; patriarchal systems, stigma and social seclusion, health literacy, role of Traditional Birth Attendants, peer influence and social networks and, ultimately family dynamics and power imbalances.

4.5.1.1 Patriarchal Systems

To begin with, findings revealed that deeply ingrained patriarchal systems that are present in both communities and families pose a serious obstacle to girls' capacity to take care of their own health. These systems work as imperceptible handcuffs that restrict people's freedom and ability to make decisions at both the family and community levels. The results are severe: voices that are muffled, needs that are not satisfied, and difficulties navigating the complexities of their health journey. Male decision-makers frequently dominate these hierarchies, controlling access to information, medical care, and even fundamental physical autonomy. Hsiao (2023) found that girls become less powerful as a result, having less freedom to research health issues, look for reliable information, and make decisions.

Girls were frequently confined to domestic roles in families due to traditional gender roles, which placed a higher priority on caring for others and household chores than on their own health. In instance, a participant RE, said that her husband did not say anything after she informed her of the pregnancy since it was her responsibility. She had to seek approval from him for her to go to hospital due to her condition of pain at the lower belly. Another participant NA was even advised by her father against abortion and would always purchase nutritional requirements for her apart from counseling her. This indicated that it was

crucial to get approval from fathers or husbands were necessary in order to seek medical attention; this could lead to dependency and hesitation.

The study established that patriarchal structures within families and communities limited girls' autonomy and decision-making power regarding their health, impacting their ability to seek and utilize health information confidently. These gender dynamics and power imbalances proved a difficult experience for teens especially whose pregnancies were not welcome. This is consistent with a response by BT:

You inform mom because she will easily counsel you and advise on how the body behaves...if you dared tell dad he will say I am not the one who impregnated you. Mom is pitiful.

Education and resource access are governed by patriarchal norms within communities (Sserwanja et al., 2022). Girls might not have as much access to vital health information if they were pulled out of school early. The conventional wisdom regarding illness and treatment, which prioritizes outdated practices over evidence-based care, imposed additional limitations on them. For instance, the reason why RE, who had wanted to deliver at home, to go to the hospital was as a result of the impending danger of pain at the belly.

4.5.1.2 Stigma and Social Seclusion

Stigma and social exclusion manifested themselves strongly in various interactions with expecting teens. It was evident that the unmarried teens feared judgment and discrimination. They become even more alone and found it harder to confidently use the available resources and information. This is in line with findings by Muchiri (2021) that teenage pregnancy carries significant social stigma in many Kenyan communities. Their

fears for instance stemmed from how they would be integrated in society to realize full potential later in life. Stigma was working against them because of their young age as they would feel like they were social misfits. For instance, when asked about the pregnancy experience and how it changed her social life, AB, described it as an unexpected situation that shuttered her whole world. She responded, “It took long for me to inform my mother since I had abortion as the only option in my mind. I knew it would affect my education attainment.”

Stigma discouraged teenagers from openly seeking health information for fear of ostracization, isolation, and shame. Silence made girls more susceptible to harmful behaviors and misleading information as they would seek it from TBAs who did not have scientific evidence. This is in line with the findings by Scorza et al (2023) which confirmed that people who lack agency are hesitant to seek medical care, even when it is required, which complicates matters and delays diagnosis.

In her response, AB, felt like she was in contravention with societal expectations and this was taking a toll in her mind as her dreams seemed shuttered. In fact, in the process, it emerged that depression was taking a toll on her but thanks to her mother who arrested it with communicating with her albeit late. At the same time, she would not pass in front of people while expectant as she would feel ashamed.

Stigma could lead to social isolation, depriving teenagers of support networks crucial for navigating pregnancy and accessing information. A dire situation for teenagers, teenage pregnancy underscores the need for full support from networks that could understand and empathize with the teens (Strand et al., 2021). This could do away with condemnation that

stemmed from unwelcome parents who would feel embarrassed by the pregnancies. It was an indication that such parents had failed in their responsibilities even as the teens indicated that the parents would not be blamed wholly as it was an accident. AG and FL for instance, when asked whether parents had failed in their duties to talk to the expecting teens on how they could have avoided pregnancy, stated that parents had done their part but it was the teens who would not understand. They would however agree that support networks played a key role in promoting positive pregnancy outcomes.

By her belief that having completed her standard eight national examinations and proceeded to do a tailoring course for instance, NA, indicates the transition in the norms of many families in Kajiado County. She believes that she did not embarrass her parents as according to her she had tried and indeed deserved recognition. She points out that she was continually accorded sufficient social and financial support to light up her pregnancy experience. She outlined the hope for expecting teens who are embraced in society and the potential they have. At the same time she stated out that expecting teens in families whereby they are not really embraced was leading to depression and mental health issues for the girls and so counts her lucky. When asked on how the pregnancy journey has been, she responded:

I do not have any stress, I am comfortable.... For example, there are girls who right now do not have parents, and maybe there are those with a single parent or step-mothers who are not keen on the girls. The step-parent may not love you or even doesn't care about you and so has no opportunity or even think about coming to the hospital, which will save you?

4.5.1.3 Health Literacy

Health literacy was also brought about by the way expecting teens would consult on

matters their information concerning pregnancy and beyond. Those in remote areas utilized grandmothers and elder sisters to give them proper and accurate information since they had a possibility of having undergone birthing the same way. They looked beyond the situation at hand and tried to see on how they could conform by having at least information such that they moved closer to reality. The nearest people they could seek information from were thus informal sources such as grandmothers owing to the fact that they had gone through birthing.

This showcases that expecting teens wanted to conform to societal norms. However, socially they sought acceptance and no really going against the grain. For example, JN, says that once she was expectant, she would not do a lot as she had gone against the norms. The fact that those who got it did not experience any harm is evidence of the tight relationship that exists between social support and norms. JO, in one of the instances indicated that if a teenage girl lost her mother and now she was left with the father, the accident of pregnancy would confine her to ridicule and mistreatment. The quarrel from the father was viewed to have serious ramifications in the life of the unborn child. This was a pointer to the role of compassion and its contribution to the well- being of teen girls, as fathers would reject and scorn them. JO stated:

Noise affects the baby. You may deliver a baby who cannot hear....with a disability...as a result of the bad mouth of the parent.

Digital literacy knowledge levels differed. Such was contributed by the health literacy skills one had, the level of education and exposure as those who had gone to school beyond form four would seek advice from health professionals and a few utilized the internet. If they would get information from informal sources, they would always countercheck with the

healthcare professionals. Those who had little to no education depended on the TBAs and the informal sources of information. This had a close connection since Sserwanja et al (2022) points out that the birth outcomes for the younger girls had serious negative instances as the risk was too high, four times that of those over twenty years.

In the study, girls frequently had less access to education, especially when it came to knowledge about sexual and reproductive health. Due to their ignorance, they were more susceptible to deceit and manipulation, which made it more difficult for them to make wise decisions regarding their health. From the response by VI who asserted that her motivation to visit the hospital was a result of counterchecking the information given by the partner and friends that she would not deliver physiologically even if she was determined to, it indicates that probably she would have taken a dangerous decision of trying to deliver normally. She said:

I thought he was lying to me since I had never delivered normally. I came to the doctor to confirm, and realized I will never deliver physiologically.

4.5.1.4 Role of Traditional Birth Attendants

TBAs frequently have extensive cultural knowledge and are well-regarded in their communities. They offer vital assistance with family planning, pregnancy-related concerns, and general health issues in addition to childbirth (Bagelman et al., 2021). TBAs act as confidantes and advisors for teenagers, particularly girls, as they navigate the complexities of their changing bodies and reproductive health.

For teenagers in the remote areas, it was difficult to access mainstream healthcare systems, particularly as they were navigating social norms and cultural beliefs. In this situation, grandmothers and TBAs served as cultural mediators, promoting dialogue and

comprehension between teenagers and contemporary medical professionals. Ideally, nearly all hospitals had reportedly embraced TBAs.

It is important to note that teenagers in rural communities frequently find themselves between two healthcare systems. While traditional practices and remedies have value, access to modern medicine and trained professionals is becoming increasingly important driven by needs and preferences (Bagelman et al., 2021). Some teenagers were more comfortable discussing sensitive topics grandmothers who had interactions with TBAs, whereas others sought scientific explanations and interventions from medical professionals. This called for enabling a seamless navigation between these systems, without judgment or dismissal, as a critical component to increasing healthcare utilization and avoiding negative health consequences.

4.5.1.5 Peer Influence and Social Networks

Friends and peers have a significant impact on how we seek out health-related information. Within these networks, we readily exchange stories, tips, and advice, transforming them into unofficial knowledge centers. Although this can be a useful source of information, especially for common experiences, there can be wide variations in accuracy and dependability. Augustaitis et al. (2021), observe that misinformation spreads quickly when it is supported by unreliable personal stories or well-intentioned but unscientific anecdotes. This may cause uncertainty, postpone seeking expert counsel, or even result in making bad decisions. On the other hand, constructive peer pressure can be used to promote healthy behaviors, collaborate with others to find reliable sources, and offer emotional support during medical difficulties (Gubrium & Jessor, 2018). In the end, sifting through the

information landscape with friends calls for critical thinking, confirming common knowledge, and keeping in mind that expert medical advice is still necessary for making well-informed decisions. This is consistent with GN's assertion:

We are being informed by our peers that if you slept wrongly you can easily hurt you baby...I would eat some foods and vomit...so I went to confirm from the nurse so that I know what to do.

Peer networks have advantages as well as disadvantages. Positively, friends could offer compassion and understanding, fostering a safe environment for talking about the delicate health issue of pregnancy. Relational validation is provided by shared experiences, which helps people feel less alone and more at ease (Ntshayintshayi et al., 2022). For example, the results of FGD02 indicated that the group members would prefer to spend the majority of their time together until they give birth. They would eventually validate their situation and provide emotional support to one another in this way. Peers also offer insightful, helpful guidance based on their personal experiences with health issues. In order to verify this, participant VI asked her friends for advice on how to handle the delicate pregnancy following the initial surgery. She stated: “They tell me I should not worry, it is normal...”

Peer networks pose challenges due to the very nature of shared information. It is easy for rumors and false stories to proliferate, which feeds fears and misconceptions. For example, insufficient medical knowledge frequently results in advice that is harmful or even unfounded (Woolever, 2023). Furthermore, people may feel pressured by their friends to engage in dangerous activities or to put off getting professional assistance out of a concern for being judged. For example, some participants like AG, asserted that not all friends were true friends especially during such emotional situations as teen pregnancy. She pointed out that one had to weigh opinions from their peers during interactions to identify sincere

friends. When asked when she trusted her friends as sources of information, she responded: “Not all. There are those I trust and others I do not.”

Consequently, it became clear that using friends to navigate health information necessitates using a critical lens. Although peer networks offer emotional support and relatable experiences, it is important to double check information with reliable sources, such as medical professionals or trustworthy websites. In the end, achieving a balance between the importance of accurate information and peer support allows people to make well-informed decisions about their health.

4.5.1.6 Family Dynamics and Power Imbalances

Adolescence is a critical time for health development, but because of ingrained power dynamics in families, it can be difficult to navigate. Teens frequently face limitations because of their age, their reliance on parental approval, and cultural norms, which robs them of total autonomy over their health decisions. This is in tandem with Ntshayintshayi et al (2022)'s study that established that such limitations made it difficult for them to prioritize their health needs and actively seek out information because of this power disparity.

First of all, teenagers might not be financially independent enough to obtain healthcare on their own. This may cause important medical appointments, examinations, or mental or physical health treatments to be postponed. Such was a case with many teenagers whom came from humble backgrounds. When asked whether she had ever missed clinics, AG, responded:

Yes... .. I did not have the three hundred shillings for fare.

Family dynamics that discourage teens from asking questions or voicing their concerns about their health include tight rules or a lack of open communication. This has been found to result in incorrect information, self-diagnosis, and a refusal to get assistance. Teens feel more at ease talking about their worries and considering their options when their families encourage open communication. This was revealed by FGD03 members who underscored the immense contribution that communication had on their pregnancy journey. Such is consistent with the findings by Hsiao (2023) showing that secure environment for questions and worries is created by parents who provide factual information and listen without passing judgment.

When teens know they can talk about their experiences without feeling guilty or ashamed, they are more inclined to seek out trustworthy sources of information, such as medical professionals or other trusted adults. They are better equipped to make decisions regarding their pregnancies, medical care, and future thanks to this access to accurate information.

This equation's other side presents an incredibly different image. Teens frequently feel alone and silenced in judgmental or closed-off families. They hide their pregnancy out of fear of punishment or unfavorable reactions, which delays necessary prenatal care and may force them to turn to questionable sources of information. This seclusion can lead to mental anguish, false information, and ultimately worse health results for the teenager and their offspring.

In my view, these power dynamics create a complicated situation in which teenagers may prioritize immediate family expectations over their own health needs, resulting in delayed diagnoses, untreated conditions, and missed opportunities for preventive care.

4.5.2 Cultural Factors

The findings demonstrated that culturally embedded beliefs, norms, and practices have a significant impact on teenagers' lived experiences as they navigate the challenges of pregnancy and healthcare access. Cultural factors that emerged included a diverse range of ideas and practices, including traditional pregnancy beliefs and practices, societal attitudes toward adolescent motherhood, gender roles, family expectations, technology consumption, and the role of social networks.

4.5.2.1 Traditional pregnancy beliefs and practices

Traditional beliefs about pregnancy and childbirth differed from biomedical perspectives, leading to confusion and difficulty reconciling these contrasting sources of information. While some teenagers followed customs that have been passed down through the generations, others looked to educational or healthcare institutions for information. Expectant teens had to balance cultural norms and medical advice, which could be stressful and confusing when tradition and modernity collide. All the participants however showed readiness to embrace new medical information as it reduces negative outcomes. Coming from that perspective, responding on behalf of HN, a FGD02 participant living with a disability, her mother stated: During our time, there were people who would massage our bellies...who can sit nowadays to do such? Things have changed. People have loved money so much. Also there have been health difficulties. There were no such effects during our times.

Culturally, a sensitive issue especially in the Maa community, teenage pregnancy has been found to be a precursor of early marriages, illiteracy and female genital mutilation (Olenja

et al., 2016). Those in remote places, for example, relied on informal sources of information because they were readily available and the only option. They were believed that they would give information on health to the teenagers regardless of the knowledge levels and expertise. For example, GN, a participant in FG01 reported that her grandmother was best suited to give information that would guide her on how she would go about the pregnancy as per the Maa principles. She pointed out that pregnancy at teenage was the greatest sin and it had serious repercussions. She narrated:

You know, fathers are not around...Once you get pregnant it is her who would be asked where she was while her daughter was being impregnated. She will be beaten as I also will be.

With teenagers from other communities indicating that they were more worried about completing their education, those from the Maasai community showcased that Maasai cultural norms dictate specific pregnancy behaviors and expectations, influencing where teenagers sought health information and support. For example, mothers, grandmothers, and older sisters were consulted for immediate advice rather than formal healthcare providers who came second.

Because of cultural norms and beliefs surrounding pregnancy and childbirth, getting health information from traditional healers may be the preferred option for expectant teenagers in Kajiado County (Olenja et al., 2016). However this was not the case among the participants as all of them visited hospitals. When compared to official healthcare providers, traditional healers are frequently perceived as being more personable and culturally aware although they were said to be utilized by mature women in the interior of the county. Furthermore, traditional healing methods are thought to address spiritual and emotional needs in addition to physical illnesses, which is consistent with the holistic perspective on health that is

common in many African cultures. HN's mother for instance, while admitting that she delivered all the ten children at home utilizing services of a traditional birth attendant, believes things have changed and that is why she could not have her daughter be attended to one. She cited complications and the desire by many older women to look for money instead of offering quality service. In such an instance, teenagers who are expecting might therefore not feel more at ease talking to traditional healers who are aware of and respectful of their cultural background about their worries and asking for advice.

In addition, cultural taboos surrounding conversations about sexuality and reproductive health are a contributing factor to the divergent perspectives that expectant teenagers in Kajiado County hold regarding pregnancy and childbirth. Open discussion about reproductive health is stigmatized and discouraged in many Kenyan communities, including the Maasai (Olenja et al., 2016). Due to a lack of communication, teens are ill-equipped to make decisions about their health since they are exposed to false information and misconceptions about pregnancy. Teenagers who are expecting felt alone and embarrassed as a result, making it difficult for them to get the help and knowledge they require to have a safe pregnancy and delivery. This is in line with their responses on what could be done to address the issue of teenage pregnancy.

While traditional healers are important in helping pregnant women in Kajiado County with their health-seeking behaviors, relying exclusively on traditional methods can have risks and difficulties. These could include incomplete or inaccurate information, inconsistent treatment, and long wait times for necessary medical interventions. For instance, participants in FGD03, when asked whether they would consider services of a traditional healer, they responded in the negative.

4.5.2.2 Societal attitudes

Culture was highly ingrained in the navigation process of the information terrain for expecting teens since they were entangled in a web of complexities and now had to balance between culture and the societal expectations. These are consistent with the Social Cognitive Theory because they observed how their friends, mothers and elder sisters navigated the terrain of pregnancy or were guided and used such as their compass. The end result was that the way such groups acted indicated best practices especially on how to take care of the pregnancy and beyond. Participants who consulted their older sisters or mothers used the experiences gained to leverage on it for their pregnancy. They trusted them as sources of information on top of being their good examples.

The community's societal views on teenage and adolescent pregnancies influence how easily accessible and acceptable it is to seek medical information. Adolescent pregnancies are stigmatized in many cultures, including some in Kajiado County, which can cause fear of rejection or condemnation (Olenja et al., 2016). It was discovered that, despite their perception that doing so would be an admission of guilt or moral failure, expectant teenagers were not discouraged from obtaining guidance and assistance from official healthcare sources. In as much as many of them suffered ridicule and isolation, they put up a brave face to carry the pregnancy and the ultimate delivery. Only a few who were accommodated by family found the journey pleasant for them. In part, NA, a participant noted that she had never experienced any difficulties since she was supported by parents for she had already finished schooling.

4.5.2.3 Gender Roles and Social Norms

Culturally prescribed gender roles limited expectations for girls to actively seek and engage with health information. Expecting teens were under extra pressure to take on childcare and household responsibilities at a young age because traditional gender roles frequently dictate that women should handle these responsibilities. Their access to economic and educational opportunities started at being impeded by this social expectation, which would keep them in a cycle of poverty and give them little agency. This is consistent with the findings by WHO that poor educational attainment had a close connection with perpetuated poverty cycles.

Thus, deeply ingrained cultural norms that place traditional gender roles above the autonomy and well-being of teenage mothers in Kajiado County, Kenya, exacerbate conflicting views on pregnancy and childbirth.

To begin with, there is a deeply embedded patriarchal structure in many traditional Kenyan communities, including those in Kajiado County, where men are frequently in positions of authority and decision-making power. Expectant teens faced barriers in their quest for information and services due to cultural norms that place a premium on male authority and control over women's reproductive health. These impediments could have a substantial effect on the ways in which these teens seek healthcare. Husbands for instance controlled money for the partner and dictated when to visit clinics. A participant RE for instance had to visit hospital once she started vomiting and had to depend on her husband for transport. In other families, fathers were seen as overly in control from the directives they gave to their wives and expecting daughters. In one instance, MO, a FGD01 participant exclaimed that they were a no-go zone. She stated:

Fathers! It is no joke. He will tell you to follow whoever impregnated you and get married to him. Alternatively, he waits for you to deliver and you are forcefully taken to him. You are asked about the baby's father and once you have revealed, they push you there.

While supporting the argument, another one, AGT, from FGD03 mentioned:

A male parent can become rough. You must now talk to mother nicely so that she informs father although not easy. Other male parents can chase you from home. Mom will be pitiful about the plight of the child in terms of her welfare, what she eats. But the father does not care.....He will tell you to go to whoever impregnated you. When you follow up with the father of the child, he will tell you to abort.

In addition, men are supposed to be the family's providers and protectors, while women are typically in charge of childcare and household chores in Kajiado County due to traditional gender roles. The ways that expectant teenagers navigated their pregnancies and looked for health information was influenced by these gendered expectations. Social pressures, for example, deterred some young women from seeking medical advice or discussing their pregnancies candidly, particularly if doing so went against traditional gender norms or put them in the public eye and exposed them to stigma and judgment from their communities.

Expectant teenagers in Kajiado County found it difficult to access health information due to cultural views on adolescent sexuality and pregnancy. Talking about one's sexual and reproductive health was often frowned upon or deemed improper, especially for single people and school going. Expectant teens felt even more marginalized as a result of the stigma associated with teenage pregnancy, which also made it more difficult for them to get

thorough and accurate health information. For instance, JI, a member of FGD02, cited seeking solace in the internet as opposed to hospital since she felt isolated. She in part said: “People wonder about you. They talk about you.”

4.5.2.4 Family expectations

Expectant teenagers were frequently confronted with the weight of familial expectations, which govern norms surrounding marriage, childbearing, and family honor. These cultural factors created barriers to accessing accurate health information, as some feared being judged or ostracized by their families if they sought help outside of traditional channels.

Furthermore, as many expectant teenagers in Kajiado County come from low- income households with limited access to healthcare and education family expectations often collided with socioeconomic realities. Teenagers who are expectant faced additional difficulties due to economic pressures, which increased their dependence on family support systems for both material and emotional support. These expectations, however, could also reinforce early childbearing and poverty cycles, which made it more difficult for teenagers to make wise decisions regarding their health and wellbeing.

From the responses from the participants, different families in Kajiado exhibited hopelessness for their expecting teens. They were viewed as immoral and ungovernable. Only a few families embraced them and fully supported them both financially and emotionally. For the families in the interior, it was a gateway for being forcefully married so that younger siblings would continue with school. Families in this situation assumed that

once the teenager was expecting, that was the end of responsibility on her and focus had to shift. For instance, those who did not receive moral and social support hid their pregnancies or looked for advocates in the name of aunties and grandmothers to pass information to the parents. This would pave way for acceptance and exploiting full potential even though there were many hurdles. For example, all participants of FGD03, in chorus praised their mothers for coming to their rescue in many ways. They insinuated that she was always there for them.

I found that many expectant teenagers in Kajiado County came from low-income households with limited access to healthcare and education, family expectations often collide with socioeconomic realities. Teenagers who are expectant faced additional difficulties due to economic pressures, which increase their dependence on family support systems for both material and emotional support. This is consistent with Nambile et al.'s 2022 study that established that these expectations can also reinforce early childbearing and poverty cycles, which makes it more difficult for teenagers to make wise decisions regarding their health and wellbeing. For instance, when asked why she would be married off immediately her father noticed she was expectant, GN, a member of FGD01 responded:

Being forcefully married to an old man serves as punishment so that you are an example to others. Mothers were expected to continuously embrace their young girls although they had gone against the family's expectations of probably finishing school, getting employed, be married off and help the family back home. Hopelessness among the expecting teens was consistently mentioned hence enraging the parents.

4.5.2.5 Technology consumption

The findings showed that in Kajiado County, technological accessibility and availability interact with cultural elements. Even though smartphones and internet connectivity are becoming more common in Kenya, there might still be differences in access between various socioeconomic groups, including teens who are expecting. This is in tandem with the findings by Lu et al (2022) which established that teenagers' access to smartphones and internet services may be restricted by cultural norms and financial limitations, which may further limit their ability to look up health information online. A participant AG for instance, when asked why she did not use the internet to seek health information responded: "I do not own a smartphone."

Members of FGD03 said they did not trust the internet. Only a medical practitioner they did trust.

It emerged that language limitations and low literacy rates also made it more difficult for them to use digital platforms efficiently. Coupled with such inequalities, those in the interior did not mention the internet for instance as their source of information indicating the possibility of them not utilizing it as a result of the environmental variables such as illiteracy. Those who depended on their grandmother for information were barely literate and could not speak coherently.

Teenagers' preferences for obtaining health information were also found to be influenced by cultural beliefs and traditional healing methods. Expectant teenagers in Kajiado County prioritized consulting with elders such as grandmothers and mothers for advice and remedies over using technology. Teenagers underused technology to obtain health

information because of this reliance on conventional sources of information, which was ingrained in cultural norms.

4.5.2.6 Role of social networks

The value of family and community networks cannot be overstated when it comes to expecting teens searching for health information. Many Kenyan communities, including Kajiado County, have strong familial ties, and community elders and extended family members are regularly consulted when decisions are being made regarding health-related matters (Kimemia & Mugambi, 2016). Consequently, any intervention aimed at helping expectant teens locate health information needs to consider the influence of these social networks. To support this argument, the teens underscored the need for engaging with families and community leaders to promote understanding and acceptance of them seeking healthcare services with the aim of more successful health promotion initiatives that are tailored to the cultural context of Kajiado County.

In this community, expectant teenagers' information-seeking behavior is greatly influenced by social networks, both virtual and real. The results showed that community ties and interpersonal relationships play a major role in the distribution and reception of health-related information within the close-knit social fabric of Kajiado County. This is in line with the findings by Baney et al (2022) which found teenagers who are expecting frequently turning to their social networks—which include friends, family, and elders in the community—for advice on pregnancy, childbirth, and maternal health. These social networks function as resources of encouragement, direction, and counsel, influencing the choices and behaviors of teenage parents as they traverse the journey of pregnancy.

According to the comments, these social networks had a bigger influence on the teens' lives because some of them went on to provide them with financial support. They would always come to them.

4.5.3 Economic Factors

Under economic factors shaping Kajiado County expectant teens' search for health information, the following themes were identified: Poverty and limited access to healthcare, competing needs at the family level, livelihood opportunities and education, gendered economic inequalities, and Internet.

4.5.3.1 Poverty and limited access to healthcare

The results show that economic realities play a major role in how pregnant teenagers in Kajiado County navigate the process of seeking health information. Because access to formal healthcare is often limited, impoverished teenagers are more likely to turn to less expensive, but potentially unreliable, sources like friends, family, or traditional healers. These readily available sources may disseminate misleading information or harmful customs that pose a risk to the health of the mother and the child.

Travel to clinics or hospitals may also be impeded by limited financial resources, particularly in rural areas. A major obstacle is created by the cost of transportation and the possibility of lost income from clinic visits. According to research by Apolot et al. (2020), expecting teens faced difficulties due to limited financial resources, which resulted in delayed prenatal care and a higher risk of complications during pregnancy and childbirth.

What they discovered:

‘The cost of care may discourage them from going for routine check-ups and gathering the knowledge required to guarantee a safe pregnancy. It is clear that expectant teens risk missing out on crucial information and direction required for a safe pregnancy in the absence of routine check-ups’

Such was the case with members of FGD03 who outlined the close connection between transportation and medical access. When asked about the challenges for instance, a participant, AGT responded:

You will find that you do not have money and so have to trek that far.....It is sunny. Walking long distances affects us. You may have headache and lacking money to buy medication. You have to press on.

Harmful customs and false information can be encouraged by economic hardship. According to Karim et al. (2021), myths and misconceptions regarding pregnancy and childbirth frequently flourish in communities with limited resources. Teens who don't have the money to see licensed medical professionals may seek advice from friends, family, or traditional healers. These resources can be helpful, but they can also spread harmful ideas and customs, like using herbal remedies that have unknown side effects or delaying seeking medical help because of cultural taboos.

According to Ntshayintshayi et al. (2022), economic factors can exacerbate the stigma associated with teenage pregnancy. Financial difficulties exacerbate the shame and social isolation experienced by young mothers in Kajiado, where early childbearing is frequently regarded as undesirable. For example, once the teens realized they were expecting, they were left to rely on their mothers or partners for support. Many participants reported mistreatment and condemnation as a result of the unwanted pregnancy. In instance, PI, a participant in FGD01, stated:

Like I can say a big problem isyou do not have a way forward....no money to fend for yourself....you do not understand how you would explain to your parents so that they understand you....you become so stressed.

They were so afraid of being judged and treated unfairly that they completely gave up on seeking medical attention. Their health needs are thus not satisfied, which feeds the cycle of vulnerability and poverty.

Furthermore, the price of vitamins and prescription drugs puts additional strain on already tight budgets, possibly pushing teenagers to put other family obligations ahead of their own health. Teenagers struggle to meet their nutritional needs despite facing financial hardships because pregnancy entails many demands. For example, in the case of adolescent pregnancy in isolated parts of Kajiado County, teenagers worked on farms and handled hazardous luggage. They can only obtain food for survival; they cannot access a balanced diet. While some like NA, insisted that they had been supported financially and would achieve their nutritional needs with ease, thanks to her supportive parents and older sister, others like GRC were struggling to have any meal as they worked in farms. Trying to balance between providing for the baby's needs and financial support thus becomes debatable.

Economic pressures may cause teenagers to prioritize income-generating activities over seeking prenatal care or attending health education classes. This lack of access to accurate information can have a negative impact on both their own health and the health of their unborn children (Kotoh et al., 2022). In regards to this, one of the participants at FGD03 said:

Tending to farms.... Right now beans need to be harvested. We have to harvest, beat them in drums or sacks....you may not find a lot of money to fully take care of you individually...but you have to share with your family members...

One thing I realized was that health user fees, even if they are minimal, can be a deterrent, especially for families who are already struggling to meet basic needs. Because of this limited access, some teenagers are forced to rely on informal sources of information, which may be inaccurate or incomplete, endangering their health and that of their unborn child. AG for instance revealed that she did not expect to spend Thirty shillings to buy a book at the hospital as she started prenatal clinics. According to her, she had walked a long distance since she did not have the three hundred shillings required for fare.

4.5.3.2 Competing needs at the family level

Families that balance competing needs are a sign of hard economic times and limited resources. This is especially true for expecting teenagers from low-income families. It was discovered that some teenage mothers were weighing the importance of education versus eating. Hunger was pointed out by members of FGD03 as the main cause of their predicament. In instance, when asked about what they thought was the main reason for teenage pregnancy, they responded in chorus: "Hunger!"

On interrogating them, it became evident that they came from humble families where food was nearly a luxury. Dropping out of school was not an option. Even when they were paid from the menial jobs they did, they could think of transportation to clinics as a second option. Such was confirmed by an FGD01 participant:

You can go back to school...if the fee is paid. I specifically can go back to school. The problem is you may get the parent is not able to take you back to school, from a humble background. Now, going back to school is still a problem since already you have not had food at home, you have not eaten....will you listen to the teacher? You have a baby whom you do not know what it eats...

Pressures from the economy also limited agency and mobility. Teenagers who are expecting, especially those who live in rural areas, have less access to transportation and family decision-making authority. This makes it more difficult for them to independently look for health information from clinics or licensed experts. Family members, particularly male relatives, have more influence over decision-making and resource access, which makes it harder for the adolescent to put her health needs first.

4.5.3.3 Livelihood opportunities and education

Expectant teens often miss out on higher education opportunities when their dreams are cut short. This exacerbates poverty cycles. Such is in line with the findings by Sserwanja et al (2022) which showed that teenage pregnancy was associated with low education attainment. At the same time it led to school dropouts. Coupled with stigma and the isolation that comes with it, most of the teenagers that find themselves pregnant opt to drop out of school in readiness for a new responsibility altogether. Their worries are shame and disappointment to their parents. This is supported by the fact that out of the 32 participants, only 2 had completed form four in 2022. The other 30 had a range of education between Form 4 to those who did not have an opportunity to go to school. In instance, GN, remarked:

In Maasai you are told that now after you have become pregnant you relax as that is the end of your education. This is to leave other siblings continue with their education since if you went back to school you will also probably be impregnated. We ask that when we go back we are not looked down upon or laughed at.

LM added:

We should be assisted to go back to school...we should not be condemned...

Limited access to sustainable livelihoods forces many young families into poverty, perpetuating a vicious cycle of disadvantage. Teenagers who are expecting, who frequently come from low-income families, have been known to put their immediate financial needs ahead of getting prenatal care or health information. There is little time or money left over after juggling childcare, education, and earning an income to engage in proactive health-seeking behavior. Due to the economic pressure, girls are more likely to engage in transactional relationships—where they trade sex for necessities—which puts them at risk for STDs and early, unplanned pregnancies (Ochen et al, 2019). When asked on how they got pregnant, for instance, one of the participants, BT, responded “There are also personal needs that you lack such as pads, dress...yet others dress well. You know, we the youth have that desire to wear that nice cloth that other people have. You get the parents cannot afford. The option is this man you get.”

PE candidly explained:

At times you may need something like a shoe, like one to use for school yet they cannot buy due to the fact that here, the jobs are temporary. Our parents depend on the menial jobs and if they have missed out on them, you may not be able to go to school, to be fed...there is no money to meet your needs. You will be forced to get this man who would buy you a pair of shoes. The following day maybe you have another problem, maybe you do not have a sweater....the one you have is torn.

Insufficient educational opportunities hinder health literacy and the availability of reliable information. Many girls in Kajiado lack the necessary skills to critically evaluate health

messages and maneuver complex healthcare systems because of their limited formal education. This issue is exacerbated by early unions. Because of this, people might delay or refrain from receiving the necessary medical care by relying on incorrect information from friends, family, or traditional healers. Several participants became aware of this situation.

4.5.3.4 Gendered economic inequalities

Economic constraints and societal structures steeped in patriarchy disproportionately affect young women in different ways. First of all, a lot of girls in Kajiado frequently lack access to education, financial resources, and decision-making authority because of traditional gender roles. This poses a serious obstacle to information access by limiting their capacity to pay for essential services or independently seek healthcare. Moreover, their independence in obtaining information they consider sensitive is curtailed by their dependence on male family members for financial assistance. Participants would claim that those who impregnated them initially supported them before abandoning them. They were therefore at a disadvantage and would have to start on their own. A participant JO, for instance reported:

These boys just impregnate and leave you. They do not want responsibility any more.

It has been reported that there is a significant educational gap between boys and girls in Kajiado (MoE). This strengthens the economic disparities based on gender. Girls with lower educational attainment have less access to formal channels, such as schools or health facilities, for accurate health information. Their limited knowledge base makes it more difficult for them to make wise decisions regarding their pregnancy and health. For example, the majority of the girls who had left school said they were ready to return in

order to pursue their goals.

Girls in Kajiado frequently carry a heavy burden of domestic responsibilities, giving them little time and energy to seek health information. Early marriage and childbearing exacerbate the problem, limiting their mobility and access to external resources. Poverty is currently an essential obstacle to actively seeking information outside of one's immediate social circles. Formal sources of information are always sought when necessary.

With limited access to formal channels, girls frequently rely on informal networks such as friends, family members, and traditional healers for health information. While these networks can provide assistance, the information shared may be inaccurate, incomplete, or influenced by traditional beliefs and practices that are harmful. For instance, FL, reported that she would always seek advice from her grandmother or husband.

The results clearly show that girls are more susceptible to exploitation due to gendered economic disparities, which includes transactional sex for basic needs or exchanging sex for information about pregnancy or healthcare. They are more vulnerable to HIV/AIDS, STDs, and other health issues as a result of this exploitation.

4.5.3.5 Internet

In the context of the economy, the internet poses a double-edged sword for expectant teenagers in Kajiado. Even though it provides a plethora of health information, there are still major barriers to affordability and accessibility. Physical connectivity is restricted by inadequate internet infrastructure, especially in rural areas (Onunga & Mbugua, 2021). Data costs, even when available, can be unaffordable, particularly for teenagers who do not

have a lot of money or who rely on others for phone access. Because of the unequal playing field this digital divide creates, it may prevent those who are most vulnerable from accessing vital health information.

Even with access, there is a maze of unreliable information on the internet. This is in line with the findings of Lu et al. (2022), who maintain that teens frequently lack the critical abilities needed to separate reliable sources from false or dangerous content. This may result in perplexity, worry, or even the adoption of bad habits. Anecdotal evidence and subjective opinions can occasionally eclipse evidence-based guidance due to the influence of social media and online communities, further complicating the picture (Lu et al., 2022). As an illustration, JI, who uses the internet for her informational needs on pregnancy pointed out that she depended on the internet without knowing whether information given was true or false, but trusted it since she experienced some signs as read. When asked what she did in the event she doubted information on the internet, she stated: “I have never doubted it...since I have experienced the signs and symptoms.”

Notwithstanding these difficulties, teens who are expecting can find helpful support networks on the internet. Internet groups and forums can offer a secure setting where people can connect with each other, share concerns, and ask peers or medical professionals for advice (Sserwanja et al., 2022). In particular, these online communities can help teens who might be reluctant to confide in friends or family for fear of judgment or shame feel more accepted and less alone.

To close the economic gap, my view is that multiple strategies must be used. Teens that possess financial literacy skills will be better able to prioritize access to trustworthy health

information and make educated decisions about how to use data. Furthermore, supporting digital literacy programs can give them the critical thinking abilities required to successfully navigate the online environment, assess information sources, and recognize reliable health content.

4.6 Chapter Summary

This chapter focused on the analysis of the data from interviews and FGDs concerning the first and second questions; i. What are the main sources of information for expectant teenagers in Kajiado County? In summary this question sought to find out the information sources utilized by the expecting teens during their vulnerable times and the intricacies involved. ii. How do social, cultural and economic factors influence health information seeking behaviors of expectant teenagers in Kajiado County?. This question sought to explore the complex interplay of the environmental variables emanating for the socio, cultural and economic spheres in regards to health information seeking for the vulnerable group.

From the interviews and FGDs, findings indicated that expectant teenagers consult a variety of information sources both formal and informal. There are intricacies shaping their choice of information sources such as motivations, access, language barriers, trust and confidentiality. The participants identified family, friends and healthcare professionals as critical in navigating their pregnancy journeys in a terrain punctuated by complexities emanating from social, cultural, economic and environmental variables at play.

Even though they are crucial, formal healthcare systems might not be the main source of advice. Their perception of pregnancy and healthcare can be greatly influenced by

customs, social mores, and even advice from mobile phones. However, these various sources can occasionally contradict one another, making it difficult for teenagers to understand the frequently contradicting information.

On social, cultural and economic factors, findings demonstrate that they complicate the information landscape. The stigma associated with sex and teen pregnancy can make it difficult to communicate openly with families and healthcare providers. Furthermore, economic constraints limit access to trustworthy information sources, such as quality prenatal care or internet access. These factors create an environment in which teenagers may rely on incomplete or incorrect information, potentially influencing their health decisions and well-being. The next chapter addresses the challenges of sense making in expectant teenagers accessing health information in Kajiado County.

CHAPTER FIVE

CHALLENGES OF SENSEMAKING IN EXPECTANT TEENAGERS ACCESSING HEALTH INFORMATION

5.1 Introduction

This chapter focused on the analysis of the data from interviews and FGDs in addressing the question: What are the challenges of sensemaking in expectant teenagers accessing health information in Kajiado County?

5.2 Challenges of Sensemaking

The following six themes were identified in the analysis of challenges of sensemaking in expectant teenagers accessing health information in Kajiado County, Kenya: Information overload and conflicting sources, language and cultural barriers, digital literacy and online information, social and psychological factors, individual factors and limitations, the role of trust and credibility.

5.2.1 Information Overload and Conflicting Sources

The study findings showed that teenagers navigated a vast amount of information. They struggled to identify reliable sources, leading to confusion and difficulty sorting through conflicting advice. Even as they embraced informal sources, who may not have a thorough comprehension of different pregnancy experiences, the teens would later seek medical advice from healthcare professionals. The confusion stemmed from family, friends and relatives giving conflicting messages amid anxieties and worries of the expecting teens. To some extent, they trusted their informal sources because of their closeness to them and experience, although they preferred healthcare providers' advice.

When asked about who they would trust in giving them information for instance, all members of FGD01 and FGD03 asserted that healthcare professionals were king. Their argument was that the doctors had experience on similar situations as theirs apart from professionalism. A FGD03 member commented:

You get back to the doctor for clarification. You ask questions. Mom may not understand. If you do not understand the message, will mom do? You get back to the doctor for further explanation.

This is supported by an FGD01 participant LM who stated: “I take the doctor's advice since has experience.

A participant VI explained:

Anything I am told by my husband.....I have to follow up with the doctor ...

Medical terminology and complex concepts were also mentioned with teenagers indicating different views. This confirms findings by Amo-Adjei (2022):

‘Teens examine information, interpret technical language, compare data from multiple sources, and draw conclusions from differences’

It emerged that complex concepts created a barrier in their comprehension as they navigated the information and pregnancy journeys. Some indicated that they would always consult various sources especially mature women who may be aunts and mothers with birthing experience or internet in the event they did not comprehend medical information. Others were of the view that they would ask the doctor immediately or wait to seek clarification later with the doctor. For example, AGT, a member of FGD03 and participant VI insisted that they would create time for further discussion. JI was not sure whether

information on the internet was true or false but trusted it.

If you do not get it.....must you not be forced to go back to the doctor? Since he is the one who wrote everything for you (AGT)

If it is the information given that I do not understand I leave...I just wait for the next clinic date so that I seek clarification (VI)

When you go to the hospital, you are tested. I search on Google. I have never doubted it...since I have experienced the signs and symptoms (JI)

Reconciling information from traditional healers and community beliefs with biomedical knowledge can be difficult. This is in tandem with Bagelman et al (2021) who established that such confusion led to uncertainty. Were it not for the below the belly disease for instance, RE, would have sought services of a traditional birth attendant. Barely literate and coming from the interior of the county, she asserted that she was forced to seek medical advice even if she had been attended to by her grandmother and a traditional healer. To her, such a situation was the driving force for her to visit hospital. She mentioned:

I came to the hospital because of the belly bottom disease.

5.2.2 Language and Cultural Barriers

Limited access to information in local languages was a key pointer of some more work that needs to be done. A Lack of materials in Maa language for instance created a significant barrier for non-Swahili or English speakers like RE. It took efforts of a translator to break down content she acquired from the hospital. Her husband also played a big role in continuously encouraging and financially supporting her. Barely literate girls' responses indicated that they would not easily comprehend information from healthcare providers who worked in the interior and were from different communities. Through such, the teens could not ask questions as they lacked a medium to communicate. For instance at

Entarara Health Centre in the interior of Kajiado South Sub county, where FGD02 was conducted, 2 out of the 6 teens could not express themselves in Swahili.

It emerged that there was difficulty in interpreting health information through the lens of their cultural background and existing beliefs. This was why they would always seek a second opinion from healthcare practitioners. This was evident from the participant GN, on responding to the benefits accrued at the hospital:

We are being informed by our peers that if you slept wrongly you can easily hurt your baby...I would eat some foods and vomit...so I went to confirm from the nurse so that I know what to do.

5.2.3 Digital Literacy and Online Information

The participants found difficulty discerning reliable information from misinformation and harmful content online. This is in line with the assertion by JI who indicated that she would not identify myths, truths and misinformation. She stated when asked whether she was aware the information on Google might be false:

I do not know whether there are lies....I do not see the information as false (JI)

Limited access to technology and internet also posed a challenge to sensemaking since they would not access information to interpret in the first place. Very few participants, 3, mentioned internet as a source of health information. Lack of smartphones or reliable internet access has been found to restrict access to online resources and digital literacy development (Onunga & Mbugua, 2021). This is confirmed by the assertion by AG, of not accessing internet since she did not own a phone. Tied to the limited internet access is the unclear navigation of health websites and apps. SH and JI would navigate the internet

terrain with ease but would later confirm with the doctor in case they did not make sense of the information they got. They agree that information on the internet is varied and one should trade carefully to avoid misinformation. This however calls for being well equipped with digital skills so that one can discern myths from truths. SA confirmed that one could venture into other apps like Tiktok to follow up on how to take care of the pregnancy and beyond. She precisely put it like:

You can go to the phone and move to Google on how you can raise your baby even though you have not attained that mature age. Also on Tiktok, the more you like videos that teach about child upbringing you inch closer to the reality.

5.2.4 Social and Psychological Factors

Fear of judgment or negative social consequences deter teenagers from seeking or disclosing health information. SA commented:

The question should be why are you looking for misinformation? How old are you? This has a clear connection to stigma. So, expecting teenagers must also be in a position to ask a lot of questions without much ado. These questions should be asked in hospitals so as to determine the capacity of teenagers to understand and make sense of information.

IN added:

This is something that you have never experienced...you are anxious and stigmatized...you might be told something therefore and not understand ...you have never even heard about it.

The study established that pressure to conform to family expectations or cultural norms can lead to neglecting personal health needs or accepting unreliable information. In instance, teenage pregnancies were unwelcome in all participants' families. When they found themselves pregnant, they were shocked in the first place, an indication that they had realized they were in contravention with both cultural norms and familial expectations of

having children in marriage and probably after school. In that confusion, they would seek various sources of information, most of which informal, and ask questions. The kind of questions asked indicated the anxieties they had together with threats that stared at them ranging from stigma, mistreatment and condemnation. LM, a participant in FGD02 worried:

Now for people like us...after delivery our parents lose hope with us...they refuse to educate us

AGT from FGD03 added:

You are hungry...you do not have money and are required to go to clinic....you have not eaten anything since morning...if you are hungry and head is aching you will not understand the doctor's message.

With limited self-efficacy and decision-making skills, young age and lack of experience can make it difficult to critically evaluate information and make informed health choices. This is in line with the element of self-efficacy in the Health Belief Model. A deficiency in proper decision-making skills would indicate that the teens faced the challenge of their confidence to make informed health decisions. Even as they were aware of the severity of teenage pregnancy, it emerged that they needed support in their evaluation of health information. I found that such informed their confirmation habits from other sources of information more so healthcare providers. For instance, all members of FGD03 revealed that they continuously consulted with their doctors in any situation during pregnancy and that the healthcare providers were ready and willing to help.

Ultimately, it's important to recognize the importance of credibility and trust. Finding reliable people or resources that teens turn to for advice and health information is essential as they deal with the pregnancy dilemma. The teens would ideally confide in reliable

information sources that would be kind and accepting of them, according to the findings. They said they could not trust anyone, not even in their group of friends, because some would betray them and tell others about things that could put them in danger of being alone. Teenage pregnancy is a sensitive topic that necessitates social support and assurance in order to enable the new moms to handle the situation with ease.

5.2.5 Individual factors and limitations

In Kajiado, a large number of teenage mothers come from underprivileged backgrounds with little access to formal schooling. It is challenging for them to critically assess and understand the information they come across because they do not have a solid foundation in health literacy (Sserwanja et al., 2022). Their comprehensions are also further complicated by harmful myths and misconceptions that are spread by conventional information sources, such as grandmothers. Nonetheless, participants were prepared to contrast the data they obtained from healthcare providers with that which they obtained from informal sources.

The study proved that a culture of fear and silence can arise in Kajiado due to the deeply embedded stigma associated with teenage pregnancy. Due to feelings of guilt, criticism, or fear of repercussions from their families or communities, expectant teenagers were reluctant to ask for help. Because of this fear, a number of them may choose to rely on dubious sources or put off seeking assistance until circumstances require it. In remote places like Kajiado, access to technology and the internet is frequently restricted. Many expectant teenagers are kept out of online resources and platforms that could offer precise and current health information due to the digital divide (Lu et al., 2022). Their inability to effectively navigate online information is hampered by their lack of digital literacy skills,

even in situations where technology is available.

The patriarchal structure prevalent in Kajiado communities was found to limit an expectant teen's ability to seek and use health information. Their partners or family members make healthcare decisions for them, giving them little control over their own health journey. Because teens are vulnerable during pregnancy, this is inextricably linked to financial and social support. This lack of autonomy limits their ability to advocate for themselves and make sound decisions. A good example is VI, who had to listen to her husband for support with little input from her when it came to pregnancy discussions. She indicated:

If it is about transport...the owner of the pregnancy is responsible for it. He will give me the money

Due to the intense emotional ups and downs associated with adolescent pregnancy, expectant teens may find it difficult to comprehend and remember complicated health information. This supports the claim made by Ntshayintshayi et al. (2022) that stress, anxiety, and fear impair the judgment of expecting teenagers and make it challenging for them to critically assess the information they are given. Limited availability of emotional support can also make these problems worse. Because she didn't want many people to talk about her pregnancy, JI felt compelled to look up information about the incident. She turns to the internet to distract herself from her feelings, which supports a crucial interpretation of the Uses and Gratification theory. She stated:

People wonder about you. They talk about you.

Another one LA, while responding to relationship between emotional stress and comprehension of health information said:

It all depends on how one will set herself. You know, one might not understand if she has a problem disturbing her and feels discouraged and hopeless. But if you are okay and ready to be guided on what to do and follow, you will not have a problem but understand and see.

5.2.6 The role of trust and credibility

Credibility and trust are essential for helping expecting teens that are looking for health information make sense of the world. Many teenagers are forced to look for information outside of formal channels due to the lack of access to trustworthy healthcare services, which frequently leads them to unreliable sources like friends, family, or even internet rumors (Bedaso et al., 2021). Their inability to make well-informed decisions regarding their health and the health of their unborn child is hampered by their lack of confidence in the veracity of such information.

The results demonstrated that their quest for reliable information is made more difficult by the widespread social stigma associated with teenage pregnancies. They did not seek assistance from medical professionals or community leaders who have accurate information because they are afraid of being judged and excluded. This strengthened their dependence on unofficial networks, where false information and subjective judgments frequently prevailed over empirical data.

As previously stated, the digital divide is another barrier. Even if teenagers had access to, navigating the vast and frequently unregulated online space was difficult. Identifying credible websites from misleading content necessitates critical thinking and digital literacy, both of which were in short supply in their communities. The abundance of conflicting information available online exacerbated their confusion and made it difficult to

distinguish fact from fiction.

I noticed that the generation gap between teenagers and older adults complicates the trust issue. Traditional beliefs and practices, while potentially beneficial, were not always consistent with current medical guidelines. Teenagers were hesitant to challenge elders' authority, even if they questioned the accuracy of their advice. This situation is consistent with Sserwanja et al. (2022), who discovered that it creates a tension between tradition and evidence-based information, making it difficult for teenagers to make informed decisions. When asked who they would trust as a source of information for instance, many participants cited informal sources including their mothers, grandmothers, partners and older sisters. They would always follow the sources' advice until it was contradictory whereby they sought the input of a healthcare provider.

5.3 Conclusion

From the findings, for expectant teenagers in Kajiado, navigating this confusing information landscape is a major challenge. It becomes essential to evaluate the reliability and applicability of information, but one may not have the necessary knowledge, abilities, or resources to do so. Designing interventions that enable teenagers to confidently navigate the information landscape, make informed decisions, and obtain the support they require throughout their pregnancy journey requires an understanding of these challenges. The next chapter presents data analysis from focus groups and interviews with a focus on the strategies of improving access to credible health information among the expecting teens.

CHAPTER SIX

STRATEGIES FOR IMPROVING ACCESS TO HEALTH INFORMATION

6.1 Introduction

This chapter focused on the fourth objective of the study. The objective sought to recommend strategies for improving access to reliable health information for expecting teens in Kajiado County. The chapter presents a qualitative analysis of the responses from both interviews and focus groups sampled for the study. The data analyzed in this chapter was obtained through face to face interviews by use of interview guides and focus group guides prepared for the study. These participants provided specific insights that helped explore mitigation strategies for improving access to health information among these teens.

In this chapter, the study sought to answer the following question: What intervention strategies could be put in place to improve access to health information among expectant teenagers in Kajiado County?

The analysis generated the following themes: community-based health education programs, peer education and support groups, accessible and youth-friendly health services, strengthening the role of healthcare providers, mobile health interventions, culturally tailored information, continued research and evaluation.

6.2 Strategies for improving access to health information

While utilizing the themes arising from responses from both in-depth interviews and focus groups, this section looks into the strategies and interventions that could be employed to improve access to health information for expecting teens in Kajiado County.

6.2.1 Community-based Health Education Programs (CHEPs)

The results show that expectant teenagers in Kajiado frequently do not have a thorough understanding of sexual and reproductive health, which can lead to misinformation and unsafe behavior. This was demonstrated by the way they negotiated the terrain of health information while feeling anxious. They primarily turned to close friends and family members who might not have been as knowledgeable about the informational requirements of various expecting teens in order to make up for their lack of knowledge. Nonetheless, they emphasized how important it is to have medical professionals with the necessary training assist them. When asked about strategies and interventions to achieve reliable health information, AS answered:

To me, there should be training. There should be people who go round explaining to us how to discern misinformation and embrace acceptable practices for pleasant results. They should also be doing meetings with young mothers to help them navigate the pregnancy terrain.

Based on this, it appears that CHEPs, administered by qualified community health workers (CHWs), can close this information gap by offering precise and developmentally appropriate information about pregnancy, childbirth, and parenting. Knowledge will be effectively disseminated through interactive sessions, discussions, and culturally sensitive materials customized for the local context.

Teenage pregnancy is often associated with stigma and isolation, which makes it difficult for people to get information and treatment. By establishing a network of support through CHEPs, it will be possible to create safe spaces where young mothers can interact, exchange experiences, and gain knowledge from one another. Teenage pregnancy is a

sensitive issue that calls for feelings and knowledge, as Sewpaul (2021) asserts. Peer mentorship programs and group support sessions help people feel less ashamed and judged while fostering a sense of belonging. This network turns into an invaluable resource for social and emotional support, enabling them to make wise decisions.

CHEPs are more than just informational resources. They enhance the general well-being of young mothers by providing them with vital life skills to manage motherhood. In order to effectively manage their households and care for their newborns, participants emphasized that workshops on child development, budgeting, nutrition, and communication provide them with useful tools. Improved health outcomes for moms and babies can result from this newly acquired knowledge and confidence.

However, comprehension of the unique requirements and cultural background of the Kajiado community is essential to the success of CHEPs. In order to guarantee that programs are culturally appropriate, address current taboos and beliefs, and use preferred communication channels, for example, collaboration with local leaders, CHWs, and community members is necessary. When asked what the government should do to guarantee that expecting teens receive truthful information rather than lies, JN noted that a collaborative approach promotes community ownership and the intervention's sustainability. She stated:

I would like to say they educate elders in the community, doctors should also announce any new information through community elders so that information reaches all.

It became apparent that CHEPs could serve as a link between young moms and the formal healthcare systems, which are frequently unreachable because of lack of awareness, cost,

or distance. For example, the programs should be relocated to the expectant teenagers at specific locations in order to inform participants of the resources that are available, assist with referrals, and go with them to clinics to make sure they receive the necessary prenatal and postnatal care. This is supported by the claim made by IN, a FGD01 participant who made the following comment:

For instance, here, if people were called and trained on what to do and how to discern the truth, they will be helped a great deal. ...if one explained to you and there is a question answer session, it will be more insightful.

This proves that they can be empowered to obtain high-quality healthcare and make decisions regarding their health and well-being thanks to this continuum of care.

6.2.2 Peer education and support groups

Peer education is essential to empowering young mothers by creating a secure environment for information exchange, emotional support, and navigating the challenges of pregnancy and motherhood. Families and communities may hold out-of-date beliefs, and traditional sources like healthcare providers may be intimidating or inaccessible to them as they frequently struggle to obtain accurate and age-appropriate health information. Peer education can close this gap and promote well-informed decision making when it is led by mentors or trained young adults who have experienced a similar situation (Brindis et al., 2020). In a compassionate and nonjudgmental way, they can offer trustworthy information on sexual health, pregnancy care, childbirth, and newborn care.

Teenage pregnancy is associated with shame and stigma, which can obstruct communication and make it difficult to get support and information. Young mothers who attend support groups can share their worries, fears, and experiences in a private setting where they would not feel judged. They can ask questions freely, gain important insights

and coping mechanisms, and learn from each other's experiences through peer sharing and group discussions. In support of this claim, a participant in FGD01 made the observation that sharing information with peers would be simple if they took on the role of their sisters' keepers after obtaining trustworthy health information.

Ntshayintshayi et al. (2022), state that adolescent pregnancy can be emotionally taxing and isolating. Through the development of social ties and emotional support, support groups offer a feeling of community and belonging. Therefore, it makes sense that confiding in peers who are aware of similar circumstances and experiences can help people feel more empowered, confident, and worthy of respect. When navigating the social and emotional challenges of being a young mother, this can be very helpful.

Furthermore, peer education and support groups have the potential to spread, cultivating a culture of mutual aid and knowledge exchange among community members. The intervention's sustainability after the initial program can be guaranteed by trained peer educators who can act as resources and advocates for their peers. This is in line with what IN claims, which is:

You see....like us here...whoever has known will help one who does not know. You find a nurse for example who will give you new information and once I move to the next place I can inform my peers.

This ownership gives young moms the confidence to take control of their health and wellbeing, which has a positive ripple effect that helps not just themselves but also future generations.

6.2.3 Accessible and youth-friendly health services

Traditional sources, such as family or community members, might have out-of-date ideas,

and clinical settings can be frightening to young people. Several participants reported feeling embarrassed and uncomfortable during their visits to clinics because they would hear other people talking about them. This compelled them to look up information online or speak with relatives who might not be able to provide accurate information. According to the study, even though they shared clinical settings with older women, they felt that because they were too young to be pregnant, they were not adequately communicated with. As a result, youth- focused clinics and online resources can offer a secure environment where teenagers can seek guidance and ask questions while also receiving factual information without passing judgment.

Since many teenagers put off seeking healthcare because they fear being judged, stigmatized or having their privacy violated, it is important to promote trust and open communication among them. Services geared toward young mothers foster a friendly atmosphere in which they can talk about their needs and worries. For instance JI recounted:

The doctor does not tell you a lot. There are some questions you ask but he/she can be unwelcome. At times he can treat you as if you have done something extremely wrong.

This emphasizes how important it is for healthcare professionals to communicate openly in order to address each patient's unique anxieties and offer individualized support.

But accessibility goes beyond simply existing in one place. Teens who require childcare or who lack funds may not be able to get the care they need. Youth-friendly services that provide childcare assistance, low-cost options, and flexible hours can help remove barriers to basic healthcare access, which should be available to all.

There are several health risks connected to early motherhood for both moms and their offspring (Sserwanja et al., 2022). Services that are easily accessible and geared toward young mothers can provide them with the information and tools they need to make decisions that will improve both their own and their children's health. Future generations could have a healthier future if this intervention is successful in ending the cycle of intergenerational health issues.

6.2.4 Strengthening the role of health-care providers

It became clear that medical professionals are extremely important in the lives of teenagers who are expecting. In addition to providing clinical treatments, they provided them with expert guidance on prenatal and postnatal care. However, in order to close the information gap, they must establish secure, private areas where people can speak freely, offer age- and culturally- appropriate information on a range of pregnancy-related topics, such as nutrition, sexual health, and prenatal care, and, in the end, make use of a variety of communication channels, such as individual consultations, group sessions, and educational materials, to accommodate a range of learning preferences and styles.

Building rapport and fostering trust are important for both healthcare providers and pregnant teens. This can be accomplished by encouraging teens to ask questions without fear, fostering open communication, actively listening, respecting each person's needs and experiences, and acting with empathy and no judgment to create a supportive environment. This is supported by the claim that expectant teenagers generally had difficulty communicating with medical professionals, particularly when it came to understanding medical directives. Some said they were not given the freedom to respond, and some even

went to pharmacies and internet resources.

But you see we the younger ones are asked provocative questions such as age so as to start debate. He takes you for being irresponsible.... I usually go to a chemist since once I pay there I will be served well and my questions responded to (FGD02 participant).

Healthcare professionals can contribute to addressing multiple barriers and societal stigma in addition to increasing awareness of the stigma that currently exists and its detrimental effects on health-seeking behavior. They can do this by working with community leaders and organizations to address cultural beliefs and practices that may obstruct access to care and information. Additionally, they can support policies and initiatives that create welcoming environments for teenagers who are expecting.

In order to help teens evaluate health information effectively, healthcare providers should also train them in critical thinking and information literacy. They should also lead workshops and sessions on communication skills, assertiveness, and negotiation so that teens can speak up for themselves and make educated decisions. Because of their standing in the community, they can also help teens find networks and support groups where they can exchange stories and pick up tips from their peers. In the end, they ought to routinely gather input from teenagers and medical professionals in order to pinpoint areas that need improvement.

6.2.5 Mobile -health interventions

To improve the experiences of expecting teens seeking health information, several mHealth applications are required. The interventions show promise as useful instruments for providing interactive, individualized, and easily accessible platforms for information sharing and assistance. M-health can close the digital divide and create positive experiences

for pregnant teens by being widely available, even in remote areas, and providing anytime, anywhere access to information. In order to provide health information and compensate for the shortcomings of internet availability, for example, the fact that some teenagers did not use the internet because they did not own smartphones calls for interventions like the use of a USSD code.

In rural areas such as Kajiado, access to traditional healthcare services is frequently impeded by cultural and geographic barriers that can be overcome through mHealth interventions. Teenagers who are expecting may be reluctant to visit clinics or hospitals because they are stigmatized and may feel socially isolated. On the other hand, mHealth interventions use mobile phones—a ubiquitous technology even in remote areas—to provide accessibility, anonymity, and privacy. This can effectively alleviate concerns like the ones raised by JI, who would rather check information over the phone. Regardless of their location or social standing, expectant teens can receive locally relevant and culturally appropriate health information directly from platforms like interactive SMS services and mobile apps.

Teenagers who are expecting can ask delicate questions and voice their concerns in a safe environment with the help of mHealth interventions. Open communication is frequently impeded by the fact that some participants felt judged, embarrassed, or untrusting of healthcare providers when they were asked about their pregnancy. Teens can anonymously seek information on sexual health, pregnancy care, and emotional well-being on mobile platforms, which provide a judgment-free environment. Engaging features such as WhatsApp forums can help spread knowledge and provide peer support, which helps people feel less alone and more a part of the community.

mHealth interventions have the potential to give expecting teens agency and knowledge over their own health. Teens can be empowered to make informed decisions about their pregnancy and well-being by means of educational modules, decision-making tools, and self-monitoring functionalities. Furthermore, mHealth platforms have the ability to link teenagers with appropriate healthcare providers and services, facilitating prompt access to necessary care and lowering the likelihood of complications.

6.2.6 Continued evaluation of interventions

Continued evaluation allows us to monitor the effectiveness of implemented interventions and identify areas where access to health information is still limited. This could include tracking participation rates, analyzing changes in information-seeking behaviors, and soliciting feedback from stakeholders such as teenagers, healthcare providers, and community leaders. An identification of persistent barriers, such as a lack of internet connectivity, language barriers, or cultural stigma, we help in tailoring interventions to be more inclusive and reach those in greatest need.

Resources are often limited when it comes to enhancing access to health information. It is possible to calculate the return on investment of implemented interventions with the aid of ongoing evaluation. We can determine which interventions have the greatest impact and allocate resources optimally to make sure the right people are receiving the interventions and that the intended outcomes are being achieved by examining data on intervention reach, impact on knowledge levels, and potential changes in health outcomes.

Both the needs of teens that are expecting and the larger healthcare system are always changing. We can evaluate an intervention's long-term viability and its capacity to adjust to

changing circumstances through ongoing evaluation. To make sure an intervention is long-lasting and effective, this may entail tracking its application over time, evaluating its applicability to new needs, and seeing where modifications can be made.

6.3 Conclusion

The chapter focused on data analysis, discussion and presentation of findings from interviews and focus group discussions with expectant teenagers selected for the study. Some major intervention strategies for improving access to health information were revealed in the analysis of data from participants.

Woven within the intricate network of complexities surrounding their health information seeking behaviors, findings reveal that the expecting teens can be given the skills to recognize reliable information and make wise decisions by investing in age- and culturally-appropriate educational workshops. By utilizing mobile apps or USSD services, which are widely available, it is possible to bypass geographic restrictions and obtain private, easy access to essential health resources. Working together with organizations and leaders in the community will help ensure greater reach within the community, destroy stigma, and build trust.

Participants opined that for interventions to be tailored, their impact to be measured, and their continued efficacy to be ensured, continuous research and evaluation remain essential. The teens are prepared for healthier futures for both themselves and their babies by emphasizing accessibility, building trust, and providing them with information. It is thus important to keep in mind that their wise decisions could benefit future generations and make the Kajiado community healthier and more informed.

This chapter presented the intervention strategies that could be employed to improve access to health information for expecting teens in Kajiado County. The next chapter presents the summary of the findings, conclusions and recommendations.

CHAPTER SEVEN

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

7.1 Introduction

This chapter presents the summary of the research findings. The summary follows the research questions that the study set out to answer. The conclusions derived from the study's findings are also presented in this chapter. The chapter concludes with the study's recommendations. The recommendations begin by emphasizing the study's distinctive contribution to the communication field and the subfield of health communication. The research's implications for practice and policy are then examined. The section concludes with recommendations for further research.

7.2 Summary of Key Findings

The research problem underscored that teenage pregnancy remains a global problem with unpleasant outcomes as information disparities worsen the situation. However, despite the importance of health information during pregnancy, there lacks a comprehensive understanding of the intricate network of complexities that the teens must navigate in their search for reliable information. Further, the review of literature showed that the lived experiences of health information seeking among expecting teens has not been empirically investigated. Moreover, most of those investigations focused on lived experiences neglecting the unique information needs of this vulnerable group. This study therefore explored the real-world experiences of health information seeking for expecting teens in Kajiado County, which is among the top counties in Kenya bearing the burden of teenage pregnancy. The study was guided by the following research questions: What are the main sources of health information for

expectant teenagers in Kajiado County? How do social, cultural, and economic factors influence health information seeking behaviors of expectant teenagers in Kajiado County? What are the challenges of sensemaking in expectant teenagers accessing health information in Kajiado County? What intervention strategies could be employed to improve access to health information for expectant teenagers in Kajiado County? The researcher purposively sampled 32 participants from the target population in Kajiado County's five sub counties. The participants included expectant teenagers. Face-to-face In-depth interviews and Focus Groups were utilized to generate data. 14 participated in interviews while 18 took part in the three focus groups of six each. After analysis, the data was grouped thematically and presented. The following table presents a summary of the key findings.

Table 3: Summary of Key Findings

Primary Sources of Information for Expectant Teenagers in Kajiado County

Informal: Family, peers, relatives, grandmothers, Traditional Birth Attendants
Why: Trust, privacy concerns, accessibility, emotional connection, cultural beliefs, cost, social stigma

Formal: Healthcare providers, Community Health Workers (CHWs), Internet
Why: Accuracy and credibility, professional guidance, safety concerns, access to medical services, stigma and judgment, educational opportunities

Influence of social, cultural and economic factors on health information- seeking behaviors of expectant teenagers in Kajiado County

Social factors

Patriarchal systems – Patriarchal structures limit girls' autonomy, restricting health information and decision-making.

Stigma and social seclusion – Teenage pregnancy may discourage expectant teens from seeking health information, particularly from healthcare providers or leaders.

Health literacy- This determines expectant teenagers' ability to access, interpret, and use health information.

Role of Traditional Birth Attendants: TBAs guide based on culture, influencing access to modern healthcare information.

Peer influence and social networks- Peer influence can limit or widen access, depending on information quality.

Family dynamics and power imbalances- Power imbalances in households limit expectant teenagers' agency in seeking health information and making informed choices.

Cultural Factors

Traditional pregnancy beliefs and practices- Traditional beliefs often prioritize cultural practices over medical advice for pregnancy.

Societal attitudes toward adolescent motherhood-Negative societal attitudes discourage open health discussions among adolescent mothers.

Gender roles -They limit teenage girls' autonomy in seeking reproductive health information.

Family expectations -Can restrict teenagers from independently accessing information.

Technology consumption -Limited access to technology hinders teenagers' ability to find reliable health information.

The role of social networks - Social networks influence teenagers' health decisions, often with mixed outcomes

Economic Factors

Poverty and limited access to healthcare -Poverty limits healthcare access, forcing expectant teenagers to seek unreliable information.

Competing needs at the family level -Family priorities hinder teenagers from accessing essential health information independently.

Livelihood opportunities and education -Limited livelihood opportunities reduce access to education and reliable health resources.

Gendered economic inequalities – They restrict teenage girls' access to health information and services.

Internet -Limited internet access hampers teenagers' ability to access accurate health information online.

Challenges of Sensemaking in Expectant Teenagers Accessing Health Information in Kajiado County.

Information overload and conflicting sources, language and cultural barriers, digital literacy and online information, social and psychological factors, individual factors and limitations, the role of trust and credibility.

Strategies to Improve Access to Health Information for Expectant Teenagers in Kajiado County

Community-Based Health Education programs, Peer education and Support groups, accessible and youth- friendly health services, strengthening the role of healthcare providers, mobile health interventions, culturally tailored information, continued research and evaluation.

7.3 Study Conclusions

Utilizing Kajiado County as a case, the research explored the lived experiences of health information seeking among expecting teenagers. From the findings of the study, the following conclusions were made:

Participants utilized both informal and formal sources for their health information needs. Although primary sources such as healthcare providers are still important, a more nuanced picture was painted by the influence of peers, family, and even traditional healers. Developing successful interventions requires an understanding of the relationship between these sources and the public's perception of their reliability. In the future, bridging the information gap and ensuring expectant teenagers in Kajiado have the knowledge they need to navigate this crucial chapter in their lives may be accomplished by equipping healthcare providers with youth- friendly communication skills, utilizing respected

community figures, and investigating cutting- edge mobile platforms.

Teenage pregnancy in Kenya's Kajiado County revealed a complex web of social, cultural, and economic strands. It is clear that deeply rooted cultural practices and beliefs have a significant impact on how people view sex, pregnancy, and information access. Participants indicated that poverty and resource scarcity limited opportunities and amplified pre-existing vulnerabilities. The social stigma associated with teenage pregnancy made them feel even more alone and made it more difficult for them to get and use important health information. Creating successful interventions requires a thorough understanding of how these variables interact. We can enable expectant teenagers in Kajiado to navigate the pregnancy journey with knowledge, confidence, and access to the resources they deserve by addressing the intricate web of social, cultural, and economic barriers.

These young expectant mothers faced an intricate terrain of challenges due to limited access to trustworthy sources, social stigma, language hurdles, and the digital divide. A picture of a vulnerable population struggling to make informed health decisions was painted by figuring out medical jargon, sifting through misinformation, and balancing cultural beliefs with empirical data. Developing teens' critical thinking abilities, encouraging their trust of reliable sources, and bridging the gap between traditional and modern knowledge systems are all necessary components of a multifaceted strategy to address these issues. Then and only then will it be possible to guarantee that all women and their children in Kajiado and elsewhere have equitable access to clear and useful health information, opening the door to better health outcomes.

Findings pointed to the need to provide the teens the tools they need to make wise decisions about their wellbeing by removing the obstacles that were found and utilizing the resources already in place. In addition to continuing research and evaluation, customized approaches such as culturally-sensitive workshops, mobile health platforms, and community outreach initiatives were viewed to have enormous potential to increase access to accurate and trustworthy health information. Recall that having access to information is not only a right but also a necessary tool for managing pregnancy and guaranteeing the health of both the mother and the unborn child. Prioritizing their voices and bridging the knowledge gap will help to create a future in which every Kajiado teenager feels equipped to succeed.

7.4 My Thesis and Contribution of the research

My thesis is that although expecting teens utilize both informal and formal sources for their informational needs, there are intricacies such as stigma, health literacy, trust, accessibility, socio-cultural and economic factors at play. The study findings add to the field of communication studies and specifically the discipline of health communication by unveiling the precise elements surrounding the search for health information for decision making purposes especially during vulnerable situations. From the findings, information on health information goes beyond the sources to attract the environmental variables at play that interventions need to take into account for pleasant health outcomes of expecting teens. They for instance need compassion, emotional and financial support to enjoy their pregnancy journeys. The study not only addresses the real-world experiences of the expecting teens but contributes to appreciating qualitative methodology as aimed at gaining nuanced insights into the phenomenon under study through interactions mostly utilized in

communication studies. Policy makers, healthcare providers, community organizations will have an opportunity to work towards youth-friendly healthcare system even as the study strategically positions itself along the academic discourse.

7.5 Study Recommendations – (Implications for Policy and Practice)

The study indicates the necessity of comprehensive policy interventions to address challenges for pregnant teenagers in Kajiado County. There should be policies against discrimination as well as awareness campaigns to end stigma in healthcare facilities, schools, and communities; establish safe spaces; promote positive narratives in the media for acceptance; improve access to adolescent sexual and reproductive health (ASRH) services through more clinics and digital platforms; train health providers on effective communication; incorporate comprehensive sexuality education into school curricula; empower parents and caregivers with workshops and discussions about open dialogue and informed decision-making; partner with community leaders and faith-based institutions to promote positive attitudes; and put in place well-designed systems of data collection and monitoring, to provide evidence-based policies, resource allocation, and adaptive program development meeting the changing needs of teenagers.

The study emphasizes the importance of treating all participants in conversations with respect, empathy, and cultural awareness, as well as strict confidentiality and anonymity, in order to foster honest engagement. Ethical practices regarding the informed consent process and the well-being of such vulnerable populations are important, in addition to community comment on the study's relevance and benefits. It would be essential to communicate research findings to relevant stakeholders, including policymakers,

healthcare providers, community organizations, and the target population, in order to develop long-term solutions that ensure pregnant teenagers in Kajiado County.

7.6 Suggestions for Further Research

1. Evaluating how effectively accessed information is translated into healthy behaviors like proper nutrition, safe delivery practices, and postnatal care.
2. Participatory research approach engaging expectant teenagers and community members in designing research questions, tools, and interventions that directly address their concerns and priorities.
3. Examining the types of media consumed by expectant teenagers in the region, including traditional and digital platforms so as to evaluate the content related to sexual and reproductive health and its impact on their information seeking behavior.
4. It would be interesting to track experiences of teenagers over time, by conducting longitudinal studies to understand how information-seeking behaviors evolve throughout pregnancy and motherhood.

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APPENDICES

Appendix I: Consent Form

Welcome to this study on *Exploring the Lived Experiences of Health Information Seeking among Expectant Teenagers in Kenya: Case of Kajiado County*. This study aims to identify distinct perspectives, barriers, and tactics in accessing and utilizing health information during pregnancy by exploring the lived experiences of expecting teenagers in Kajiado County, Kenya, who seek health information in order to identify potential gaps in health information delivery and propose targeted interventions.

Kindly note:

- All participants' identities will be kept anonymous, and your answers will be treated in the strictest of confidence.
- Only an aggregated version of the study's findings, derived from the mean responses of all participants, will be released.
- Only sample verification and data management objectives are served by asking questions like name and age.
- You voluntarily choose to participate in this study. You are free to leave the study at any time, for any reason, and without consequences.
- The interview should last between 20 and 30 minutes

Consent to Continue

By signing below, you confirm that you are between the ages of 13 and 19 and that you are aware that you are free to withdraw from the study at any time for any reason.

I consent to participate [] Sign: Date

I refuse to provide consent and I don't want to take part. [] Sign Date

I appreciate your time. For any inquiries or feedback regarding this interview, please reach out to Caleb Oira Ratemo at ratemocaleb28@gmail.com.

Appendix II: Interview Guide for Expecting Teenagers

RQ1: What are the information needs and primary sources of health information for expectant teenagers in Kajiado County?

1. Tell me about your experiences seeking health information about pregnancy.
2. What are your information needs?
3. What are your sources of information about pregnancy?
4. What are your experiences with these sources of information?

RQ2: How do social, cultural, and economic factors influence health information-seeking behaviors of expectant teenagers in Kajiado County?

1. How do your family, friends, and community influence the way you seek health information during your pregnancy?
2. Are there any cultural beliefs or practices in your community that affect the type of health information you seek or trust during pregnancy?
3. How does your financial situation impact your access to health information and the healthcare services available to you during your pregnancy?
4. What are some challenges you face when trying to access reliable health information during your pregnancy, and how do you overcome them?
What are your hopes and dreams for your future?

RQ3: What are the challenges of sensemaking in expectant teenagers accessing health information in Kajiado County?

1. What sources of health information do you rely on during your pregnancy, and how do you decide which ones to trust?
2. Can you describe any difficulties you face in understanding the health information available to you?
3. How do cultural beliefs or community attitudes influence your understanding of pregnancy-related health information?
4. Have you experienced any challenges when trying to discuss your health

information needs with family, friends, or healthcare providers?

5. What are some ways that you think health information could be made more accessible and understandable for expectant teenagers in Kajiado?

RQ4. What intervention strategies could be employed to improve access to health information for expectant teenagers in Kajiado County?

1. What are your hopes and dreams for the future of health information seeking for expectant teenagers?
2. What strategies and interventions have been tried in other settings to improve access to health information for expectant teenagers?
3. What are the resources that are needed to implement these strategies and interventions in Kajiado County?
4. What are the challenges and opportunities for implementing these strategies and interventions?

Appendix III: Discussion Guide for Focus Groups Introduction:

Welcome participants and introduce yourself and the purpose of the focus group.

Explain that the focus group is confidential and that participants' names will not be used in any reports or publications.

Ask participants to introduce themselves and share a bit about their experiences as expectant teenagers in Kajiado County.

Main discussion questions:

What are the main sources of health information for expectant teenagers in Kajiado County?

How do social, cultural, and economic factors influence health information-seeking behaviors of expectant teenagers in Kajiado County?

What are the challenges of sense making in health information seeking among expectant teenagers in Kajiado County?

How can we improve the availability and accessibility of health information for expectant teenagers in Kajiado County?

Closing:

Thank participants for their time and insights. Summarize the key points of the discussion.

Answer any questions that participants may have.

Appendix IV: Interview Transcript Sample

FL (16) at delivery ward, Consent form signed by Mom)

CRO (**The Researcher**): Hello FL. I know you are hurting but sorry for that. Take it easy. It shall be well. It is a brief discussion. You may be audible. How did you know you were carrying a pregnancy?

FL: I came to the hospital. I was tested after which I was informed that I was expectant.

CRO: Were you feeling...What made you go to the hospital?

FL: I was sick. Vomiting...

CRO: Where do you get information about pregnancy... FL: My grandma CRO: What does she tell you?

FL: How I will take care of the baby....how to take care of the pregnancy.... CRO: For example... About taking care of pregnancy...what has she told you? FL: All that I need. ..she brings me...things like that.

CRO: What motivates you to search out for information about pregnancy? FL: I want to know how I will bring up the baby.....

CRO: So. Between grandma and doctors, who do you trust more? FL: I would trust both.

CRO: You would trust both?

FL: (Laughs)... Especially doctors...They are experienced CRO: Who was the first person to know you were expectant? FL: My husband

CRO: What did he say?

FL: Nothing? He supported me by bring whatever I needed. And advised me

CRO: On the challenges, when you come here at the hospital and the doctor has written something...you do not understand what it is about ...how do you get to discern the truth?

FL: I will just know the true information and follow it.

CRO: Who do you consider credible in information among doctors, grandma and your partner?

FL: Thought you knew doctors have gone to school to learn about their trade?

CRO: Okay. I get you. What are the challenges that you come across as you take care of the

pregnancy?

FL: I do not have any challenge....just a times getting tired, my back...since I had my first baby through CS.

CRO: So. Can we say you have received full support from grandma? FL: Yes

CRO: What would you generally want to tell the government on behalf of expecting teens like you in line with reliable information concerning pregnancy?

FL: They tend for us carefully and help us in taking care of the kids... and award us. CRO: Don't you think if such would be implemented it might encourage teen pregnancy so as they be awarded?

FL: No. Only those at the hospitals.....maternity...the women....they only help the poor (the have not)

CRO: What is the main reason for girls like you carrying pregnancy at teen age? FL: Just being deceived

CRO: Okay. Do parents have a chance?

FL: They try to talk to us but we wouldn't listen. CRO: Thank you so much for your time.

Appendix V: Sample Transcript of Focus Group Discussion

FGD 01- Loiyangalani-Manyatta

CRO (the researcher): Thank you all for agreeing to be engaged in this discussion. It is just a talk. You feel free to share information. Maybe we start with names and your age. LM (16), GN (17), (17), IN (17), JN (1), PI (17).

ASSISTANT: I would like to inform you that you are loved. The only thing that it is just a situation you are going through. Feel like you are loved.....

CRO : Eh..Okay..now..and I request you be audible enough. We ask that you feel free. ...First of all, how did you come to realize that you were expecting?

PI: I just missed my period then started doubting myself. I waited for a month to see whether I would have my period but never had it. I then I went for a checkup that confirmed pregnancy. JN: After I missed my period, I was forced to visit the nurse at the hospital. She ran tests after which the pregnancy was confirmed.

CRO: Okay. What you information needs as you proceeded to the hospital?

LM: I was concerned about knowing what my problem was.... why I could not have my periods. The doctor explained to me and I understood.

CRO: Who was the first person you informed about the pregnancy? LM: My sister CRO: Why?

LM: I am close to her. I told her I have missed my period yet it has never delayed. CRO: What did you want to know?

GN: I wanted to confirm whether it was pregnancy or just any disease. I went to my grandmother to inform her since I would not obviously inform my mother. I was at school and if I told her she would lose hope on me and say that I went to play with boys at school instead of studying.

CRO: Eh..yes.....how did you know.....who did you tell.....and why?

MO: I told my cousin since I was close to her. I would not tell my mother since I am still at school and will ask whether I will finish else will order me to leave her home. JN: I told my cousin. She has no problem. She assured me that she would explain to her mother in detail until mom accepts.

IN: I told my sister who, would explain the situation to me. No any other person did I tell. My sister was to inform my mother so that she knows what to do.

PI: I told my sister and she told me that the issue would be sorted out. My mom is fire and would hit me. I know it will be fire but we will manage.

CRO: Why would there be fire?

PI: Since my mom told me that if I got pregnant, I should leave her house.

..... CRO: What is the role of fathers in all this?

MO: Fathers (exclaims). It is no joke. He will tell you to follow whoever impregnated you and get married to him. Alternatively, he waits for you to deliver and you are forcefully taken to him. You are asked about the baby's father and once you have revealed, they push you there. CRO: Is it the reason why all of you cannot talk to your fathers?

GN: You cannot....especially we Maasai, when you fail to reveal the father of the baby....they look for an old man to marry you.... ..

PE: Now this takes you back to the man who will buy you the shoe AGT: He will not take you with him since you cannot help him

PE: The only thing is that he takes care of your needs.....

CRO: Mine is to thank you very much for your time and by virtue of your resolve to engage in this discussion. It is not easy, I know that we have kept you waiting, so mom, sorry for that. But hope we are together. Remember you have been told that it is not the end of life. Thank you very much. Be blessed.

Appendix VI: Research Authorization Documents



NAIROBI CAMPUS
SCHOOL OF INFORMATION SCIENCES

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Eldoret
Kenya

Our Ref: PHD/CS/5109/23

15th January 2024

TO WHOM IT MAY CONCERN

RE: CALEB OIRA RATEMO - PHD/CS/5109/23

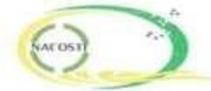
This is to confirm that the above named is a bona fide student of Moi University, School of Information Sciences, Dept. of Publishing, Journalism and Communication Studies, pursuing a Doctor of Philosophy programme in Communication Studies.

Any assistance accorded to him will be highly appreciated.

For more information, please do not hesitate to contact the undersigned.

[Handwritten signature: Victoria Kutto]
DR. VICTORIA KUTTO,
COORDINATOR,
SCHOOL OF INFORMATION SCIENCES.

VK/cro.



NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY & INNOVATION

Ref No: 233509

Date of Issue: 22/December/2023

RESEARCH LICENSE



This is to Certify that Mr. Culeb Oira Ratemo of Moi University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Kajiado on the topic: Exploring The Lived Experiences of Health Information Seeking Among Expectant Teenagers in Kenya; Case of Kajiado County for the period ending : 22/December/2024.

License No: NACOSTI/P/23/32135

233509

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY &
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REPUBLIC OF KENYA
MINISTRY OF EDUCATION
STATE DEPARTMENT FOR BASIC EDUCATION

Email: kajiadocde@gmail.com
When replying please quote

County Director of Education
Kajiado County
P.O BOX 33-01100
KAJIADO

Ref: KJD/C/R.3/III/84

29th January, 2024

Caleb Oira Ratemo
Nairobi Campus
School of Information Science
P.O Box 3900-30100
ELDORET

RE: RESEARCH AUTHORIZATION

Reference is made to the letter from National Commission for Science Technology and innovation License No: **NACOSTI/P/23/32135** dated 22nd December, 2023

Authority is hereby granted for you to conduct your research on "Exploring **the lived experiences of health information seeking among expectant teenagers in Kajiado County**" for the period ending 22nd December, 2024.

On completion of the research, kindly share major highlights of the findings (thesis) with the County Director of Education's office.

A handwritten signature in blue ink, appearing to be 'Ceciliah Koyieyio'.

FOR: COUNTY DIRECTOR OF EDUCATION
P. O. Box 33-01100, KAJIADO (K)

CECILIAH KOYIEYIO
FOR: COUNTY DIRECTOR OF EDUCATION
KAJIADO COUNTY

COUNTY GOVERNMENT OF KAJIADO



DEPARTMENT OF MEDICAL SERVICES & PUBLIC HEALTH
OFFICE OF THE COUNTY DIRECTOR OF MEDICAL SERVICES
P. O. BOX 31, KAJIADO

REF: CGK/MEDICAL SERVICES/01/VOL.11/269

15th January, 2024

Caleb Oira Ratemo
Nairobi Campus
School of Information
P.O Box 3900, 30100
ELDORET, KENYA

RE: RESEARCH AUTHORIZATION

Reference is made to your letter and from the National Commission for Science, Technology and innovation reference No. 512159 License No. NACOSTI/P/23/32135 dated 15th January 2023 and Research Authorization from the office of County Commissioner Kajiado County copied to this office dated 15th January 2024.

The Department has no objection in you carrying out research data collection on 'Exploring The Lived Experiences of Health Information Seeking Among Expectant Teenagers in Kenya, Case of Kajiado County for the period ending 22nd December 2024.

You are however required to share findings of your research with this office.

Thank you.



 DR. LYDIA MUNTEYIAN
COUNTY DIRECTOR OF MEDICAL SERVICES
 CC: CHIEF OFFICER FOR MEDICAL SERVICE

CHIEF OFFICER PUBLIC HEALTH

COUNTY DIRECTOR PUBLIC HEALTH AND SANITATION



**OFFICE OF THE PRESIDENT
MINISTRY OF INTERIOR AND NATIONAL ADMINISTRATION
COUNTY COMMISSIONER, KAJIADO**

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Ref. KJD/CC/ADM/45 VOL. IV (81)

15th January, 2024

Caleb Oira Ratemo
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ELDORET - KENYA

RE: RESEARCH AUTHORIZATION- CALEB OIRA RATEMO

Following the request made on your behalf by National Commission for Science, Technology and Innovation vide letter Ref. No. NACOSTI/P/23/32135 dated 22nd December, 2023.

We have no objection, you are hereby granted authority to carry out research on "*Exploring The Lived Experiences of Health Information Seeking Among Expectant Teenagers in Kenya; Case of Kajiado County for the period ending ; 22nd December 2024.*"

It is expected that you adhere to research ethics in doing your study.

FAITH LUDEKI
FOR: COUNTY COMMISSIONER
KAJIADO COUNTY

CC

County Director of Health
KAJIADO COUNTY

County Director of Education
KAJIADO COUNTY

Deputy County Commissioners
KAJIADO COUNTY

Appendix VII: Plagiarism Awareness Certificate



SR790

ISO 9001:2019 Certified Institution

THESIS WRITING COURSE

PLAGIARISM AWARENESS CERTIFICATE

This certificate is awarded to

CALEB OIRA RATEMO

PHD/CS/5109/23

In recognition for passing the University's plagiarism

Awareness test for Thesis entitled: **EXPLORING THE LIVED EXPERIENCES OF HEALTH INFORMATION SEEKING AMONG EXPECTANT TEENAGERS IN KENYA: CASE OF KAJIADO COUNTY** with similarity index of 1% and striving to maintain academic integrity.

Word count:54536

Awarded by

Prof. Anne Syomwene Kisilu
CERM-ESA Project Leader Date: 18/02//2025