The Influence of Socioeconomic Factors on Health Information Seeking Behaviors in Expectant Teenagers: A Study in Kajiado County, Kenya

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ABSTRACT

This study examines the lived experiences of health information-seeking by expectant teenagers in Kajiado County, Kenya. Despite the importance of health information during pregnancy the true behaviours 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 needs of expectant teenagers and enable them to make well-informed health choices. The objective of this qualitative study, which was anchored on a relativist-interpretivist philosophical foundation, utilizing a case study method, was to explore the influence of socio-economic factors on health information-seeking behaviours of expectant teenagers in Kajiado County, Kenya. The study was focused on the Health Belief Model. The target population was expecting teens in Kajiado County. A total of 32 expectant teenagers, aged between 13 and 19 sampled purposively from nearby villages, towns and medical institutions participated in the study. Saturation was attained at the 14th interview while the remaining 18 were utilized in three focus groups of six each for triangulation. Thematic analysis was used as a method of analysis from the obtained recorded narratives. Ethical considerations were all taken to account, like informed consent and confidentiality. The recruitment of research assistants well-versed in culture helped create rapport and rich data. Findings suggest that poverty, lack of resources and inadequate healthcare infrastructure limit opportunity, increasing pre-existing vulnerabilities. Apart from gender discrimination, social stigma associated with teen pregnancy served to further isolate and exacerbate the difficulties in obtaining and utilizing needed health information. The study concludes that socio-economic factors like poverty, gender inequality, education disparities, and inadequate healthcare infrastructure hinder expectant teenagers' access to accurate health information, often leading them to unreliable sources. Therefore, together with inclusive services and peer support from governments and other pertinent authorities, an environment of empathy, autonomy, understanding, and acceptance will create knowledgeable, empowered, and benefit-aware expectant teenagers. The study recommends culturally sensitive education, skilled healthcare communication, income activities, mobile health, and peer support for expectant teens.

Keywords: Expectant Teenagers, Health Information, Lived Experiences, Teenage Pregnancy, Kajiado County

I. INTRODUCTION

The rate of teen pregnancy in Sub-Saharan Africa is concerning, even though it is still a serious public health concern globally. One nation that is dealing with this issue is Kenya. The World Health Organization (WHO) reports that Kenya makes it to the list of top 40 nations bearing the greatest burden of teenage pregnancy worldwide (WHO, 2020). Therefore, it presents a complex interaction of sociocultural and economic factors that influence adolescent reproductive health outcomes. Kajiado County, characterized by its unique mix of pastoral and urban lifestyles, provides an important context in which the determinants of the health information-seeking behaviors for expectant teenagers can be understood.

Attention should be focused on teenage fertility because of a number of reasons. For instance, complications during pregnancy are more prevalent in teens, and the risk remains throughout life (Grønvik & Fossgard, 2018). Additionally, when a teenager becomes pregnant, she encounters severe obstacles to completing her education; hence,

the mother from her teenage has lower levels of education attainment as well as reduced opportunities in the future (Sserwanja et al., 2022). It is for these combined factors that it brings about a cycle of disadvantage, both for the young mothers and their children, hence the need for effective interventions that are geared towards support and empowerment of the teenage girl. According to the 2023 Kenya Demographic Health Survey (KDHS), within the 15-19 year age group, teenage pregnancy incidence increases with age, emphasizing the need for comprehensive sexual and reproductive health education and services for young people. Key factors are also linked to cultural and social norms in which early marriages and gender inequality create conditions that young girls are predisposed to getting pregnant (KDHS, 2023). The deep-seated traditional and gendered nature of these societal factors stops any success where teenage pregnancy rates are reduced; therefore underpinning comprehensive education and policy change (Olenja et al., 2016).

Information-seeking behaviors are essential determinants of health decision-making in expectant teenagers; however, very little research has been done on rural Kenya, more specifically in marginalized communities (Kuvuna et al., 2024). According to KDHS (2023), poor access to reproductive health information and services is one of the important factors combining to result in high incidences of teenage pregnancy in Kenya, leaving a lot of teenagers without knowledge about the different contraceptive and family planning options available to them, hence increasing their vulnerability to unplanned pregnancies. Although earlier studies have examined the factors that influence teenage pregnancy and maternal health in Kenya (Olenja et al, 2016), few studies have particularly focused on information-seeking behavior among expectant teenagers in rural-urban interface settings such as Kajiado County. This study is invaluable in understanding the facilitators and barriers to accessing health information within social, cultural, and economic contexts among the vulnerable population. Drawing from these variables, it aspires to clearly bring out these specific barriers and facilitators of information acquisition and utilization among the said population. Ultimately, findings will be used to develop a culturally appropriate, context-specific intervention that will increase access to and utilization of necessary health information.

In instance, social factors play a very fundamental role in the health information-seeking behavior of expectant teenagers. In Kajiado County for instance, their access and use of health information is driven by family, peers, and respective community leaders (Olenja et al, 2016). In most cases, there are societal norms and stigmas attached to teenage pregnancy, which put expectant teenagers in a setting where they are ashamed or even afraid to seek information openly (Sserwanja et al., 2022). Moreover, the level of education in the community and the literacy levels either hinder or facilitate easy access to relevant health information and its understanding by teenagers.

The cultural practices and beliefs also influence the health information-seeking behaviors of the expectant teenagers (Ntshayintshayi et al., 2022). Traditional beliefs on pregnancy and childbirth, mostly passed through generations, may contradict and cause conflict with modern medical advice, thus sowing confusion and misinformation (Sewpaul et al., 2021). Cultural taboos in discussing sexual and reproductive health-related issues may limit a teenager's willingness to seek information from health providers or use available resources (Hsiao et al., 2023). Knowing these cultural nuances is important in designing culturally sensitive health communication strategies that would resonate with this demographic.

Highly influencing the ability of expectant teenagers to access health information are also economic factors. Economic hardship and poverty restrict one's access to healthcare, educational resources, and digital technologies, which are vital in delivering health information (Ntshayintshayi et al., 2022). In most cases, the expectant teenagers come from low-income families where the structure gives priority to basic needs at the expense of health education, hence relying on informal sources, which may not be reliable. Furthermore, the lack of adequate infrastructure in isolated areas worsens this problem of effective diffusion of health information (Nambile et al., 2022).

1.1 Statement of the Problem

The Kenya Demographic Health Survey (KDHS) of 2023 indicates that one in every five teenagers (ages 13-19) becomes pregnant or gives birth to their first child. Kenya alone makes it to the list of the top 40 nations bearing the greatest burden of teenage pregnancy. According to Grønvik and Fossgard (2018), differences in information accessibility have made teen pregnancy more problematic by leading to inaccurate information, poorer birth outcomes, and the challenges associated with teen pregnancy. Amanquah et al. (2023) note that reliable and easily accessible health information is believed to bring positive health outcomes and allow for exploiting potentials.

Despite the importance of health information during pregnancy, the true behaviors of expecting teenagers when searching for health information are not well understood. Limited research exists that explores the specific socio-economic drivers for expectant teenagers in accessing and utilizing health information. Most of these factors are intertwined, and their interaction presents gaps and opportunities for improvement in health information dissemination and implementing evidence-based policies, initiatives, and services that will ultimately improve the health and well-being of expecting teens.

1.2 Research Question

The study sought to explore the research question: How do socio-economic factors influence health information-seeking behaviors of expectant teenagers in Kajiado County, Kenya?

II. LITERATURE REVIEW

2.1 Theoretical Review

The Health Belief Model (HBM) was used in the study to uncover expecting teenagers' interactions with the social, cultural, and economic factors that shape their search for health information. It has been accepted and frequently used as an approach to elucidate the behavior of an individual in different health-related behaviors (Carpenter, 2010). The model postulates that health-related behavior by an individual is motivated by perceptions of susceptibility and seriousness of health problems, benefits envisioned in taking action, and barriers perceived to taking such action (Rosenstock, 1974). Some examples of perceived barriers include inaccessible health resources, fear of revealing personal information, and lack of knowledge about the diverse information sources relevant to them.

According to the Health Belief Model, cultural beliefs and societal norms have a significant impact on how much the aforementioned elements influence the desire to seek health information (Carpenter, 2010). For example, strong traditional practices and the stigma towards teen pregnancy form major bottlenecks to free discussions and utilization of the relevant health facilities. Economic constraints in regard to a lack of health facilities and information, among others, worsen their situation because they limit their likelihood of receiving valid health information. Moreover, social forces, such as peer pressure and expectations from the family, play a vital role in developing such health-seeking behaviors indicating that all these multilevel factors should be addressed so as to increase both accessibility and utilization of health information among expectant teenagers in this region.

2.2 Empirical Review

The influence of socioeconomic factors on health information seeking is multifaceted, shaping access to, trust in, and utilization of health knowledge. These dynamics ranging from low literacy, limited social support, cultural stigma, financial constraints to geographic barriers, restrict expectant teenagers' access to reliable health information, increasing reliance on informal sources which can be dangerous (Apolot et al., 2020; Maina, 2024). The study intends to provide insights into how to enhance health outcomes for this vulnerable group by examining these socioeconomic characteristics and revealing how these facilitators and obstacles impact the health information-seeking behaviors of expectant teenagers in Kajiado County, Kenya.

2.2.1 Social and Cultural Dynamics

Numerous studies show that the search for health information among expectant teenagers is propelled by a mix of social, cultural, and economic dynamics. Social dynamics relate to how much exposure an adolescent gets toward, and therefore make use of, health information. The sociocultural context profoundly impacts health information-seeking behaviors. Ntshayintshayi et al. (2022) argue that cultural beliefs and practices significantly dictate the acceptability and accessibility of health information sources. For instance, communities with strong family ties encourage teenagers to consult parents or elders, while those emphasizing independence often lead teenagers to seek information online (Loughmiller-Cardinal & Cardinal, 2023). This variability is particularly evident in marginalized areas like Kajiado County, where exposure to reliable health information is limited. Davis (2023) underscores the role of cultural norms in shaping teenagers' access to prenatal care and decision-making.

Social support networks, comprising family, peers, and healthcare professionals, would facilitate or hamper access to health information. Such networks provide emotional, informational, and instrumental support towards urging confidence and ability among teenagers to seek relevant resources (Sserwanja et al., 2022). Moreover, social networks that are formed by family members, peer groups, and health professionals influence information-seeking processes through facilitating or constraining access to relevant resources. Social support networks among expectant teens are likely to increase the extent to which they will actively seek and use health information in making decisions about their prenatal care, birth, and general well-being. These supportive individuals provide some degree of reassurance, encouragement, and guidance in their struggle to access and understand health information, hence improving their confidence (Sserwanja et al., 2022).

Traditional conceptions of pregnancy that are taboos and gender roles hinder access to information. Traditional beliefs about pregnancy and childbirth such as cultural taboos and gender roles and familial expectations may be the influencing factors towards the seeking and access of health information by the expectant teenager. In a study by Amoadu et al., (2022), results indicated that low-income home girls and those who never attended school or drop outs married before eighteen years and were victims of sexual abuse. Moreover, in some cultures, teenage

pregnancy is accepted and even desirable, increasing the chances that pregnant teenagers from these cultures will become expectant (Phiri et al., 2023). The teenager married off as a child is much less likely to take contraception to postpone getting pregnant and to be active in decisions about her reproductive health. This could also be attributed to the fact that girls are more likely to be sexually abused because they do not have the power to negotiate safer sex.

Lack of sufficient health resources is more pronounced in teenage girls belonging to low-income families or those whose experience of early marriage and sexual abuse there. Phiri et al. (2023) mention in a similar manner-the acceptance of teenage pregnancy by society in some cultures reduces the likelihood of contraceptive use and informed reproductive health decisions.

2.2.2 Economic Constraints

Economic factors further exacerbate the challenges faced by expectant teenagers in accessing health information and services (Apolot et al., 2020). Low socioeconomic status (SES) limits access to healthcare, transportation, and essential resources, leading to delayed or insufficient prenatal care (Mmari et al., 2019). Homeless and low-income teens often lack health insurance, face stigma, or fear judgment, further deterring them from seeking care (Amoadu et al., 2022). These barriers contribute to adverse pregnancy outcomes, such as low birth weight and prematurity, and increase the risk of postpartum depression.

High financial costs associated with prenatal care, including transportation, consultations, lab tests, and maternity supplies, impose additional burdens. Nambile et al. (2022) found that expectant teenagers in Uganda often miss vital antenatal visits due to transportation challenges and the prohibitive costs of healthcare services. Similarly, Apolot et al. (2020) emphasize that irregular check-ups due to financial constraints deprive teenagers of critical health information and advice necessary for a healthy pregnancy.

The internet presents a double-edged sword for expectant teens in rural areas in terms of the economy. Although it offers a wealth of health information, accessibility and price remain significant obstacles. Particularly in rural locations, poor internet infrastructure limits physical access (Onunga & Mbugua, 2021). Even when data is accessible, it can be prohibitively expensive, especially for teens with limited funds or those who depend on others to access their phones. Access to critical health information may be hindered for individuals who are most susceptible due to the uneven playing field this digital divide generates (Lu et al., 2021).

2.2.3 Barriers to Health Information Access

Language and educational barriers also play a significant role in limiting access to health information. Haider et al. (2023), note that linguistic challenges hinder teenagers' ability to articulate health needs and understand medical advice, often resulting in misconceptions or misinformation about pregnancy and childbirth. These barriers are particularly harmful for young and inexperienced individuals who rely heavily on clear and accurate information for their well-being.

A qualitative study on the challenges and strategies to improve maternal health services for pregnant adolescents within Uganda revealed that aside from the daily challenges such as competing needs at family level and gender inequalities, expectant teenagers face, transportation issues add to their woes (Nambile et al., 2022). Some of them cannot easily travel to health facilities or go for ante-natal services because they either have no means of transport, and in some cases, they are far too costly to afford the transportation cost. This causes them to lose such crucial health promotion information and also limits their chances of visiting regular prenatal care. Field et al. (2020) add that transportation options have also been found to be limited to access other support services, such as counseling or parenting classes, which provide crucial information and guidance during pregnancy.

III. METHODOLOGY

3.1 Research design

The qualitative study utilized a case study design to delve into the nuanced insights of the interplay of socioeconomic factors and health information for expectant teenagers in Kajiado County, Kenya.

3.2 Study Location

The study was conducted Kajiado County, Kenya, from January to March 2024. Kajiado County is one of the counties created out of what used to be the Rift Valley Province in Kenya. It had a population of 1,117,840 people and covers an area of 21,292.7 square kilometers, according to the national census of 2019. It borders Nairobi to the north and the Tanzanian provinces of Kilimanjaro and Arusha to the south (KDHS, 2023). Most people living in Kajiado County belong to the Maasai community, which are mainly pastoralists. Kajiado County has five sub-counties: Kajiado North, Kajiado East, Kajiado Central, Kajiado South, and Kajiado West.

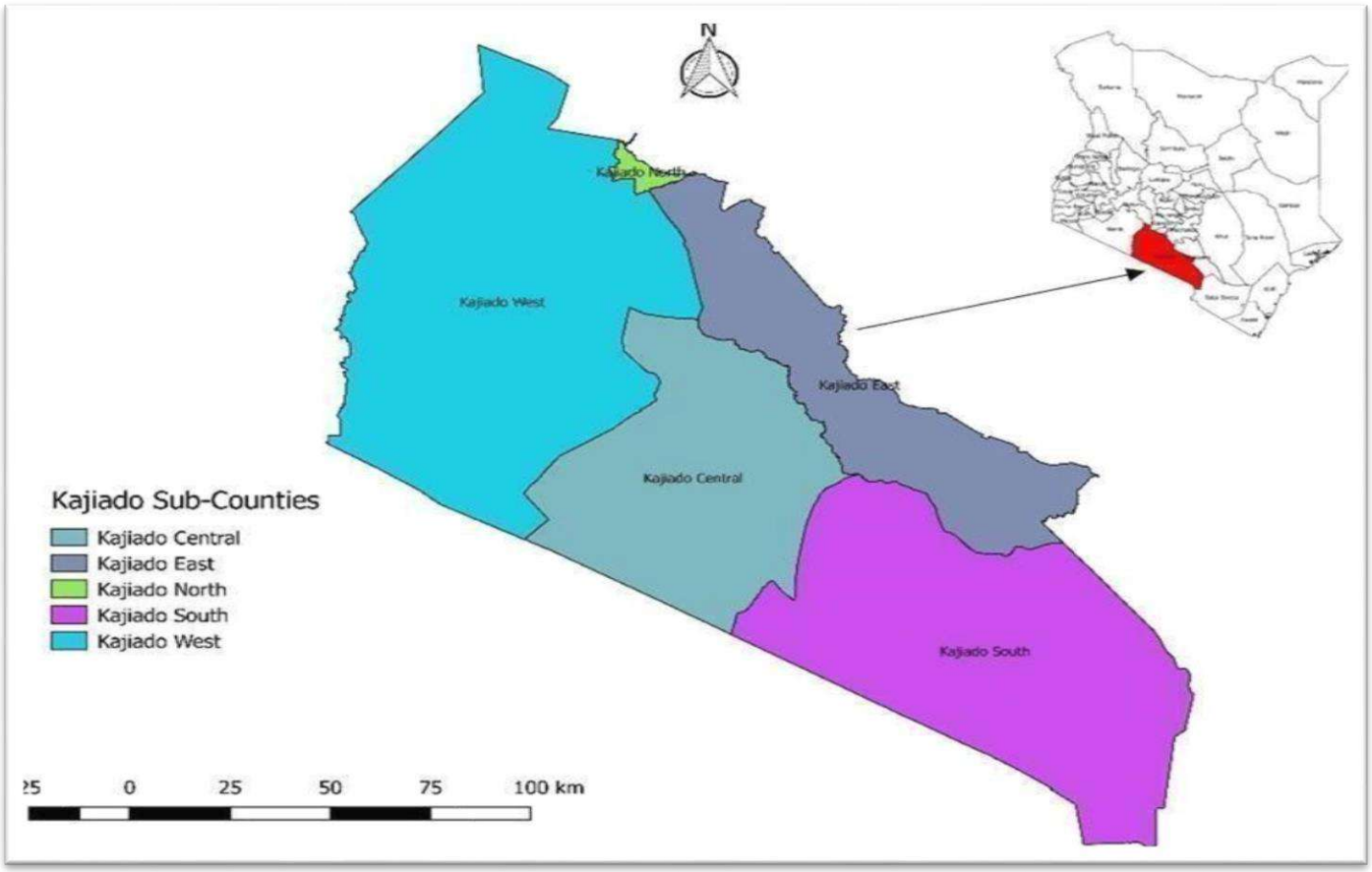

Figure 1
Map of Kajiado County
Source: *KDHS*, 2023

3.3 Sample size and sampling technique

Purposive sampling was used to select a sample of 32 expectant teenagers aged 13 to 19 years who met specific inclusion criteria, including residence in Kajiado and willingness to share personal experiences was used. Participants were purposively selected to ensure diversity in age, residence, and education. According to Lindlof and Taylor (2011), non-random sampling examines viewpoints, experiences, and opinions rather than taking use of pre-existing respondents as random sampling does. That purposive sampling makes the research process more focused and efficient by enabling researchers to find participants who possess specific knowledge or insights pertinent to the study's objectives. Data saturation was achieved at the 14th interview while 18 were utilized in three focus groups of six each.

3.4 Data Collection Instruments

Data collection involved 30–45-minute in-depth interviews and focus group discussions in private, agreed-upon settings. Interviews focused on real-life experiences, supplemented by probing questions, while group discussions encouraged spontaneous insights.

3.5 Data Processing and Analysis

Audio recordings were anonymized, transcribed verbatim, and analyzed using thematic analysis (Ong'ondo & Jwan, 2020). Transcripts were coded collaboratively, and data collection continued until saturation. Ethical protocols ensured informed consent, confidentiality, and voluntary participation. Rigor was maintained through data triangulation, expert input, and meticulous documentation (Morse, 2015). Results, enriched by participant citations, were presented narratively to reflect lived experiences.

IV. FINDINGS & DISCUSSION

This study involved 32 expectant teens aged 13 to 19 at the time of pregnancy. They had education levels ranging from no school to form four. In most cases, for those who were married, their husband was at least a decade older. Table 1 presents a summary of participants' identity codes.

Table 1

Summary of Participants' Identity Codes

Age	No. of participants	Identity codes	Rural/Urban	Education Level	Married
13-14	NONE				
15	1	GRC	Urban	Primary	No
16	5	AGT, FL, JE,LM, RE	Rural	No school/Secondary	No/Yes
17	15	AB, BT, GN, GRA, IN, JN, LA, ML, MM, MO, NA, PE, PI, RT, RU	Rural/Urban	Primary/Secondary	No/Yes
18	6	AG, AS, HN, JO, JN, VI	Rural	Secondary	Yes
19	5	JI, LI, RM, SA, SH	Urban	Secondary	Yes
Total No. of Participants	**32**				

The findings of this study highlight the intricate interaction among social, cultural, and economic factors that makes for a complex environment in which the expecting teenager seeks health information.

4.1 Social-cultural Factors Influencing Expectant Teenagers' Search for Health Information

Social factors are those aspects that, one way or another, equip one with ways of life socially, in particular on how to interact. They bring about frameworks: the official and informal structures found in families, schools, companies, governments, and religious institutions that structure our social interactions. They furnish us with various opportunities and resources along with moulding our values, traditions, and behaviors. The themes that strongly related to social factors of consideration in the study findings were: Patriarchal systems, stigma, and social seclusion, health literacy, role of Traditional Birth Attendants, peer influence and social networks, and open communication.

First and foremost, an established patriarchy at the community and family levels becomes a strong obstacle to the ability of girls in taking care of their health. These structures are comparable to invisible handcuffs, limiting freedom and space for decision-making at the family and community levels. The results are devastating: voices that are muffled, needs that go unsatisfied, and navigation that proves relentless in its complications within their health journey. It often is the male decision-makers who head these hierarchies, and this access to information, medical care, and even basic physical autonomy is firmly under their control. According to Hsiao et al. (2023), girls grow to be less powerful as a result, having less freedom to research health issues and look for reliable information and make decisions.

Traditional gender role expectations primarily kept girls within the family's domestic roles, caring for others and doing household chores at the expense of their own health. Indeed, a participant, RE, explained that after telling her husband about the pregnancy, he did not say anything since that was her responsibility. She had to seek approval from him for her to go to the 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 meant that permission from fathers or husbands was required before medical help could be obtained; one can easily imagine the dependence and hesitation this led to.

It emerged that the teenagers fear being judged about their age, sexual activity, or the circumstances surrounding their pregnancy. For example, Truong et al. (2023) noted that they are judged to be irresponsible or promiscuous aside from being accused of destroying their lives or the lives of their unborn children, and be blamed for the pregnancy, even if they were not the sole party involved. Such fear can lead one not to trust the health care providers and at times doubting the health care system as a whole. According to Sewpaul et al. (2021), this might lead to less trust in health care providers for some expecting teenage girls, probably due to previous bad encounters with health care providers or due to some cultural beliefs. This makes it hard for them to achieve the necessary education and health care. Thus, expectant teens may deny themselves the right to seek proper information and not receive

necessary prenatal care and advice, which might increase in them a sense of vulnerability, leading to their retreat from searching for the help they do need.

It was apparent even the unmarried ones feared judgment and discrimination. They become more isolated and found it more difficult to access the available resources and information with confidence. This is in the agreement of the findings by Muchiri (2021) that teenage pregnancy is associated with enormous social stigma in many Kenyan communities. Their fears, for instance, stem from the question of how they would be integrated into society to realize full potential in life later on. Stigma was working against them because of their tender age, and they would feel like they were social misfits. For instance when asked about the experience of pregnancy and how that changed her social life, AB, described it as a situation that found her unexpectedly, it shuttered her whole world. She responded:

> *It took long before I could tell my mom 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 Traditional Birth Attendants (TBAs) who did not have scientific evidence (Mwoma et al., 2021). This is in line with the findings by Scorza et al. (2021) which confirmed that people who lack agency are hesitant to seek medical care, even when it is required, which complicates matters and delays diagnosis.

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 possibility of having undergone birthing the same way. They looked beyond what was in front of them and tried to see how they could conform by having at least information such that they moved closer to reality. The nearest people they could seek information from thus became informal sources such as grandmothers because of the fact that they had gone through birthing.

The digital literacy knowledge levels differed. Such was contributed by the health literacy skills one had, the level of education, and exposure; for instance, those who had gone to school beyond form four would seek advice from health professionals, and a few utilized the internet. When they would get information from informal sources, they would always countercheck with the healthcare professionals in case. The latter in turn depended on the TBAs and the informal sources of information in the event of little or no education.

In most cases, the girls were deprived of education, particularly on matters concerning sexual and reproductive health. Lack of education made them ignorant and hence easier to deceive, making it harder for them to make wise decisions in regard to their health. From the response by VI who asserted that her motive to go to 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 see the doctor to confirm, and realized I will never deliver physiologically.*

Family dynamics that do not allow for questions or open lines of communication make it difficult for teens to have questions or concerns about their health. Isolation has been known to feed into misinformation, self-diagnosis, and refusal to seek help. Teens feel more comfortable talking about their concerns and weighing their options when their families promote open lines of communication. This was disclosed by members of FGD03, who expressed the great contribution that communication had on their pregnancy journey. Such is in line with findings by Hsiao et al. (2023) indicating secure environment for questions and worries is created by parents who provide factual information and listen without passing judgment. They will reach out to credible information sources such as a medical professional or some other trusted adult if they know they can discuss their experiences without fear of guilt or shame. With access to proper information, they are in a better position to decide concerning their pregnancies, health care, and their future in general.

The study had findings that culturally-embedded beliefs, norms, and practices have a bearing on teenagers' lived experiences when negotiating the challenges of pregnancy and healthcare access. Cultural factors varied across a wide range of ideas and practices: traditional beliefs and practices about pregnancy, societal attitudes toward adolescent motherhood, gender role concepts, family expectations, technology consumption, and the role of social networks.

To begin with, the traditional beliefs about pregnancy and childbirth contradicted the biomedical views, a factor that contributed to confusion and disorientation because of the two sources of information. Even though some teens conformed to the customs passed down from generation to generation, others turned to the educational or health institution for information. Expectant teens are expected to balance cultural norms and medical advice, which can be stressful and confusing when tradition meets modernity. However, all participants demonstrated readiness to embrace

any new medical information since it reduces adverse outcomes. From that perspective, responding on behalf of HN, a participant living with disability, stated his mother:

> *There were people who 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 reported and documented as 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 instance, GN, a respondent in FG01 reported that it was best suited that her grandmother gave her 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.*

Culture was highly entrenched 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 Health Belief Model because they would weigh their vulnerabilities and benefits of taking action as they observed how their friends, mothers and elder sisters navigated the terrain of pregnancy or were guided and used such as their compass. It turned out that how such groups acted indicated the best practices, especially on how to take care of the pregnancy and beyond. Participants who consulted their older sisters or mothers used experiences gained to leverage on it for their pregnancy. They trusted them as sources of information on top of being examples good enough.

The aforementioned notwithstanding, 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 increase 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.

4.2 Economic Factors Influencing Health Information-Seeking Behaviors of Expectant Teenagers

Economic factors are the variables that influence the production, distribution, and consumption of goods and services within an economy (Ressin, 2024) and can have a significant impact on individuals, businesses, and governments. 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.

The results imply that economic realities are key determiners of how pregnant teenagers in Kajiado County, Kenya, negotiate the process of seeking health information. Lacking access to formal healthcare, impoverished teenagers would opt for less expensive sources, probably less effective. Such easily accessed sources might convey inappropriate information or harmful practices that are dangerous to the mother's and the child's health.

Also, transport to the clinics or hospitals could be hindered due to insufficient finances, especially in rural areas. This cost of transport and loss of income that may be accrued from attending clinic visits presents a significant barrier. A study by Apolot et al. (2020) indicated expecting adolescents were influenced by inadequate finances, leading to late initiation of antenatal care, hence predisposing to a higher complication rate during pregnancy and childbirth. Results they obtained:

'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'

This was the case with members of FGD03 who outlined the close relationship between transportation and access to medical. 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.*

According to Ntshayintshayi et al. (2022), economic factors may further increase the stigmatization of teen pregnancy. It is the financial challenges that worsen the shame and social withdrawal the young mothers in Kajiado

face, as people often view early childbearing as undesirable. For instance, after the teens became aware that they were pregnant, they had no alternative other than depending on their mothers or partners. Most of the participants reported stigmatization and condemnation due to the unwanted pregnancy. For instance, PI, a respondent in FGD01, reported:

> *Like I can say a big problem is ….you 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.*

Families balancing competing needs are a pointer of hard economic times and limited resources. This is particularly true for the expecting teenagers from poor backgrounds. It was found out that some teenage mothers weighing the importance of education versus eating. Members of FGD03 pointed out hunger as the main cause of their predicament. For instance, when asked what they thought was the main reason for teenage pregnancy, they responded in chorus:

Hunger!

In most instances, higher education eludes expectant teens whose dreams get abruptly 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 tags along 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 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.*

Tied to the aforementioned, results indicated that inadequate educational achievement at a minimum restricts health literacy and access to credible information. The majority of the girls in Kajiado have low attainment in formal education that limits their capacity to interpret health messages correctly and to effectively negotiate the complex health systems. Early marriage further compounds this state. In light of this, the community fails or delays to seek appropriate health care by relaying misinformation generated by peers, family members, and traditionalists for fear of victimization. Several participants noted that.

It has been reported that there exists a wide gap in relation to education between boys and girls in Kajiado, hence furthering the economic disparity based on gender, as per the Ministry of Education. Thus, girls with low education levels miss the opportunity to access formal means, such as schools or health facilities, through which proper health information may be availed. A poor knowledge base complicates the process of making wise decisions regarding their pregnancy and health. For example, most of the girls who had dropped out from school stated that they were willing to return so that they could pursue their goals.

It ought to be noted that the internet is a double-edged sword for expectant teenagers in Kajiado. Much as it has plenty of health information, major barriers still exist in terms of affordability and accessibility. It was revealed that the physical connectivity is constrained by inadequate internet infrastructure, mostly in the rural areas. High costs of data, if and when available, are unaffordable to most, more so teenagers who do not have much money or who use phones provided by others. This prevents those who are most vulnerable from getting vital health information as a result of the playing field which this digital divide creates.

Even though it is available, there exists a jungle of information on the internet that is unreliable. This aligns with the suggestion brought forth by Lu et al. (2021) that teens are often short of critical competencies, which could help sort out trustworthy sources from false or harmful ones. It may lead to confusion, concern, or even repetition of bad behaviors. It is further complicated by anecdotal evidence and subjective opinion—through the influence of social media and online community regard—that tends to sometimes eclipse evidence-based guidance. For example, JI, who goes to the internet for informational needs on pregnancy, noted that she depended on the internet without knowing whether given information was true or false but trusted it since she experienced some signs as read. When asked what she did in the event that she doubted information on the Internet, she replied:

> *I have never doubted it…since I have experienced the signs and symptoms.*

Despite these challenges, though, there is a great positive potential for supportive web networks among pregnant adolescents. Internet groups, forums, and websites may offer a secure environment in which people will communicate, ask colleagues and health professionals for advice, as well as sharing concerns with each other (Sserwanja et al., 2022). Most importantly, the most common support that such online communities extend is towards

teenagers who either do not desire to entrust the family and friends for fear of shame, judgment, or stigma or would not do this in good time.

V. CONCLUSIONS & RECOMMENDATIONS

5.1 Conclusions

The study concludes that expectant teenagers face multifaceted challenges in accessing health information due to sociocultural norms, economic limitations, and systemic barriers. This constraint is created by a shortage of finances, disparities in education, and socio-cultural norms which restrict the proper access to health information hence many teenagers get information from informal sources such as peers or online platforms that are not always accurate or exhaustive enough. The intersection of poverty, gender inequality, and inadequate healthcare infrastructure is also incredibly rife with a number of challenges preventing the teenagers from effectively maneuvering the health information space. The study concludes that a lack of a comprehensive approach that integrates cultural sensitivity, economic support, and accessible healthcare services to ensure the well-being of both the teenagers and their babies exacerbates the difficulties.

5.2 Recommendations

The study recommends that a multifaceted framework to improve health information access for expectant teenagers is critical. Key strategies include culturally sensitive education, community engagement, economic empowerment, enhanced adolescent-friendly healthcare services, provider training, and regulated digital health platforms. This integrated approach aims to overcome barriers, ensuring equitable access and better health outcomes for teens and their babies

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