



**EVALUATING THE EFFECTIVENESS OF ASHALAJA MUNICIPAL ASSEMBLY
COMMUNICATION STRATEGIES FOR RAISING AWARENESS ON TEENAGE
PREGNANCY AND REPRODUCTIVE HEALTH ISSUES**

BY

WENDY AMANOR

MADC23063

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DECLARATION BY STUDENT


I hereby declare that this research is a result of my original research and that, no part of it has been presented for another degree in this university or any other higher education institute. I further declare that all the sources that I have used or quoted have been indicated and acknowledged using complete references.

WENDY AMANOR	MADC23063		17/12/2024
.....
Student	Index number	Signature	Date

CERTIFICATION BY SUPERVISOR

This Dissertation/Thesis has been prepared and presented under my supervision according to the guidelines for supervision and formatting of a Dissertation/Thesis laid down by the University of Media, Arts, and Communication, UniMAC.

DR. ROSEMARY OBENG-IHINNEH

 17th December, 2024

Supervisor

Signature

Date

ABSTRACT

Teenage pregnancy is a significant challenge in peri-urban areas of Ghana, adversely affecting education, health, and socio-economic well-being. This study evaluates the effectiveness of communication strategies employed by the Ashalaja Municipal Assembly to reduce teenage pregnancy and improve reproductive health outcomes. The study aimed to assess the communication strategies used, their effectiveness, teenagers' understanding of reproductive health messages, and the impact on teenage reproductive health behaviours. These objectives guided the research to provide actionable insights for improving reproductive health education in the community. A mixed-methods approach was adopted, utilizing the Sequential Explanatory Design. Quantitative data were collected from 100 teenage participants through structured questionnaires, while qualitative insights were gathered using semi-structured interviews with key stakeholders, including teachers, health workers, and municipal representatives. Data were analysed using descriptive statistics for the quantitative component and thematic analysis for qualitative data. The findings indicated that school-based programs were the primary communication channels, with peer mentoring, dramatizations, and collaborations with NGOs such as Right to Play playing significant roles. These programs effectively raised awareness and influenced behaviours among teenagers. Quantitatively, Ninety-five percent of respondents reported that the strategies influenced their decisions regarding reproductive health. Notably, sixty-four percent sought reproductive health services, and forty-five delayed sexual activity due to these initiatives. However, gaps were observed in reaching out-of-school teenagers and addressing deeply rooted cultural barriers that limit the broader impact of these efforts. Interactive methods, such as dramatizations and songs, were particularly effective in simplifying complex reproductive health concepts and improving message retention. Despite this success, misconceptions about contraceptive use and a lack of comprehensive education on preventing sexually transmitted infections (STIs) persisted. Socio-economic challenges, such as poverty and parental influence, also hindered the long-term sustainability of behaviours change. In conclusion, the Ashalaja Municipal Assembly's communication strategies effectively raised awareness and reduced teenage pregnancy rates among in-school teenagers. However, to achieve sustainable outcomes, the Assembly must expand its outreach to include marginalized groups, such as out-of-school youth, address misconceptions, and integrate culturally sensitive, community-based approaches. These steps are vital to ensuring that all teenagers in Ashalaja benefit from comprehensive and inclusive reproductive health education.

KEYWORDS: Teenage Pregnancy, Reproductive Health, Communication, Strategies

Ashalaja Municipal Assembly, Health Belief Model (HBM), School-Based Programs, Peer Mentorship, Behavioural Change, Sexual and Reproductive Health (SRH), Contraceptive Education, Community Engagement.

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DEDICATION

This work is dedicated to my parents Mr. and Mrs Amano whose sacrifices, and encouragement have been the foundation of my academic journey. To the teenagers of Ashalaja, may this research contribute to a brighter and healthier future for you all.

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CHAPTER ONE

INTRODUCTION

1.0 Background of the Study

Teenage pregnancy is a critical issue affecting the health, social, and economic well-being of communities worldwide, particularly in developing countries like Ghana. The incidence of teenage pregnancy not only places immense pressure on young mothers, who are often unprepared for parenthood, but also contributes significantly to broader societal challenges such as increased school dropouts, poverty, and poor health outcomes (Agyemang, 2020). Adolescents who become pregnant are often forced to leave school, limiting their future educational and employment opportunities. This, in turn, perpetuates the cycle of poverty, as teenage mothers may lack the necessary skills and qualifications to secure stable employment (Dzotsi et al., 2020). Consequently, this issue continues to be a major public health concern, necessitating concerted efforts to address it effectively (Botchwey et al., 2022). In communities like Ashalaja, teenage pregnancy rates are on the rise, prompting local authorities to prioritize strategies aimed at curbing this trend. One of the most common approaches has been the implementation of health education programs aimed at increasing awareness of reproductive health among teenagers (Ahinkorah et al., 2023). These programs are designed to inform young people about the risks associated with early sexual activity, the importance of using contraceptives, and the consequences of teenage pregnancy. Despite the existence of these initiatives, there is growing concern that the rates of teenage pregnancy remain high, suggesting that the current communication strategies may not be fully effective in reaching or influencing the target demographic.

According to (Denno et al., 2015), effective strategies for addressing teenage pregnancy and reproductive health involve multidimensional approaches. However, there is a need for more diverse research designs and areas of investigation using better instrumentation to fully understand the effectiveness of reproductive health communication strategies (Woldearegay, 2021). The Ashalaja Municipal Assembly has been at the forefront of addressing this issue by developing communication strategies aimed at raising awareness of teenage pregnancy and reproductive health. These strategies are typically disseminated through a variety of channels, including schools, community centres, healthcare facilities, and media outlets such as radio and television. The Assembly has also partnered with local healthcare providers to offer reproductive health services, such as family planning and counselling, to teenagers. However, while these efforts are commendable, there remains a significant gap in understanding the overall effectiveness of these communication strategies, particularly in terms of how well they resonate with teenagers and encourage positive behavioural changes.

Given the complexity of the issue, there is a pressing need to evaluate the effectiveness of the current communication strategies employed by the Ashalaja Municipal Assembly. Understanding the reach, knowledge, and influence of these messages on teenage reproductive health behaviour is essential for improving the effectiveness of future campaigns. By conducting a thorough evaluation, the Assembly can identify the strengths and weaknesses of its current approaches and make the necessary adjustments to ensure that its messages are not only heard but acted upon.

1.1 Statement of The Problem

Despite numerous initiatives by the Ashalaja Municipal Assembly aimed at reducing teenage pregnancy, the rates continue to remain alarmingly high. This persistent problem raises concerns about the effectiveness of the communication strategies currently in place. Although the Assembly has implemented various outreach methods, such as public campaigns, media programs, and community meetings, these approaches have not yielded the expected reduction in teenage pregnancy rates (Evans et al., 2007). The failure to effectively curb the problem suggests that these communication strategies may not be fully engaging with or reaching the intended audience of teenagers. As a result, many adolescents continue to engage in risky sexual behaviours, leading to early pregnancies and, consequently, adverse social and health outcomes. One significant issue is that the messages being disseminated may not resonate with teenagers or adequately address their specific concerns and realities (Evans et al., 2007). While campaigns may provide general information on reproductive health and the consequences of teenage pregnancy, they may fail to capture the attention of teenagers who are already influenced by peer pressure, societal norms, and digital media (Mantilla et al., 2023). According to Wood and Hendricks (2017), teenagers often find it difficult to relate to conventional health messages because they do not account for the context of their lives, which includes social pressures and limited access to health resources. Consequently, despite the Assembly's efforts, the communication strategies may not be sufficiently tailored to the lived experiences and needs of teenagers in Ashalaja.

Moreover, there is evidence to suggest that a significant proportion of teenagers in the community still lack basic knowledge of reproductive health, which leaves them vulnerable to unsafe practices. This lack of knowledge may be because many of the communication strategies are delivered through formal channels, such as schools and community health

centres, which may not be engaging or appealing to adolescents. Studies have shown that teenagers are more likely to respond to peer-led initiatives and informal communication methods that align with their social interactions and lifestyle (Lesley & Hendricks, 2017). Therefore, the reliance on traditional communication methods may limit the effectiveness of the Assembly's reproductive health campaigns. Another critical problem is the accessibility of the communication channels used by the Assembly. In some cases, the intended target audience may not have access to the platforms through which these reproductive health messages are delivered. For example, media programs broadcast on the radio or television may not reach all teenagers, particularly those from low-income families who may not have access to such resources. Furthermore, community meetings, while valuable, may not attract widespread participation from teenagers due to stigma, time constraints, or a lack of interest in attending formal discussions on reproductive health (Wood & Hendricks, 2017). As a result, message dissemination is often incomplete, and its impact on behavioural change remains limited.

Given these challenges, an evaluation of the communication strategies employed by the Ashalaja Municipal Assembly is urgently needed. This evaluation should examine not only the content and delivery of reproductive health messages but also the engagement and understanding levels among teenagers. According to Kegler et al. (2003), communication strategies that involve youth in the development process and that are delivered through youth-friendly channels tend to be more successful in achieving desired behavioural outcomes. Therefore, understanding how well the Assembly's strategies align with best practices in youth communication and reproductive health education will be crucial in reducing teenage pregnancy rates in the future.

1.3 Research Questions

1. What communication strategies are used by the Ashalaja Municipal Assembly to raise awareness of teenage pregnancy and reproductive health?
2. How effective are these communication strategies in reaching and engaging teenagers in the community?
3. What is the level of understanding of the reproductive health messages disseminated by the Assembly?
4. How do communication strategies influence teenage reproductive health behaviours and teenage pregnancy rates in the community?

1.4 Research Objectives

The general objective of this study was to evaluate the effectiveness of the communication strategies employed by the Ashalaja Municipal Assembly in raising awareness and promoting behaviour change concerning teenage pregnancy and reproductive health issues.

Specific Objectives

1. To identify the various communication strategies used by the Ashalaja Municipal Assembly in addressing teenage pregnancy and reproductive health issues.
2. To assess the effectiveness of these communication strategies in terms of reach and engagement with the target population.
3. To examine how well the reproductive health messages are understood by teenagers in the community.

4. To analyse the impact of communication strategies on teenage pregnancy rates and reproductive health behaviours.

1.5 Significance of the Study

This study will be significant for several reasons. First, it will provide a comprehensive evaluation of the communication strategies used by the Ashalaja Municipal Assembly, identifying both successes and areas for improvement. This will be useful not only for policymakers and health officials in the district but also for other regions facing similar challenges. Second, the findings will help in tailoring reproductive health messages to be more relatable and effective for teenagers, ultimately aiming to reduce teenage pregnancy rates. Lastly, the study will contribute to the broader body of knowledge on health communication, especially concerning reproductive health education in a developing country context. It will also serve as a reference for future interventions and policy formulation.

1.6 Limitations of the Study

This study encountered several limitations that may have influenced the scope and depth of its findings. There was inadequate representation of out-of-school teenagers, despite efforts to include diverse participants. As a result, the findings may not fully capture the unique challenges and perspectives of this group, which is often more vulnerable to teenage pregnancy and reproductive health issues.

Lastly, the study was conducted within a short time frame, focusing on immediate impacts rather than long-term behavioural changes. This limits the ability to evaluate the sustainability

of the communication strategies' effects over time. Longitudinal studies are necessary to assess lasting outcomes.

1.7 Definition of Key Terms

For clarity and shared understanding, defining key terms is crucial in this study, which evaluates the communication strategies of the Ashalaja Municipal Assembly in addressing teenage pregnancy and reproductive health issues. These terms lay the groundwork for the research, delineating its scope and emphasis, while guaranteeing that readers and stakeholders grasp the concepts under scrutiny. The ensuing definitions shed light on the pivotal elements of teenage pregnancy prevention, communication strategies, and reproductive health.

Reproductive Health: A state of complete physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life (WHO, 2020).

Communication Strategies: Methods and channels used to convey information and messages to a target audience effectively.

Awareness: The knowledge or perception of a situation or fact, in this context, relating to reproductive health issues.

Adolescents: Refers to individuals between the ages of 10 and 19 years, who are in a critical developmental phase where they transition from childhood to adulthood. This stage involves significant physical, emotional, and social changes, making adolescents more vulnerable to risks such as teenage pregnancy.

Sexual and Reproductive Health Education: Refers to educational programs and information designed to equip adolescents with knowledge about their sexual and reproductive

health. This includes topics such as puberty, contraception, sexually transmitted infections (STIs), and the consequences of unprotected sex, aimed at promoting safe practices.

Teenage Pregnancy Prevention: Involves strategies and interventions designed to reduce the occurrence of pregnancies among adolescents. These can include education programs, access to contraceptive methods, and campaigns to raise awareness about the risks and consequences of early pregnancy.

Behaviour Change Communication (BCC): Refers to the use of communication strategies to promote positive behaviours, such as safe sexual practices, to reduce teenage pregnancy and improve reproductive health outcomes. BCC involves using tailored messages and media to encourage individuals to adopt healthier practices.

Health Campaigns: Organized efforts, often by governmental or non-governmental bodies, aimed at educating and informing the public about specific health issues, such as teenage pregnancy and reproductive health. Health campaigns often use mass media, community outreach, and social mobilization to disseminate information.

Peer Education: A strategy where individuals of the same age group or social status (peers) provide information, education, and support to their peers. In the context of teenage pregnancy prevention, peer educators help spread reproductive health knowledge in a relatable and accessible way for adolescents.

Access to Contraceptives: Refers to the availability and ease with which adolescents can obtain contraceptives, such as condoms or birth control pills, to prevent unwanted pregnancies. Access may involve services provided through health facilities, schools, or community programs.

Cultural Norms: The shared beliefs, values, and practices within a community that influence behaviours and attitudes toward reproductive health and teenage pregnancy. Understanding

and addressing cultural norms are essential for creating effective communication strategies that resonate with adolescents and the broader community.

1.8 Organization of the Study

The study is organized into five chapters. Chapter One provides an introduction, including the background, statement of the problem, purpose, objectives, research questions, significance, delimitations, and limitations of the study. Chapter Two reviews the relevant literature on communication strategies in public health, with a focus on reproductive health awareness. Chapter Three outlines the research methodology, including the research design, population, sampling techniques, data collection methods, and data analysis procedures. Chapter Four presents the findings of the study, while Chapter Five discusses the results, draws conclusions, and provides recommendations for policy and practice.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FOUNDATION

2.0 Introduction

The adolescent is a primary agent of socialization, and communication can exert a strong influence on adolescent sexual behaviour. Reproductive health is a vital aspect of growth and development throughout our lives, especially in adolescence. Offering high-quality reproductive health education that celebrates its positive power and not just its negative side of unwanted pregnancy and infection, is crucial (Hendrix-Jenkins et al., 2002). Adolescence, as explained by Holder-Nevins (2012) is that part of the life course when health is shaped by an interplay of physical, psychological, social, and environmental factors, is a special time for supportive relationships and care. Therefore, to aid in the design and implementation of effective prevention programs, it is important to assess the communication messages used in adolescent reproductive health education among adolescents.

Non-governmental organizations (NGOs), development workers, and international agencies are finding interpersonal communication channels as useful alternatives or complements to the mass media. This is supported by the proven potency of interpersonal channels in persuading target audiences to adopt innovations (Abah 1997; Garcia 2001; Odhiambo 2005). The study by Panda and Sehgal (2009) on information, education, and communication (IEC) interventions demonstrates that the educational model works well by creating an understanding and acceptance of the positive changes in adolescents' health. With a sociological framework, this approach helps students appreciate and adopt the goal of attaining physical and mental health. This research emphasizes the need to distinguish between people of various racial,

ethnic, and national identities and customize programs to fit the diverse experiences of participants. Encouraging young people through culturally approved education on reproductive health significantly contributes to preventing negative outcomes. However, the geographical focus of this study limits its applicability to other settings, and a lack of long-term data collection prevents a full assessment of the impact of IEC interventions on the learning process.

Owusu-Ansah and Oforiwaa Mensah 2014 compare the trustworthiness of communication messages in education about teen pregnancy among young people in Ghana. They provide a detailed analysis of different communication methods and their acceptance by adolescents. The report highlights the absence of clear, understandable, and culturally reasonable messages that prevents adolescents from understanding how the social environment of their peer group can affect their health. Research on reproductive health interventions in humanitarian crisis settings, particularly in Darfur, Sudan, shows the effectiveness of integrated interpersonal communication (IPC) and mass education campaigns in improving awareness and utilization of reproductive healthcare services (Adam et al., 2015). These interventions, including home visits, clinic sessions, and public meetings, significantly increased women's awareness of antenatal care and tetanus toxoid vaccination (Adam et al., 2015). Similar findings were reported in other studies, emphasizing the impact of peer-led education, community-based programming, and multi-tiered networks of health providers in increasing service utilization (Singh et al., 2018). However, despite increased attention to sexual and reproductive health in crisis settings, more high-quality research is needed to evaluate the effectiveness of various interventions across diverse humanitarian contexts (Singh et al., 2018). Mass education alone can be a crucial strategy but lacks the benefits of face-to-face interaction. Therefore, combining both methods in implementation can be more effective.

Zakaria et al., (2022), evaluate how communication efforts have been designed for health education in Cox's Bazar refugee camps, focusing on the sexual and reproductive health of

Rohingya women. This study draws attention to the complications encountered by health communication in the refugee camp setting, presenting empirical data on specific interventions. However, a more comprehensive discussion of potential outcomes and a broader societal impact would make the work more robust. Collectively, these articles cover a variety of contexts and strategies in health communication, but there is a notable lack of studies tracking the long-term impact of these interventions on reproductive health outcomes. Filling this gap could improve the understanding of effective health communication strategies for improving reproductive health outcomes.

2.1 Sexual Reproductive Health

Sexual and reproductive health (SRH) is a broad concept that encompasses various aspects related to the well-being of individuals in matters of sexual activity and reproductive functions. According to the World Health Organization (WHO), SRH is not merely the absence of disease or dysfunction but involves a state of complete physical, mental, and social well-being concerning the reproductive system (WHO, 2006). This definition extends beyond medical care, including factors such as access to contraception, education on sexual health, and the right to make informed decisions regarding reproduction. Similarly, Starrs et al. (2018) emphasize SRH as a crucial element of general health and that the right to reproductive health is a fundamental human right intersecting with gender equality, health systems, and socio-economic development.

Sexual reproductive health also involves comprehensive access to safe and effective reproductive healthcare services. The United Nations Population Fund (UNFPA) adds that SRH involves empowering individuals, especially women, to make decisions about their sexual

activity and reproduction without facing discrimination or violence (UNFPA, 2014). This points to the empowerment dimension of SRH, highlighting the importance of autonomy over one's body and reproductive choices. SRH extends to include gender-based violence, sexually transmitted infections (STIs), maternal health, and family planning services, all of which are linked to the empowerment of individuals and communities. Effective communication about reproductive health involves educational programs, media outreach, and community engagement. Rogers and Kincaid's (1981) Diffusion of Innovations theory are useful in analysing the effectiveness of these strategies, as it explains how new ideas and practices are communicated within social systems

Research indicates that effective health communication strategies in Ghana emphasize personal contact, cultural relevance, and community engagement (Prilutski, 2010). This aligns with the participatory communication model, which advocates for dialogue and community involvement rather than top-down information dissemination (Aubel, 1996). Such approaches aim to change community norms, improve two-way communication skills, and utilize local communicators, leading to sustainable health strategies (Aubel, 1992). In the context of sexual and reproductive health (SRH), parent-adolescent communication is crucial. Evidence-based interventions in lower- and middle-income countries have shown effectiveness in improving parent-adolescent SRH communication, addressing factors such as communication skills, self-efficacy, and information-motivational-behavioural skills (Agyei & Kaura, 2023). These findings suggest that participatory, culturally sensitive communication strategies are most effective in promoting health outcomes, particularly in areas like SRH where community engagement is essential.

. According to Wilkin et al. (2010), mass media can play a significant role in shaping public perceptions of health issues by providing essential information and influencing attitudes and behaviours. Interpersonal communication allows for direct interaction between health

educators and community members, which can foster trust and provide space for clarification of doubts regarding reproductive health issues. As noted by Schiavo (2014), interpersonal communication can effectively address sensitive topics like SRH by allowing for personalized and culturally sensitive dialogue.

Another key aspect of SRH communication is addressing socio-cultural barriers that often limit women's access to reproductive health services and information. Gupta et al. (2003) have shown that community-based interventions that challenge these norms can lead to significant improvements in SRH outcomes. Research on adolescent sexual and reproductive health (SRH) in low and middle-income countries highlights the importance of targeted interventions and communication strategies. Studies show that educational programs, financial incentives, and comprehensive post-abortion family planning services can effectively increase knowledge, improve attitudes, and enhance the uptake of SRH services among adolescents (Meherali et al., 2021). However, cultural challenges, such as initiation rites and taboos surrounding sexuality, can hinder effective message delivery (Silva, 2020). For deaf adolescents, limited access to SRH information and communication barriers present additional challenges (Mills, 2020), while in humanitarian settings, young people face increased risks of poor SRH outcomes, yet interventions often neglect their specific needs (Jennings et al., 2019). To address these issues, strategies like adolescent-friendly spaces, peer workers, and school-based activities have been employed (Jennings et al., 2019). Overall, research emphasizes the need for culturally sensitive, age-appropriate, and inclusive approaches to improve adolescent SRH outcomes.

2.2 Health Communication

Health communication plays a critical role in promoting public health by facilitating the dissemination of essential health information to the public. In Ghana, organizations such as WiDAF (Women in Law and Development in Africa) have implemented targeted communication strategies to raise awareness about reproductive health issues.

A study by Noar, (2016) shows that multi-channel approaches are more effective in reaching diverse audiences and increasing message retention. Research conducted by (Prilutski, 2010), indicates that effective health communication strategies in Ghana incorporate culturally sensitive approaches and diverse media channels. Interpersonal communication, combined with other appropriate strategies, has shown high success rates in Ghanaian health campaigns (Prilutski, 2010). Culturally sensitive campaigns consider local communication patterns, such as oral traditions, to enhance message effectiveness (Dutta & Basu, 2011). A study on cervical cancer screening in Ghana revealed low awareness but a willingness to participate if better informed. Television, radio, friends, and family were identified as common health information sources, with participants preferring inspirational messages delivered by doctors and cancer survivors (Williams, 2014). However, health organizations tend to rely on technologically mediated communications, which may be less accessible to rural, illiterate women. Incorporating indigenous African communication systems into message design could strengthen health knowledge and practices among these populations (Ansu-Kyeremeh, 2016). Participation of target groups in the planning and execution of campaigns leads to increased ownership of the messages and ultimately higher levels of engagement (Waisbord, 2001). Participation has been shown to increase message credibility and foster collective action for health improvements (Tufte & Mefalopulos, 2009).

Health literacy is a significant determinant of health outcomes, and empowering women with accurate information on reproductive health equips them to make informed decisions (Nutbeam, 2000). These educational sessions complement the media campaigns, creating an environment where women can ask questions, share experiences, and gain practical knowledge on reproductive health topics such as contraception, maternal care, and sexually transmitted infections.

Research indicates that rural populations in Ghana often have less access to digital platforms compared to their urban counterparts (Van Dijk, 2020). Health communication campaigns addressing sensitive topics such as reproductive health often face opposition from conservative groups, including religious and political actors (Rimal & Lapinski, 2009).

2.3 Communication Strategies for Sexual and Reproductive Health Issues

Health communication strategies play a crucial role in promoting sexual and reproductive health (SRH) awareness, particularly in underserved communities. Effective communication strategies are critical in addressing misconceptions, improving access to SRH services, and empowering individuals to make informed decisions about their health. According to Schiavo (2013), health communication must be tailored to the cultural, social, and linguistic needs of the target audience to ensure maximum impact.

Community engagement allows for a deeper understanding of local needs and beliefs, facilitating the design of more relatable and effective messages. Laverack and Labonte (2000) argue that community-centred communication strategies are often more sustainable because they foster local ownership of health issues. The use of mass media in SRH communication has been effective globally. As Wakefield, Loken, and Hornik (2010) note, mass media campaigns can significantly influence health behaviour by providing consistent messaging across multiple channels.

Gender plays a critical role in SRH communication, as societal norms often dictate women's access to health information and services (Greene & Biddlecom, 2000). Studies show that interpersonal communication can lead to significant behaviour change in health matters, as it provides individuals with the opportunity to ask questions and receive personalized feedback (Schiavo, 2013). This strategy aligns with Freire's (1970) participatory model of communication, which emphasizes dialogue and empowerment in health education.

According to Rimal and Lapinski (2009), health communication efforts are most effective when they are integrated with service delivery, as this provides individuals with both the knowledge and resources to act on health information.

Evaluation of communication strategies is essential to understanding their effectiveness. Rogers (2003) emphasizes the importance of continuous monitoring and adaptation in communication campaigns, as this allows for the refinement of messages and methods to better meet the needs of the target audience. Cultural sensitivity is a critical factor in the success of health communication strategies, particularly in a diverse country like Ghana. According to Airhihenbuwa and Obregon (2000), culturally appropriate communication is vital in encouraging individuals to embrace new health behaviours, as it resonates more deeply with their values and beliefs.

Despite its successes, Ashalaja Municipal Assembly faces challenges in reaching certain populations, such as the elderly and those in remote areas, who may have limited access to media and peer networks. Additionally, there are still significant barriers related to stigma and misinformation surrounding SRH issues, particularly concerning contraception and sexual rights (Campbell & Cornish, 2010). Addressing these challenges requires more targeted interventions, such as mobile health (mHealth) initiatives, which have shown promise in expanding access to SRH information in hard-to-reach areas (Chib et al., 2012).

2.4 Theoretical Framework

Health Belief Model (HBM)

The Health Belief Model (HBM) is a psychological framework developed in the 1950s by social psychologists Hochbaum, Rosenstock, and Kegeles to explain and predict health-related behaviours, particularly in response to public health campaigns (Rosenstock, 1974). The model posits that individuals' actions regarding their health are influenced by their perceptions of four core components: (1) perceived susceptibility, (2) perceived severity, (3) perceived benefits, and (4) perceived barriers (Glanz, Rimer, & Viswanath, 2008). Later versions of the model included cues to action and self-efficacy, which further shape health behaviours by motivating individuals and building their confidence in their ability to take preventive measures (Champion & Skinner, 2008).

2.4.1 Core Components of the HBM

1. Perceived Susceptibility refers to an individual's belief about the likelihood of contracting a health problem. The higher the perceived susceptibility, the more likely the person is to take preventive action (Glanz et al., 2008). In sexual and reproductive health (SRH), this could mean individuals believe they are at risk of unintended pregnancies or sexually transmitted infections (STIs) if they do not use contraceptives.

2. Perceived Severity relates to an individual's assessment of the seriousness of a health condition and its potential consequences. If a person believes that contracting an STI or experiencing an unintended pregnancy will have severe physical, emotional, or social effects, they are more likely to engage in preventive behaviour (Rosenstock, 1974).

3. Perceived Benefits are the individual's belief in the efficacy of a given health action in reducing the threat of a health issue. For instance, in reproductive health, perceived benefits might include the belief that contraceptives are effective in preventing pregnancy and protecting against STIs (Champion & Skinner, 2008).

4. Perceived Barriers refer to the individual's perception of the obstacles to performing a recommended health action, which could include cost, stigma, or misinformation (Glanz et al., 2008).

2.5 Relevance to Ashalaja Municipal Assembly's Communication Strategies

The Ashalaja Municipal Assembly's communication strategies aim to address critical reproductive health issues, including family planning, sexually transmitted infections (STIs), and sexual health rights, by raising awareness and promoting behaviours change among teenagers and other community members. The Health Belief Model (HBM) offers a highly relevant theoretical framework for understanding how individuals process health information and decide whether to act on it. This model aligns closely with the Assembly's efforts to educate communities about the risks of unprotected sex, the benefits of contraception, and overcoming barriers such as stigma and misinformation. By addressing these elements, the Assembly seeks to influence sexual and reproductive health (SRH) behaviours and improve outcomes. The HBM outlines several key components that drive individuals' health-related decisions, which include perceived susceptibility, perceived severity, perceived benefits, and perceived barriers (Glanz, Rimer, & Viswanath, 2008). These constructs are central to understanding how the Assembly designs and implements its communication campaigns. For instance, the Assembly highlights the risks of SRH issues such as unintended pregnancies and

STIs. According to the HBM, increasing individuals' perceived susceptibility to these risks is crucial for motivating preventive behaviours. By emphasizing the likelihood of contracting STIs or experiencing unintended pregnancies if preventive measures are not taken, the Assembly encourages teenagers and community members to adopt safer sexual practices, such as the use of contraception and abstinence.

Additionally, the HBM emphasizes the role of perceived severity in influencing health decisions. The Assembly's campaigns focus on the social, economic, and health consequences of reproductive health challenges to reinforce the importance of taking preventive action. For example, the campaigns might highlight the financial burden associated with unplanned pregnancies, including the costs of raising a child or the potential loss of educational opportunities. Similarly, the health risks of untreated STIs, such as infertility or chronic illness, are underscored to convey the seriousness of these conditions. These messages align with Rosenstock's (1974) observation that individuals are more likely to engage in health-promoting behaviours when they perceive the consequences of inaction as severe. The Assembly's communication strategies also underscore the perceived benefits of engaging in healthy reproductive behaviours. The HBM posits that individuals are more likely to act if they believe the recommended behaviours will effectively reduce a health threat (Champion & Skinner, 2008). For instance, by educating teenagers on the effectiveness of contraceptives in preventing both pregnancies and STIs, the Assembly promotes their use as a practical solution to reproductive health risks. This approach not only increases awareness but also encourages positive behaviours change by providing clear, actionable steps for teenagers to protect themselves.

At the same time, the Assembly works to address perceived barriers, which are another critical component of the HBM. Barriers may include misconceptions about contraceptives, stigma associated with seeking reproductive health services, or limited access to these services. The

Assembly's strategies aim to reduce these barriers by providing accurate information, fostering open discussions about reproductive health, and ensuring that services are accessible and culturally sensitive. For example, by incorporating peer education and community outreach programs, the Assembly creates safe spaces where teenagers can ask questions and clarify doubts without fear of judgment. This aligns with Glanz et al. (2008), who argue that addressing barriers is essential for facilitating health behaviours change.

In addition to these core components, the HBM includes cues to action and self-efficacy, both of which are integral to the Assembly's communication strategies. Cues to action serve as triggers that prompt individuals to take health-related actions, such as seeking reproductive health services or adopting safer sexual practices (Champion & Skinner, 2008). The Assembly employs various cues, including mass media campaigns, peer education sessions, and community outreach activities, to keep reproductive health issues at the forefront of public consciousness. For instance, dramatizations and songs used in school programs serve as memorable cues that reinforce key messages about the dangers of teenage pregnancy and the benefits of safe sexual practices. Self-efficacy, or the confidence in one's ability to perform a recommended behaviour, is another critical aspect of the HBM. The Assembly's initiatives aim to build self-efficacy by empowering individuals with the knowledge and skills needed to make informed reproductive health decisions. Workshops, interactive sessions, and peer mentorship programs provide teenagers with practical guidance on how to use contraceptives, seek medical care, and communicate effectively about their health needs. This empowerment is vital for ensuring that behaviours changes are not only initiated but also sustained over time.

Overall, the Ashalaja Municipal Assembly's communication strategies align closely with the HBM's constructs, effectively integrating its principles to promote reproductive health. By emphasizing perceived susceptibility and severity, the Assembly motivates individuals to recognize the importance of preventive measures. Highlighting the benefits of healthy

behaviours and addressing barriers ensures that these measures are seen as both feasible and worthwhile. Furthermore, the use of cues to action and the promotion of self-efficacy enhances the likelihood of sustained behaviours change. While these strategies have shown positive outcomes, such as increased awareness and reduced teenage pregnancy rates, ongoing efforts are needed to expand their reach, particularly to out-of-school youth and marginalized groups. Incorporating the HBM's principles into future initiatives will further strengthen the Assembly's capacity to improve reproductive health outcomes in the community.

Chapter Summary

This chapter provided a detailed account of the research methodology employed to assess the effectiveness of the Ashalaja Municipal Assembly's communication strategies for addressing teenage pregnancy and reproductive health issues. The chapter outlined the systematic approach adopted to achieve the research objectives, combining both quantitative and qualitative methods through a Sequential Explanatory Design. This mixed-methods approach ensured a comprehensive evaluation by integrating statistical trends with in-depth insights.

The research design was described as both descriptive and evaluative. The descriptive aspect provided an understanding of the communication strategies currently in place, while the evaluative component assessed the extent to which these strategies have influenced teenage reproductive health behaviours. This dual approach was selected to ensure that the study captured both the breadth and depth of the subject matter. The study setting, Ashalaja, a peri-urban community in Ghana, was carefully chosen due to its high prevalence of teenage pregnancy and ongoing efforts by the Municipal Assembly to address this issue.

The target population comprised teenagers aged 13–19 years and key stakeholders, including teachers, health workers, and Assembly officials. A stratified random sampling technique was employed to ensure the inclusion of diverse participants while maintaining representativeness. Data collection methods were explained in detail. Quantitative data were gathered using structured questionnaires, which assessed teenagers' knowledge, exposure, and behavioural changes related to reproductive health. Qualitative data were collected through semi-structured interviews and focus group discussions, providing deeper insights into participants' perceptions, experiences, and the cultural and social barriers they faced. Printed questionnaires were used due to the limited digital infrastructure in Ashalaja, ensuring accessibility for all participants.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter outlines the research methodology used to evaluate the effectiveness of the Ashalaja Municipal Assembly's communication strategies for raising awareness of teenage pregnancy and reproductive health issues. The methodology includes the research approach, design, study setting, target population, sample, and sampling technique, as well as data collection methods, analysis, and ethical considerations. These components are designed to ensure that the research is systematically conducted to provide valid, reliable, and actionable insights for improving communication strategies.

3.1 Research Philosophy

This study adapts Pragmatism research philosophy. Pragmatism is a research philosophy that prioritizes practical solutions and emphasizes the need to use methods that best address the research problem. In the context of the study, “Evaluating the Effectiveness of Ashalaja Municipal Assembly’s Communication Strategies for Raising Awareness on Teenage Pregnancy and Reproductive Health Issues,” pragmatism will allow for a flexible and action-oriented approach. It recognizes that both qualitative and quantitative methods can provide valuable insights, making it suitable for complex social issues like teenage pregnancy, where outcomes need to be both measurable and contextually understood. As Creswell (2014) asserts, pragmatism focuses on the research problem and uses all available approaches to understand the problem, rather than sticking to a single methodological tradition. For this study, the use of

pragmatism enables the researcher to assess the communication strategies' effectiveness through both statistical analysis and personal feedback from the target population. This mixed-method approach aligns with the pragmatic view that the research method should be chosen based on its ability to answer the research question (Tashakkori & Teddlie, 2010). The combination of methods provides a richer, more balanced understanding of both the efficacy of the communication strategies and the social and cultural factors that influence teenage reproductive health behaviour.

Furthermore, pragmatism's focus on practical implications makes it highly relevant to this research. According to Patton (2015), pragmatism is particularly suited to applied research because it directly ties research findings to real-world actions. In this case, the findings from the evaluation will inform policy changes and help optimize communication strategies to better engage adolescents in Ashalaja, potentially reducing the rates of teenage pregnancy. Thus, pragmatism as a research philosophy not only supports a comprehensive approach to evaluation but also ensures that the outcomes are applicable and beneficial to the community.

3.2 Research Approach

The research adopts a mixed-methods approach, which integrates both qualitative and quantitative research methods. This approach aligns with the pragmatic research philosophy, focusing on practical solutions by using the most effective methods to answer the research question (Creswell, 2014). Mixed-methods research enables a more comprehensive exploration of the research topic by combining the strengths of both qualitative and quantitative approaches. In the context of evaluating the Ashalaja Municipal Assembly's communication strategies, this approach allows for the collection of numerical data to assess the reach and

effectiveness of the campaigns while also capturing the personal experiences and perceptions of the teenagers who are the target audience.

The quantitative data collected provide measurable outcomes, helping to determine the extent to which the communication strategies have raised awareness and influenced behaviour change regarding teenage pregnancy and reproductive health. This aspect of the mixed-methods approach is crucial because it provides statistical evidence of the communication strategies' impact, supporting generalizations about their effectiveness (Johnson & Onwuegbuzie, 2004).

On the other hand, the qualitative component provides deeper insights into how the communication strategies are perceived by teenagers, uncovering factors that might affect the campaigns' success, such as cultural beliefs, peer pressure, or barriers to accessing reproductive health services. According to Bryman (2016), qualitative research is valuable in understanding the context, motivations, and experiences behind behaviour, making it an essential complement to quantitative findings in this study. The research approach selected for this study is the Sequential Explanatory Design, a specific type of mixed-methods approach. This approach is well-suited to the study's objectives as it allows for an initial collection of broad, generalizable data through surveys to assess the reach, effectiveness, and understanding of the Ashalaja Municipal Assembly's communication strategies.

The study aims to evaluate the effectiveness of communication strategies on teenage pregnancy and reproductive health, where quantitative data gathered from surveys can offer statistical evidence on aspects such as awareness levels, behavioural changes, and the reach of these strategies. However, to grasp the underlying factors contributing to these numbers, qualitative data is essential. This design allows for a structured process in which the second phase uses interviews and focus group discussions to explore participants' perspectives, thereby providing a more detailed explanation of the quantitative findings. The Sequential Explanatory Design

offers flexibility and depth in addressing the research questions. The Sequential Explanatory Design is the most suitable mixed-method approach for this study. It enables a comprehensive evaluation of the Ashalaja Municipal Assembly's communication strategies by facilitating an initial broad assessment through quantitative data, followed by an in-depth exploration using qualitative data.

3.3 Research Design

The research design for this study is both descriptive and evaluative, focusing on assessing the current communication strategies used by the Ashalaja Municipal Assembly to address teenage pregnancy and reproductive health issues. A descriptive research design is ideal for studies that aim to observe and describe phenomena without manipulating variables, allowing researchers to gather a clear picture of the existing communication strategies and their reach (Creswell, 2014). This approach helps to provide a detailed account of the methods employed by the Assembly and how they are being perceived and received by teenagers and other stakeholders in the community. Describing these strategies, the research will establish a foundation for understanding how they operate and the extent to which they are accessible and relatable to the target audience. In addition to being descriptive, the research is evaluative in nature, as it aims to measure the effectiveness of these communication strategies in achieving their intended goals. Evaluative research is designed to determine whether a specific intervention or program is producing the desired outcomes (Rossi, Lipsey, & Freeman, 2004). In this case, the research assesses whether the communication campaigns are successfully raising awareness about reproductive health and reducing teenage pregnancy rates in the community. The evaluative aspect involves gathering data on key indicators such as the level of awareness among teenagers, changes in attitudes towards reproductive health, and any observable behavioural

changes because of the campaigns. This evaluative approach helps identify strengths and weaknesses in the current strategies, providing evidence-based insights for potential improvements.

3.4 Study Setting

The study was conducted in Ashalaja, a peri-urban community in Ghana known for its diverse population and socio-economic activities. This location was chosen due to the high prevalence of teenage pregnancy and the ongoing efforts by the Ashalaja Municipal Assembly to address this issue through various communication campaigns. The community presents a relevant context for exploring how effectively these strategies are reaching the intended audience and influencing their behaviour. Additionally, the choice of Ashalaja is influenced by convenience, as it is where I reside, allowing for greater familiarity with the area and easier access to the population.

Ashalaja has a mixed demographic profile, comprising a blend of ethnic groups and age ranges. The population includes a significant number of adolescents and young adults, making it a critical area for studying issues related to teenage pregnancy. The community has a mix of socio-economic activities, with many residents engaged in small-scale farming, trading, and artisan work. While some areas have access to basic amenities like healthcare and education, there are still challenges related to economic opportunities and access to comprehensive health services, factors which can contribute to the high rates of teenage pregnancy. Understanding the socio-economic and cultural dynamics of Ashalaja is crucial for this study, as these factors directly impact the phenomenon of teenage pregnancy. The local economy, largely driven by informal sector activities, often influences the life choices and opportunities available to young

people, including access to reproductive health education and services. Furthermore, traditional norms and cultural attitudes toward sexual health and early childbearing play a role in shaping behaviours and attitudes among teenagers. The community's unique blend of socio-economic characteristics and cultural context provides a valuable setting to examine how the Assembly's communication strategies are tailored to address these complexities.

3.5 Target Population

The target population for this study included teenagers aged 13-19 within the Ashalaja community and stakeholders involved in implementing the communication strategies, such as health workers, Teachers, and Assembly officials. The teenagers represent the primary audience of the communication campaigns, while the stakeholders provide insights into the design and delivery of these messages.

3.6 Sample and Sampling Technique

Sampling is the process of selecting a subset of individuals or elements from a larger population to participate in a study. In the context of this study, sampling is crucial for obtaining a representative group of individuals from the Ashalaja community to evaluate the effectiveness of communication strategies on teenage pregnancy and reproductive health.

For this study, a stratified random sampling technique was employed to select participants. This technique involves dividing the population into distinct subgroups, or strata, based on specific characteristics relevant to the study, such as age and gender. In this case, the population was stratified into subgroups of teenagers aged 13-19 and stakeholders involved in

implementing the communication strategies. This will ensure that each subgroup is adequately represented in the sample, enhancing the validity and generalizability of the findings.

Once the population was stratified, random sampling was used within each stratum to select participants. This means that individuals within each subgroup had an equal chance of being chosen for the study, reducing selection bias and ensuring that the sample is representative of the larger population. For teenagers, a sample size of 100 participants was selected to gather quantitative data on their awareness, understanding, and engagement with the communication strategies. Additionally, the students and 10 stakeholders, including health workers, Teachers, and Assembly officials, were purposively sampled to provide qualitative insights into the design, implementation, and perceived effectiveness of these strategies.

The teenagers for this study were selected from schools within the Ashalaja community. This approach ensured a more comprehensive representation of the teenage population.

3.7 Data Collection Method and Instrument

This study employed a combination of a survey and semi-structured interviews as data collection methods. These instruments were carefully selected to capture both quantitative and qualitative data, ensuring a comprehensive understanding of the effectiveness of the Ashalaja Municipal Assembly's communication strategies in addressing teenage pregnancy and reproductive health. Structured questionnaires were used to gather quantitative data from teenage participants. The questionnaires were designed to assess their knowledge of reproductive health, exposure to the Assembly's communication strategies, and any resulting behavioural changes. Questions focused on key areas such as understanding of contraceptives, awareness of sexually transmitted infections (STIs), and attitudes toward teenage pregnancy

using closed-ended questions with predefined response options. The questionnaires ensured consistency and enabled the collection of data that could be easily analysed using statistical methods. Printed questionnaires were chosen for this study, considering the context of Ashalaja as a peri-urban community. Many teenagers in the area do not have consistent access to the internet or digital devices required for completing online questionnaires. The use of printed questionnaires ensured inclusivity, enabling all selected participants to participate without facing technological barriers. Additionally, printed questionnaires were more practical in settings such as schools and community gatherings, where they could be distributed and collected directly. This method also allowed the researcher to clarify any unclear questions, ensuring accurate and reliable responses. The distribution of printed questionnaires during controlled settings, such as school sessions or community meetings, facilitated higher response rates. Participants could complete the questionnaires immediately, reducing the likelihood of incomplete or missing data. The tangible nature of printed questionnaires also provided an opportunity for researchers to establish rapport with participants, fostering a more trusting environment that encouraged honest and thoughtful responses.

To complement the quantitative data, semi-structured interviews were conducted with key stakeholders, including teachers, health workers, and Assembly officials. The interviews were designed to explore participants' perceptions, experiences, and interpretations of the communication strategies employed by the Assembly. This method allowed for in-depth exploration of how the strategies were received, their perceived effectiveness, and any challenges faced in their implementation. The semi-structured format provided a balance between consistency and flexibility. While an interview guide ensured that all key topics were covered, the open-ended nature of the questions allowed participants to express their thoughts and experiences in their own words. This approach was particularly useful for capturing

nuanced insights into the cultural, social, and economic factors influencing the effectiveness of the communication strategies.

For example, health workers provided insights into the challenges of addressing reproductive health issues in a culturally sensitive manner, while teachers shared their experiences with school-based programs such as Girls Girls sessions and peer mentoring initiatives. These qualitative insights enriched the study by providing a deeper understanding of the context and the factors influencing the success or limitations of the communication strategies.

The combination of structured questionnaires and semi-structured interview ensured that the study captured a holistic view of the communication strategies' effectiveness. The questionnaires provided measurable data on awareness levels, behavioural changes, and demographic variables, while the interviews added depth by uncovering the underlying reasons behind these patterns. This mixed-methods approach aligned with the study's objectives, which required both a broad overview and a detailed exploration of the communication strategies' impact. incorporating diverse data collection methods, the study accounted for the perspectives of both the recipients (teenagers) and the implementers (teachers, health workers, and Assembly officials) of the communication strategies. This comprehensive approach enhanced the reliability and validity of the findings, providing a strong foundation for analysing and improving the Assembly's efforts to address teenage pregnancy and reproductive health.

3.8 Data Handling and Analysis

Data handling in this study adhered to strict protocols to ensure confidentiality and data integrity throughout the research process. All quantitative and qualitative data collected were carefully managed to protect participants' privacy. Quantitative data from the structured questionnaires were coded and entered into a statistical software program for analysis. Before analysis, all personal information from participants were anonymized by assigning unique codes to individual responses, ensuring that no identifying details were associated with the data. Qualitative data from interviews was audio-recorded with participants' consent and then transcribed verbatim. The transcriptions were also anonymized to maintain confidentiality. Data were securely stored on encrypted devices, and access was restricted to the research team, ensuring that sensitive information was safeguarded against unauthorized access.

The analysis employed a mixed-methods approach, integrating both quantitative and qualitative data to provide a comprehensive evaluation of the Ashalaja Municipal Assembly's communication strategies. Quantitative data were analysed using descriptive statistics, including frequencies, percentages, and means, to identify trends and measure the reach and impact of the communication strategies. This analysis helped to quantify the level of awareness, understanding, and behavioural changes among teenagers in response to the Assembly's efforts. Using statistical software, the study generated tables and graphs to visually represent these findings, making it easier to interpret the effectiveness of the strategies in engaging the target population. Qualitative data underwent thematic analysis to identify common themes and patterns in participants' responses. This process involved carefully reading through the transcriptions to highlight key ideas and concepts that emerged from the discussions. Thematic analysis helped to capture the depth and complexity of participants' experiences and perceptions regarding the communication strategies. For instance, the analysis explored how

teenagers interpret reproductive health messages, the perceived relevance of these messages, and any cultural or social factors influencing their response. Integrating the qualitative insights with the quantitative findings, the study presented a holistic view of the effectiveness of the Assembly's communication strategies. The findings were presented using a combination of graphs, tables, and narrative descriptions, providing a balanced and more understanding of both numerical trends and participant insights. This approach ensured that the study not only measured the reach and impact of the communication strategies but also delved into the underlying reasons behind the observed outcomes.

3.9 Ethical Issues

The study adhered to strict ethical guidelines to protect the rights and well-being of all participants. The ethical considerations included obtaining informed consent, ensuring confidentiality and anonymity, minimizing potential harm, and seeking ethical approval from the research directorate of Unimac. Informed consent was obtained from all participants before their involvement in the study. For teenagers under the age of 18, consent was also sought from their parents and guardians. Participants were provided with detailed information about the study's purpose, procedures, potential risks, and benefits. Participants were informed that their participation was voluntary and that they had the right to withdraw from the study at any time without any consequence. This process ensured that participants made an informed decision about their involvement. Confidentiality was strictly maintained throughout the research process. All data collected were handled with utmost care to ensure that participants' identities and personal information were protected. Anonymity was preserved by assigning unique codes or pseudonyms to participants instead of using their real names. This means that no identifying information was linked to the data during analysis or in the reporting of findings. Furthermore,

data was securely stored on password-protected devices, and only the researcher team had access to this information. After the completion of the study, all personal data were securely destroyed to prevent any potential breach of confidentiality.

The study was designed to minimize any potential harm or discomfort to participants. Given the sensitive nature of topics like teenage pregnancy and reproductive health, questions were carefully phrased to avoid causing distress or embarrassment. Participants were not required to answer any questions that made them uncomfortable, and they were informed that they could skip any question without providing a reason. Ethical approval was sought from the research directorate to ensure that the study complies with established ethical standards and guidelines of the University of Media Arts and Communication. Participants were fully informed about their rights, including the right to withdraw from the study at any point without any negative consequences. They were assured that their decision to participate or withdrawal would not affect their relationship with the researchers or any services they receive from the Ashalaja Municipal Assembly. This transparency was important in building trust and ensuring voluntary participation.

3.10. Chapter Summary

This chapter provided a detailed explanation of the research methodology used to evaluate the effectiveness of the Ashalaja Municipal Assembly's communication strategies for raising awareness about teenage pregnancy and reproductive health issues. The methodology was designed to ensure a systematic and comprehensive approach to answering the research objectives, combining both quantitative and qualitative methods to capture diverse perspectives. The study adopted a Sequential Explanatory Design, a mixed-methods approach that integrates quantitative and qualitative research components. Employing this method, the research aimed to address the multifaceted nature of teenage pregnancy and reproductive health communication within Ashalaja.

The study setting was Ashalaja, a peri-urban community in Ghana. This location was specifically chosen due to its high prevalence of teenage pregnancy and the ongoing efforts by the Municipal Assembly to combat this issue through various initiatives. The chapter emphasized the importance of understanding the unique demographic and socio-economic characteristics of Ashalaja in contextualizing the findings. The target population for the study included teenagers aged 13 to 19 years, along with key stakeholders such as teachers, health workers, and assembly officials involved in implementing the communication strategies. A stratified random sampling technique was employed to ensure a representative sample, dividing participants into subgroups based on age, gender, and stakeholder roles. This method ensured a balanced perspective on the Assembly's efforts, capturing insights from both recipients and implementers of the communication strategies. Data collection methods were designed to align with the study's objectives. Structured questionnaires were used for the quantitative component to gather measurable data on awareness levels, behavioural changes, and exposure to communication strategies. Semi-structured interviews formed the qualitative component,

providing an in-depth exploration of participants' perceptions, experiences, and influences on the effectiveness of the strategies. Informed consent was obtained from all participants, who were fully briefed on the purpose of the study, their rights, and their ability to withdraw at any time without consequence. Confidentiality and anonymity were strictly maintained to protect participants' identities and data.

In summary, this chapter outlined a robust methodology designed to capture a comprehensive understanding of the Ashalaja Municipal Assembly's communication strategies.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter presents an in-depth analysis and discussion of the findings from the study, integrating both quantitative and qualitative data. The findings are structured around the research objectives, allowing for a systematic evaluation of the communication strategies employed by the Ashalaja Municipal Assembly to address teenage pregnancy and reproductive health issues. Combining survey data and insights from interviews the chapter provides a holistic understanding of how these strategies influence teenagers' awareness, perceptions, and behaviours.

The analysis follows a mixed-methods approach, in line with the study's Sequential Explanatory Design, which first utilizes quantitative data to establish patterns and trends before using qualitative data to explore the nuances and reasons behind these trends. The quantitative component primarily focuses on measurable outcomes, such as awareness levels, behaviours changes, and access to reproductive health information. Meanwhile, the qualitative findings delve into participants' lived experiences, perceptions of communication strategies, and societal influences that shape their understanding of reproductive health. In discussing the findings, this chapter also draws on the Health Belief Model (HBM) as the guiding theoretical framework. The HBM offers a lens through which to analyse how perceptions of susceptibility, severity, benefits, and barriers influence health-related behaviours. Additionally, constructs such as cues to action and self-efficacy provide insights into how communication strategies

encourage or hinder teenagers' ability to make informed reproductive health decisions. While aligning the findings with the HBM, the chapter highlights the psychological and contextual factors that impact the effectiveness of communication strategies.

The chapter also situates its findings within the broader body of existing literature, drawing comparisons and identifying gaps. This approach ensures that the analysis not only evaluates the specific efforts of the Ashalaja Municipal Assembly but also contributes to the wider discourse on teenage reproductive health education and behaviours change.

Overall, this chapter aims to provide actionable insights into the strengths and limitations of the current communication strategies. By addressing the research objectives, it highlights areas of success and identifies opportunities for improvement. The integration of quantitative and qualitative data ensures a comprehensive analysis, while the alignment with theoretical and empirical literature provides a robust foundation for drawing conclusions and making evidence-based recommendations. This structured approach facilitates a nuanced understanding of how communication strategies can be optimized to achieve better reproductive health outcomes among teenagers in Ashalaja.

Table 1: Demographic Profile of Respondents

The study involved 100 teenage participants to evaluate the effectiveness of the Ashalaja Municipal Assembly’s communication strategies on teenage pregnancy and reproductive health. The demographic characteristics provide insights into the target population and the inclusivity of the communication strategies.

Table 1: Demographic Profile of Respondents (Age, Gender and Level of education)

CATEGORY		Frequency	Percent	Valid Percent
Age	13-15	92	92.0	92.0
	16-17	7	7.0	7.0
	18-19	1	1.0	1.0
Gender	Female	66	66.0	66.0
	Male	34	34.0	34.0
Level of education	Junior high school	100	100	100
	Total respondents	100	100.0	100.0

Source: survey data 2024

This study evaluates the effectiveness of the Ashalaja Municipal Assembly’s communication strategies for raising awareness about teenage pregnancy and reproductive health. The age distribution of the participants points out that 92% are aged 13-15, indicating that the study primarily captures the perspectives of younger teenagers. A smaller proportion, 7%, falls within the 16-17 age group, while only 1% are aged 18-19. This focus on younger teenagers reflects the reach of current communication strategies. However, the limited representation of older teenagers suggests a need to expand these strategies to ensure all age groups are adequately included in reproductive health education and awareness efforts.

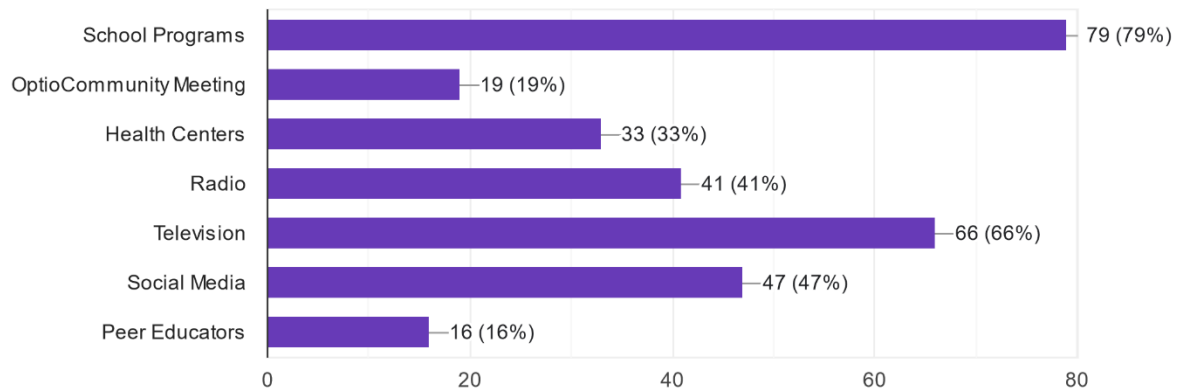
In terms of gender, the study sample includes 66% females and 34% males. The higher representation of females is significant, as teenage pregnancy directly affects them, making their insights crucial for understanding the issue. However, involving males is equally important, as their attitudes and behaviours play a vital role in addressing teenage pregnancy. The relatively lower engagement of males suggests a gap in outreach efforts. Effective strategies should actively involve both genders, as addressing teenage pregnancy requires shared responsibility and behavioural change from both males and females. Efforts to balance gender representation will ensure a more holistic approach to solving teenage reproductive health issues.

Also, all participants in the study (100%) are Junior High School (JHS) students, which reflects the study's focus on teenagers within the formal education system. This group is at a critical stage where reproductive health education can significantly influence their decisions and behaviours. However, the exclusive focus on in-school teenagers excludes older and out-of-school teenagers, who may face different challenges and have varying levels of exposure to reproductive health education.

4.1 Figure1. Communication Strategies Used by the Ashalaja Municipal Assembly

Which of the following channels have you received information from? (Select all that apply)

100 responses



Source: survey data 2024

The study revealed that school-based programs are the primary communication strategy employed by the Assembly. Quantitative data indicated that 96% of participants reported receiving reproductive health information, with 79% citing school programs as their primary source. Additionally, 66% of respondents acknowledged television as a significant channel, while 47% pointed to social media. Other channels, such as health centres (5%) and community meetings (2%), had limited impact.

Qualitative data reinforced these findings, with participants highlighting initiatives like Girls Girl's sessions and peer mentoring programs. Adwoa, a 13-year-old participant, shared, *"We meet every two weeks to discuss teenage pregnancy and STIs."* Another participant emphasized, *"The Girls Girls program provides a platform where we can share experiences and learn about the consequences of our actions."* NGOs such as Right to Play were pivotal in enhancing these school-based programs. A headmaster explained, *"Right to Play trained us on interactive methods like role-playing, which made the sessions more engaging for students."*

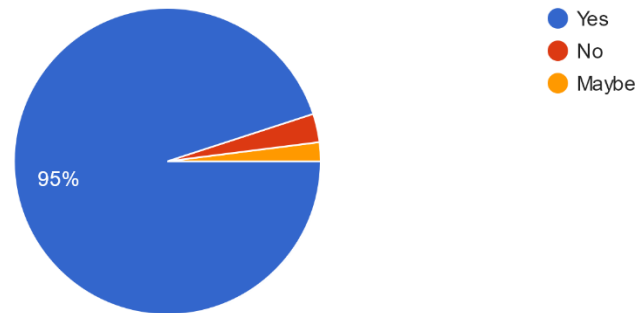
These collaborations contributed to a structured approach to reproductive health education, as confirmed by another teacher, who stated, “*The NGO’s involvement brought resources and tools that we wouldn’t have otherwise.*” The findings align with the HBM’s cues to action, which emphasize the importance of structured interventions in prompting health-related decisions. School-based programs provide consistent exposure to reproductive health messages, creating opportunities for teenagers to recognize the risks of early pregnancy and STIs. This strategy is supported by Denno et al. (2015), who argue that school programs are effective platforms for delivering adolescent health education.

However, the limited use of community-based approaches restricts the reach to out-of-school youth, who are particularly vulnerable to reproductive health risks. Addressing this gap requires expanding communication strategies beyond schools, as highlighted by Jennings et al. (2019), who advocate for inclusive and accessible interventions. While the school programs have proven effective, integrating community meetings and mass media campaigns could enhance the Assembly’s overall impact. The integration of quantitative and qualitative data confirms the centrality of school programs while underscoring the added value of NGO collaborations. The structured nature of these programs ensures that teenagers receive accurate and relevant information, but the gaps in broader community engagement remain a significant limitation.

4.2 Figure 2. Effectiveness of the Communication Strategies

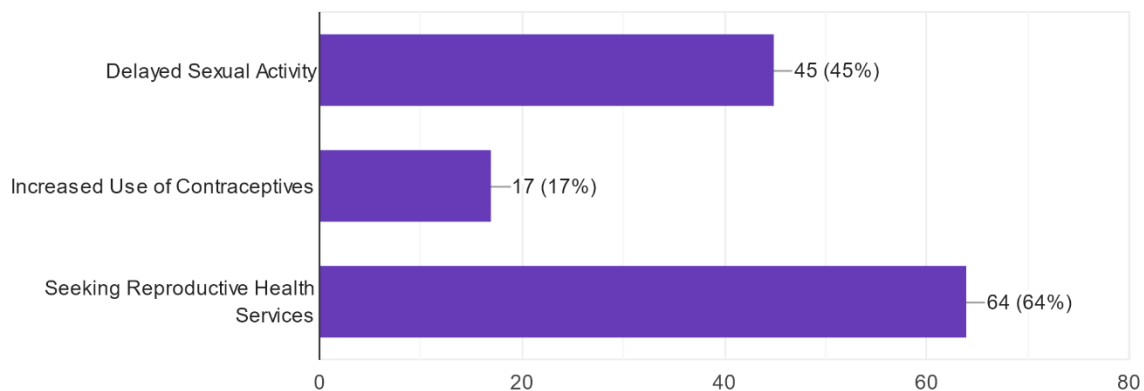
Have the communication strategies influenced your decisions regarding sexual and reproductive health?

100 responses



If yes, in what ways has it influenced your behaviour? (Select all that apply)

100 responses



Source: survey data 2024

The study found that 95% of participants reported that the communication strategies influenced their decisions regarding reproductive health. Among these, 64% sought reproductive health services, 45% delayed sexual activity and 17% indicated increased use of contraceptives. These statistics indicate a high level of behavioural impact. Qualitative findings supported this, with participants emphasizing the role of interactive methods like dramatizations and peer mentoring. Ami, 14 years said, *“The drama about the girl who got pregnant made them realize the consequences of their actions.”* Eno noted, *“Songs and dramas stick with us and make the*

lessons easier to remember.” However, challenges were identified in sustaining behaviour change, particularly among out-of-school teenagers. A headmaster acknowledged, *“While the strategies work well in schools, we need community-based programs to reach those outside the formal education system.”* The lack of sustained follow-up activities was also highlighted as a limitation, with a teacher stating, *“Once the sessions are over, we don’t always see the long-term effects on their behaviour.”*

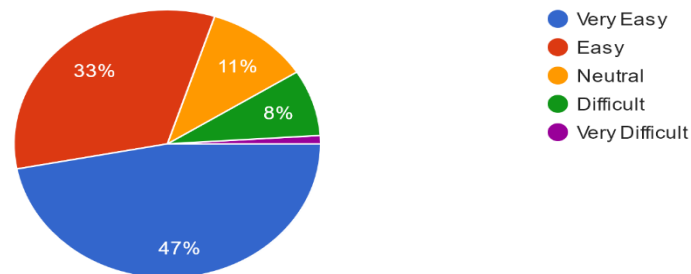
The effectiveness of the communication strategies aligns with the HBM’s perceived benefits construct, which emphasizes the role of demonstrating positive outcomes to motivate behaviour change. The integration of interactive methods, such as dramatizations, reinforces the benefits of delaying risky behaviours and seeking reproductive health services. Schiavo (2013) points out the importance of engaging and culturally relevant strategies in influencing adolescent behaviour.

Despite the successes, the data highlights the challenges in sustaining behaviour change. This limitation aligns with findings by Campbell and Cornish (2010), who argue that consistent engagement and follow-up are critical for achieving long-term impact. Expanding the reach of these strategies to out-of-school teenagers and integrating sustained follow-up mechanisms could address these challenges. The quantitative and qualitative findings complement each other by illustrating both the immediate impact and the gaps in achieving sustained behavioural change. While the strategies are effective in the short term, addressing structural and socio-cultural barriers is essential for long-term success.

4.3 Figure 3. Teenagers’ Understanding of the Reproductive Health Messages

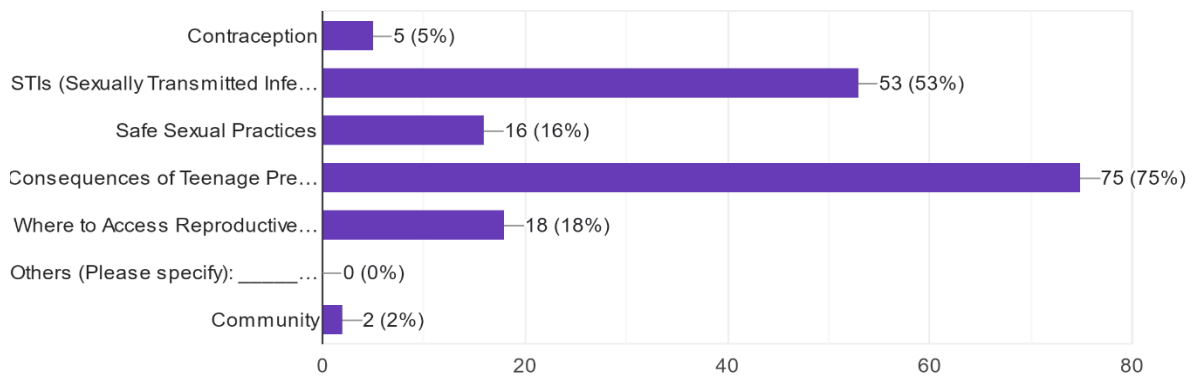
How easy is it for you to understand the messages about reproductive health shared by the School Authorities?

100 responses



What topics have you learned about from these communication strategies? (Select all that apply)

100 responses



Source: survey data 2024

Quantitative data showed that 80% of respondents found the reproductive health messages “easy” or “very easy” to understand, with 33% rating them as "easy" and 47% as "very easy." However, 8% found the messages difficult, and 1% rated them as "very difficult," indicating some barriers to comprehension. A smaller portion (11%) remained neutral about their understanding. These findings suggest that while most teenagers grasp the key messages, there are still individuals who struggle with specific aspects of the content. In terms of topics learned, the data revealed a diverse range of issues addressed by the communication strategies. A

significant proportion (29%) of respondents reported learning about the consequences of teenage pregnancy, while 23% indicated they had learned about both teenage pregnancy and sexually transmitted infections (STIs). Topics like safe sexual practices (6%) and access to reproductive health services (2%) were less frequently mentioned. Combined topics, such as contraception, STIs, and the consequences of teenage pregnancy, were noted by a small proportion (4%). These findings indicate that while the messages cover various reproductive health issues, their emphasis on specific topics like STIs and teenage pregnancy may overshadow others, such as safe sexual practices and access to services.

Qualitative findings offered further insights into the understanding of these messages. While many teenagers reported clarity and comprehension, gaps were evident, particularly regarding contraceptives. Some participants shared misconceptions, such as the belief that contraceptives provide full protection against both pregnancy and STIs. Adzo, aged 17, remarked, *“Some think, ‘I’m on contraceptives, so I don’t need to worry about STIs.’”* Ama, aged 15, added, *“Introverted students often lack knowledge because they don’t engage in discussions.”* These comments suggest that while messages may be clear, their depth and comprehensiveness require improvement to address critical misconceptions. Interactive methods, such as songs, were particularly praised for simplifying complex topics and aiding retention. Yaa, aged 14, shared, *“The songs about the dangers of abortion and STIs help us understand and remember the lessons.”* These methods align with Schiavo’s (2013) emphasis on engaging and memorable communication strategies to enhance learning. However, the presence of misconceptions suggests a need for targeted educational interventions that provide detailed and accurate information on preventive measures and risks.

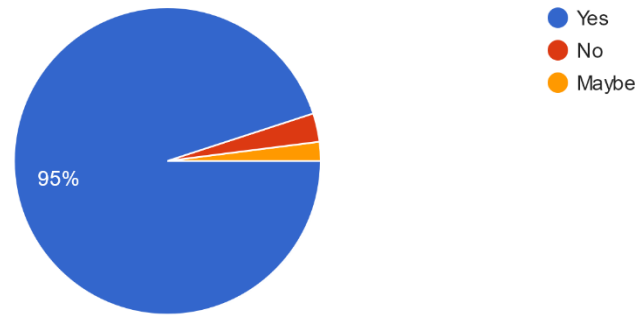
The findings also demonstrate the relevance of the Health Belief Model (HBM), particularly the self-efficacy construct. These strategies empower teenagers with the confidence to make informed decisions by applying their knowledge. However, addressing the gaps in

comprehensiveness, particularly misconceptions about contraceptives and STIs, is essential for improving overall outcomes. The integration of quantitative and qualitative data highlights the strengths of interactive methods while emphasizing the need for enhanced education to tackle existing knowledge gaps. Incorporating more detailed discussions on preventive measures and health risks could significantly improve teenagers' understanding and decision-making capabilities.

4.4 Figure 3. Impact of Communication Strategies on Teenage Reproductive Health Behaviours

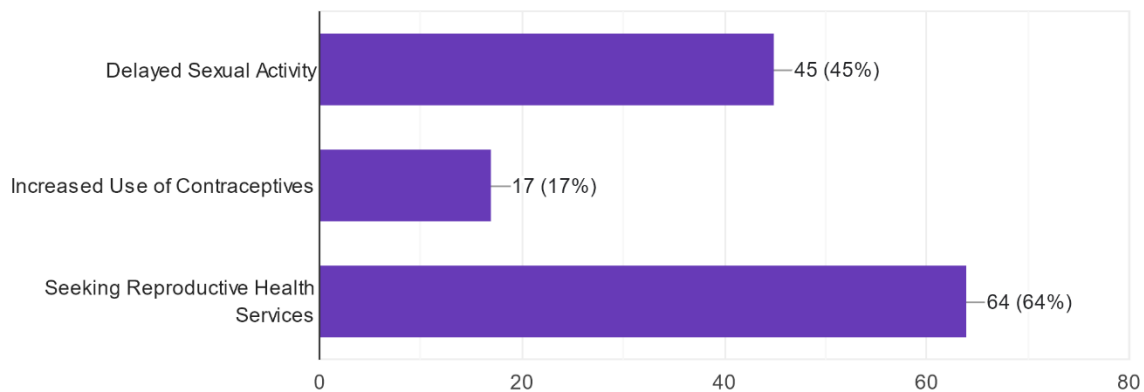
Have the communication strategies influenced your decisions regarding sexual and reproductive health?

100 responses



If yes, in what ways has it influenced your behaviour? (Select all that apply)

100 responses



Source: survey data 2024

Quantitatively, the data revealed significant behavioural changes, with 95% of respondents affirming the influence of communication strategies on their decisions. Behavioural outcomes included seeking reproductive health services (64%) and delaying sexual activity (45%). Qualitative data provided additional context, with participants noting reductions in teenage pregnancy rates within schools. One headmaster shared, “For the past two years, we have not

recorded any teenage pregnancy cases in Ashalaja MA School.” However, poverty and parental influence were identified as ongoing challenges. One participant stated, “Some parents push their children to men due to financial pressures.” These findings emphasize the need for strategies that address socio-economic barriers, as highlighted by Campbell and Cornish (2010) *“Poverty and lack of resources are key structural barriers that limit individuals’ ability to access and act on health education messages. For health interventions to be effective, they must address not only knowledge deficits but also the structural inequities that constrain health behaviours.”* A holistic approach involving parental education and community support is essential for sustaining positive behavioural changes. It becomes evident that while the strategies successfully influence behaviours within structured environments like schools, their effectiveness diminishes in the face of broader socio-economic challenges. For instance, teenagers from impoverished households may struggle to act on reproductive health messages due to a lack of financial or familial support. To sustain positive behavioural changes, it is crucial to integrate efforts that address these structural barriers. This includes initiatives that provide financial support to families and promote parental involvement in reproductive health education that undermine teenagers’ decision-making autonomy. Such integrated approaches can help ensure that the positive impacts observed within schools are extended to the broader community, aligning with Campbell and Cornish’s (2010) assertion that health interventions must address both knowledge and structural inequities.

In conclusion, these findings reveal that the Ashalaja Municipal Assembly’s communication strategies have been effective in raising awareness and influencing behaviours among in-school teenagers. However, gaps in contraceptive education, engagement with out-of-school youth, and addressing cultural barriers limit the overall impact.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter provides a comprehensive conclusion to the study, combining the key findings derived from the integration of quantitative and qualitative data. It reflects on the effectiveness of the Ashalaja Municipal Assembly's communication strategies in addressing teenage pregnancy and reproductive health. The findings are summarized to provide a clear picture of the study's outcomes, offering insights into the strengths, limitations, and areas for improvement within the existing strategies. The chapter also aligns the findings with the research objectives and theoretical framework to ensure consistency and relevance. Conclusions are drawn based on the data analysis, highlighting the successes and gaps observed in the communication strategies. These conclusions serve to identify actionable areas where the Assembly and its partners can enhance their interventions. Special attention is given to addressing socio-cultural and structural barriers that hinder the broader effectiveness of the strategies. Contextualizing the conclusions within the broader literature, the study provides a robust foundation for understanding the nuances of reproductive health communication in peri-urban Ghanaian communities.

The chapter concludes with targeted recommendations tailored to specific stakeholders, including the Assembly, schools, parents, and NGOs. These recommendations aim to address the identified gaps, particularly in engaging out-of-school youth, improving contraceptive education, and overcoming cultural barriers. Additionally, suggestions for future research are outlined to encourage further exploration into areas such as the long-term impact of communication strategies and the role of digital platforms in reproductive health education.

Together, these elements provide a roadmap for advancing reproductive health communication efforts in Ashalaja and similar contexts.

5.1 Summary of Findings

This study assessed the effectiveness of the Ashalaja Municipal Assembly's communication strategies in addressing teenage pregnancy and reproductive health among teenagers aged 13-19 years in Ashalaja in Accra Ghana. A mixed-methods approach was used, employing the Sequential Explanatory Design to integrate quantitative and qualitative data. Structured questionnaires were administered to 100 teenagers to gather quantitative data, while semi-structured interviews and focus group discussions with teachers, health workers, and Assembly officials provided qualitative insights. Stratified random sampling ensured that the study captured a representative sample of the teenage population. The findings revealed that school-based programs were the most prominent communication channels. Initiatives like Girls Girls sessions, peer mentoring, and collaborative efforts with NGOs such as Right to Play emerged as the primary means of disseminating reproductive health information. These programs were effective in creating awareness and educating in-school teenagers about reproductive health. Secondary communication channels, including television, social media, and occasional community meetings, played supportive roles but lacked the direct engagement provided by school programs.

The effectiveness of these strategies was evident in the behavioural changes reported by participants. A significant ninety-five percent of respondents indicated that the communication strategies positively influenced their reproductive health decisions. Specific behavioural outcomes included increased uptake of reproductive health services (64%) and delayed sexual

activity (45%). These results highlight the success of the Assembly's efforts in reaching in-school teenagers and prompting positive behavioural changes. However, the strategies were less effective in engaging out-of-school teenagers, limiting their overall reach. While 80% of participants found the reproductive health messages easy to understand, some misconceptions persisted, particularly regarding contraceptives. For instance, some teenagers believed that contraceptives offered full protection against both pregnancy and sexually transmitted infections (STIs). Despite these gaps, the strategies contributed to significant reductions in teenage pregnancy rates within schools. Nonetheless, external factors such as poverty, parental influence, and cultural norms posed challenges to sustaining these positive outcomes, underscoring the need for more holistic and inclusive approaches.

5.2 Conclusion

The study explored the effectiveness of the Ashalaja Municipal Assembly's communication strategies in addressing teenage pregnancy and reproductive health. The findings underscore the critical role of school-based programs in reaching and educating in-school teenagers. These programs, supported by NGO collaborations, utilized methods such as peer mentorship, dramatizations, and interactive learning sessions. While these initiatives were highly effective within schools, they inadequately addressed the needs of out-of-school youth due to the limited implementation of community-based outreach programs. This gap represents a significant challenge in ensuring inclusive reproductive health education.

The study also demonstrated the effectiveness of communication strategies in influencing teenage behaviours. Quantitative and qualitative data revealed that these strategies encouraged increased uptake of reproductive health services and delayed sexual activity among

participants. However, their reach was largely confined to the school environment, limiting their broader community impact. The findings suggest that while the strategies effectively engage teenagers within structured educational settings, additional efforts are needed to extend their influence to community contexts.

Teenagers generally found the reproductive health messages easy to understand, with many reporting improved knowledge of reproductive health issues. However, gaps in comprehensiveness were observed, particularly concerning contraceptives and sexually transmitted infections (STIs). Some teenagers believed that contraceptives provided full protection against all reproductive health risks, highlighting the need for more detailed and accurate educational interventions. This gap underscores the importance of addressing misconceptions to ensure that teenagers can make informed decisions about their reproductive health. One of the most significant impacts of the communication strategies was the reduction in teenage pregnancy rates within schools. Participants and stakeholders noted a noticeable decline in pregnancy cases, which reflects the effectiveness of the strategies in fostering positive behavioural changes. However, socio-economic challenges such as poverty and parental influence continue to hinder the sustainability of these improvements. Many teenagers are vulnerable to external pressures due to financial constraints, with some parents pushing their children into situations that compromise their reproductive health. Addressing this issue requires targeted interventions that provide socio-economic support to families while reinforcing the importance of education and health for teenagers.

Additionally, cultural norms in Ashalaja often conflict with reproductive health education, creating barriers to effective communication. These norms emphasize parental authority and traditional beliefs, which can undermine teenagers' ability to make independent decisions about their reproductive health. To overcome this, culturally sensitive strategies that involve parents

and community leaders must be developed. This will ensure that reproductive health messages are accepted and supported within the community.

Finally, limited resources constrain the Assembly's ability to expand its communication strategies. While school-based programs have proven effective, the lack of funding and logistical support has hindered efforts to implement community-based initiatives and reach marginalized groups. Expanding resource allocation is essential to ensure that the Assembly can build on its successes and address the gaps identified in this study. Addressing these challenges, the Ashalaja Municipal Assembly can create a more inclusive and sustainable approach to reproductive health communication.

5.3 Recommendations

Based on the findings of this study, the following recommendations are made to improve the effectiveness of the Ashalaja Municipal Assembly's communication strategies for addressing teenage pregnancy and reproductive health. These recommendations are targeted at specific stakeholders to ensure accountability and effectiveness.

5.3.1 Expand Outreach to Marginalized Groups

Ashalaja Municipal Assembly and NGOs are to address the gap in reaching out-of-school teenagers, the Assembly should design community-based programs that specifically target this underserved group, as well as parents and traditional leaders. Organizing community durbars, house-to-house campaigns, and informal gatherings will help extend reproductive health messages to these groups. Incorporating the voices of traditional leaders and respected community figures can further ensure acceptance and engagement. Programs should also

include tailored interventions for out-of-school youth, addressing their unique vulnerabilities and access barriers.

5.3.2 Enhance Contraceptive Education

Ghana Health Service and Schools are to conduct education on contraceptive use should go beyond basic information to focus on dual protection against pregnancy and sexually transmitted infections (STIs). Workshops should be organized for students, teachers, and health workers to deliver accurate and detailed knowledge. Multimedia campaigns, including videos, posters, brochures, and interactive online content, should be developed to clarify misconceptions and emphasize the importance of safe sexual practices. Schools should also integrate practical discussions about contraceptive methods into their reproductive health curriculum to ensure comprehensive understanding.

5.3.3 Strengthen Resource Allocation

Ministry of Health and Local Government: Insufficient funding has been a major constraint in implementing and sustaining communication strategies. The Ministry of Health and Local Government should increase resource allocation to support teacher training, extracurricular activities like Girls Girls sessions, and large-scale community campaigns. Additional funding can also ensure the provision of materials and tools, such as contraceptives, information brochures, and audiovisual equipment, for use during campaigns. Strengthening resource allocation will ensure the sustainability and scalability of these programs.

5.3.4 Engage Parents and Community Leaders

Parent-Teacher Associations (PTAs) and Traditional Authorities: Parents and community leaders play a critical role in shaping teenagers' reproductive health decisions. PTAs should organize regular forums to educate parents about their role in guiding their children and the importance of reproductive health. Partnering with traditional and religious leaders can help to challenge cultural norms that conflict with reproductive health education. For example, Queen Mothers and Chiefs can act as change agents, advocating for the protection of teenage girls and emphasizing the benefits of delaying sexual activity and avoiding early pregnancy.

5.3.5 Leverage Digital Platforms

Municipal ICT Units and NGOs: With the increasing prevalence of digital technology, social media and mobile health platforms present an opportunity to reach tech-savvy teenagers who may not participate in traditional programs. Developing apps, short videos, and social media campaigns can provide accessible, engaging, and relevant reproductive health information. NGOs can collaborate with municipal ICT units to design user-friendly platforms that address issues like contraceptive use, STIs, and teenage pregnancy prevention. These platforms should also include interactive elements, such as Q&A sessions and forums, to engage users effectively. These targeted recommendations address the gaps identified in the study and propose practical steps to improve the communication strategies employed by the Ashalaja Municipal Assembly. By implementing these measures, the Assembly can enhance its efforts to reduce teenage pregnancy rates and improve reproductive health outcomes in the community.

5.4 Suggestions for Future Research

The findings from this study have highlighted several areas requiring further investigation to build on existing knowledge and improve the effectiveness of reproductive health communication strategies.

Focus on Out-of-School Youth

Future research should explore the specific reproductive health needs and challenges faced by out-of-school teenagers in peri-urban settings like Ashalaja. Out-of-school youth often lack access to formal communication channels such as school programs, leaving them vulnerable to misinformation and risky behaviours. Investigating the barriers they face and identifying alternative ways to reach this group such as community-based interventions and informal education programs would provide valuable insights for designing inclusive strategies.

Evaluate Long-Term Impact

There is a need for longitudinal studies to assess the sustainability of behaviour changes resulting from the current communication strategies. While this study found positive short-term effects, such as increased contraceptive use and reduced teenage pregnancy rates, it remains unclear whether these changes are maintained over time. Future studies could track the outcomes of these interventions over several years to evaluate their long-term effectiveness and identify factors influencing sustained behavioural change.

Parental and Cultural Influence

Future research should investigate the role of parental attitudes and cultural norms in shaping teenage reproductive health behaviours. As this study found, poverty and parental influence significantly affect teenagers' decision-making processes. Additionally, cultural norms often conflict with reproductive health education, limiting its impact. Studies examining how to

engage parents and navigate cultural sensitivities effectively could provide practical recommendations for improving communication strategies in similar contexts.

Digital Innovations

As digital platforms become increasingly accessible, future studies should assess the effectiveness of digital health platforms in delivering reproductive health education to adolescents. Social media, mobile applications, and other online tools can provide teenagers with timely and relevant information, particularly for those less likely to participate in traditional programs. Research should explore the best practices for designing and implementing these platforms, as well as their impact on knowledge retention and behavioural change.

Gender-Sensitive Approaches

Understanding the unique challenges faced by boys and girls in accessing reproductive health education is essential for developing tailored strategies. Future research should examine gender-specific barriers and explore how communication strategies can be adapted to meet the needs of both genders. For instance, studies could investigate boys' perceptions of reproductive health education and their engagement with programs, as well as the specific vulnerabilities faced by girls. These suggestions aim to address the gaps identified in this study and contribute to a more comprehensive understanding of reproductive health communication in peri-urban settings. By focusing on these areas, future research can provide actionable insights to enhance the effectiveness and inclusivity of strategies designed to combat teenage pregnancy and promote reproductive health.

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APPENDIX 1. DATA COLLECTION INSTRUMENT.

DATA COLLECTION INSTRUMENT FOR THE STUDY

Survey Questionnaire for Teenagers

Section A: Demographic Information

AGE (in years)

13-15

16-17

18-19

SEX

Male

Female

EDUCATIONAL LEVEL

Junior High School

Senior High School

Out of School

Have you ever received information about reproductive health?

Yes

No

SECTION B: AWARENESS AND UNDERSTANDING OF COMMUNICATION STRATEGIES

5. How often do you encounter information about teenage pregnancy and reproductive health from the Ashalaja Municipal Assembly?

Very Often

Often

Occasionally

Rarely

Never

Which of the following channels have you received information from? (Select all that apply)

School Programs

Community Meetings

Health Centers

Radio

Television

Social Media

Peer Educators

Others (Please specify): _____

How easy is it for you to understand the messages about reproductive health shared by the Ashalaja Municipal Assembly?

Very Easy

Easy

Neutral

Difficult

Very Difficult

What topics have you learned about from these communication strategies? (Select all that apply)

Contraception

STIs (Sexually Transmitted Infections)

Safe Sexual Practices

Consequences of Teenage Pregnancy

Where to Access Reproductive Health Services

Others (Please specify): _____

SECTION C: ENGAGEMENT AND IMPACT

9. Do you feel that the information provided by the Assembly has increased your knowledge about reproductive health?

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Have the communication strategies influenced your decisions regarding sexual and reproductive health?

Yes

No

Not Sure

If yes, in what ways has it influenced your behavior? (Select all that apply)

Delayed Sexual Activity

Increased Use of Contraceptives

Seeking Reproductive Health Services

Improved Communication with Parents/Guardians about Sexual Health

Others (Please specify): _____

How do you perceive the relevance of the information provided by the Assembly to your daily life?

Very Relevant

Relevant

Neutral

Irrelevant

Very Irrelevant

SECTION D: SUGGESTIONS AND FEEDBACK

13. What do you think can be done to improve the communication strategies of the Ashalaja Municipal Assembly regarding teenage pregnancy and reproductive health?

APPENDIX 2: INTERVIEW GUIDE

INTERVIEW GUIDE FOR STAKEHOLDERS (HEALTH WORKERS, EDUCATORS, ASSEMBLY OFFICIALS)

Introduction and Experience

Can you describe your role in the implementation of the Ashalaja Municipal Assembly's communication strategies on teenage pregnancy and reproductive health?

How long have you been involved in these communication initiatives?

What communication strategies does the Assembly currently use to raise awareness about teenage pregnancy and reproductive health?

Which channels do you find most effective in reaching teenagers?

In your opinion, how effective are these communication strategies in reaching and engaging teenagers?

Can you share any specific examples or instances where you observed a positive impact on the teenagers' knowledge or behaviours?

Understanding and Comprehension

Do you think the reproductive health messages are easily understood by teenagers? Why or why not?

What feedback have you received from teenagers regarding the clarity and relevance of the information provided?

Behavioural Impact

Have you observed any changes in teenage reproductive health behaviours and teenage pregnancy rates as a result of these communication strategies?

What factors do you believe are influencing these behaviours?

Challenges and Recommendations

What challenges have you encountered in disseminating reproductive health information to teenagers?

What recommendations would you make to improve the Assembly's communication strategies for better impact?

Cultural and Societal Factors

How do cultural and societal norms in Ashalaja impact the effectiveness of the communication strategies on teenage pregnancy and reproductive health?

How has the Assembly adapted its strategies to address these norms?

Future Initiatives

What future initiatives or strategies do you think would be beneficial in further reducing teenage pregnancy rates and improving reproductive health awareness?

Focus Group Discussion Guide for Teenagers

Introduction and Icebreaker

Start with an introduction and a brief icebreaker to make participants comfortable.

Explain the purpose of the discussion and ensure confidentiality.

General Awareness

How familiar are you with the communication efforts made by the Ashalaja Municipal Assembly regarding teenage pregnancy and reproductive health?

Where do you usually get information about these topics?

Effectiveness of Communication

Do you find the information provided by the Assembly helpful? Why or why not?

Which method (e.g., school programs, radio, peer education) do you find most effective in learning about reproductive health?

Understanding and Interpretation

How well do you understand the messages about teenage pregnancy and reproductive health from the Assembly?

Are there any messages or topics you find confusing or unclear?

Behavioural Influence

Have any of the communication strategies influenced your decisions or behaviors regarding sexual health?

Can you share examples of how this information has impacted your life?

Engagement and Preferences

How would you prefer to receive information about reproductive health in the future?

What topics do you think should be emphasized more in the Assembly's communication strategies?

Feedback and Suggestions

What suggestions do you have for improving the way the Assembly communicates about teenage pregnancy and reproductive health?

What other resources or support would you find helpful in understanding these topics better?