

GHANA INSTITUTE OF JOURNALISM

SCHOOL OF GRADUATE STUDIES AND RESEARCH

(SoGSaR)

**PROMOTION OF FAMILY PLANNING LITERACY AMONG NON-LITERATES: THE
ROLE OF THE NON-FORMAL EDUCATION DIVISION OF THE MINISTRY OF
EDUCATION**

BY

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MADC 20121

**THIS DISSERTATION IS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES
AND RESEARCH (SoGSaR), GHANA INSTITUTE OF JOURNALISM, IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTER OF
ARTS (MA) DEGREE IN DEVELOPMENT COMMUNICATION**

DECEMBER, 2021

DECLARATION

I do hereby declare that this work is the result of my own research and has not been presented by anyone for any academic award in this or any other university. All references used in the work have been fully acknowledged. I bear sole responsibility for any shortcomings. It was supervised in accordance with procedures laid down by the University



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Dedication

I dedicate this study to the Almighty God, for his protection and guidance throughout this study. To my wife Mrs. Shirley Gyamera-Tawiah Sam for her encouragement to take up this course and to my late mother, Madam Juliana Odonkor whose wish was for me to pursue higher education but unfortunately passed on during the course of the semester, I promise to strive to be the best I can to make you proud wherever you are.

Acknowledgment

I am forever grateful to God Almighty for his protection throughout this study. I am thankful to Dr. Kodwo Boateng, my thesis supervisor, for his continued support and guidance. I am appreciative to participants who stepped in to be interviewed and to the lecturers who taught me throughout this study. Finally, I thank all my classmates at the graduate school especially, Beatrice Nyenni Ohene-Ansah for having been a pillar of support throughout the academic year. I say AYEEKO TO YOU ALL!

ABSTRACT

The overarching aim of this study is to assess the role of NFED in the promotion of family planning education among non-literates in Ghana from 1992 to 2021. The qualitative approach was used for the study while sampling seven respondents from the NFED. In-depth interviews were conducted with the sampled respondents to gather detailed and rich information about the process of family planning education by NFED and to conduct critical assessments of the processes. The study found that the NFED is a prominent feature in family planning education in Ghana. The study also found that the organization is often called on to lead family planning education amongst non-literates or incorporated into a grand program often run by the National Commission for Civic Education (NCCE). The study hence, argues that as a crucial public institution interested in creating awareness of civic issues among non-literates, the NFED performs certain functions and roles that are crucial in advancing family planning techniques, methods and products among non-literates. The study therefore concludes that the NFED is a prominent and crucial agency so far as family planning education among non-literates in Ghana is concerned.

Keywords: Reproductive Health, Family Planning, Non-literates Education, Contraception, Rural Health, Ghana

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CHAPTER ONE

1.0 Introduction

Population pressures constitute important constraints on future economic growth and the ability of a country to provide for the welfare of its citizens and achieve its national development objectives. From 2000–2010, the population of Ghana increased by 30 percent from 18.9 million in 2000 to 24.6 million in 2010. Today, Ghana’s population is estimated to stand at 31.4 million (World Bank, 2021). Recognizing the link between rapid population growth and social and economic development, the government has worked to build a positive policy environment for family planning (FP).

Family planning helps save women and children’s lives and preserves their health by reducing women's exposure to the health risks of childbirth, abortion, and giving women more time to care for their children and themselves. Also, all couples and individuals had the right to decide on the number and spacing of their children and to have access to the information, education and means to do so (UNFPA, 2019).

1.1 Background

Family planning is the decision-making process by couples, together or individually, on the number of children that they would like to have in their lifetime, and the age interval between children (HEAT, 2003). This means that both halves of a couple have equal rights to decide on their future fertility. In planning their future children, partners need to have the right information on when and how to get and use methods of their choice without any form of coercion. Such

planning therefore helps mothers and their children enjoy the benefits of birth spacing and having planned pregnancies.

In 1969, Ghana became one of the first African countries to adopt a population policy (Twum-Baah, 2001). Although fertility declines have occurred since the 1970s, from 6.4 births per woman to 3.9 births per woman (Ghana Statistical Service (GSS), Ghana Health Service (GHS) & International Classification of Functioning (ICF), 2018), the rate of decline has currently stalled (Bongaarts, 2005, 2017). Between 1988 and 1998, though, the use of modern contraceptive methods nearly tripled, from 5% to 13%. At the same time, the total fertility rate dropped from 6.4 to 4.5 lifetime births per woman (Tavrow, 1997).

The initial focus of these projects was to increase demand and utilisation of modern methods for family planning through social marketing. The Family Planning and Health Program (FPHP) continued social marketing strategies and worked to expand the capacity of the public and private sectors to provide family planning services, supplies, and information, including addressing sexually transmitted infections (STIs) and HIV infections (Owusu, 2010; Miller et al., 1998). As a result of the 1993 Situation Analysis Study for family planning services, much effort was put forth to developing protocols, standards and guidelines and to training nurses to provide family planning services. Traditionally, in-service training programmes have always focused more on nurses, as they are the major providers of the nonsurgical family planning methods, with underlying assumptions that doctors have adequate exposure during their medical training for the nonsurgical methods and that doctors provide only a small proportion of family planning services (Ghana Trend Report, 2005).

There has been an increase in the variety of methods available. Between 1993 and 1996, there was a particular focus on expanding access to permanent (mini-laparotomies and vasectomies) or long-

term methods (intrauterine devices [IUDs] and implants). In addition, the Catholic Church made a specific effort to promote natural family planning. Since 1996, the monthly (combined) injectable and the female condom have been introduced in both the public and private sectors. In-service training has been provided by the RCHU to nurses to provide the monthly injectables and emergency contraception and by EngenderHealth, a nongovernmental organisation (NGO), to medical officers and doctor-nurse teams in the vasectomy procedure. This has increased the variety of methods that can be safely offered at facilities (Ghana Trend Report, 2005).

Between 1996 and 2002, the programme focus was on extending the range of family planning services offered to the public, providing more choice in methods and developing strategies to reach special groups, such as adolescents and men. The FPHP increased availability by modifying its policy to indicate that the consent of a partner is desirable but not necessary for a particular method to be offered to a client. In addition, provision was made for individuals with mental disability or serious psychiatric illness, where the client is not competent to make an informed choice, and for adolescents, for contraceptives to be provided in consultation with all relevant parties, including persons in loco parentis and trained service providers (Ghana Trend Report, 2005).

The perennial problems that are characteristic of high population growth and low socioeconomic development – inadequate housing, clothing and food; lack of educational and health facilities may overwhelm Ghana, and therefore family planning has become an urgent issue for the country (Fiagbey, 1997). Among the key solutions for Ghana are increased education for rural dwellers, the majority of whom are illiterate and greater availability of family planning technology, information and services.

Malmquist (1992) observed that the map of illiteracy coincides with the maps of poverty, illness, hunger, high infant mortality, low life expectancy, unemployment, environmental destruction and

multiple other inequalities. Kim, (2016) in a similar fashion, stated that illiteracy and high fertility of people are connected to their poverty as well as to the fact that they have little or no access to services, such as formal education, health care and family planning activities. The use of literacy group as a focal point for family planning interventions therefore gains strength on the grounds that 28.5% of Ghana's population is still illiterates (statista, 2018).

Twenty-three percent of the world's adults cannot read or write. This proportion is even higher in developing countries. Over half of the developing world's adult population is illiterate; there are African countries in which over three-quarters of the men and women cannot read or write (World Bank, 2005; UNESCO, 2005). But low-literate populations are not confined to the developing world: in the United States it is estimated that one out of every five American adults has reading skills below the fifth grade level (NCES, 2003).

Women currently comprise 64 percent of the world's illiterate population, and while the number of illiterate males is dropping, the number of illiterate females continues to grow (UNESCO, 2005). Research has shown that high national fertility rates and low life expectancies at birth are both associated with high rates of female illiteracy (UNESCO, 2003).

In terms of sheer numbers, the illiterate population of the developing countries is actually rising, while the number in most developed countries is dropping (UNESCO, 2005). It is often precisely this group that is most in need of information on health care, agriculture, sanitation, water management, nutrition and other aspects of development. The inverse relationship between female literacy and infant mortality reinforces the need to develop informational materials designed specifically for low-literate groups.

Mass media, such as radio and television, have been successfully used in some areas. Traditional folk media, including puppet shows, theatre, and songs, are also valuable. However, while these techniques can augment and reinforce interpersonal communication, none of them can replace the interactive learning possibilities afforded by face-to-face communication. Carefully designed print materials can be used to support the interaction between health workers and clients; hence, these materials may be called “support materials” (Zimmerman, Newton, Frumin & Wittet, 2006).

Ghana’s efforts at reducing illiteracy could be traced to the 1950s when Dr. Nkrumah’s government adopted a two pronged approach to achieve universal primary education and adult literacy through the Education Act of 1961 and the Mass Literacy Programme. However, there was a momentary break in the progress of literacy organisation in Ghana after 1966. Indeed, literacy was organized but it was by Non-Governmental Organizations (NGOs), which was on piecemeal basis. It was however in 1985 when the Provisional National Defense Council (PNDC) indicated their desire to launch a national literacy programme. This desire was actualized in 1987 when the Non-Formal Education Division (NFED) of the Ministry of Education was established (Ministry of Education, 2021).

Various institutions in Ghana, such as the Ministry of Health, the Non-Formal Education Division (NFED) of the Ministry of Education and some non-governmental organisations have been providing family planning services at various levels of the population.

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In order to launch a national programme, a pilot was initiated in Apam and Tono/Vea in the Central and Upper East Regions. In 1992 the National Functional Literacy Programme (NFLP) went national with donor support.

The First Phase implementation commenced from 1992 and ended in 1997. During this phase, the programme enrolled 1,373,571 learners, surpassing the original enrolment target by over 60%. Phase I targeted specific groups particularly the rural population and female non-literates. Since 1999, the programme has gone through Phase II (2002-2006) with an enrolment of 1,165,971 learners. Special attention was also given to the three regions in the north of Ghana, which had over 1.4 million of the total illiteracy estimated figure of 5 million (15 years and above) (Census Report, 2000). Significant gains have been made under both Phases (I & II) of the NFLP.

1.1.1 History of Community-based family planning interventions in Ghana

In 1999, a national health policy initiative was instituted with a mandate to provide primary healthcare, maternal and child health, and family planning services, at the community level, nationwide. This initiative, implemented in 2000, is known as Community-based Health Planning and Services (CHPS). Its strategies were developed and tested by a quasi-experimental study of the Navrongo Health Research Centre that was conducted in the Kassena-Nankana District of the Upper East Region of Ghana (Binka, Nazzar, & Phillips, 1995). When the Navrongo Project produced initial evidence of significant fertility and mortality declines in its first 3 years of

implementation, its service model was transferred to the Nkwanta District of the Volta Region (now Oti Region) where replication research was used to clarify practical means of scale-up.

CHPS was adopted as a national policy for scaling-up lessons learned from the Navrongo and Nkwanta experiments (Ghana Health Service, 1999). However, over its first decade of operation, CHPS coverage was found to be incomplete in many districts owing to a variety of resource, leadership, and strategic lapses (Krumholz, Stone, Dalaba, Phillips, & Adongo, 2015; Nyonator, Jones, Miller, Phillips, & Awoonor-Williams, 2005; Phillips, Bawah, & Binka, 2006). In response, the Ghana Health Service launched an investigation of factors that could explain poor implementation progress (Binka et al., 2009). Based on findings from this investigation, a 5-year trial was launched in 2010 to test means of accelerating CHPS implementation and reforming operations. Known as the Ghana Essential Health Interventions Programme (GEHIP), this trial of reform successfully demonstrated ways to achieve full CHPS coverage and reduce childhood mortality and fertility in the process. Expanding CHPS coverage was associated with increased contraceptive use, but pervasive unmet need for contraception was unaffected by GEHIP (Asuming, Bawah, Kanmiki, & Phillips, 2020) and fertility effects of GEHIP activities were minor (Phillips, Jackson, Bawah, Asuming, & Awoonor-Williams, 2019). Successful CHPS strengthening in the Upper East Region has improved maternal and child health without adequately addressing unmet need for family planning (Asuming et al., 2020).

Research guiding CHPS development has focused on social contextual factors that challenge efforts to provide community-based care. Adongo et al. (1997) provided insights into social factors that constrain family planning adoption among women in Kassena-Nankana District. This and other studies find that owing to cultural expectations about marriage and childbearing, promoting family planning use can result in social and spousal discord (Biney, Wright, Kushitor, & Jackson,

2021). Training of workers who are responsible for CHPS mandate was based on these findings. According to policy, community health officers (CHO) were to be dispatched to communities to provide service delivery in conjunction with guidance from community leaders in the health committees and support from trained community health volunteers (Nyonator et al., 2005; Atuahene, Afari, & Adjuik, 2016).

A series of qualitative appraisals have been conducted across Ghana assessing the influence of CHPS on family planning attitudes and fertility. These appraisals, conducted in northern (Upper East Region) and southern Ghana have consistently shown that significant improvements in contraceptive uptake could be realized if social constraints to adoption are appropriately addressed (Adongo et al., 1997, 2013; Adongo et al., 2014; Adongo et al., 2014; Dalaba et al., 2016; Nyonator et al., 2005). Recent evidence suggests, however, that these social and institutional challenges are being neglected, a fundamental oversight that is negatively affecting family planning service provision (Krumholz et al., 2015). Communities with CHPS compounds have benefits in terms of direct access to CHO oversight and services. On the other hand, communities without CHPS compounds may have access to periodic outreach services from CHOs; however, their primary sources for health services are usually health centers or hospitals in neighboring villages or towns.

Non-literates comprise particularly vulnerable section of the society. They lack empowerment, are unable to voice their choice with respect to family planning methods, and also lack access to health services (Zakir, Mousumi & Sriparna, 2011). Since this group is vulnerable in opening up, they often fall prey to their inability of not making choices that will help them plan their child births. The Ghana Health Service (2021) recorded an increase in teenage pregnancies in Ghana. Though some section blamed the rise in unwanted pregnancies on the COVID-19 lockdown and the Double

Track system of the Ghana Education Service (Health Coalition, 2021), it is evident that there is a growing number of unwanted pregnancies, coupled with an increase in abortions in Ghana. According to a Ghana News Agency (GNA) report, some adolescents in Tema Metropolis said COVID-19 scared them from family planning treatment (GNA, 2021).

1.2 Problem Statement

Family planning services has been available in Ghana for the past 40 years. However, achievements recorded had only been moderate in relation to the Millennium Development Goals and National Family Planning Policy (GHS, 2016).

Studies in Ghana on family planning have concentrated on adolescents and contraceptive use (Ahinkorah, 2019; Nyarko, 2015; Boamah, et al., 2014), decision making preferences and risk factors regarding early adolescent pregnancies (Bain, 2020), sexual exploitation during the COVID-19 (wvi, 2020) and misconceptions and rumours about family planning among Muslims in Ghana (Sakara. 2014). Biney et al (2021) looked at understanding the dynamics of family planning decision-making through community-based group discussions in the Northern Region. Using a qualitative data taken from a larger data corpus generated from a baseline CHPS+, they argued that basic information about family planning methods and points of care is now widespread. The findings indicate no clear differences between communities with or without CHPS compounds with respect to readiness and willingness, but sources of family planning information that led to ability to use contraception did differ. Dalaba et al. (2016) found similar themes between community members exposed to “only CHPS” and “both the Navrongo Project and CHPS”. Although Biney et al. (2021) study indicated willingness of contraceptive use, they argued that

there is still a strong desire for children by all groups and a heavy stigma associated with childlessness. Finally, at the primary level of healthcare that CHPS represents, health workers are positioned to enhance the current favourable perceptions of the youth in these communities with supportive information. Youth are typically more educated than their parents, more likely to promote healthy childbearing practices, and positioned to catalyse social change. But engaging the entire community as a social system, rather than limiting family planning engagement to individual clinical encounters, is critical to building understanding and consensus that offsets social constraints to family planning adoption and practice among couples of childbearing age (Biney et al., 2021). Based on the recommendation of Biney et al. (2021), this study seeks to look at the role played by the NFED on ensuring that the information dissemination of family planning programmes are not limited to clinical encounters only but have a community-centered.

Studies on illiteracy and family planning methods have also been done but not in Ghana. The only Ghanaian study that was done on literacy and family planning education in Ghana was done in 1997 (Fiagbey, 1997). This study was done in rural Ghana. Since then, no study has dedicated time to look at the effects of illiteracy on family planning in Ghana. This study therefore seeks to exploit this gap where literature has been extant since 1997. The study decided to use a revisionist approach because the literacy dynamics in 1997 are not the same as today. Again, Fiagbey's study concentrated on rural Ghana while this study concentrates on urban Ghana.

1.3 Research Objectives

This objective seeks to;

1. Examine whether NFED promotes family planning education as part of their ‘civic awareness’ role.
2. Explore the strategies used by NFED in promoting family planning education among non-literates in Ghana.

1.4 Research Questions

The following questions will serve as a guide to solving the problem.

1. Does NFED promote family planning education as part of their ‘civic awareness’ role?
2. What strategies are used by NFED in promoting family planning education among non-literates in Ghana?

1.5 Scope of the Study

The study’s scope relates to boundaries and limitations of the work. This study’s scope is hinged on two themes – time and boundary. In terms of time, the study is limited to all activities of the NFED on family planning from the year 2010 to 2021. This includes documents, interviews, focus groups discussions and other material relevant to the study and developed by/for/with NFED. In terms of boundary, the study limits itself to only issues on family planning and NFED only. All other activities of other departments of the Ghana Education Service and the Ministry of Health, Ghana Health Service and allied institutions are not part of the study. The span of the study includes strategies employed by the NFED from 2010 to the time this study was submitted for review at the academic board level of SoGSaR.

1.6 Significance of Work

The available literature on family planning in Ghana has concentrated on a lot of social issues from gender, age, region, religion, educated women, population control and income. Little has been done on non-literates. The closest work on non-literates is that of Fiagbey's 1997 seminal work. Since then, studies have not been conducted into the family planning needs of non-literates, and most importantly, through the NFED's activities. It is therefore imperative to conduct a study into the activities of the non-formal education section of the Ministry of Education to assess whether as part of their 'civic awareness' activities, they include family planning literacy. Data from the Non-Formal Education Division (NFED, 2021) shows they have trained over 3,739,542 people since 1992, with an average intake of 1,200,000 people per phase in Ghana. This is an indication of the NFED getting in touch with a sizable number of the Ghanaian population. Hence, it is important to know their activities towards the promotion of family planning literacy in Ghana as part of their civic awareness programme. The significance in conducting this study is enormous in the following ways:

To academia, this study will be a rehash of Fiagbey's (1997) study, but providing a refreshing and new data to that. By doing this, the study adds to the existing literature and also proposes newer dimensions to the discussions for future studies to use. The recommendations will foster an interest in research and also garner support for criticisms and health communication in general.

To NFED, the study will enable them to act on the recommendations to improve on their non-formal educational programmes in the area of family planning. And if the study shows the NFED does not engage in family planning at all, the recommendations may make them reconsider introducing family planning programmes as part of their activities.

To policy formulators and institutions such as the GHS and the MoH, though the study does not relate to them, they can still pick some cues in the strategies and approaches used by NFED. This will help them to also put in policies that will augment the activities of NFED and increase family planning practices across all populations of the country.

1.7 Organization of the Study

The study is organized into five chapters. The first chapter introduces that study by outlining the history of the major concepts of the study. It goes ahead to locate the gap in the literature and use the gap to formulate objectives. The objectives are transferred into questions and then the significance of the study is detailed. Chapter two is the literature review which is aimed at reviewing literature related to the study. The literature reviews will also involve theoretical and empirical reviews. Chapter three of the study concerns itself with the methodology while chapter four analyses the data gathered. Chapter five summarizes the whole work, draws conclusions and makes recommendations.

1.8 Chapter Summary

The chapter describes the concept of family planning and illiteracy in Ghana. It has been able to tease out the lacuna in the literature and set appropriate objectives to achieve the gaps in literature. The chapter also has shown the significance of the study. The next chapter seeks to review the various literature related to the topic.

CHAPTER TWO

LITERATURE AND THEORETICAL REVIEW

2.0 Introduction

Studies have been conducted on family planning and theories have been used to explain the concept. This section of the study is a continuation and builds on chapter one by providing empirical and theoretical reviews of major concepts of the topic. The diffusion of innovations theory was adopted for this study, hence a review of the theory. The concepts of family planning and literacy have also been given empirical reviews.

2.1 Empirical Review

A study conducted by Shrestha and Shrestha (2015) on education status of partners and contraceptive use revealed that the education status and the level of education of both husband and wife were positively associated with the use of contraception by couples. In family planning, the programs usually aim at women as the target group and ignore the role of men. In traditional society where decisions are largely taken by men, they should be actively involved in reproductive decision of the couple (Ha, Jayasuriya & Owen, 2005). The study revealed that the education status and level of the husband is associated with acceptance of any kinds of contraceptives. Husband approval of family planning is also important to those women who intend to use modern contraceptives in future (Shahjahan et al., 2013). It also found that, use of contraception was more in literate and educated group compared to illiterate group. They also found that it was easier to explain the advantages and disadvantages of different contraceptive methods amongst educated group. Most of the couples with higher education could choose contraceptive as per their

convenience as in a study by Radulovic et al., in which the couples with higher education gave the best definition of contraception and also could choose contraceptive of their choice (Radulovic, Sagric & Visnjic, 2006). This study also revealed that the women with primary education use less protection from unwanted pregnancy than women with secondary and higher degree which is similar to the finding in our study. While interviewing the couples, they realized that education plays a very important role in the acceptance of different family planning method. As correctly stated by World Bank Agenda 21, they found that educated women were more independent in making decision regarding family planning issues (World Bank, 1997). Issues affecting women such as education and access to health care have significant consequences on sustainable development therefore educating couples may play an important role in determining overall levels of reproductive health.

2.1.1 Family Planning and Population Dynamics in Ghana

Ghana's population is growing rapidly, as indicated in figure 1. Its population has increased more than tenfold over the last 90 years, from 2.3 million in 1921 to 24.7 million in 2010. Over the last 30 years, the population doubled, and with an annual growth rate of 2.5 per cent, the population of Ghana is expected to double again in 28 years. This would lead to a population of almost 50 million people by 2038 (National Population Council, 2015).

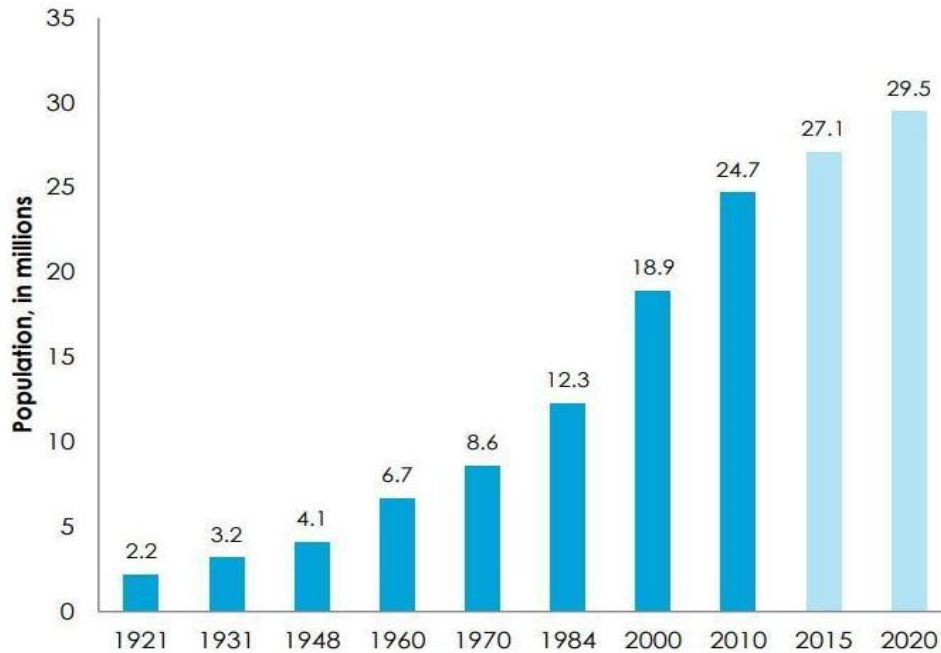


Figure 1 Population growth trend of Ghana since 1921-2020

Due to the high population growth rate, Ghana’s population is young—38 per cent of the population is under 15 years of age. More than half of Ghana’s population lives in urban areas (Ghana Statistical Service, 2013). This urbanisation has had a dramatic impact on the population structure since 1960, when only 23 per cent of the population lived in urban areas. The rapid and continuing high rate of Ghana’s urbanization strains the ability of the government to provide social services, including sanitation, water, housing, and general infrastructure such as schools and hospitals (Ministry of Health, 2007).

Unmet need is the percentage of women who want to space their births or do not want to become pregnant but are not using contraception (DHS, 2014). Thirty percent of currently married women have an unmet need for family planning and 27 per cent of married women are currently using a contraceptive method. This means that only 47 per cent of the potential demand for family planning

is being met. Thus, if all married women who have an unmet need for family planning (FP) were to use FP methods, the CPR would increase from 27 per cent to 57 per cent (Ghana Statistical Service, 2014). Forty-two per cent of unmarried sexually active women have an unmet need for family planning and 45 per cent are currently using a contraceptive method, meaning that the total demand for family planning amongst unmarried sexually active women is 87 per cent, with only 51 per cent of the potential demand for family planning currently being satisfied. Furthermore, if all of the unmarried sexually active women who have an unmet need for family planning were to use contraceptive methods, the CPR would increase from 45 per cent to 87 per cent (Ghana Statistical Service, 2014).

Poor access to quality FP services— characterized by few skilled providers and inadequate commodities that give the client little or no choice of methods of family planning and undermine the ability of men and women to freely decide on the number and spacing of their children— contributes to high levels of unmet need in the country. In turn, high unmet need contributes to unplanned pregnancies—2008 Ghana Demographic and Health Survey (GDHS) data indicate that unplanned pregnancies are still common in Ghana, with 14 per cent of births in Ghana unwanted, and 23 per cent mistimed (wanted later) (Ghana Statistical Service, 2009). In addition, women in lower wealth quintiles have higher levels of unmet need compared to women in the highest wealth quintile, whose need for family planning is more likely to be met (PMA, 2020).

2.1.2 Literacy and Family Planning

Education and health related attitudes scholarship abound (Bloom, 2005; Ansu-Yeboah, Edusie, & Gulis, 2019). Though education is a basic human right, access to education by women especially in developing countries still remains inadequate (Wodon, Montenegro, Nguyen, & Onagoruwa, 2018). Though education is one of the major determinants of the changing conditions of female roles in society, the lack of access to education by women, in developing world hinders this effort (Anane & Dankwa, 2017). Education however is expected to impart values, aspirations, and skills which encourage and facilitate non-familial roles of both females and males (Olah, Kotowskia, & Richter, 2018). It is possible and arguable that better educated women may assume less traditional role patterns than less educated women with identical fertility histories, sexual behaviours and contraceptive use (Olah, Kotowskia, & Richter, 2018; Anane & Dankwa, 2017; Martin, 1995). Scholarships on the nexus between education and fertility evidentially show that there is a strong relationship between the two variables (Kim, 2016; Propper, Salvanes, & Monstad, 2008; Liu & Raferty, 2020). It can be argued that education would affect a person's fertility and contraceptive use. Education and schools are important socialization agents with crucial roles of shaping attitudes, beliefs and opinions (Kombe, 2019). Education provides exposure to new ideas and values that may lead to the questioning or rejection of traditional means of doing things. Education also leads to socio-economic changes that affect a person's lifestyle, attitudes and behaviors. All these "assets" acquired through education has the power to influence a person's productive and reproductive roles and choices including contraceptive use (De Vries, 1992; Martin, 1995). Education therefore influences a person's reproductive health issues, including contraceptive use.

2.1.3 Challenges to Family Planning in Ghana

Acceptance of family planning is influenced by a variety of interrelated factors such as age at marriage, education, economic status, religion, number of living children etc. Education status of husband and wife may affect the acceptance of contraception. The minimal or sometimes non-involvement of men in family planning either as users or supporters of their partners is one of the major factors for the low level of men in the patronage of family planning methods. Almost all the family planning methods and programmes were women-focused with very few aimed at involving men either as users or supporters. Much emphasis was placed on women instead of men because the belief was that women bear the risks and burden of pregnancy and childbearing and as such should have the greatest responsibility in protecting their reproductive health. It is therefore not coincidental that most of the family planning methods developed since 1960, such as the pill, Intra-uterine Device (IUD), injectables, Diaphragm/Foam/Jelly and Norplant were women –focused. The only methods for men are limited to condoms and vasectomy (Population Reports, 1998). It is also significant to remark that the clinic –based service delivery designed for family planning has made it unattractive to involve men. Services have mainly been offered in maternal and child health (MCH) clinics. This explains why many men consider the clinics and their staff as concerned with protecting the interest and welfare of only women and children and therefore not male-friendly and attractive. It is however important to acknowledge the fact that the active involvement of men will in no doubt increase their commitment and joint responsibility in all areas of sexual and reproductive health. One other factor responsible for the minimal success of family planning with women as the only target was the ignorance of males (husbands and partners of female clients).

A lot of factors may be assigned why the practice of family planning has not witnessed the desired impact in developing countries especially Ghana. The price placed on children especially the male child in Africa and for that matter most communities in Ghana is one of the reasons Ernterz (1990) made a remarkable statement that in Africa, it is not usual to find adults who are more interested in limiting than in increasing their offspring. Children are valued and seen as a source of wealth, labour, income and insurance against the disabilities of old age (Badu-Nyarko, 1992; Lartey, Khanam, & Takashi, 2016). Also, in Africa, especially Ghana, the man exercises very important roles when it comes to decisions affecting family life including sex. Within marriage, the commonly held belief is that the wife should satisfy the husband sexually. The payment of bride wealth, which is a necessity in many African societies, requires the transfer of wealth from the prospective husband's family to that of the future wife's to basically compensate the latter for the loss of her reproductive and productive capacity. This also indirectly means the transfer of decision-making authority to the husband and the family. Based on this, the wife may be required to produce as many children as the husband may desire though she would have wished to practice family planning (Adoo-Adeku, 2013; Sakara 2005).

The important role men play in the Ghanaian society cannot be over-emphasized when viewed against the backdrop that they are not leaders and family heads but also decision makers in all facets of life including contraceptive use. Thus, it is the man who decides the family size. He also decides whether the search for the male or female child should continue or not. It is the man who decides on his own wishes whether there should be intimacy between the couple and it is the responsibility of the woman to satisfy the sexual desire of her man at all costs and times without getting pregnant (Badu-Nyarko 1992; Sakara 2005; Hodogbe, 2010).

2.1.4 Misconceptions of Family Planning among Non-literates

In a study conducted by Briesen et al (2010) in Kenya to explore why some patients refuse to receive surgery or other treatment for their eye care, it was revealed that their actions were based on rumours and misconceptions. While those who opted for the free surgery had heard of a good outcome from another person, those who refused claimed to know of someone whose sight had worsened or who had been blinded by surgery. The study also revealed that many people in Kenya believed that surgery involves the replacement of the human eye with the eye of an animal such as a goat or sheep. There was yet another rumour that the patient's vision will be destroyed by students who are not properly trained. And that because the doctors or physicians were foreigners, they may try to intentionally ruin their vision because they are from different areas. The repercussions of these rumours and misconceptions are that it denied the patients the opportunity to derive the benefits that would have come along with treatment. One effective way to deal with the situation is the appropriate agency or agencies to provide adequate information to the general population about the eye illness and its treatment.

The issue of polio eradication in Nigeria also provides another situation where the issues of rumour and misconceptions have contributed negatively to thwart efforts aimed at eradicating this health condition. According to a New York Times article in 2006 "as is often the case with rumours, they appeared based on distortions of fact amplified by an alarmist media and by politicians and clerics absorbed in a religiously divisive presidential election. According to Dugger and McNeil (2006), many Nigerians had the belief that the polio vaccine contained the hormone estrogen, which is considered highly scandalous because 'estrogen' was being considered synonymous with 'birth control'. There were other false rumours about the harm of vaccines. Thus many persuasive arguments against polio vaccinations were formulated thereby convincing a great of Nigerians to

see the vaccine as evil. This situation created a harmful lasting impact, and thereby creating a fertile ground for the polio disease to thrive.

One effective way of counteracting these rumours is for the appropriate agencies to launch an effective awareness campaign on the benefits of the vaccine. Such education should involve opinion leaders such as religious and political who wield influence in the society. Another clear case of rumour and misconception which affected health delivery is the Neonatal tetanus in Cameroon. The rumour was that public health employees were administering a vaccine to women and girls that would sterilize them. In reality, the vaccine was meant to eradicate neonatal tetanus. This rumour gained grounds since it coincided with the time that contraceptives were being legalized thereby giving credence to the apprehensions and rumours that the public health sector was a threat to human fertility.

In a study conducted by Feldman-Savelsberg, Ndonko and Schmidt-Ehry (2000) to explore the rumours associated with the vaccine, it was revealed that the rumour springs from the fact that the women and girls were not given any background information about the vaccination before its implementation thereby making them unsure of its purpose. Furthermore, the technologies being used were novel and not familiar to the women. To counteract these rumours, it is necessary for public health officials to implement their interventions on the local level taking into view that community members are well informed and comfortable with the procedures. There is therefore the need for comprehensive and effective health education taking into consideration the complex social and political situation in the community.

In regards to rumours and misconceptions associated with family planning a lot abound. In a study conducted by Nakato in Uganda in 1994 on rumours associated with contraceptives, it was revealed that there exists a lot of widespread distortions and misrepresentation of information

regarding family planning. It is believed by some people that contraceptives cause nausea, promiscuity and generally are publicly offensive. The other rumours are that, contraceptives ‘burn up’ all of the women’s eggs or raise the blood pressure to dangerous levels. Condoms, according to some people can circulate, falls off and get stuck inside the woman. Vasectomy is also thought to render men either impotent or mentally challenged.

A study by Ali and Ushijima (2005) on the perceptions of men on role of religious leaders in reproductive health issues in rural Pakistan shows that it is mostly religious leaders who are against family planning and that involving them proactively in community education is extremely important to promote contraception use. In another study by Azmat (2011) on male opinion leaders/ support for family planning to improve family planning in Pakistan, it was revealed that religious leaders who had more knowledge about contraception methods actually approved of family planning services, and that religious leaders from more educated provinces had positive views about family planning methods as compared to provinces with lower literacy rates.

A qualitative descriptive study by Khan and Shaikh in Rawalpindi district, Pakistan in 2012 to find out the reasons for the low utilization of intrauterine contraceptive device, indicated that one of the main reasons had to do with myths and misconceptions associated with the device and for that matter family planning. Some of the misconceptions include “the IUCD might travel through the woman’s body, maybe to her heart or even her brain’, ‘the IUCD may rust in women ‘s body’ and that ‘IUCD causes infertility’. Though this study focused on women, the findings are as relevant to men when one considers the fact that they do not only occupy important positions in society, but also wield a lot of power when it comes to issues in the family and more particularly, sexual issues. Some of the ways of ensuring that family planning is accepted by both women and men are for stakeholders in reproductive health to come out with well-designed community awareness

campaign with focus on method-specific communication that will address the myths, rumours and misconceptions with specific information. This could also be supported by testimonials by satisfied clients. All these will help the people to gain correct information about the methods and the practice in general.

In a study conducted by Abukari (2005) on the acceptance of family planning in the Tamale metropolis, over 58% of the population disapproved of the use of contraceptives. The study revealed that people were not using family planning methods as a result of socio-economic, cultural and religious factors respectively. Out of 100 sampled, 17 % are not using the methods due to religious reasons and 15% because of socio-cultural factors. What is however of significance is that most of the reasons were the product of rumours and misconceptions. If the practice of family planning is to be accepted by majority of the population especially Moslem men, there is the need to involve community gatekeepers such as religious leaders especially Imams and Islamic scholars in the development of messages and community educational programmes that disseminate accurate reproductive health and family planning education. Such information should be supported by religious framework.

It is evident from the above discussion that the role of rumours and misconceptions associated with family planning practice has played a negative impact as far as efforts to promote family planning among couples especially non-literates and the highly religious. In view of the important role the non-formal education division of the Ghana Education Service play in society and the kind of respect they command among non-literates, it will not be out of place if they are involved in the dissemination of correct information on family planning issues. Above all, they should also be actively engaged in advocacy for the promotion of other reproductive health issues including improvement of maternal and child health outcomes. This would not only change their negative

attitude to family planning issues but will also afford their students appreciate the importance of family planning in their overall economic, social and above all health development.

2.2 Theoretical Review

2.2.1 Diffusion of Innovation Theory

Initially developed by Everett Rogers (1962, 1983, 1995), the diffusion of innovation theory addresses how new ideas, concepts, or practices can spread within a community or “society or from one society to another” (National Cancer Institute and National Institutes of Health, 2002, p. 226). Diffusion of Innovations is a research model that describes how a new idea, product or positive health behavior spreads through a community or social structure. The theory identifies several factors that influence how quickly an idea or behavior is adopted. The adoption of a new idea (or diffusion of an innovation) depends on characteristics of the innovation, communication channels, time and the social system. This model highlights the uncertainties associated with new behaviors and helps public health program implementers consider ways to resolve these uncertainties (Barker, 2004).

The theory identifies and defines five subgroups on the basis of the audience’s characteristics and propensity to accept and adopt innovation (Beal & Rogers, 1960):

1. Innovators
2. Early adopters
3. Early majority
4. Late majority

5. Laggards

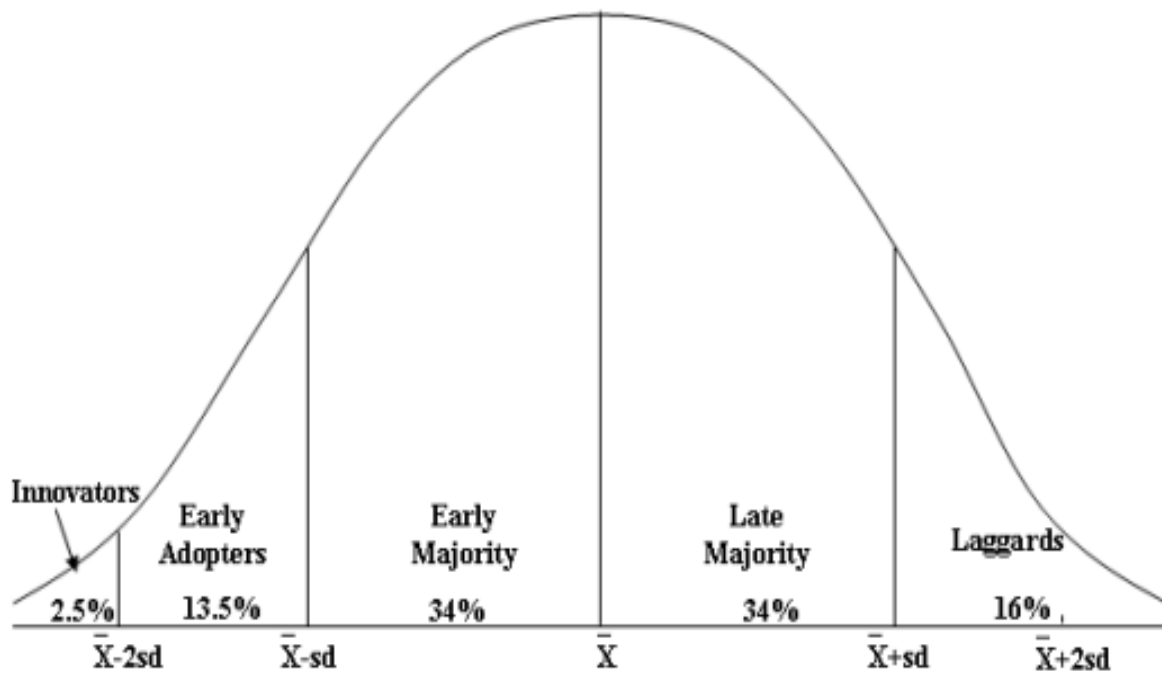


Figure 2 Adopter Categorization on the basis of innovativeness. Adapted from Rogers (2003)

The overall premise of this theory is that change occurs over time and is dependent on the following stages (Rogers, 1962, 1983, 1995; Waisbord, 2001; Health Communication Partnership, 2005):

1. Awareness
2. Knowledge and interest
3. Decision
4. Trial or implementation
5. Confirmation or rejection of the behavior

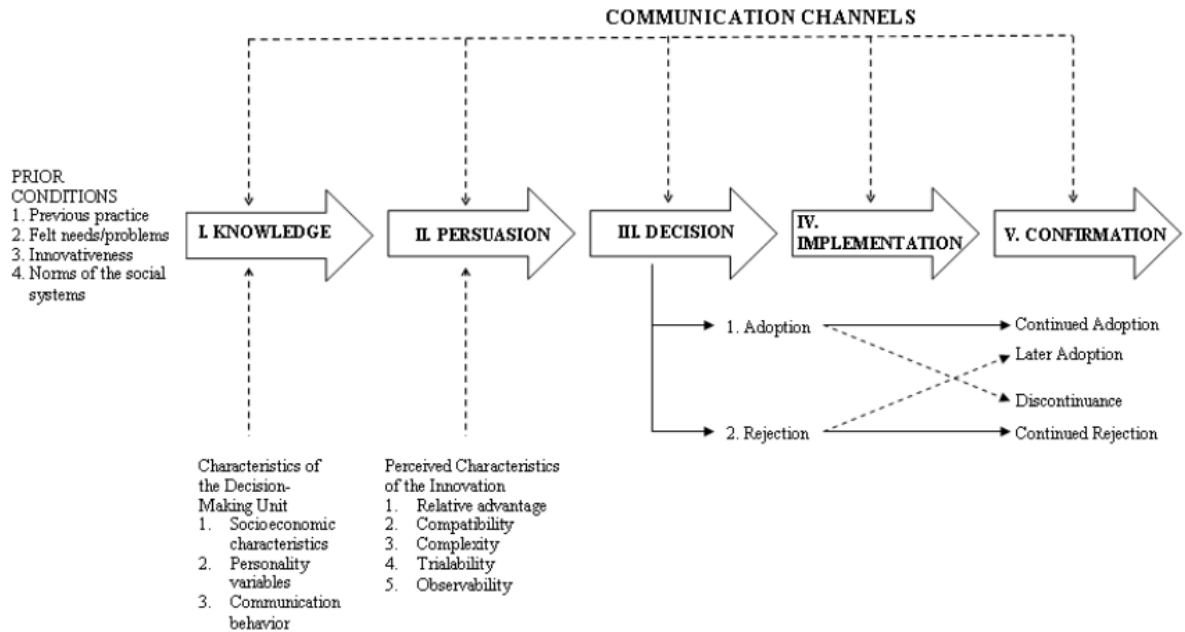


Figure 3: A model of the five stages of innovation-decision process. Adapted from Rogers (2003)

It also observes that innovators usually decide much faster than any other subgroup on whether to adopt new ideas, concepts, or practices (Beal & Rogers, 1960). Therefore, innovators can act as role models and persuade other subgroups (including laggards) to accept and adopt new behaviors and social practices.

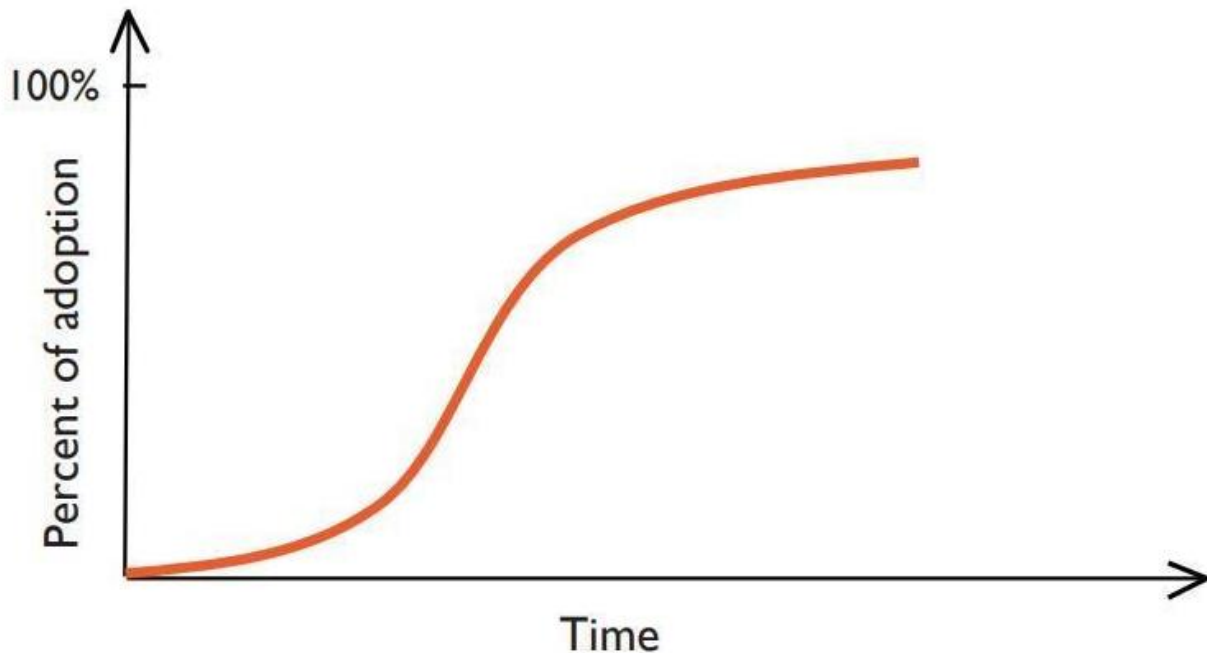


Figure 4 The S-curve of Diffusion of Innovations Theory. Adapted from Rogers (2003)

A closer look at the diffusion curve shows how the different characteristics of the model (innovation, channel, time and social system) can influence the path to adoption. The horizontal x-axis represents the time it takes to adopt an innovation, while the vertical y-axis is the percentage of people in a community who have adopted the innovation. The more time passes; the more people are likely to adopt an innovation in a close-knit community. At the outset, fewer people are trusting of the innovation and the percentage of adoption is low. More popular innovations will have steeper curves, while those innovations that are slow to adopt will have flatter curves. Communication channels can also influence how quickly an idea is shared in a community. Effective communication can help an innovation become more popular, also making a steeper curve. Implementers can track the progress of their social and behavior change communication campaigns and other interventions by creating similar graphs as results of the program reach are

evaluated. Ideally, program implementers are seeking to make the graph narrower and taller – reaching more people, quickly (Dearing, 2015)

Like many other theories in any field, diffusion of innovation has been misused and misinterpreted at times (Health Communication Partnership, 2005). Some critics have observed that the trickle-down approach, from the innovators to the laggards, may not work in all situations (Waisbord, 2001). Rogers himself modified the theory to change the focus from “a persuasion approach (transmission of information between individuals and groups)” to “a process by which participants create and share information with one another in order to reach a mutual understanding” (Waisbord, 2001; Rogers, 1976)

Nevertheless, diffusion of innovation still plays a role in health communication and is widely used by a variety of communication practitioners and organizations for program research and planning. The major contribution of the theory is its early audience segmentation model, which supports the importance of looking at intended audiences as a complex puzzle of different subgroups, stages, and needs that should be considered in developing communication messages and activities.

Finally, the individuals’ stage model provides a perspective on the time and the external conditions that are needed to achieve behavioral or social change. It is a useful tool in thinking about the levels of awareness, knowledge, and interest among target groups (Health Communication Partnership, 2005). It is also a valid reminder that continuing to engage innovators and early adopters or their representatives in program planning and evaluation is essential to program sustainability as well as to the involvement of larger segments of the intended population in accepting and adopting innovative behaviors or social practices.

Diffusion theories are used in many different disciplines. Edwin Mansfield (1961) used a diffusion model for explaining how quickly a new technique will be adopted and diffused in a business setting. He hypothesized that the investment required to introduce a new technique is inversely related to the readiness of its adoption (Mansfield, 1961). This is a more general form of diffusion theory (Mahajan & Peterson, 1985).

Another use of diffusion models has been for information transfers. Bernhardt and MacKenzie (1972) as well as many contemporary scholars put a diffusion model in the context of a marketing aid for information transfer, positing that an innovation will not be adopted until uncertainty about it is replaced with the correct information. The key here is that if the proper information is supplied to the potential users of the innovation, then the adoption and diffusion process will take over (Bernhardt & MacKenzie, 1972; Sahin, 2006; Bakkabulindi, 2014). Authors such as Scott and McGuire (2017) and Dintoe (2019) also treated the diffusion process as an information transfer.

One of the most marked changes coinciding with Ghana's fertility decline has been the increase in the exposure to family planning messages via the media. The percentage of women who had heard family planning messages via the radio increased from 35 in 1993 to 51 in 1998, whilst the percentage who had seen family planning messages on television rose from 22 in 1993 to 34 in 1998. A substantial increase in the ownership of electrical goods can partly account for these changes. The percentage of households possessing a radio increased from 41 in 1993 and 50 in 1998, whilst the percentage living in a household with a TV increased from 13 in 1993 to 21 in 1998 (Ghana Statistical Service 1994, 1999). The 1998 GDHS found that 11 per cent of women had read a family planning message in a newspaper or magazine. Almost a third (33 per cent) had seen a poster promoting family planning, but only 8 per cent had read a brochure or a leaflet promoting family planning (Ghana Statistical Service 1999). Other important sources of

information about family planning in Ghana are community drama, health and family planning workers, and friends and relatives. Condom promotion aimed primarily at preventing the spread of AIDS has become an increasingly prevalent form of family planning promotion. The magnitude of the increase in exposure to family planning messages in Ghana, coupled with the importance of this factor as a determinant of contraceptive use and fertility in other sub-Saharan African contexts (Awusabo-Asare & Anarfi. 1997), provide compelling reasons to study the effects of this factor in the context of Ghana's fertility decline.

Several other changes that might contribute to the explanation of the substantial reduction in fertility over this period are demonstrated by the GDHS data. The levels of education of women of childbearing age increased substantially, whilst the mortality rate of under-fives declined markedly. The percentage of respondents who live in an urban area rose between the 1988 and 1993 surveys, but was slightly lower for the 1998 survey than for 1993.

The increase in women's education, particularly the increase in the percentage of women with secondary level or higher education, may have contributed to the reduction in fertility, because women pursuing an education will try to prevent the disruption of their plans that would result from pregnancy or childbirth, and because more educated parents are more likely to aspire for their children to be well educated and restrict their family size to ensure that adequate funds are available for this purpose. Even the well-educated who are well off may restrict their fertility in order that their children can benefit from being sent to best (and most expensive) schools.

The cultural importance of having adequate numbers of surviving children, sons and daughters, and, above all, of avoiding being childless, has been well-documented (Caldwell & Caldwell 1987, 1990; Lartey, Khanam, & Takashi, 2016; Abdi, Okal, Serour, & Temmerman, 2020). However, recent research in the Kassena-Nankana area in the Upper East region demonstrates that traditional

religious messages regarding fertility behaviour can be influenced by the prevailing social and economic climate (Adongo et al. 1998). Increased rates of child survival may explain some of the reduction in fertility, because fewer additional children are seen as necessary to ensure being without surviving children and reaching an adequate number and mix of survivors. Furthermore, the curtailment of breastfeeding, amenorrhoea and postpartum sexual abstinence due to infant death is reduced as rates of infant and child survival increase.

The urbanisation of the population may explain some of the reduction in fertility, because urban dwellers are more likely to restrict their fertility in order that their children can be educated and provided for adequately. Moreover, moves by young rural dwellers to find employment in the urban cash economy may reduce fertility rates in rural areas, because parents are less certain that in the future children will be source of farm labour and support in old age (Phillips et al., 2000).

2.3 Chapter Summary

The chapter highlights the concepts of the study. It also reviewed the diffusion of innovations theory and indicated how the theory has been applied on various health programmes. The next chapter of the study outlines the methodology applied to enable gather data.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents the methods and processes engaged in collecting and examining the data pertaining to the family planning programme strategies employed by the non-formal education division of the Ministry of Education. This chapter, a third of five, covers important aspect of the study since the methodology has a great impact on the outcome of research findings and contribution to knowledge. A wrong methodology offers wrong results and wrong interpretations and vice versa (Ioannidis, 2005; Repisti, 2015). Following the scientific approach of qualitative research, this chapter covers issues such as the research paradigm, the research approach, the research design, sampling technique and size, the data collection and analysis procedures. Essentially, this chapter goes to discuss the principles that underlie the choice of methods employed for the data collection and a further explanation of the procedures used in analysing the data in order to respond to the research questions, which are:

1. Does NFED promote family planning education as part of their ‘civic awareness’ role?
2. What strategies are used by NFED in promoting family planning education among non-literates in Ghana?

3.1 Research Paradigm

Kuhn defines paradigm as “an integrated cluster of substantive concepts, variables and problems attached with corresponding methodological approaches and tools” (Flick, 2009). Guba and

Lincoln (1994) call paradigm “a basic system or worldview that guides the investigator” (p. 105). There are three basic forms of research paradigm often discussed in ontological, epistemological and methodological philosophies. These three paradigms are positivism, interpretive and critical. Positivism is a quantitative paradigm with emphasis on sampling (survey); interpretive challenges the rigid cause-effect relation of positivism by understanding and interpreting human and social realities; whilst critical paradigm challenges both positivist and interpretivist paradigms and attempts to uncloak beliefs and practices that shackle human freedom (Scott & Usher, 2011).

This study is built on the interpretive paradigm because it seeks to understand and interpret a social phenomenon that happens at the non-formal education level within a social setting. Hence, all other aspects of this chapter, from approach to ethical considerations, is built on the theoretical and philosophical assumptions of the interpretive paradigm.

Drawing knowledge from the interpretive paradigm, the study therefore agrees that reality is relative. This means that reality is a socially constructed phenomenon and social issues are open to different interpretations. This implies that, for the ontology of the study, findings are geared towards the fact that realities exist in the form of multiple and intangible mental constructions that are based on experience, local and specific in nature and dependent for their form and content on the persons or groups holding the constructions (Guba & Lincoln, 1994). Using this ontology means that the researcher becomes less judgemental and sees the opinions of people within the lens of their socio-cultural environment. Issues of gender and literacy levels of people often has some underlying socio-cultural beliefs, on the part of men and women alike. And these backgrounds either positively promote the adoption and application of family planning programmes or negatively places a cap on the willingness and acceptability of contraceptive use

among non-literates. This study, therefore, seeks to recount whether literacy levels of people have any correlation with their compliance to the use of family planning methods.

On the epistemology, the study regards responses from interviewees as subjective. Human is a subjective being. Hence knowledge within the interpretive paradigm is also seen to be subjective. This does not make the research less scientific, rather it is a means of bracketing the study from scholars of the positivist paradigm having issues with the methodology. To the interpretivist, what makes research objective is following the scientific procedure, and not the subjective responses of interviewees. The inquirer and the inquired are fused into a single (monistic) entity and their interaction leads to certain findings (Shah & Al-Bargi, 2013). Interpretivists believe that the world does not exist independently of our knowledge of it (Grix, 2004) and the individual's interpretation and participation can influence the observed phenomena (Alwan, 2007).

Interpretive methodology seeks an understanding of phenomena from an individual's perspective, investigating interaction among individuals as well as the historical and cultural contexts which people inhabit (Creswell, 2013). Interpretivists think that quantitative research methods are not adequate to comprehend social phenomena so they believe in qualitative techniques that are diverse. The qualitative aspect of these techniques presents human beings as the primary research instrument. These techniques include phenomenology, grounded theory, ethnography, case study, historical and documentary research and ethno-methodology. For this study, the case study is employed. This is an approach that employs in-depth investigation of any social phenomenon, using various sources of data.

3.2 Research Approach

It is an essential factor for the researcher to have in-depth understanding of the strategies of NFED in disseminating information relating to family planning. In doing so, the study does not only ask about the strategies employed, but seeks to know the reasons behind their application. When a researcher is looking at processes and reasons behind the actions of people, the qualitative approach is often used as the best approach. To understand the why means using a qualitative approach that will allow interviewees assess the situation and provide their candid opinions on the matter. To have an in-depth understanding of these issues requires the adoption of a qualitative approach to this study. Employing a qualitative research approach helps the researcher gain better understanding of social realities and draws attention to processes, meaning patterns and structural features of non-formal education and family planning (Flick, Kardorff & Steinke, 2004). This implies that using the qualitative approach is helpful in obtaining detailed information about NFED's activities in particular, and family planning in Ghana in general. In relation to this, Daymon and Holloway (2011) affirm that qualitative research is a powerful means of gaining in-depth, holistic understanding of issues. Therefore, studying the strategies of NFED using literacy as a demography angle of a qualitative research provides an in-depth understanding of what the experiences of facilitators are, as well as their learners.

On the basis of the above explanations, this study sought to investigate and describe the experiences of facilitator's and adult learners at the NFED programmes on issues of family planning and health communication strategies.

Lindlof and Taylor (2002) give the indication that qualitative researchers seek to examine the situated form, content and experience of social action, in words rather than subjecting it to mathematical transformations. The anticipated outcome of the study makes it important to the

researcher that the issue of adult literacy and family planning programmes of NFED be subjected to interpretive or descriptive analysis and not just statistical manipulations. This idea is affirmed by Amaratunga et al. (2002) and Willis (2008) as they argue that the qualitative approach concentrates mainly on words and observations to express reality, and tries to describe people and research phenomena in natural situations instead of statistical testing of variables.

Delpont and De Vos (2011) also affirm that “qualitative study is concerned with non-statistical methods and small samples, often purposively selected” (p. 65). This approach helped the researcher to deduce the latent meanings behind the understandings of the chair-persons and also thematise the issues discussed in the literature.

3.3 Research Design

A research design focuses on the processes to achieve the required outcome for a study. Welman, Kruger and Mitchell (2005) indicate that the research design constitutes the overall plan according to which the respondents of a proposed study are selected, as well as the means of data collection or generation. According to Creswell (2014), the research design is the strategy, plan and structure of conducting a research work. Amoani (2005) explains deeper by stating that research design involves the arrangement of conditions for collecting and analysing data relevant to the research in the most economical manner. This is determined by the sample size, sampling technique, the type of data and the means of data collection as well as the method of data analysis (Amoani, 2005). It must be emphasised that the selection of a research design is mostly dependent on the nature of the research problem, the researcher’s personal experiences, and the type of audience for the study as asserted by Creswell (2014).

Centred on Creswell's (2014) assertion, the researcher collected data in the field at the site where participants experience the issue of family planning. For that reason, the day-to-day activities of NFED of the Ministry of Education, as phenomena, are best understood through a case study analysis of the field. Hence, this study employed a case study design to qualitatively investigate the strategies that are employed by the NFED in disseminating information on family planning to their students.

Case studies allow for gathering information from multiple sources by using different methods such as interviews, direct observations, documents and reports (Creswell, 2013), and even surveys can be incorporated (Bower & Courtright, 1984). The reason for employing various data gathering methods for case studies is because some scholars believe it is too narrow a means of gathering in-depth information. Hence, triangulating the data gathering methods makes the findings more reliable. But this idea depends on the type of case study one is employing. There are two types of case studies; the single case study and the collective case study. Employing the single case study means that the researcher's concern is to study one phenomenon from one bounded environment. However, as Yin (2009) argues, the collective case study studies the phenomenon from multiple bounded cases. What this study does is to use the collective case study to understand the phenomenon (family planning) within multiple bounded cases (in the various training centres of NFED). This means then that, in-depth interviews from these different people and the NFED in Ghana can provide substantial and credible data for the study. Obviously, a large sample size for qualitative research, in this case, means data saturation can occur. When there is data saturation, the need will not be there to triangulate methods using this method because the study will not unearth any new knowledge that cannot be provided by the interviews only.

3.4 Sampling Strategy

The essential principle of gaining rich, in-depth information guides the sampling strategies of qualitative researchers (Daymon & Holloway, 2011). According to Bryman and Bell (2003), sampling is the segment of the population that is selected for investigation; it is a subset of the population. Sampling also refers to the process of picking a subgroup for a study (Kusi, 2012). Kusi explained that sampling is necessary because it is usually impracticable to examine the entire population in a study (Kusi, 2012).

Based on these views, and since the researcher could not make direct observations of every meeting of NFED facilitators and their learners, describe their experiences within a certain period, the researcher purposively selected five (5) facilitators and two (2) adult learners from the NFLP Program. The participants have been purposely sampled based on their knowledge of NFED's operations and strategies. The two learners who are selected are also being selected based on duration on programmes (two years or more) and punctuality to studies. Both learners and facilitators are also chosen because they have direct relationship with the phenomenon under study, they have in-depth knowledge and practise, and they are representative of their sectors. It is important to also note that in case studies, researchers generally use purposeful sampling. This means that, according to the purpose of my study, I chose a specific group and setting for my research, and then used a criterion to select who and what will be studied (Daymon & Holloway, 2011).

This study required specific information on family planning information dissemination strategies in Ghana as applied by the NFED.

3.5 Sample Size

The phenomenon of interest was centred on the participants who are facilitators at the NFED and their learners. So, the selection of a sample size was crucial to the investigations in this study. In order to analyse the reasons for family planning information dissemination among non-literates in Ghana, the sample size was taken from workers (facilitators) of NFED and that of learners under the NFED's National Functional Literacy Programme (NFLP).

On the basis of Miles, Huberman and Saldana's (2014) assertion that in qualitative research, sampling relies on small numbers with the intention of studying the phenomenon in depth and in detail, the NFED facilitators and their learners were chosen for the interviews. This gave a sample size of seven (7). Wolcott (1994) also adds that, rather than a large sample size enhancing qualitative research, a large sample may actually harm it as the research is likely to lack the depth and richness of a smaller sample. The reason for choosing more NFED facilitators than learners was because they have more knowledge about their programmes and can share in-depth knowledge on the issue than the learners will.

Daymon and Holloway (2011) emphasised that a small sample allows the researcher to capture participants' specific responses and individual interpretations. In considering Baum's (2002) views on how there are no closely defined rules for sample size in qualitative research, a total of seven participants were sampled in anticipation for obtaining a rich data set and a diverse interpretation for the study.

3.6 Data Collection Instrument

The data collection tools employed was recommended based on the case study research. This required participants or non-participant observations, unstructured interviews, research diaries among others, in order to obtain rich data and descriptions. Inherently, time constraints of the study only allowed for interviews to be conducted since it adopts case study data techniques (Kozinets, 2015).

3.6.1 Interviews

Interviews were conducted to gather data on the experiences of participants on what strategies and how those strategies are applied at the NFED of the Ministry of Education. The interviews served as a means to explore the perspectives and perceptions of the participants. Through this means, the researcher was able to gather data to investigate the factors and reasons for family planning information dissemination at NFED in Ghana.

To Lindlof and Taylor (2002), qualitative interview involves a situation where one person, who is known as the interviewer, emboldens others (interviewees) to talk about their interests and experiences without any kind of restraint. Again, Creswell (2014) explains interviews as a means through which the researcher conducts face-to-face interviews with participants, interviews participants by telephone, on the internet, or engages in focus group interviews with six to eight interviewees in each group. In light of the above, the act of interviewing entails inquiry through asking questions and listening to the responses and reactions of the interviewee/s. This process helped the researcher to appreciate the phenomenon under study from the interviewees' viewpoints.

For the study, semi-structured interview was employed. This approach to interviews required the researcher to prepare an interview guide before the interview (Braun & Clarke, 2011). However, the researcher was flexible with the kind of questions he asked from the interview guide and did not rigidly adhere to the order in which the questions were arranged (Braun & Clarke, 2011). The questions were precise in wording and devoid of ambiguities such that the kind of data being elicited was adequately accessed.

The interview session lasted for one hour, thirteen minutes and the participants were interrogated on questions (see Appendix) relating to the ‘civic awareness’ role of NFED and their strategies in promoting family planning education among non- literates in Ghana.

The questions that were asked during the interview were aided by an interview guide (see Appendix) and based on the research questions of the study. The course of interview was conversational which enabled the interviewees to elaborate and freely express their experiences of the phenomenon. The researcher had the chance to clarify the portions of the interview questions whenever it appeared the participant had difficulty understanding a specific question (Lindlof & Taylor, 2002).

The researcher had the opportunity of conducting both face-to-face and on-phone interviews with the participants in their offices. The study had to use both methods due to the COVID-19 pandemic. Before proceeding to the interview with the participants, I had several telephone conversations with them in order to get a suitable date on which they would be free to be interviewed for the study. Through that period, I introduced myself, my purpose to the participants and also briefed them about how the interview was going to be carried out. This was to create rapport between myself and the participants as I explained the purpose of the study to them (Lindlof & Taylor, 2002). The total duration of the interviews was one hour, thirteen minutes.

3.7 Data Collection Procedure

The data collection procedure looks at the means through which the researcher utilises the various data collection instruments to gather data for a study.

I had telephone interviews with the participants. Once the interviewees accepted to be interviewed, a convenient date was scheduled for that purpose. On the day of the interview, I placed calls to the participants to record their locations. Their offices were best placed since there was little noise there. The interviews were recorded using my phone and were later retrieved. Because the call was not a video call, certain nonverbal cues were not able to be noted down in my field notes during the interview session. The semi-structured interview guide was used to direct the flow of the interview with the participant, with focus on the participants' experiences and perceptions of family planning information dissemination strategies in Ghana. Nonetheless, new ideas which were outside the guide were allowed. The interview lasted for one hour, thirteen minutes for each participant which was characterised by unstructured and open-ended questions meant to prompt opinions from the participants (Creswell, 2014) and to verify their experiences of the phenomenon. To ensure participants' anonymity, I inquired if they would want to maintain their identity when using the extracts of their interviews in the study, they agreed to using codes to identify them instead. The recorded interviews were transcribed and analysed.

The data were analysed qualitatively through the use of content analysis with emerging themes at the end. A pattern subsequently emerged from the coding process and the coded data were categorised thematically. Themes were later developed out of the listed categories as some of them were similar in character.

3.8 Method of Data Analysis

Data from the interviews were analysed using content analysis to discover the strategies to disseminating family planning information to non-literates. To begin the process, I employed the use of Qualitative Content Analysis of the interviews obtained. Qualitative Content Analysis, also known as Latent Content Analysis or Ethnographic Content Analysis (Julien, 2008), caters to the object of analysis, that is, all kinds of recorded communication (social media visual contents, protocols of observations, and documents).

Bowen (2009) sheds more light by admitting that content analysis technique was best suitable for examining data collated through the analysis of documents. And documents obtained from the data were in the form of texts and transcribed interviews. These ideas or messages were then sorted out into different categories according to some set of classification criteria (Rosenberry & Vicker, 2009).

A close reading of the text was done, paying attention to issues that centre on family planning and the reasons for that in Ghana. The dominant issues identified were collapsed into themes, and the themes were used for the analysis.

In order to minimise the study being subjective and biased, the researcher bracketed himself during the investigation. Bracketing, according to Bertelsen (2005), involves the researcher creating a distance from previously held assumptions or theories and basing interpretations solely on immediate insight into the phenomenon itself. In interpreting the findings and discussing the data, I drew meanings on the basis of the theories used for the research and direct quotations were to support the various findings from the research and to help analyse effectively.

3.9 Ethical Issues

Arnould (1998) affirms that ethical concerns arise due to the structure of case study research. In relation to all this, there was the need to follow an ethical guideline in conducting this case study.

For the study, I ensured the confidentiality and anonymity of the participants by using codes. I also engaged the participants, informing them through written letters, in order to interview them for the study. The interviews were done personally by the researcher, and this enabled the researcher to explain the essence of the study to participants and to assure them that their responses were purely for academic purposes. Respondents were not coerced to respond to any question and were free to end their participation in the study whenever they wished to. The protection of the participant's right of privacy was also adhered to and participants were treated with the needed respect.

3.10 Trustworthiness of the Study

In order to validate and make the study trustworthy, the research was founded on the criteria of trustworthiness accorded to reflexivity, adequacy of data, and adequacy of interpretation (Marrow, 2005). The researcher's reflexivity is an important approach for the researcher to understand his or her own effect on the research (Patton, 2002). Invariably, this entailed the researcher observing his own experiences and understanding of the world which would affect the research process. In the line of reflexivity, the researcher becomes aware of her assumptions, predispositions and personal experiences about research and making them overt to the self and others by bracketing (Fischer, 2009). Through bracketing, I set aside any suppositions so I understand the strategies employed in disseminating information on family planning in Ghana.

In maintaining the trustworthiness of the study, another factor considered was the adequacy of the data and interpretation as avowed by Marrow (2005). Substantial data was gathered from the interviews and through selected related documents such as scholarly articles pertaining to family planning in Ghana. Adequacy of interpretation centred on the multi-theoretical approach chosen. This was to ensure the credibility and dependability of the study, which are considerations established in qualitative research alongside transferability and conformability (Anney, 2014; Lincoln & Guba, 2000). Based on the assertion of Lincoln and Guba (2000) in preserving the credibility of the research, I used three stated means of achieving trustworthiness on any study. These were persistent observations in the research field, peer scrutiny of the research project and the use of multiple theories or perspectives in the analyses of the data set to better understand the phenomenon studied.

The study lasted for six (6) months and this enabled persistent analysis of documents, followed by the help of a “to do list” scheduled on my mobile phone device. On days I could not attend to reading the literature of conducting interviews, I made time for it on the next schedule observations. Peer and academic scrutiny of the research was employed throughout the period of the study. This was achieved through constructive feedbacks offered by my supervisor, peer researchers and other academics. These fresh perspectives and additions to the study enabled me to fine tune and present a stronger argument for my study. Another essential angle to check the credibility of my study was with the use of Guba’s (2000) theory triangulation method. This entails more than one theory or perspectives to interpret single sets of data or to “extend the possibilities for producing knowledge” (Flick, 2002, p. 227).

3.11 Chapter Summary

This chapter has established the methods that were employed in arriving at the data for the study. It was important that the selected research design was appropriate in investigating the perspectives of participants on family planning information dissemination strategies in Ghana. In view of this, a case study design was used to examine the phenomenon of family planning at the non-formal education level in Ghana. Through interviews, I gathered my data from both learners and facilitators of the NFED programme. Ultimately, this chapter dealt with critical areas of concern in ethical issues, which is ensuring consent and confidentiality of participants to ensure the trustworthiness of the data.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.0 Introduction

The overarching aim of this study is to assess the strategies employed by the NFED in promoting family planning education in Ghana. The study therefore seeks to investigate two core objectives that both on investigating whether the Non-Formal Education Division promotes family planning as part of its civic awareness role and to investigate the strategies that the NFED uses in promoting family planning education in Ghana. This chapter presents an analysis on the data gathered from interviews with seven participants from the NFED. The chapter organizes the findings of this study line with the research questions proposed in the study.

4.1 RQ1: Does the NFED promote Family Planning Education as part of their ‘Civic Awareness’ Role?

4.1.1 NFED’s Involvement in Family Planning Education in Ghana

The study was interested in investigating whether the non-formal education division engaged in family planning education as part of the organization’s civic awareness role. The study found that as part of their core duties as creating awareness on issues among non-literates, the NFED engages in a number of activities that are geared towards promoting family planning. The study found that, the NFED was a functional unit or division in ensuring that issues of national interest are well spread among members of the non-literate community in the country. Hence crucial issues such as

family planning are perceived as a core area of interest where the organization engages resources to ensure non-literates are well educated on.

When it comes to education on civic matters in Ghana especially when the government or some program is targeting non-literates, it is the NFED they look at. As for family planning education...errr... we are often integrated into such national education programs. In some programs we are even the lead field team. So it is the NFED that leads most of the activities especially when we are dealing with a lot of uneducated people... errr...like those in the rural areas, the hinter lands...

- Respondent NFED02

The findings of the study therefore imply that the NFED is a prominent feature so far as civic education on family planning amongst non-literates is concerned. The findings further point that while the NFED is the first point of call for government agencies and NGOs seeking to enforce behavioral change on family planning amongst non-literates, they sometimes work under the supervision of the National Commission for Civic Education (NCCE) especially when the program under discussion is big, covers a larger target audience and may involve literate audiences as well. Hence in programs where both literates and non-literates are being target for family planning education, the NFED often works in line with supervisory requirements of the NCCE.

Sometimes when the program is large or the targets are not only rural people, as in non-literates, the NCCE handles the overall project and we are incorporated to take charge of specific responsibilities. Often it still concerns educating non-literates though... but if it is something like that then we are not in charge we are sort of employed to help the NCCE in a particular aspect which is dealing with non-literates

- Respondent NFED05

4.1.2 Roles of the NFED in Family Planning Education in Ghana

The findings of the study indicate that the NFED performs four core roles in promoting family planning education in Ghana amongst non-literates. The study identified awareness creation,

strategic education, research and advocacy as the core roles they perform in family planning education in Ghana.

4.1.2.1 Awareness Creation

The study found that one of the main roles the NFED plays in family planning education in Ghana concerns creating awareness on family planning methods and processes. The study revealed that the organization's main focus in ensuring the success of family planning programs in Ghana concerns creating awareness on family planning amongst non-literates. The organizations therefore adopts diverse strategies and tactics to ensure that non-literate targets audiences are made aware of family planning processes and techniques.

The findings point out that the NFED informs and explains the various family planning techniques and tools while adopting critical communication strategies that are geared towards ensuring that target audiences received enough information on family planning in order to change their perceptions and attitudes.

“Our main focus when we engage in family planning programs is to create awareness concerning family. So the basics of what we do in programs like family planning is to create the awareness. You know there are some communities that don't know about family planning at all. So when we visit them we want to inform and educate them”

- Respondent NFED04

4.1.2.2 Strategic Education

The study found that another role that the NFED plays in family planning education programs in Ghana is strategic education. The findings point that the organization is often involved in activities

beyond simply creating awareness on family planning techniques, tools and processes. The findings point that, the organization employs diverse techniques in educating target audiences on various issues on family planning. The study found that for instance, the organization teaches target audiences on how to use contraceptives that aid in family planning. Thus, while the organization functions as awareness creators, they also ensure that they offer education on family planning issues.

Furthermore, the organization deploys well researched strategies that speak directly to the social and situational contexts of the communities they are educating. Thus, the study found that the NFED identifies and employs the most appropriate educational tools, systems, techniques and approaches that enhance efficiency in educating target communities on family planning related matters.

“We actually do strategic education. So there is awareness creation and then careful education to really keep the people well informed about family planning issues. When we get the community we use certain techniques to teach them... that is different from just informing them about the contraceptive or something”

- Respondent NFED01

4.1.2.3 Research

The findings indicate that aside doing field work such as awareness creation and strategic education, the NFED also engages in research work. The findings revealed that research work comprises a major aspect of the activities that the organization engages in even before they begin field activities.

The study found that the NFED engages in diverse forms of researches in order to carefully understand the target community and to also identify the best education methods that might

be necessary for reaching the objectives of the family planning program. Additionally, research methods are also employed in monitoring and evaluation sessions.

4.2 RQ2: What Strategies are used by NFED in Promoting Family Planning Education among non-literates in Ghana?

The study was also interested in investigating the various kinds of strategies that the non-formal education division adopts while educating non-literates on family planning. The findings indicate that three main strategies are often adopted by the NFED while engaging in family planning education among non-literates. These include Participation, Opinion leadership and Expert education.

4.2.1 Participation

The study found that one of the strategies the NFED adopts in executing family planning programs among non-literates is the participation strategy. The findings indicate that the NFED often ensures that during family planning education programs, there is often a lot of attention paid to participation among members of the target community. This is often to allow for inclusion from members of the target community and to also ensure that members of the target community are well integrated into family planning education programs.

The findings indicate that, the organization strategically incorporates members of target communities into family planning education for a number of reasons ranging from resource access and allocation, ensuring accountability, building trust among community members, accessing

feedback and general field work. The study found that ensuring high levels of community participation often leads to the high likelihood of the success of the program.

“In terms of strategy we encourage participation. You know when we go into a community you have to make sure that you make the members of the community a part of the program. If not, they will reject the program outright. They will see it as an alien thing. So you have to make them part of the entire process. From stage one to the last stage.”

- Respondent NFED06

The findings of the study corroborate with that of Silumbwe, et al. (2020) who found that community participation is a key factor in ensuring the success of family planning education programs in Zambia.

The study also found, particularly, that in recent times the NFED has adopted a form of participation that incorporates more men from target communities into family planning education programs. Thus, while the organization used to undertake a general form of participation which often hinged on women’s participation, in recent times the organization has adopted the strategy of including men into education programs to ensure activities that are undertaken towards education are highly effective.

Bruce (2013) found in her study that the involvement of men in family planning education is a crucial strategy to ensuring the overall success of such programs. She found that educating men on family planning methods and using them to influence females’ perceptions on family planning methods and techniques are highly effective. Similarly, the findings of this study identified that the organization often involves men in their strategic engagements in order to help influence the perceptions and attitudes of women towards family planning.

“Now our attention is more on the men than even the women. The perception is that contraception is for women. But men too play key roles in family planning. In fact it is the man who initiates such decisions in some families. So we target the men and then we include them so that they can also participate. When they are included they are more effective because of their power in the family units they belong to and also in the communities.”

- Respondent NFED04

4.2.2 Opinion Leadership

Opinion leadership was identified as one of the crucial strategies the NFED employs while educating non-literates on family planning. The study found that the organization identifies and makes careful use of opinion leaders in target communities when engaged in family planning education programs. The study found further that opinion leaders are potent members of target communities who wield a lot of power and possess some social currency. For this reason, other members of the target communities listen to their testimonies and ideas and hence are very effective influencers so far as educating other members of target communities are concerned.

The study found that in some target communities, opinion leaders (either male or female) contribute immensely to high rates of family planning technique acceptance or the diffusion of family planning methods. Thus, in trying to diffuse or market family planning products and or methods to target communities, opinion leaders are crucial factors that ensure high success rates.

“Sometimes we identify opinion leaders... and we use them to speak at public meetings and so on. Opinion leaders are very impactful. Especially, the women, they have very good following. In cases where they are a bit affluent, it is even more effective. Sometimes we use political opinion leaders like the wife of the chief, the chief himself, pastors and their wives, you know those public figures. Sometimes too it is just some market woman who is very lively and everybody knows and loves.

Errmmm.... When we find people like that we put them into public meetings, and durbars of conferences. They go a long way to impact our targets.”

- Respondent NFED06

This finding seems to suggest some linkage with the Diffusion of Innovations theory. Rogers (2003) argues that the early adopters and the early majority often act as opinion leaders in the wake of diffusing innovations among some social groups. Rogers (2003) suggests that members who belong to the early adopters and early majority group are often affluent people who have a better appreciation of the innovation and have the capacity to influence the perceptions and attitudes of the other adopter categories. Similar to this, the findings of the study suggests that opinion leaders who are identified in target communities act as either early adopters or early majority to help influence the perceptions and attitudes of other members of the society when the NFED are engaged in family planning education.

4.2.3 Expert Education

The data gathered indicates that the organization also makes use of expert education as one of the main strategies in enhancing family planning education amongst non-literates. The findings of the study point that the organization makes use of medical experts as well as communication and education experts who aid in the education processes of such programs. The findings point that the NFED incorporates health officials to make expert inputs during the roll out of programs. These health experts are often crucial in helping target communities learn the technical aspects of family planning such as products use and application of the right methods.

Additionally, the study found that, experts are often essential in passing across a sense of authority to target groups during the roll out of family planning education programs. Thus, the use of health

professionals or experts often inculcate in members of the target group a sense of authority and authenticity which goes a long way in affecting how they receive education messages and how they react to such messages. That is to mention that, through the use of health experts and professionals, target communities are more likely to adhere to educational messages as they perceive such information as right and truthful coming from a perceived credible source.

“Indeed, health professionals too are helpful. They listen to people who are high above them in terms of authority. When they hear doctors and nurses speaking and demonstrating how to use family planning products they tend to believe them more. I mean, when it comes to issues of health, definitely you will listen to your doctor. It is the same thing with them... if it is not more effective... especially in the rural communities where some of them have not even been so close to doctors. They revere them... they respect them... in some communities seeing doctors alone is a whole different feeling on its own... so they easily get influenced by their messages.”

- Respondent NFED 03

CHAPTER FIVE

SUMMARY OF KEY FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents a summary of the key findings made in this research. The chapter further presents a conclusion to the study while also making recommendations based on the key findings of the study.

5.1 Summary of Key Findings

The core objective of this study was to ascertain the role of the Non-Formal Education Division (NFED) in family planning education among non-literates in Ghana. The study was therefore interested in assessing whether or not the NFED was involved in family planning education among non-literates in Ghana and the various strategies the organization adopted while performing their roles as civic awareness creators. In essence, the crux of the study was to investigate the overall roles and strategic engagements of the NFED towards family planning education among non-literates in Ghana. The study hence, argues that as crucial public institution interested in creating awareness of civic issues among non-literates, the NFED performs certain functions and roles that are crucial in advancing family planning techniques, methods and products among non-literates.

The study found that the NFED is a prominent feature in family planning education in Ghana. The study found that the organization is often called on to lead family planning education amongst non-literates or incorporated into a grand program often run by the National Commission for Civic Education (NCCE). The study found that in instances where the organization is contacted to lead such program, the organization takes charge of all activities relating to the program while focusing on non-literates. However, during instance where they are incorporated into programs run by the

NCCE, the organization is incorporated to simply take charge of non-literates' education while other organizations take charge of educating literates.

The study also finds that while engaged in awareness creation in family planning programs among non-literates, the NFED performs certain critical roles. These roles include strategic education, awareness creation and research. The findings indicate that as part of the overall roles as educators on family planning, the NFED performs these roles.

Furthermore, the study found that the NFED employs three strategies while educating non-literates on family planning issues. The study found that these strategies include participation, opinion leadership and expert education. The study found that the organization strategically involves members of the target community when engaged in family planning education in order to ensure that such education programs are more efficient and successful. The study also identified that in encouraging participation, the organization is recently engaging in the fervent inclusion of men in family planning education programs. The findings point that this increases the efficiency of such education programs.

Additionally, the study found that opinion leaders are identified and used as avenues to influence other members of the society while experts and professionals are used as well in order to ensure that messages delivered to targets are authentic and hold authority and credibility.

5.2 Conclusion

The study tried to investigate the roles and strategic activities of the NFED in family planning education program among non-literates in Ghana. The study found that the NFED is considered a crucial agent of family planning education in Ghana. The study draws that the NFED is often the lead agency in non-literate education or sometimes incorporated into a large education program

usually led by the NCCE. The study further found that there are three core roles that the organization plays in family planning education in the country. These roles include awareness creation, strategic education and research. These roles are performed by the strategic set of activities which include participatory approach to education, opinion leadership as well as expert education.

The study therefore concludes that the NFED is a prominent and crucial agency so far as family planning education among non-literates in Ghana is concerned. Furthermore, as either the main agency that carries out such non-literate education or a sub incorporated agency, the organization engages some strategies in order to play three main roles which include awareness creation, research, and strategic education. In performing these roles, the organization engages such strategies as participatory approach to education, opinion leadership and expert education. The study therefore concludes that indeed the NFED is a crucial government agent in family planning education in Ghana amongst non-literates.

5.3 Recommendations

The researcher makes the following recommendations on the basis of the key findings of this study.

- The researcher recommends that the NFED develops and documents a strategic plan for enhancing family planning education in target communities.
- The researcher further suggests that the NFED should be engaged more in a bigger program that does not only look at non-literates but educated persons as well.
- Furthermore, the researcher suggests that other civic education organizations in Ghana adopt some of the strategies employed by the NFED in their dealings. Hence as often as

possible the strategies and methods of operations should be adopted at the national levels with other institutions taking keen insights from their strategies because of their potency

5.4 Suggestions for Further Research

- Other studies should focus on the roles of other civic awareness creation agencies in family planning education in Ghana
- Other studies should investigate the challenges that bar the smooth operations of the NFED especially concerning a crucial issue such as family planning education
- Other studies can adopt a quantitative approach to studying public perceptions and satisfaction levels of the performance of the NFED towards family planning education in Ghana.
- Further studies should be conducted on the roles and strategies adopted by the NFED using other qualitative methods such as observation to better understand how the organization conducts its roles on the field.

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APPENDIX

INTERVIEW GUIDE FOR MEMBERS OF NON-FORMAL EDUCATION DIVISION OF THE MINISTRY OF EDUCATION

1. Can you please tell me your position and role here at the NFED?
2. As part of the Ministry of Education, what is your core mandate and responsibility as NFED
3. Does your roles include educating on reproductive health and family planning?
4. What are some of the programs or interventions the NFED engages in educating people on family planning?
5. What strategies do you engage in while educating non-literates about family planning methods and techniques?
6. How effective are these strategies in educating non-literates on family planning
7. How essential would you way your role is as NFED in educating non-literates on family planning?
- 8 What are some of the challenges you face while educating non-literates about family planning in Ghana?