

## Exploring the Challenges of Sensemaking in Expectant Teenagers Accessing Health Information in Kajiado County, Kenya

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### Abstract

Teenage pregnancy is a major public health challenge in Kenya and many developing nations. Expectant teenagers ought to access with ease reliable information in order to promote the health of both the mother and fetus. The objective of this qualitative study, anchored on a relativist-interpretivist philosophical foundation, utilizing a case study method, was to explore the lived experiences of health information seeking with specific focus on challenges of sensemaking in expectant teenagers in Kajiado County, Kenya. 14 expectant teenagers, aged 15-19, selected purposively from nearby villages, towns and medical institutions participated in the study using a semi-structured interview and three focus groups of six each for triangulation. Thematic analysis was utilized. Ethical considerations like informed consent and confidentiality were taken to account. Research assistants who are well versed with culture were recruited to help in creating rapport and rich data. To focus the study, the Health Belief Model was applied. The study points at the need to come up with interventions to help expectant teens make decisions, such as leveraging trusted community leaders and healthcare professionals, digital literacy initiatives and peer education programs all aimed at developing teens' critical thinking abilities, encouraging their trust of reliable sources, and bridging the gap between traditional and modern knowledge systems.

**Keywords:** Teenage Pregnancy, Sensemaking, Health Information, Expectant Teenagers, Lived Experiences.

## Introduction

Teenage pregnancy poses a significant threat to public health in Kenya, as it does in many other developing nations, with one in five Kenyan teenagers becoming mothers (KDHS, 2022). Expectant teens should have access to reliable health information to promote both the mother's and the fetus's wellbeing, since limited access to accurate, timely, and culturally appropriate health information can contribute to adverse outcomes. Throughout their pregnancy, teens who are expecting look for health information from a range of sources; obstetricians, midwives, and nurses are among the most significant sources. These experts play a crucial role in providing accurate and trustworthy information regarding childbirth, postpartum care, and prenatal care (Hsiao, 2023). In addition to a lower likelihood of their children surviving, it is crucial to inform parents of the higher risk of premature birth, low birth weight, and other issues (Sserwanja, 2022). The internet also remains as an important source of information, particularly in today's digital age.

Carl Weick describes sensemaking as the process by which people understand complex social processes in order to form roles and narratives inside organizations. It organizes flux by disrupting routine operations when circumstances call into question established meanings or action plans. Sensemaking entails monitoring and categorizing situations using mental models (Weick, 2012). Labeling, an important part, transforms experienced experiences into verbal descriptions, promoting common understanding (Clark & Brennan, 1991). Park's meaning-making approach emphasizes how people handle difficult situations by utilizing an orientation system to make sense of life events. When new experiences challenge this framework, people must reconsider their perspectives in order to incorporate the new reality into their understanding of themselves and the world (Park, 2010). This approach is critical for restoring coherence in unsettling situations.

Expectant teenagers in Kajiado County, Kenya, and largely Sub-Sahara Africa, face significant challenges in accessing and using vital health information. Cultural barriers, low education levels, limited healthcare infrastructure, misinformation and limited computer literacy hinder their comprehension and practical application of available resources, including online content (Amanquah et al., 2023). These obstacles exacerbate sensemaking difficulties—the process of understanding complex or unclear information—leading to miscommunication, delayed responses, and adverse health outcomes for both mother and baby (Amo-Adjei, 2022). Few studies on adolescent health have examined sensemaking processes; instead, they have primarily focused on information access. This highlights the need to investigate the unique sensemaking challenges faced by expectant teenagers in order to shed light on the ways in which contextual, cultural, and digital factors affect their comprehension and utilization of health information

Navigating the labyrinth of complex health information can be a daunting task 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.

Weick (2012) indicates that individuals give meaning to their experiences. He points out that when it comes to cognitive abilities, questioning and critical thinking are important 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 & Soergel, 2020)

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. Zhang & Soergel (2020) discovered that by doing so they 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.

Socially, teens who are expecting 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.

Despite the fact that power dynamics may occasionally prevent teenagers from asking direct questions from medical professionals, they nevertheless use nuanced methods to interpret healthcare information (Ntshayintshayi et al., 2022). Asking clarifying questions, getting second opinion, or contrasting the advice of the provider with data obtained from other sources could all be part of this process. Johnson (2022) concludes 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 note that traditional values and customs upheld by families and communities frequently have a huge impact on how teens view pregnancy and health (Miller et al., 2021). A holistic understanding of their health needs can be formed by expecting teen's 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.

## Literature Review

### Sensemaking in Health Information Seeking

Studies show that 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.

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.

Categorization and simplification are crucial for expectant teenagers navigating complex health information (Sserwanja et al., 2022). Faced with technical jargon, they often seek clarity by rephrasing questions, requesting visuals, or breaking topics into smaller parts for easier understanding. This iterative process helps them comprehend their health and choices (Amo-Adjei, 2022). For example, a teenager might simplify medical jargon, diagrams, and statistics by organizing information into themes like prenatal care, nutrition, or labor. She might use mental maps or analogies, such as comparing her changing body to a blooming flower so as to gradually develop a deeper understanding of her condition and options.

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.

### **Barriers to Health Information Access for Expectant Teenagers**

Numerous studies highlight various challenges faced by expectant teenagers in accessing reliable health information. A significant barrier is the lack of comprehensive, accurate information about reproductive health and pregnancy-related issues. Without access to trustworthy sources, teenage mothers struggle to make informed decisions about their health, prenatal care, and parenting, which can negatively affect their well-being and the health of their babies (Senkyire, 2022). Teenagers become uncertain about their options, such as parenting, adoption, or abortion, due to limited information, leading to confusion and poor decision-making (Sserwanja et al., 2022).

In Kajiado County, for example, expectant teenagers often lack accurate pregnancy-related information due to factors like limited healthcare facilities, illiteracy, and cultural taboos (Olenja et al., 2016). As a result, they face unnecessary health risks and make decisions harmful to themselves and their babies. Additionally, inadequate knowledge can affect emotional health, with young mothers feeling isolated, ashamed, or stigmatized. Teenagers without proper guidance on mental health, relationships, and sex are more prone to anxiety, depression, low self-esteem, poor decision-making, and self-harm (Scorza et al., 2023).

The lack of information also perpetuates cycles of misinformation whereby the youngsters turn to unreliable sources, such as peers or the internet, for advice, which often leads to misconceptions about pregnancy and parenting (Karim et al., 2021). This can result in unhealthy practices or unrealistic expectations, putting both the teenager and their child at risk. Additionally, limited access to sexual and reproductive health services increases the likelihood of inadequate prenatal care and higher rates of pregnancy complications, ultimately jeopardizing the health of both the expectant teenager and the baby (WHO, 2022).

Cultural and societal factors, particularly the stigma surrounding teen pregnancy, further complicate the situation. Teenagers have been found to avoid seeking help due to fear of judgment or being labeled as irresponsible, promiscuous, or a burden on society (Ntshayintshayi et al., 2022). This stigma discourages them from accessing healthcare, which may delay or prevent necessary prenatal care. Some teenagers also distrust healthcare providers, especially if they have had negative past experiences or face cultural barriers (Sewpaul et al., 2021). This lack of trust has often been established to lead to increased stress and anxiety, negatively impacting both their mental health and their pregnancy (Field et al., 2020).

There is need to be aware that language, cultural, and educational barriers also contribute to difficulties in accessing health information. For example, if healthcare providers primarily speak English and teenagers are not fluent, they may struggle to understand important information, leading to misinterpretations and poor health outcomes (Haider et al., 2023). To address this, health information should be provided in local languages, and community-based workers should be trained to deliver culturally sensitive care. Improving health literacy among teenagers can also help them understand the information, even if it's not in their native language.

Financial constraints further hinder access to necessary health services. The costs associated with transportation, medical consultations, prenatal care, and essential supplies can be burdensome for expectant teenagers (Apolot et al., 2020). Financial limitations may result in missed healthcare visits, which increase the risk of poor pregnancy outcomes. Together, these challenges hinder their ability to make informed decisions regarding their health and well-being, exacerbating risks for both mothers and their children.

This study thus aimed to investigate the difficulty of making sense of the information accessed by expectant teenagers in Kajiado County, Kenya, based on real-world experiences of how people navigate and synthesize information from multiple sources in their socio-cultural contexts during trying times.

## **Theoretical Framework**

The Health Belief Model (HBM) was used in the study to uncover expecting teenagers' beliefs, barriers and perceptions related to health information seeking in order to provide a multi-dimensional perspective on the complexities of sense making. As per HBM, the focus is 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). Through the model, it is possible to comprehend how expectant teens view health risks, the advantages of taking action, and the obstacles they face in getting access to trustworthy health information. 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).

## **Methodology**

This qualitative study was conducted from January to March 2024 in Kajiado County, Kenya. With a population of 1,117,840 and a total area of 21,292.7 square kilometers as of the 2019 national census, Kajiado shares boundaries with Nairobi, Nakuru and Kiambu to the north, Narok to the west and Machakos, Makueni and Taita Taveta counties to the east and to the south are the Tanzanian border provinces of Kilimanjaro and Arusha (KNBS, 2022).

## **Research Design**

A case study was utilized in interrogating expectant teenagers in Kajiado County on how they search out health information with regards to the challenges of sensemaking. 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.

## **Sampling**

Purposive sampling 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.

This study involved 32 expectant teens who satisfied the inclusion criteria (they were living in Kajiado County, between the ages of 13 and 19, willing to discuss personal experiences, and cooperative with the researcher). Participants were carefully chosen to represent a wide range of ages, places of residence (urban or rural), and educational levels.

## **Research Instruments**

14 Face-to-face, in-depth semi-structured interviews and three focus groups of six each were utilized for the study. The interviews focused on the participants' real-world experiences as they searched for information.



### **Validity and reliability**

Deep interviews and focus groups with expectant teenagers provided valuable insights contextual to the problem under study. Member checking validated their input, ensuring accurate recasting of experiences (Ong'ondo & Jwan, 2020). The approach evaluated societal and geographical influences on teenagers' sense-making processes. Collecting data from diverse participants enabled triangulation and broader perspectives. Rigor was achieved through sufficient time for data collection and analysis, effective participant communication, immersion in the data, expert input, and precise documentation (Morse, 2015). While transferability is determined by epistemic communities, thick descriptions of the research area, participants, and barriers to health information access were provided to improve outcomes and enable evaluation in other contexts.

### **Data Collection and Analysis**

Central questions were asked, followed by specialized questions, and extra probing questions were employed based on the participants' statements. The interviews and focus groups were held at certain times and locations, lasting 30 to 45 minutes, as agreed upon by the participants, over a two-month period from January to February 2024. 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. Entire interviews and discussions were recorded and transferred to audio files, which were then entered into the computer, and data collecting proceeded until data saturation, at which point no new information was gathered from the interviews.

Thematic analysis (Ong'ondo & Jwan, 2020) was used for data analysis. Audio recordings from focus groups and interviews were transcribed verbatim and read multiple times to grasp the content. Transcripts were examined line by line, divided into coherent chunks, and then truncated, coded, and labeled. The codes were categorized and subcategorized based on similarities and differences. Coding was performed by the first author, with co-authors overseeing the process. Disagreements were resolved through discussion until consensus was reached. Data analysis was iterative, conducted alongside data collection, with constant comparison between data and codes. Qualitative findings were presented narratively, incorporating direct quotes and detailed descriptions to convey participants' experiences and viewpoints. The narrative presentation was anchored on the themes emerging from interviews and focus groups.

### **Ethical Considerations**

Clearance was requested from the School of Information Sciences of Moi University. Also, the National Commission for Science, Technology, and Innovation (NACOSTI) was notified and asked for a research permit while the office of Kajiado County Commissioner was also informed. Approval was given by the research participants or their close relatives with due regard for autonomy, privacy and confidentiality existing (Hennink et al., 2020; p.71). Further, the study sought both to maximize the social advantages of the research activities and to ensure that the participants were not physically or psychologically harmed nor disadvantaged in any way during and after the course of the research. The participants openly agreed to take part in the study and their confidentiality was guaranteed and the scope of the research explained to them. The first author was available to offer assistance and support as needed during the data collection process.

## Results and Discussion

This study included 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. A summary of the identity codes used to present the participants is provided in Table 1 below:

*Table 1: Summary of participants' Identity Codes. Source; authors, 2024*

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	JL, LI, RM, SA, SH	Urban	Secondary	Yes
Total No. of Participants	32				

The findings of this study highlight the multifaceted challenge of sensemaking in health information among expectant teenagers. The following six themes were identified: 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.

### Challenges of Sensemaking in Health Information Among Expectant Teenagers

#### *Information Overload and Conflicting Sources*

The study revealed that teenagers faced challenges navigating vast information, struggling to identify reliable sources amidst conflicting advice. While they trusted informal sources like family and friends for their closeness and experience, these often-caused confusion. Despite this, teens ultimately sought medical advice from healthcare professionals, valuing their expertise and professionalism. Participants in FGD01 and FGD03 unanimously trusted healthcare providers, citing their experience with similar situations. 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.*

### ***Language and Cultural Barriers***

Limited access to information in local languages, such as Maa, posed significant challenges for non-Swahili or English speakers like RE. She relied on a translator and her husband's encouragement and financial support. Barely literate girls struggled to comprehend healthcare information, particularly from providers from different communities. This hindered their ability to ask questions. At Entarara Health Centre in Kajiado South Sub-County, 2 out of 6 teens in FGD02 couldn't express themselves in Swahili, highlighting the communication barrier faced by teens in interior regions.

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.

*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.(GN)*

### **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*

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.

### **Social and Psychological Factors**

According to Amo-Adjei (2022), expectant teenagers frequently incorporate complex information into their personal narratives in order to truly internalize it. They relate medical facts to their personal histories, feelings, and aspirations for the future. 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.

Fear of judgment or negative social consequences deterred 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 found that pressure to conform to cultural norms and family expectations led teenagers to neglect personal health needs and rely on unreliable information. Teenage pregnancies were unwelcome, leaving participants shocked and realizing they had violated norms expecting childbirth within marriage and after school. In their confusion, they sought information from various, often informal sources, and revealing anxieties about stigma, mistreatment, and condemnation through their questions. These responses highlighted the threats and challenges they faced in such situations. 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.*

Limited self-efficacy and decision-making skills hinder teens' ability to critically evaluate health information and make informed choices, as explained by the Health Belief Model. Despite awareness of teenage pregnancy's severity, they lacked confidence in health decisions and needed support. This led to reliance on confirmation from trusted sources, especially healthcare providers. For example, participants in FGD03 consistently consulted doctors during pregnancy, highlighting the importance of accessible and supportive healthcare professionals willing to assist in guiding their decisions.

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.

### ***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 revealed that stigma around teenage pregnancy in Kajiado fosters a culture of fear and silence. Expectant teenagers, fearing criticism or repercussions, often hesitate to seek help, relying on unreliable sources or delaying assistance. Limited access to technology and the internet in remote areas exacerbates the issue, as many are excluded from online health resources. Even when technology is available, their lack of digital literacy hampers effective navigation of information. This digital divide further restricts access to accurate and timely health information (Lu et al., 2022).

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 limited 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.*

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 on the internet. 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.*

### ***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 were afraid of being judged and excluded, strengthening 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 smartphones, 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.

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.

## Conclusion

From the findings, these young expectant mothers faced a complex web 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 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.

## Recommendations

To overcome the aforementioned barriers of sensemaking in expecting teenagers accessing health information especially in Kajiado County and beyond, a comprehensive, multi-faceted approach is necessary. Healthcare providers must be trained to offer non-judgmental, supportive care, fostering an environment of empathy and respect. Expanding access to inclusive healthcare services, providing peer support networks, partnering with schools, community centers or Non-Governmental Organizations to provide access and training of credible health websites and addressing the financial and linguistic barriers to care are essential steps in breaking down the obstacles to accessing accurate health information for expectant teenagers. In future, a study should be conducted to explore the role of misinformation and disinformation in shaping teenagers' understanding of reproductive health.

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## Conflict of Interest

There was no conflict of interest.

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