



American Journal of Arts and Human Science (AJAHS)

ISSN: 2832-451X (ONLINE)

VOLUME 4 ISSUE 1 (2025)



PUBLISHED BY
E-PALLI PUBLISHERS, DELAWARE, USA

Channels for Promoting Health Literacy on Family Planning Among Pregnant Women in Akheri Ward, Arumeru District

Juma Almasi Mhina^{1*}, Sara Mmari¹, Moh'd Juma Moh'd¹, Najma Salehe Amini¹, Zakia K. Msuya¹

Article Information

Received: January 07, 2025

Accepted: February 12, 2025

Published: February 24, 2025

Keywords

*Communication Channels,
Community Health Workers,
Family Planning, Health Literacy,
Pregnant Women*

ABSTRACT

The study assessed the channels utilized to enhance family planning literacy among pregnant women in Akheri Ward, Arumeru District, Tanzania, between February and April 2024. The research focuses on hospital-registered pregnant women and employs a mixed-methods approach to address the central question of how family planning information is effectively disseminated. A total sample of 269 respondents was selected using a combination of probability and non-probability sampling techniques. Data collection involved structured interviews with key informants, including Reproductive and Child Health Officers, as well as questionnaires administered to the target population. The findings reveal that antenatal clinic mobilization by health professionals serves as the most effective channel for disseminating family planning information. This approach is particularly valued for fostering trust, offering personalized education, and facilitating informed decision-making among pregnant women. Social media platforms, especially WhatsApp groups, emerge as the second most effective channel, providing convenient access to information. Additionally, mass media, such as radio, plays a significant role in reaching broader and often remote populations. However, barriers such as limited internet access, inadequate digital literacy, and time constraints pose challenges to the efficacy of these channels, particularly in rural settings. The study underscores the critical importance of a multi-channel communication strategy to ensure comprehensive dissemination of family planning knowledge, particularly for underserved rural communities. Recommendations include increased investment in both traditional media, such as radio, and digital platforms to expand access and overcome infrastructural barriers. Furthermore, capacity-building initiatives for health professionals and community-based interventions are advocated to improve engagement and enhance maternal health outcomes. These findings contribute to the broader discourse on maternal health literacy, highlighting the need for context-specific, inclusive communication strategies in low-resource settings.

INTRODUCTION

Globally, health literacy is a critical factor in improving health outcomes. It encompasses individuals' ability to access, understand, and use health-related information to make informed decisions (Brach & Harris, 2021; Busse *et al.*, 2022; Muscat *et al.*, 2021). The World Health Organization (WHO) states that inadequate health literacy is a significant barrier to achieving universal health coverage, particularly in low- and middle-income countries. Globally, family planning is recognized as a cornerstone of maternal and child health (de Silva *et al.*, 2024; Mwaikambo *et al.*, 2021). Access to effective family planning services reduces maternal mortality by preventing unintended pregnancies and reducing the risks associated with closely spaced pregnancies (Sharma *et al.*, 2020).

Despite global advancements, many women still lack access to essential family planning services and information. In 2022, the United Nations Population Fund (UNFPA) (2022) reported that nearly 222 million women in developing regions had an unmet need for modern contraceptives. This gap is often attributed to limited health literacy, cultural norms, and inadequate healthcare infrastructure (Mhina, 2024; Sørensen *et al.*,

2021; UNFPA, 2022).

In sub-Saharan Africa, family planning uptake remains a pressing challenge. The region accounts for the highest rates of maternal mortality globally, with limited health literacy playing a significant role (Ducray *et al.*, 2021; Harsch *et al.*, 2021). According to a study by Demographic and Health Surveys (DHS) (2021), only 30% of women in sub-Saharan Africa have comprehensive knowledge of modern contraceptive methods. Barriers such as cultural stigmas, gender inequality, and misconceptions about contraceptives further hinder efforts to promote family planning (Adaki & Nsofor, 2023; Potasse & Yaya, 2021). According to Hall *et al.* (2023) community-based approaches, including health literacy campaigns, have shown promise in improving family planning outcomes. However, many of these initiatives fail to reach marginalized groups, including pregnant women in rural settings, due to poor infrastructure and lack of targeted strategies (Houghton *et al.*, 2023; Richardson *et al.*, 2023). East African countries have made commendable efforts to improve access to family planning. Governments and non-governmental organizations have implemented policies to increase contraceptive prevalence and reduce maternal mortality. For instance, Kenya's National Family

¹ Tengeru Institute of Community Development, Tanzania

* Corresponding author's e-mail: almasijuma@yahoo.co.uk

Planning Program has significantly raised awareness, leading to a contraceptive prevalence rate of 58% as of 2021 (Of, 2021). However, disparities persist, particularly in rural areas where health literacy is low.

In Uganda, studies reveal that only 25% of rural women have adequate knowledge about family planning, and myths about contraceptive methods are prevalent (Kabagenyi *et al.*, 2019). Tanzania faces similar challenges, with rural communities reporting limited access to accurate family planning information despite the government's efforts to expand reproductive health services (Carroll & Kapilashrami, 2020; Kassim & Ndumbaro, 2022; Massenga *et al.*, 2021).

Tanzanian government has prioritized family planning as a key strategy to improve maternal and child health. The Ministry of Health, through initiatives like the National Family Planning Costed Implementation Program, has aimed to increase contraceptive use to 45% by 2025. However, as of 2020, only 38% of women of reproductive age were using modern contraceptives (TDHS, 2022). In this case, health literacy remains a significant barrier, particularly in rural areas. Many women rely on informal sources of information, such as friends or traditional healers, which may perpetuate misinformation. Moreover, sociocultural factors, such as male dominance in decision-making, often limit women's autonomy in accessing family planning services (Schuler *et al.*, 2021).

Akheri Ward in Arumeru District reflects the broader challenges observed in rural Tanzania. This necessitates the need for community health workers who play a crucial role in disseminating health information, but their reach is often restricted by logistical challenges and cultural barriers. Additionally, there is limited research on the specific channels used to promote health literacy on family planning in Akheri Ward, making it difficult to design effective interventions. Similarly, numerous studies have focused on family planning and health literacy at national and regional levels, for example, Mhina (2024) conducted a study on the awareness of family planning services among pregnant. Thus, there is limited evidence on the specific channels through which health literacy on family planning is promoted among pregnant women in rural areas like Akheri Ward. Existing research often generalizes findings without addressing the unique sociocultural and logistical challenges faced by specific communities.

This study seeks to fill this gap by assessing the channels promoting health literacy on family planning among pregnant women in Akheri Ward, Arumeru District. Understanding the channels that promote health literacy on family planning among pregnant women is crucial for improving maternal and child health outcomes. Pregnant women often face significant challenges in accessing accurate information about family planning due to cultural, social, or systemic barriers. Identifying effective communication channels—such as healthcare providers, community outreach programs, digital platforms, or peer support groups—can help tailor messages that resonate with this audience. Enhanced health literacy enables

pregnant women to make informed decisions about family planning, ensuring proper spacing of pregnancies, reducing maternal and neonatal health risks, and empowering women to take control of their reproductive health. Moreover, such efforts contribute to broader public health goals, including reduced healthcare costs and improved community well-being.

MATERIALS AND METHODS

Description of the study area

The study was carried out in the Arusha region of Tanzania's northern highlands, specifically in the Arumeru district. The district is located in the northeastern section of the Arusha area, sharing borders with the Manyara area to the south and the Kilimanjaro Region to the east.

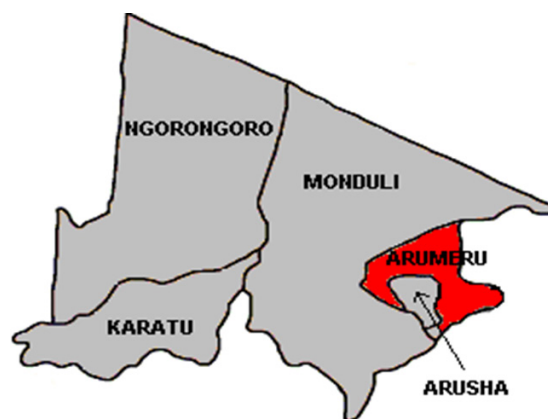


Figure 1. The study area

Kilimanjaro International Airport (KIA) and the district headquarters of Arumeru are approximately 25 kilometers apart. One of the six districts that make up the Arusha region is Arumeru district. The area of the Arumeru District is roughly 2,966 square kilometers, or roughly 3.6 of the Arusha region's overall area of 82,424 square kilometers. Arumeru East and Arumeru West are the district's two parliamentary constituencies. According to the author, there are thirty-seven (37) wards in the Arumeru District: Bangata, Akheri, Bwawani, Ilkiding'a, Kikatiti, Kikwe, Kimnyaki, King'ori, Kiranyi, Kisongo, Leguruki, Makiba, Majiyachai, Maroroni, Mateves, Mbuguni, Mlangarini, Moivo, Moshono, Murieti, Musa, Mwandeti, Nduruma, Ngarenanyuki, Oldonyosambu, Nkoanrua, Nkoaranga, Nkoarisambu, Oljoro, Olkokola, Olturoto, Olturumeti, Poli, Sing'isi, Sokoni one, Songoro, and Usa-river. Economic operations carried out at the study area are agriculture, livestock keeping, tourism, forestry, beekeeping, fishery, industry, and mining. In this study the researcher chosen to conduct research in Akheri ward because of convenience and easy to get there due to our location regarding to resources we have; time constraints and characteristic of the population being studied.

Target Population

The study targeted pregnant women residing in the Akheri

ward. Purposive sampling was used to select respondents for inclusion in the study. Woman aged between 15 to 49 years and capable of expressing themselves concerning the topic in question were included in the study. Local community health workers (CHWs) from the respective ward helped to identify potential households from which individuals meeting the set inclusion criteria were picked. The CHWs also helped to identify potential study participants in the selected households and establish trust between the researchers and study participants.

Sample Size

According to Reproductive and Child Health report of (2023), reported that, the registered pregnant women at Arumeru district in 2023 year was 827 people. Therefore, using Yamane (1967) formula a sample size of this study was determined as follows:

Mathematically, from the Yamane (1967) formulae

$$n = N / (1 + N(e)^2)$$

Whereas:

n = samples size,

N = total population,

e = sampling error

Then: N = 827 Total population

e = 0.05%,

From the formula:

$$n = 827 / (1 + 827(0.05)^2)$$

$$n = 827 / (1 + 827 \times 0.05 \times 0.05)$$

$$n = 827 / (1 + 827 \times 0.0025)$$

$$n = 827 / (1 + 2.0675)$$

$$n = 827 / 3.0675$$

$$n = 269$$

$$n = 269$$

The sample size of this study was 269.

Sampling Procedure

Both probability and non-probability procedures were used in the study. To determine the sample size, pregnant women were chosen using the probability strategy, specifically simple random sampling. The hospital's Reproductive and Child Health Officer (RCH officer) was chosen as a key informant using non-probability sampling, namely purposive sampling.

Data Collection Methods

Data were collected between February and April 2024 using the following methods:

Interview

Data from the study participants were mainly collected using Interview based on a guide initially developed in English and translated into Kiswahili for easy comprehension among the participants. The guide consisted of open-ended questions on participants' perspectives concerning channels for promoting health literacy on family planning. Each session lasted between 20 and 30min. To ease participants' attendance, the

discussions were held at places of their convenience.

Questionnaire

Questionnaires were utilized in the study to get data from pregnant women because they offered a quick easy, affordable, and effective method of gathering a lot of data from a large sample of responses. In order to enhance communication with the respondents and, consequently, the response rate, this survey was conducted in person. To collect quantifiable information, the survey included closed-ended questions. By selecting appropriate responses from the list, respondents were allowed to express their own responses to the closed-ended questions.

Data Analysis

Measures such as identification and formulation of the research problem, selection of study participants, and accuracy in data collection, analysis, and interpretation helped to ensure trustworthiness of the study findings. Audio recordings and field notes captured all the discussions during data collections. These recordings then underwent verbatim transcription in Kiswahili, the language of researchers with participants, before being translated into English and reviewed by the researchers. After the review, the transcripts were imported, coded, and analyzed thematically using NVivo software (QSR version 12). Themes generated from the narratives of the interviews were then organized to group similar ones from the transcriptions into a cluster. The themes are socio-demographic factors, fertility channel preferences, negative perceptions, and misinformation on family planning, use of unproven channel methods of family planning, limited access to reliable sources of family planning information, household responsibilities, and men's involvement in family planning. Quantitative data were analyzed using SPSS version 27. These involved both descriptive analyses

Ethical considerations

Permission to conduct the study was sought from the local authorities in the Arumeru district. Written informed consent was obtained from the participants who were able to read while verbal informed consent was obtained from the participants who could not write. Informed consent for minors (those aged below 18years), was obtained from their parents/guardians. In addition to this, the minors were fully informed about the study and made aware that they were free to decide to participate or not. All the study participants were assured that their participation would be kept anonymous throughout the study.

RESULTS AND DISCUSSIONS

Demographic Characteristics of Respondents

As shown in Table 1, respondents' ages are divided into two groups. The age range of the largest group is 24-29 (27.5%), followed by 30-35 (21.9%) and 18-25 (21.6%),

while the age range of the smallest group is over 47 (9.3%) and 42-47 (10%). This suggests that more than 70% of the respondents are under 35 years of age. Since most members of this group are of reproductive age, family planning education is especially important. Compared to older groups, younger people may be less resistant to contemporary family planning services but may also lack thorough understanding (Mushy *et al.*, 2020). Targeted education for this age should be given priority, but efforts should also take into account the needs of the older cohort, which may have different knowledge levels or preferences as a result of generational views. Likewise, results of respondents' educational attainment is divided into two groups. The lowest group had non-formal education (11.9%) and primary education (14.5%), while the largest group had university-level education (33.5%) and secondary education (22.3%). With more than half of the respondents having secondary, tertiary, or university-level education, this suggests that higher education levels are common in this sample. This suggests that awareness efforts might be more sophisticated and include technical aspects of family planning services, as many responders may have more cognitive ability and information access. Nonetheless, the fact that 26.4% of respondents had only completed primary or non-formal education suggests that less educated people require easier-to-use, more accessible communication methods.

Additionally, respondents' marital status reveals that single (40.1%), followed by married (42.4%), while the smallest group is made up of widows (5.2%) and divorced (12.3%). This demonstrates that family planning awareness needs to be addressed across a range of lifestyles, as evidenced by the nearly equal percentage of married and single respondents. Married people could focus more on family planning to limit or space out children, while single people may need education on the use of contraceptives to avoid unwanted pregnancies. Divorced and widowed people should not be ignored in awareness campaigns since they may have special requirements, such as making plans for future relationships or their health following the death of a spouse. According to the data, the largest proportion of respondents derive their livelihood from business (35.3%) and farming (24.9%), while a smaller percentage (16.7%) rely on other sources of income. This informs the importance of delivering family planning information through channels that effectively target the business and farming sectors, as these occupations engage a significant portion of the population. Business professionals could benefit from community outreach programs or integration with agricultural extension services, while farmers, particularly in rural areas, may be better reached through targeted agricultural initiatives or rural development program.

Table 1: Demographic characteristics of respondents

Variable (n = 269)		Frequency	Per cent
Age of respondents	18-25	58	21.6
	24-29	74	27.5
	30-35	59	21.9
	36-41	26	9.7
	42-47	27	10
	More than 47	25	9.3
	Total	269	100
Education Level	Primary education	39	14.5
	Secondary education	60	22.3
	Tertiary	48	17.8
	University level	90	33.5
	Non formal education	32	11.9
	Total	269	100
Marital status	Single	108	40.1
	Marriage	114	42.4
	Divorced	33	12.3
	Widow	14	5.2
	Total	269	100
Occupation	Farmer	67	24.9
	Business	95	35.3
	Employed	62	23
	Others	45	16.7
	Total	269	100

Similarly, business professionals be better reached through workplace health initiatives or urban clinics. Given a wide range of occupational classifications, a one-size-fits-all strategy for family planning education would be insufficient (Fauser *et al.*, 2024; Kristiansen *et al.*, 2023). Promoting health family planning through channels tailored to lifestyles related to profession will guarantee more relevance and reach (Adaki, 2023; Adaki & Nsofor, 2023; Hazra-Ganju *et al.*, 2023).

The channels used to promote health literacy in family planning use among pregnant women in Akheri Ward

The findings in Fig. 1 illustrates the channels used to promote family planning knowledge among pregnant women. According to the data, 29.7% of respondents indicated that health professionals' mobilization is the primary channel. Social media was identified by 26% of respondents as an effective platform for promoting health literacy in family planning. Mass media accounted for 19.3% of responses, while 8.2% of respondents cited fellow community members as their source of information. Additionally, 7.4% of respondents mentioned receiving family planning knowledge from other community-based sources. These findings support that of Valencia (2025) who examined role of social media and mass media in political campaigns and how they are used to promote flow of information.

Concerning the channels used to promote health literacy

on improving family planning among pregnant women in the community, the findings revealed that the majority of respondents, 80 (29.7%), identified mobilization by health professionals as the primary channel for promoting family planning knowledge. This was followed by 70 respondents (26%) who indicated social media as an effective platform, and 52 respondents (19.3%) who cited mass media. Additionally, 22 respondents (8.2%) mentioned fellow community members, while the smallest group, 20 respondents (7.4%), referred to other community-based sources. Notably, 25 respondents (9.3%) did not specify any channel used for promoting health literacy regarding family planning.

These findings suggest that mobilization by health professionals is the most impactful channel for disseminating family planning knowledge to pregnant women. However, social media and mass media also play significant roles in contributing to health literacy and encouraging the use of family planning among this group. The contribution of social media and mass media on ensuring information reaches many people within short time is witnessed by (Almasi, Athman, *et al.*, 2023; Almasi, Mwaseba, *et al.*, 2023; Benaiah & Osuntoki, 2024; Oyewole, 2024). These studies support the findings in the sense that mass and social media plays a great role in information dissemination. Similarly, gives an evidence that for quick inflows of information, mass and social media are inevitable.

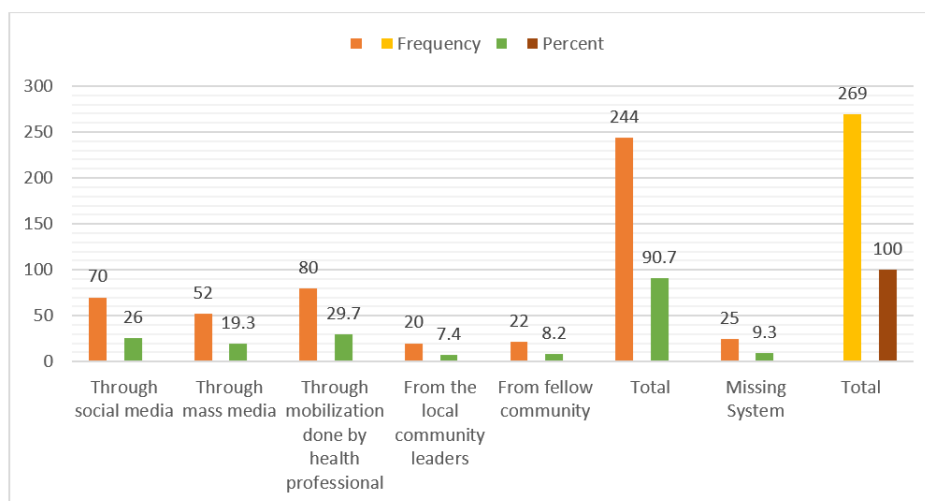


Figure 2: Channels used to promote health literacy in family planning use among pregnant women in Akheri ward (Researcher, 2025)

The study conducted by Chukwuji (2018) in Zamfara State, Nigeria, contrasts with these findings, as 63% of respondents identified radio as the primary source of information on family planning issues, while only 6% reported receiving such information through social media. Similarly, the study by Kilugwe and Ruheza (2018) supports the notion that various communication channels, including television, radio, mobile phones, printed media, health facilities, and health field workers, are widely used globally to disseminate family planning information.

Mass communication has been shown to encourage and motivate individuals to adopt family planning practices. Common mass media platforms used for this purpose include radio, television, cinema, printed materials, and traditional folk events.

Effectiveness of the channels used to promote health literacy in family planning among pregnant women

The findings in Fig. 2 illustrates respondents' perceptions of the effectiveness of channels used to promote health

literacy in family planning among pregnant women. A total of 37.9% of respondents agreed that the channels are effective, while 29% considered them very effective. Additionally, 24.2% rated the channels as satisfactory, and 8.9% indicated that the channels are not effective.

Regarding the effectiveness of the channels used to promote health literacy, the findings revealed that the majority of respondents, 102 (37.9%), agreed that the channels were effective, while 78 respondents (29%) stated they were very effective. Additionally, 65

respondents (24.2%) rated the channels as satisfactory, and 24 respondents (8.9%) indicated that the channels were not effective.

These findings suggest that the majority of the channels used to promote health literacy among pregnant women are perceived as effective or very effective. This indicates that pregnant women have access to information related to family planning, which increases their awareness and influences their use of contraception methods to manage birth control effectively.

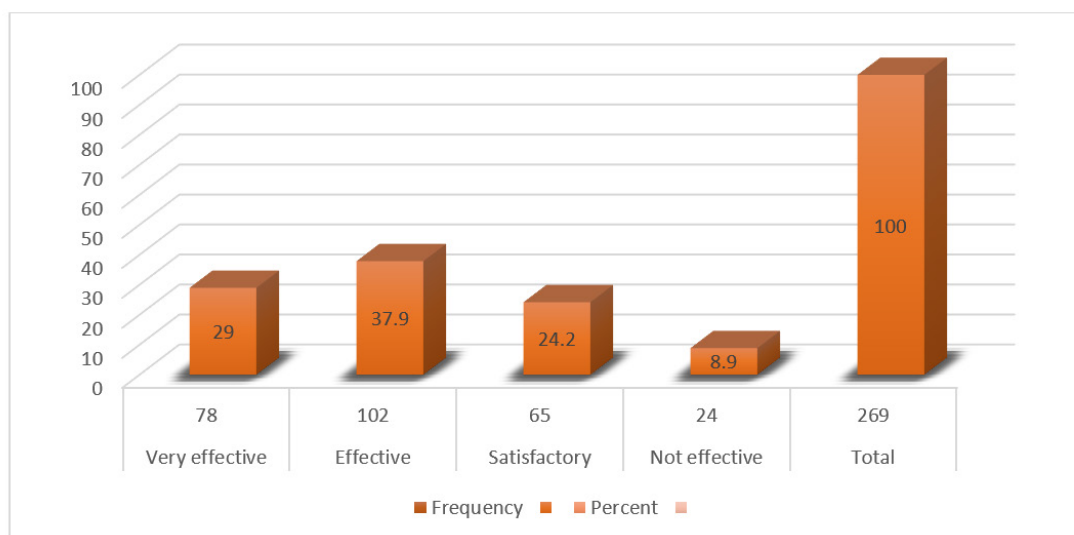


Figure 3: Effectiveness of the channels used to promote health literacy in family planning among pregnant women in Akheri ward (Researcher, 2025)

The effectiveness of channels used to promote health literacy was highlighted by Kilugwe and Ruheza(2018), who argued that the effectiveness and efficiency of communication channels for family planning knowledge significantly vary within and between countries. They found that women exposed to family planning messages through multiple media channels were more likely to consider using family planning than those exposed to only one channel. However, their study also observed that, despite high awareness of family planning services in the community, the actual usage of these services remained low.

Notably, women's decisions to use family planning were influenced by factors such as age, son preference, and the number of sons and daughters. In many cases, individuals in rural areas were less likely to adopt modern family planning methods, often favoring large family sizes to meet labor demands for agricultural production. The study suggests that women who use family planning may have accessed information from informal communication channels rather than formal media, indicating the possible influence of informal messages on contraception use.

Interviews with healthcare providers and pregnant women at Meru Hospital's Reproductive and Child Health (RCH) unit provided valuable insights into the effectiveness of the channels used to promote health literacy in

family planning. Key themes emerged, emphasising both strengths and challenges of these communication approaches.

Mobilization by Health Professionals

Participants consistently noted that health professionals play a critical role in disseminating family planning knowledge. A midwife remarked:

.....Our sessions during antenatal clinics are very impactful. Pregnant women trust us, and when we explain the benefits of family planning, they often respond positively. (RCH officer1)

The interview results suggest that antenatal clinic sessions play a significant role in influencing pregnant women's attitudes toward family planning. The trust that women place in healthcare providers during these sessions creates an environment conducive to sharing important information about reproductive health. When providers take the time to explain the benefits of family planning, pregnant women are more likely to absorb and appreciate the value of these services (Puri *et al.*, 2020; Yousef *et al.*, 2021). This trust is key in overcoming potential barriers, such as misconceptions or reluctance, as women are more receptive to guidance from trusted healthcare professionals.

Additionally, the positive responses from pregnant women

after these discussions demonstrate the effectiveness of antenatal clinics in promoting family planning. The setting allows for focused, one-on-one conversations where women can ask questions and express their concerns in a supportive environment. This personalized approach not only educates but also empowers women to make informed decisions about their reproductive health. The impact of such sessions highlights the importance of integrating family planning education into prenatal care, ensuring that women have the knowledge they need to plan for the future while navigating pregnancy. However, some health workers expressed concerns about time constraints and the limited reach of these sessions, particularly for women who miss antenatal appointments.

Use of Social Media

Pregnant women underlined social media as a growing source of information. One participant shared:

I learned a lot about family planning from a WhatsApp group for mothers. They share videos and advice, which is helpful because I can access it anytime. (Key Respondent 1)

The interview results give emphasis on the value of WhatsApp groups for mothers as an educational tool for family planning. The participant noted that these groups offer a platform where mothers can share and exchange valuable content, such as videos and advice. This creates an informal, yet supportive space for learning, enabling mothers to engage with information at their own pace (Glaister *et al.*, 2023). The accessibility of such resources, available at any time, allows for continuous learning and gives participants the flexibility to revisit important topics whenever necessary.

Additionally, the convenience of these groups contributes to a sense of community and support among mothers. The ability to discuss family planning openly, seek advice, and share personal experiences strengthens the bond between participants and enhances the practical application of knowledge (Chen & Lin, 2019). Since the content is available digitally, it eliminates the need for scheduled meetings or access to formal health services, thus broadening the reach of family planning education to mothers who may have limited time or resources for traditional educational settings. This accessibility is crucial in empowering women to make informed decisions about their reproductive health. While effective for younger and tech-savvy women, health professionals noted that reliance on social media may exclude those without access to smartphones or the internet.

Mass Media (Radio and Television)

Several participants acknowledged the influence of mass media, especially radio programs:

.... I heard about family planning on the radio. They explained it in a way that was easy to understand, and it encouraged me to ask more questions at the clinic," said one respondent. (Key Respondent 2)

The use of radio as a channel for promoting family

planning knowledge has proven to be an effective way to reach a broad audience, including individuals in remote areas. As one respondent noted, radio programs often present information in a simple and accessible manner, making complex topics easier to understand. This approach can spark curiosity and motivate listeners to seek additional information from healthcare providers. By serving as an initial point of contact, radio helps raise awareness about family planning, prompting individuals to explore the topic further during clinic visits, where they can receive personalized advice and support.

Furthermore, the wide reach and affordability of radio make it an indispensable tool for public health campaigns. In regions with limited access to digital platforms or printed media, radio serves as a reliable medium for disseminating family planning information. The respondent's experience underscores the importance of integrating mass media campaigns with healthcare services to ensure continuity of information. Radio programs that encourage interaction, such as phone-ins or community discussions, can further enhance their impact by addressing listeners' specific concerns and reinforcing key messages delivered at healthcare facilities. However, others felt that mass media messages were too generalized and lacked the personalized guidance necessary for specific family planning needs.

Community-Based Channels

Community mobilization efforts, such as discussions led by community health workers, were also stressed that:

..... The community health workers come to our village and talk to us about family planning. It's easier to ask them questions because they know our challenges," noted a respondent (Key Respondent 3)

The involvement of community health workers (CHWs) in promoting family planning has proven to be a highly effective channel for improving health literacy among pregnant women. As noted by a respondent, CHWs bring critical family planning information directly to the community, making it more accessible and relatable. Their localized approach helps address unique cultural and social challenges faced by women in the village. By establishing trust and rapport, CHWs create an environment where women feel comfortable asking questions and discussing sensitive topics. This personal connection enhances the dissemination of accurate information, addressing misconceptions and encouraging informed decision-making about family planning.

Moreover, CHWs serve as a bridge between healthcare facilities and the community, especially in areas where access to formal healthcare is limited. Their ability to communicate in local languages and understand the specific needs of the community ensures that the information is not only understood but also culturally appropriate. This grassroots approach significantly increases the likelihood of behavior change, as women are more likely to adopt family planning practices when they receive guidance from trusted, community-based

sources. Such interactions underscore the importance of investing in CHW programs to improve health literacy and promote maternal and child health outcomes. Despite their effectiveness, these channels were reported to be inconsistent, with some communities experiencing limited engagement.

CONCLUSION

In conclusion, the research exposes the various channels through which family planning knowledge is promoted among pregnant women in Akheri Ward. Health professionals, social media, and mass media are the most frequently cited and effective sources of information. Health professionals' mobilization, primarily through antenatal clinic sessions, is seen as the most impactful, as it fosters trust and provides personalized guidance, significantly influencing women's decisions regarding family planning. Social media, particularly WhatsApp groups, also emerges as a key platform, offering flexible, on-demand access to information, while mass media, especially radio, remains essential for reaching broader and more remote audiences. Despite the success of these channels, some barriers, such as limited internet access and time constraints, may hinder their reach.

It is noted that multiple communication channels are essential in promoting health literacy in family planning, with each channel contributing to the overall effectiveness of the intervention. Health professionals and community health workers play crucial roles in providing personalized support and fostering trust, while digital and mass media offer valuable supplements in disseminating information. To improve family planning knowledge and usage, it is important to invest in these channels, addressing their limitations, and ensuring that resources are accessible to all pregnant women, regardless of their location or technological access.

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