



Addis Ababa University

**A Study of Strategic Communication Employed to Communicate Teenage
Pregnancy by Care for Child and Family Organization (CCF) and Health Office:**

The case of Boset Woreda

By

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Addis Ababa, Ethiopia

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**A Study of Strategic Communication Employed to Communicate Teenage
Pregnancy by Care for Child and Family Organization (CCF) and Health Office:
The case of Boset Woreda**

**A Thesis Submitted to College of Humanities, Language Studies, Journalism and
Communication**

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Arts in Journalism and Communication (Multi Media Journalism)**

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This is to certify that, the thesis prepared by Shewaye Arega entitled: Strategic Communication Employed to Communicate Teenage Pregnancy by Care for Child and Family Organization (CCF) and Health Office: The case of Boset Woreda, and submitted in partial fulfillment of the requirement for the Degree of Master of Arts Journalism and Communications (Multi Media Journalism) complies with the regulations of the university and meets the accepted standards with respect to originality and quality.

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Chair of department or Graduate Coordinator

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Abstract

The study explores the communication strategy employed in preventing teenage pregnancy and reproductive health problems by CCF and Health Office in Boset Woreda. As the researcher observed during field work, there are teenage mothers with their babies in that area where he would be able to watch in different situations and sparked to do the research on the gap of communication of reproductive health issue to create awareness. The research discusses the communication strategy that designed to prevent teenage pregnancy. The research was framed by SBCC intervention approach and employed qualitative data collection methods. Accordingly, in-depth interviews, document analysis and observation were undertaken and expert from health Office and NGO were involved in the interview, and 5 volunteer teenage girls were also interviewed. All the data were transcribed and analyzed based on SBCC theoretical framework. The research analyzes how strategic communication is designed, how message is developed, what means of communication and channel is used and what enabling environment was created participating stakeholders, individual and community in process of strategic planning and the challenge of health experts. The finding indicate that the communication structure is centralized and do not have bottom up communication structure approach. Moreover, during planning process and implementing stage, stakeholders are not participating to work collaboratively. CCF and Health Office organizations use interpersonal communication rather than mass communication or integrated mid-media so that the community could not be able to get reach information. The researcher recommends that to be effective in designing communication strategy, participation of stakeholders always involved in the research, planning, implementation, and evaluation of health communication hence behavioral and social change are more likely to occur if people are part of the process and feel sense of ownership. Moreover, decentralization approach is more fruitful and using mass communication and interpersonal communication is recommended.

List of Acronyms

AIDS- Acquired Immunodeficiency Syndrome

ANC- Anti Natal Care

BCC- Behavior Change Communication

CCF- Child Care Fund

CDC- Center for Diseases Control

CM- Community Mobilization

CRS- Catholic Relief Service

CRDA- Christian Relief and Development Association

EDHS- Ethiopia Demographic Health Survey

FDRE- Federal Democratic Republic of Ethiopia

FHI- Family Health International

HIA- Health Impact Assessments

HIV- Human Immunodeficiency Virus

HSDP- Health Sector Development Program

IPC- Interpersonal Communication

JHU-CCP- Johns Hopkins University Center for Communication Programs

JSI- John Snow Incorporate

MCH- Mother and Child Health

MDG- Millennium Development Goal

NGO-Non-Governmental Organization

MoHE- Ministry of Health Ethiopia

PNC- Post Natal Care

RHC- Reproductive Health Communication

SBCC- Social Behavior Change Communication

SRH- Sexual Reproductive Health

STI- Sexual Transmitted Infection

UNICEF- United Nations Children's Fund

WHO- World Health Organization

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Definition of Terms:

Communication: - is the process of exchanging information and ideas. An active process, it involves encoding, transmitting, and decoding intended messages.

Effective message: - Is a clear purpose to inform, persuade or collaborate with the intended audience.

Health Communication: - Is the study and practice of communicating promotional health information, such as in public health campaigns, health education, and between doctor and patient.

Message design: - Is a communication theory that makes the claim that individuals possess implicit theories of communication within themselves.

Social Behavior Change Communication: - the systematic application of interactive, theory based, and research driven communication processes and strategies for change at the individual, community, and social levels.

Stakeholder: - a party that has an interest in a company and can either affect or be affected by the business.

Strategy - a plan of action designed to achieve a particular goal.

Strategic Communication: - communicating a concept, process or data that satisfy a long term strategic goal of an organization.

Target audience: - A target audience is a group of people you need to influence or persuade in order to achieve your advocacy objectives.

Teenage pregnancy: - Teenage pregnancy, also known as adolescent pregnancy, pregnancy in a female under the age of 20.

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CHAPTER ONE

INTRODUCTION

1.1 Background.

Teenage pregnancy is a global reproductive health promotion problem that affects female teenagers, family and communities, both in developed and developing countries, as children aged 10 to 19 years, unmarried and still at school, become pregnant (Macunu et al 2012;428) cited by (Yande & Mataboge, 2015). Approximately 16 million teenagers aged 15-19 years and 2 million teenagers under the age of 15 years give birth annually, with 95% of these births occurring in developing countries (Ayele, Birhanu G/K, et al, 2018).

Ethiopia has one of the highest teenage fertility rates in Sub-Saharan Africa. Ethiopia Demographic Health Survey data shows, teen pregnancy is a burning public health and demographic challenge in Ethiopia. Although the legal age of marriage in Ethiopia stands at 18 years old, over 14% of girls are married by age 15. Most teen pregnancies occur in the context of early marriage and teenage pregnancies are more common in rural than in urban areas (15% and 5%, respectively), (EDHS, 2016; 22). The Federal Ministry of Health (MOH) situational analysis shows that health and health interrelated behavioral conditions that determines the health development of teenagers in Ethiopia, such as sexual related health and HIV continue the main concern (Ministry of Health, 2016).

Different organizations including WHO and UNICEF data shows that in Africa and the poorest regions of the world, adolescent (teenage) pregnancy is the major health and social problem. An estimated three millions girls aged 15-19 undergo unsafe abortions every year (WHO: 2014).

For girls, as they enter the reproductive age, become pregnant, they face risk of health problems; thus, unsafe abortion, hypertension, complications during labor and a three-fold increase in the likelihood of maternal mortality, for boys and girls, unprotected sex can lead to

sexual transmitted infections. The social consequence of teenage pregnancy involve early school drop-out and stigmatization in the community, among others (WHO; 2014), (UNICIEF, 2015).

According to Ministry of health evidence, teenagers and youths in Ethiopia faces the major sexual and reproductive health problems include risky sexual practices, child marriage, early child bearing, unintended pregnancy, unsafe abortion and its complication and STIs (sexual transmitted infection,) including HIV (Federal Democratic Republic of Ethiopia Ministry Health , 2016).

The scholars have contended that teenage pregnancy has been widely practiced in Ethiopia and to indicate some of the findings, the study at Benishangul Gumuz 2014 shows that out of 157 teenagers interviewed, 20.4% teenagers were pregnant from age 13 to 19. It means almost half 78(49.7%) got their first pregnancy (Assefa et.al, 2015). Similar research results shows the prevalence that in Arbaminch, South Ethiopia from 578 students, 43 or 7.7% teenagers were pregnant (Mathewos & Mekuria, 2017). Study in northeast Ethiopia, Wogedi, found out that among 514 teenagers, 147 (28.6%) were pregnant. (Habitu, Yalew & Bisetegn, 2017). On top of that, teenage pregnancy is epidemic in Ethiopia (Gurmu& Dejene, 2012), and girls are at distinct disadvantage (Erulkar & Tamirat, 2014).

Reducing teenage pregnancies has been a topical focus on the development agenda for decades. Endorsing policies & strategies, governments have been working in collaborate and partnership with public, private, and civil societies, various bilateral and multi-lateral organizations, international and local NGO's as well as youth organizations so as to contribute adolescent and youth development efforts (MOH, 2016).

By 2016 MOH, National Adolescent and Youth Health strategy (2016- 2020), aims to reduce adolescent pregnancy- rate by 75%. To achieve this outcome, the strategy adopts a multi-sectoral approach, promoting collaboration between relevant actors, including government ministers, development partners, NGO's Civic Society and young people themselves. The strategy proposes interventions across six pillars and one of the priority action planned was developing age appropriate information & behavior change communication tool to raise awareness about the health needs of teenagers (MOH, 2016 p. 23, UNICEF, 2015).

The strategy apart from the sectors effort, it pledges commitments in interventions and collaboration of local as well as international partnership to meet the required overall status of

adolescent and youth in Ethiopia. As it is emphasized multi-sectorial collaboration and support on improving the national health policy direction needed.

To achieve the endorsed youth and adolescent (teenage) health program goals, strategic behavior change communication is critical in order to inform, and to promote the adoption of preventive practices, health products and services and to fight harmful cultural beliefs, and behaviors ,among groups, and individuals (Sasco, et al, 2015) and it can involve a range of complimentary components, and different interventional forma including public advocacy, awareness, mobilization, education and promotion (Sasco, et al, 2015).

Teenage pregnancy, as it is generally believed that its effect is broad and multi-faceted issues, (Oyedele & et al, 2015) contend that collaboration with other sectors, such as communities, health , parents and mass media are vital in order to achieve a comprehensive and integrated approach towards teenagers' reproductive health (Oyedele & et al, 2015). Effective teenage pregnancy prevention program as researchers argued beyond the prevention of sexual risks behavior among teenagers, address a comprehensive range of social and behavioral issues, such as educating and engaging parents and communities in initiating opportunities, using multiple modes of communication, message emphasizing abstinence and personal responsibility.

Taking the initiatives from the government, NGO's have been contributing massive role in collaboration, different spheres of development program including health sector in Ethiopia and undertaking initiatives aimed at curbing teenage pregnancies in the country's regions. This study focuses on exploring the practice of strategic communications applied by Care for Child and Family (CCF) and Health Office in Boset Woreda. The study emphasizes the strategy defined by and the way the message deliver, and the behavior change and awareness creation activities expected, framing on SBCC approach, will be discussed and highlights the outcomes.

On top of that, the study explores/ describes the practice of strategic health communication by NGO's and health institutions interventions mitigating teenage pregnancy (reproductive health) issues in Boset district, Oromia.

1.2 Statement of the problem

Identifying the health and social implication of teenage pregnancy, including mortality for girls and sexually transmitted infections and school drop-out, the Federal Government of Ethiopia, MOH, launched National adolescent and youth Health Strategy (2016-2020) and adopts a multi-sectorial approach addressing teenage pregnancy in a holistic manner.

The strategy aimed to address behavioral change communication to 50 % of adolescent and youths. Developing age-appropriate information and behavior change communication, using the right tools to raise awareness is also targeted (FDREMOH, 2016, p. 24). The strategy also indicates integration with school health services can present an opportunity to reach more adolescents in remote schools and other similar institutions by involvement of mass media on designing contents, creating public awareness, communicating in responsible and accurate way was also indicated in the strategy (FDREMOH, 2016, p. 77).

Designing strategically is one of the efforts that requires in the field of behavior change communication development. It is a cooperative work in participating all stakeholders, clear goals, segmented audiences, and effective message based on sound research and sound theory are among the steps and tools in the field of designing process (O'Sullivan, & et al. 2003). As scholars argue that the role of health communication is vital important in influencing, supporting and empowering individuals, communities, health care professionals, policymakers, or special groups to adopt and sustain a behavior that will improve health outcomes (Schiavo, 2014).

Health issues such as teenage pregnancy seek the intervention of media and other initiatives to communicate in way that helps curbing the practice and related behavior. Unless, appropriate communication strategy is implied creating awareness and expecting behavioral change in teenage pregnancy will not be attained.

In Ethiopia, apart from the government organization concerning to public health sectors, many Non-Government Organizations are working in reproductive health sector. But unfortunately, these reproductive health issues especially teenage pregnancy is not often communicated effectively and consequently their problem remain unsolved. Sometimes, crucial strategies and key element of health communications are absent in communicating audiences of NGO's and public health sectors resulting in miserable progress and failure in reaching targets.

Health communication field in Ethiopia as well as Oromia State lacking research and academic work on the area of how NGO's and government Office works collaborate in addressing the Youth and Adolescence Health strategy, in designing Behavior Change Communication strategy to bring the desired objective. So it is crucial to analyze the health communication practice of health Office and NGO who are important partner in the development of the region.

In order to enhance the prevention of teenage pregnancy and development of health literacy in Boset, a non-governmental organization, was established to facilitate the development of health literacy on reproductive and sexual health service for teenagers. The study underwent in Boset, Oromia zone, by Children and Family Care Organization (BOSET CFCO), 2019 shows that children below the age of 10 face early marriage and physical abuse, rape, FGM, unwanted pregnancy & teenage pregnancy is among the social problems that practiced at the district. The study recommends that the causes are due to the perception, lack of awareness, attitude of the traditional community and lack of coordinated action among relevant bodies, such as government and community organizations (Girma, 2019). The research hasn't indicated how the communication strategy will help to tackle in creating awareness and how to work in collaboration.

Studies have shown that cultural practices in some region, lack of communication at family, parents with their teenagers, and peer pressure as the major cases. In addition economy and poverty as a major reasons. The findings haven't touched how lack of community participation collaborated by either by government or NGOs and the roll of communication changing behavior in order to change the perceptions, attitudes and providing information that encourage teenagers to protect themselves. Therefore, this research focuses on the cases from the perspective of teenagers who are affected early child mother and the institutions strategic planning regarding teenage pregnancy, how stakeholders participate in the selected health Office and NGOs framing new media theories, such as behavioral communication change, BCC and Logical Modeling frameworks. These are used to analysis strategic communication model, intervention, defining program strategies, and outcome measurement (Schiavo, 2014, pp 59, & 64).

1.3 Objectives

1.3.1 General Objective

The general objective of this research is to explore the strategic communication employed by NGO and Health Office to communicate teenage pregnancies in Boset Woreda.

1.3.2 Specific Objective

- To explore how health message is mediated in the process of developing strategic communication.
- To examine the means of communication in the process of health communication activities of NGOs and Health Sectors.
- To identify the factors challenge the health communicators in designing health message.
- To explore the awareness level of teenagers in regards to reproductive health communication.

1.4 Research Questions

The following are research questions to be answered in order to achieve the defined goal:

- 1) How is health message mediated by stakeholders in Boset Woreda?
- 2) What are the means of communications health stakeholders using to deliver message?
- 3) What are factors that challenges health communicators in designing effective message?

4) How do teenage girls explain their reproductive health communication experience?

1.5 Significance of the study

The research will have an important contribution to identify the gap of communication strategy regards to communicating teenage pregnancy and related problem. Implementers of health communication and designers of health communications by strengthening their skill of designing and communicating health message. Stakeholders engaged in communication program of reproductive health and teenage pregnancy to bring behavior change will use it. It would also help how effective messages designed and delivered in using appropriate means of communication with target subject.

Moreover, the research can serve as additional sources for those who want to make a further study on health communication especially reproductive health and teenage pregnancy issue, and for the media researchers.

1.6. Scope of the study

The study is limited to strategic health communication applied by CCF and Health Office to communicate teenage pregnancy in Boset Woreda Oromia region East Shewa. In addition, the study focus on written document and interview with professionals from stakeholders' working on health communication and interview with some volunteer teenage who gave birth. The data sampling is collected during the period of January week first until end of May 2020. The reason to select the Woreda is, the researcher traveled to the area several times and observed the problem related to teenage pregnancy and their communication practices.

1.7. Limitation of the study

The major limiting factors of this study include: the global COVID-19 pandemic hinders to move in society to conduct interview as needed due to the restriction imposed by state of emergency. To overcome this challenge, basically the discussion I had with adviser helps me to limit number of interviewee and using volunteers and conducting interview by applying all

protection mechanisms of COVID-19. The problem of transport during movement in the kebele of the Woreda, and financial problem are the main reason to limit the scope of this study.

1.8 Theoretical Framework

Social behavior change communication (SBCC) is a theoretical framework that used in the study to analyze the data in order to identify the communication gap. The model applies strategies of advocacy, behavior change communication (BCC) and community mobilization to influence both individual and societal change. It uses all round approach that is focused not just on mass media but integrates mid-media and interpersonal communication. An interactive process with communities (as integrated with an overall program) to develop tailored messages and approaches using a variety of communication channels to develop positive behaviors; promote and sustain individual, community and societal behavior change and maintain appropriate behaviors (Family Health International, 2002).

1.9. Organization of the thesis

The thesis comprises five chapters: The first chapter gives an introduction. The second chapter deals with the review of literature. This is followed by chapters, three and four which deal with the Research methodology and data presentation and analysis respectively. Conclusion and recommendations constitute the last part of the thesis.

CHAPTER TWO

LITRETURE REVIEW

2.1 Introduction

The Ethiopia Health Sector strategy in general and the HIV and Reproductive Health strategy (2014-2018) in particular is a consequent adoption of the UNHCR Global Health strategy and the Ethiopian Strategic Plan II for Intensifying Multisectoral HIV and AIDS Response. Reproductive Health sector strategy is targeted to improve access to quality comprehensive reproductive, maternal and new-born health services through enhanced partnership with the government of Ethiopia and line ministries at Federal and regional levels.

The 2010/11 Demographic and Health Survey indicates that Ethiopia has made limited progress to reduce maternal deaths over the last decade. There is some concern that the trend might be reversing; The maternal mortality ratio declined from 871 deaths per 100,000 births in 2000 to 673 in 2005 , however, between 2005 and 2010, the maternal mortality ratio marginally increased to 676 per 100,000 live births in 2010 (Ethiopia Refugee Program Strategic Plan Public Health Sector, 2014-2018 p.30).

On this chapter the literature review focused on the strategic communication employed to communicate teenage pregnancy in the Oromia Region East Shoa Zone Boset Woreda, more on how health message is designed to bring intended behavior change, and alongside means of communication, effective health communication model, strategy and theories of health communications related to reproductive health and teenage pregnancy, and behavior change will be emphasized.

The health communication theories discussed in this chapter have strong relation with both communication and health, however, emphasis is given to the perspective of communication angle to show how to bring behavior change on health practice by using communication.

The well versed health message that consider the target audience situation will bring behavior change if communicated effectively. As communication scholars have concluded that, the effects of public health communication interventions on individual-level factors that influence health behaviors have been the subject of research for many decades (Lorien C. and et.al, 2008: 41).

Ethiopia set a strategy of sustainable development that incorporated in the millennium development goals which could be included in different sector policy. Health is among the major sectors which needs to sustain the country. The government of Ethiopia has taken many measures to reduce teenage pregnancy and its consequences. Some of the measures taken thus far include amending and/ or improving a law against early marriage, a national adolescent and youth reproductive health strategy, legalization of abortion, a youth and HIV/Aids policy, and community mobilization against harmful traditional practice (Ayele, Birhanu, G/K, et al, 2018).

The new millennium Development Goal was aimed at improving sustainable development against poverty and three of the eight MDGs were health goals. Ethiopia implemented the MDGs through its poverty reduction and development strategies and growth and transformation plans and achieved most of health MDGs, however, there are still challenges that would requires more interventions, resources and commitment and better ways of implementing the interventions. There is thus a need for joint planning, investment, implementation and monitoring and evaluation among the different initiatives and actors. There is a huge disparity in levels of achievement among regions, between rural and urban areas, among population of different socioeconomic status. The gains in MDGs were not equitable that there are regions which were lagging far behind others (Assefa, et.al, 2017).

2.2 NGO–Government collaboration in the health field

There are different forms of collaboration between the public sector and civil society organizations, like NGOs. These may consist of informal agreements to exchange information or share certain activities, training or knowledge, or formal contractual agreements in which each partner contributes resources and takes on certain responsibilities. Others may involve the monitoring and evaluation or supervision by one partner of the other.

According to the World Bank, among the most dynamic NGOs in sectors like health, education and micro-credit are those that directly serve individuals and communities. In

developing countries, most of these NGOs are small and work in communities where the capacity for government intervention is limited or nonexistent. Smith argues that governments interested in collaborating with NGOs look for those with local experience and organizational capacity. When a government wants to replicate the successful projects of an NGO on a much larger scale, however, a risk of failure has been documented (Jauregui, 2004).

According to research conducted by Christian Relief and Development Association (CRDA), in most parts of the world, NGOs have played key roles in improving the health status of the population and access to health services. Especially their working in collaboration is pivotal to address “sensitive” health needs such as reproductive health, family planning, sexual activities of adolescents, STIs including HIV, domestic violence, and unsafe abortion; 20-30% of health needs in developing countries are met by NGOs.

The NGOs are participating on the area of intervention they designed and they use National Health Sector Development Program (HSDP) as spring board for their work, the participation of NGOs in health policy and national program formulation is limited, though there is a positive trend of improvement in this line. There is a huge diversity among NGOs operating in the health sector in Ethiopia. They differ in terms of program priority/goal, international linkage, level of experience and program expertise, profile of target population, source of fund and scope of geographic/program coverage (CRDA, 2004).

2.3 Strategic Communication

A process based on a combination of data, ideas, and theories integrated by a visionary design to achieve verifiable objectives by affecting the most likely sources and barriers to behavior change, with the active participation of stakeholders and beneficiaries. The strategy for SBCC will vary from group to group, like factor of the target group which is to be addressed, obstacles in the way to desired change in behavior, type of message and communication media which can best be used to reach the target group and type of resources available and assessment of existing knowledge of the target group about the issue which is going to be dealt with (JHU-CCP, March 2003).

According to MOH National Adolescent and Youth Strategy (2016-2020,p 63) when we communicate to bring behavior change, it is important to consider macro and micro communication. Macro and micro communication is highly interrelated, macro communication is

planning at higher level and the intervention is wide and targeted large area, it is not human communication it is more of policy and strategy, Macro communication is expected to be cascaded to the small group. However, micro communication is interpersonal communication and focused on small group of targeted or intervention area, and micro communication is implemented well to bring intended behavior change. To design communication strategies it needs to consider the country's situations and directions in related to real existing problem, socio economy status of the people, illiteracy level, norm and culture of the society, and etc.

2.4 Strategic Communication Tools

During communication to address the message effectively and to bring the behavior change, there are communication strategy tools to be considered. Among the various tactics used to conduct messages through the channels, advocacy; advertising; promotion; interpersonal communication (IPC) enhancement, event creation and sponsorship, community mobilization; publicity; and entertainment vehicles, such as television or radio programs, folk dramas, songs, or games that provide entertainment and educational messages simultaneously. These all kind of communication tools are the big contributing factors to deliver the message appropriately and effectively (JHU-CCP, 2003).

2.5 Health communication

Health communication is a term used by many researchers and organizations, but it lacks a specific definition. Because of its “multidisciplinary nature”, the definition has been changed over time, some of those quite different from each other (Schiavo, 2007: 3). Cited by Zakaria and Azad (2016). However, general meaning of health communication is about all aspects of “human communication” relating to health (Berry, 2007; 2) also cited by Zakaria and Azad (2016).

Communication is a transactional process and in a health context it is an important part of health promotion work. According to Minardi and Reily (1997) communication is an essential, instrumental and purposeful process.

Like any other communication, health communication is also plays a pivotal role in bringing intended health behavior of people. AS Kiger, (2004), health promotion communication is a planned process, the effectiveness of this planned process comes to realization when the audience has achieved, acted on or responded to a message.

According to Watzlawick et al. (1967), the multidimensional and dynamic nature of communication means that transactions contain other aspects that influence communication and break communication down into 'content' and relationship'. The 'content' includes the message, the words and the information transmitted. The 'relationship' consists of the dynamics between those involved in the communication transaction-the communicator(s). This breakdown has the advantage identifying the content and the relationship between the sender and receiver separately (Watzlawick et al. 1967).

In addition to this, Communication has an essential role in any action that aims to improve health. It is difficult to imagine how a message could be delivered to promote healthy choices if we could not communicate. The communication process is a multi-dimensional transaction influenced by a variety of factors (Corcoran, 2011).

Effectiveness is another perspectives of communication, to communicate effectively and address the designed message to intended audience, there are known principles of effective communications to be apply. According to WHO strategic communication frame work for effective communication, (2017), audiences trust on their ability to access the information they need to protect and improve their health. Communicators should identify all channels that are available, and map their comparative capacities to reach priority audiences. Using the right mix of channels helps empower audiences with the information they need to make informed decisions. Accessible information to the audience is as vital as relevant to enable them to act on to bring behavioral change (WHO, 2017).

In addition to this, relevancy is also the main among principles of effective communication, to be relevant, communications must help decision-makers understand that there is a health risk for themselves or for those they care about, that the risk could be severe and that they reduce that risk by undertaking recommended actions. According to WHO, across all health issues, stakeholders must make information, advice and guidance available in a timely way, so audiences will have the information they need whenever they need it in order to make appropriate health decisions (WHO, 2017).

Once the message is communicated with the target audience, it is designed to support the adoption of healthy behaviors and the implementation of policies to protect health. Communications is a necessary component of comprehensive organizational efforts to achieve these goals. To be successful, communicators must understand target audience knowledge,

attitudes and behaviors in order to create messages that address barriers and encourage decision-makers to take the recommended steps. The information communicated by the stakeholders who communicators must use every opportunity to reinforce trustworthiness so that the stakeholders recommendations become the basis for health decisions (WHO, 2017).

However, many key audiences are not technical experts, they need information that is easy to understand in order to understand health risks and take appropriate actions. So that, once the information is delivered timely and being accessible to the audience it may enable them to taking action on the expected behavior to bring desired change. Due to the fact, the communicator must know clearly the purpose of communication before actually transmitting the message. Clearly defined message should be well understood by the audience. The communication must create proper understanding in the mind of the receiver, as understanding is the main aim of any communication (WHO, 2017).

2.6 Behavior

Behavior is the actions and mannerisms made by individuals, organisms, systems or their environment which includes the other systems as well as the physical environment. The relative importance of attitudes, norms, and personal agency as determinants of intention and behavior also varies from behavior to behavior and from population to population. Institute of Medicine U.S, health education research (2002, 670-679).

Once the critical determinants of a specific behavior change in a particular population have been identified, one should be able to develop health communication interventions to change those determinants. Ultimately, this process involves changing a person's underlying beliefs about the consequences of performing the health behavior, about the expectations or behaviors of others, or about one's ability to perform the behavior under a variety of challenging circumstances. Theories of communication and behavior change inherently recognize the role and importance of diversity, program planners should act on this knowledge (2002, 670-679).

2.7 Social Behavior change communication (SBCC)

Social behavior change communication (SBCC) is a framework that uses the strategies of advocacy, behavior change communication (BCC) and community mobilization to influence both individual and societal change. It uses a 360 degree approach that is focused not just on

mass media but integrates mid-media and interpersonal communication. It systematically addresses the complex processes integral to planning, designing, implementing, monitoring and evaluating health communication. an interactive process with communities (as integrated with an overall program) to develop tailored messages and approaches using a variety of communication channels to develop positive behaviors; promote and sustain individual, community and societal behavior change; and maintain appropriate behaviors (Family Health International, 2002).

In addition to this, WHO also defined as, the strategic use of communication to promote positive health outcomes, based on proven theories and models. SBCC employs a systematic process beginning with formative research and behavior analysis, followed by communication planning, implementation, monitoring and evaluation. Audiences are carefully segmented, messages and materials are pretested, and both mass media and interpersonal channels are used to achieve defined behavioral objectives. When changing behavior, the individual, community, or institution goes through a series of steps. Sometimes moving forward, sometimes moving backward and others may skip some steps. Even when individuals, communities, or institutions adopt new behaviors, they may at times revert to old behaviors, at least under certain circumstances. In the process of behavior change to succeed it is important understand the three most important elements; these are Readiness to change: Resources and knowledge is important to make a lasting change successfully. Barriers to change: Identifying if there are anything preventing from changing behavior and Likelihood of relapse: Analyzing what might trigger a return to a previous behavior (WHO 2012).

SBCC plays a vital role in communication process to bring behavior change among intended audiences. Increase knowledge and ensure that people are given the basic facts about the issue of intervention in a language or visual medium or any other medium that they can understand and relate to, and Stimulate community dialogue by encouraging community and national discussions on the basic facts of the issue and the underlying factors that contribute to the problems, and it can also stimulate discussion of healthcare seeking behaviors for prevention, care and support.

In addition to this, promote essential attitude change. SBCC can lead to appropriate attitudinal changes and create a demand for information and services. SBCC can spur individuals and communities to demand information on the issue communicated and appropriate services.

SBCC programs can focus on teaching or reinforcing new skills and behaviors, such as condom use, negotiating safer sex and safe injecting practices. It can contribute to development of a sense of confidence in making and acting on decisions (FHI, 2002).

2.8 Teenage Pregnancy and consequences

Teenage pregnancy is defined as a teenage girl, usually within the ages of 13-19, becoming pregnant. The term in everyday speech usually refers to girls who have not reached legal adulthood. Teenage pregnancy occurs in all societies, but the level of teenage pregnancy and childbearing varies from country to country. In most countries, teen pregnancy and early motherhood are recognized as undesirable, whereas the local governments in most places make attempts and develop strategies aimed at decreasing the teen pregnancy rates. Teenage pregnancy is followed by health, social, and economical consequences (Suellentrop, 2010).

However, the international evidence for reducing teenage pregnancy is clear. Building the knowledge, skills, resilience and aspirations of young people and providing easy access to welcoming services, helps them to delay sex until they are ready to enjoy healthy, consensual relationships and to use contraception to prevent unplanned pregnancy (Suellentrop, 2010).

An open culture and ease of parental communication around sexual issues are also associated with lower teenage pregnancy rates. A child born to a teen mother who has not finished high school and is not married is nine times more likely to be poor than a child born to an adult who has finished high school and is married (Suellentrop, 2010).

In addition to this, most of the costs of teen childbearing are associated with negative consequences for the children of teen mother. Reduction of early parenthood will not eliminate the powerful effects of growing up in poverty and disadvantage. But it represents a potentially productive strategy for widening the pathways out of poverty, or at the very least, not compounding the handicaps imposed by social disadvantage (Suellentrop, 2010).

2.8.1 Sexuality Education program

Sexuality “human sexuality” is people’s sexual interest in and attraction to others, as well as their capacity to have erotic experiences and responses. People’s sexual orientation is their emotional and sexual attraction to particular sexes or genders, which often shapes their sexuality. As scholars suggested, sexuality plays a very significant role in the lives of both boys and girls. It is, therefore, considered important for schools to recognize and accept sexuality as part of the development process of the child (Mulalo, 2015).

Children are sexualized human beings, and it is important for them to understand the sexual nature of their bodies. Sexuality education plays a very significant role in the lives of both boys and girls in the prevention of HIV/AIDS, sexually transmitted infections, as well as Teenage Pregnancy. It is, therefore, considered important for schools to recognize and accept sexuality education as part of the development process of the child (Mulalo, 2015).

As Mulalo G. et al mentioned the suggestion by Professor Kader Asmal, the earlier the school begins to teach children about sexuality, the better because they can be easily misled by their peers if proper guidance regarding their sexuality is not given. The learning from the last 20 years has shown that partnership working is vital. For effective local delivery, health, education, social care and safeguarding agencies need to understand the relevance of healthy relationships and teenage pregnancy to their own priorities, and how they can contribute to the solution.

In addition to that, effective relationships and sex education needs a ‘whole school’ approach to provide a positive and supportive environment outside the classroom , and building young people’s resilience needs a family, community and service response , prevention of teenage pregnancy also requires a whole system approach. So there is no ‘wrong door’ for a young person seeking advice. Having a trusted adult to turn to on personal issues is protective for young people on a number of health and emotional outcomes (Mulalo, 2015).

2.8.2 Teenage pregnancy prevention

In order to prevent teenage pregnancy, designing effective strategy is among key point, to enable more effective this strategy there are contributing factors. Relationships and sex education in schools and colleges, youth friendly contraceptive & sexual reproductive health services condom schemes, targeted prevention for young people at risk, Support for parents to discuss relationships and sexual health, training on relationships and sexual health for health and non-health professionals, advice and access to contraception in non-health education and youth

settings, consistent messages & service publicity to young people, parents & practitioners, support for pregnant teenagers and young parents –including prevention of subsequent pregnancies, strong use of data for commissioning and monitoring of progress (Department of Health and Social Care of United Kingdom, 2018).

In addition to this, as the issue of adolescent pregnancy prevention continues to be one that often evokes controversy, communities are often tempted to pursue youth development strategies that are lacking of family life education and/or contraceptive access. However, advocates believe that all three components, e.g. equipping young people with knowledge and skills, including messages regarding both abstinence and contraceptive information, and ready access to teen-sensitive clinical services (including STI and HIV/AIDS screening and care), and offering a wide range of such youth development strategies as school-to-work transition programs, mentoring programs, and community volunteer placements are needed in order to have the greatest positive impact. Thus, many in the field of adolescent pregnancy prevention recognized the need to combine all these strategies into a comprehensive package (Brindis et al. 2005).

Communities have also come to realize that the complexity of the issue, and the comprehensive strategies needed to address it, requires a collaborative effort; no single agency or organization can mount the wide-ranging effort that is truly needed to make more than a dent in the problem. New community-based interventions are directed at engaging a wider group of stakeholders, including representatives from the business sector, faith-based institutions, and schools in the community, parents, and teenagers themselves. In casting a wider net, the hope is that a broadened sense of “ownership” of the adolescent pregnancy prevention issue leads to the development of widespread, inclusive, and viable solutions that are more specifically tailored to the unique needs and resources of the adolescent, as well as his/her community (Brindis et al. 2005).

According to research conducted by GOAL project in Sierra Leon in 2010, teenage pregnancy was both a common occurrence and a serious issue within the communities of informant. Perspectives on what factors contribute to teenage pregnancy were taken from, teenage mothers, teenage boys and girls, community members and heads of primary and secondary schools. All teenage girls stated that they are aware of methods in which to prevent pregnancy and STIs/HIV. Some methods mentioned by the participants were, faithfulness,

condoms, contraceptives pills and abstinence. However, some incorrect and concerning methods to prevent pregnancy or STIs/HIV were also mentioned, such as drinking salt water after sex, traditional ropes, squatting after sex, withdrawal and drinking a mixture of blue dye, aluminum sulphate and native bicarbonate after sex. This type of misinformation is an urgent concern (Niamh, 2010).

2.9 Designing health message

Effective health communication has an essential role in promoting healthy choices and creating better understanding of health policy issues. Good communication is also crucial to helping individuals, health professionals, healthcare providers, governments and policymakers recognize that the maintenance of good health is a shared responsibility in which all parties have a role. Health communicators must take many factors into account when projecting a course. Health matters are often inherently complex and individuals need to keep pace with a fast-changing and sometimes seemingly contradictory scientific evidence base (Suzanne et al. 2015).

Message is very important in health communication campaigns. This will prompt us to look at the following definition. Health communication is the process of promoting health by disseminating messages through mass media, interpersonal channels and events. The media is an important ally in any public health situation. It serves the role of being a source of correct information as well as an advocate for correct health behaviors. But before the media can take on that role, it needs to understand the virus, the issues surrounding it, policy and practices, and finally, recommended correct behaviors (Nigig and Busolo, 2018).

As known, this time technology is notifying how people receive, share, and debate information. Fundamentally changing the dynamics between messenger and recipients; the internet and rise of social media are accelerating the speed and spread of contested information. At the same time trust in traditional sources of information is declining and those who convey health messages must navigate their way through an increasingly fragmented media. To deliver effective messages using a structured and planned approach. The choices communicators makes when deciding who should deliver health message or how the messages they want to communicate are targeted to audience and tailored to individuals (Nigig and Busolo, 2018).

Developing key messages for communication should be done through different process. To apply the process basically, being with internal stakeholders by identifying communication

goals, message needs, and target audience brainstorming the key message concepts. In addition to this, refining the draft versions of the key messages by reviewing, and test those messages to ensure that they resound with internal and external audiences (Wetherhead, 2011).

2.10 The role of culture in Health Communication.

Culture is widely accepted as a factor associated with health and behavior, its role in public health practice and research to date has been more rhetorical than applied (Kreuter and McClure, 2004).

To prevent teenage pregnancy, the active participation of family, community leader, religious leader, school community, government health structure and professionals, non-government and other stake holders are important. During the first observation and discussion made with elder on the site, the researcher had a chance to get some information ahead. Meanwhile, the community in the area of this study takes place was looks teenage pregnancy as serious case. When a teenage pregnancy happens, the teen decide to skip from the area and sometimes act suicidal due to the isolation she will face from the family and the society, the family also react against the case because of contrary of their culture and norm.

Social norms can make it easier or harder for audiences to adopt recommended health actions and policies. Communicators can use the following approaches to align recommendations and benefits with relevant social and cultural norms. Among the approaches, encouraging trusted influencers and messengers who are close to the audience to act as models and champions for the desired behaviors and policies, identify where decision-makers feel pressure to conform to norms that contradict recommended actions, and increase message credibility by promoting trusted messengers who changed their behavior to align with recommendations are the important one (WHO, communication strategy framework, 2017).

Recent consensus in public health and health communication reflects increasing recognition of the important role of culture as a factor associated with health and health behaviors, as well as a potential means of enhancing the effectiveness of health communication programs and interventions. This focus on culture coincides with national health objectives that seek to eliminate disparities that exist between different population subgroups on a wide range of health-related outcomes and behaviors, as well as conditions that affect health. It is generally believed that by understanding the cultural characteristics of a given group, public health and

health communication programs and services can be customized to better meet the needs of its members (Kreuter and McClure, 2004).

2.11 Means of communication

The rapid acceleration of globalization as well as communication technology has facilitated the exchange of ideas, knowledge, and culture between populations and across borders, often at rapid speed. The success of this approach depends on two factors: First, the locally produced content must suggest trust in the target community. Second, community members must identify with the participants involved in the production (JSI Research & Training Institute, Inc. 2018).

By any means the message disseminated through media, it can have a distractive consequences or the audience may perceived in such a way. The media can play different roles in terms of escalating, moderating, or balancing a conflict (Emily, 2012).

As Ebbinghaus showed that, we start to forget items rapidly once we stop rehearsing the material; then the rate of forgetting (or memory decay) slows. So during message delivery to intended audience, it is important to make sure that the message is well understood. There are basically two options of message delivery strategy: First frequency: When we say frequency it is about redundancy of the message delivered to a target audience, and second Recency: recency is the approach that helps when people are asked to recall in any order the items on a list of transmitted message (Ebbinghaus, and Ephron, 1995, 1997).

Moreover, media has effect on bringing behavior change on target audience. A central concern across social sciences has been to understand the extent to which mass communication can influence social and political outcomes. That is, how media influence beliefs, attitudes, social norms and behaviors in particular (Bandura, 1986 and DellaVigna et al, 2010).

In their day to day life, people communicate and discuss on social, economic and health issue in related to as a community on existing issue. As a study on family planning communication conducted by Hiwot, (2007). The findings of the study showed that interpersonal communication method is the most commonly used and accepted in the study group to communicate family planning messages due to the fact that; interpersonal communication brings the clients with face to face with the health workers which allow them to receive and share information regarding anything they would like to discuss without reservation.

2.12 Interpersonal communication

Communication is our link to humanity. In its broadest sense, it is a process involving the deliberate or accidental transfer of meaning. One person does or says something, thereby engaging in symbolic behavior, while others observe what was done or said and attribute meaning to it. Whenever you observe or give meaning to behavior, communication is taking place (Floyd, Kory 2011).

Messages travel via a channel, a medium that connects sender and receiver, much as a bridge connects two locations. In face-to-face communication, we send and receive messages through the five senses as discussed above. In effect, we may use multiple channels at the same time to communicate a single message. In fact, under most circumstances, interpersonal communication is a multichannel interaction using visual, auditory, tangible, olfactory, and situational manipulation means to convey both verbal and nonverbal messages (Floyd, Kory 2011).

Communicating interpersonally helps we discover who we are; it fulfills our need for human contact and personal relationships, and it can prompt us to change our attitudes and behavior. In these ways, interpersonal communication serves psychological, social, information, and influence functions (Floyd, Kory 2011).

Moreover, Defluer and Dennis (1994) and Servaes, 1999:24) cited by Temesgen, 2007, that mass communication and face-to-face that mass communication differ in important ways. Because of feedback and role taking, interpersonal communication can be flexible and influential. Mass communication is largely a one-way and relatively rigid process.

In addition to this, "Mass communication is important in spreading awareness of new possibilities and practices, but at the stage at which decisions are being made about whether to adopt or not to adopt innovations, personal communication is far more likely to be influential". Though, mass media causes behavioral and attitudinal changes, the notion is that interpersonal communication has actual effect to get the desired responses of audiences as interpersonal communication helps to react while communication is going or at the end (ibid).

2.13 Advocacy

Advocacy is a process of supporting and enabling people to express their views and concerns, and works primarily to change the behavior of public leaders or decision-makers. Communication generally targets individuals and small groups. Also advocacy combines social networking and mobilization, interpersonal communication and negotiation, as well as the use of media for generating public pressure. The power of supportive evidence as generated by professionals and academics must be effectively utilized through all these means in presenting a powerful case for sustainable social change (Servaes and Malikhao, 2009).

According to WHO Basically advocacy is to influence policy changes and sustain political and financial commitment, and it is intended to secure the support of key constituencies in relevant local, national and international policy discussions and is expected to prompt greater accountability from governmental and international actors.

2.14 Community Mobilization

Community Mobilization (CM) is a specific approach for engaging communities to become their own agents of change in order to make improvements in the health and well-being of their families and communities.

The CM strategy therefore provides guidance on how to mobilize communities for improved health by setting up processes at various levels of the health system and engaging the participation of stakeholders outside the health sector (WHO, 2010).

A process through which action is stimulated by a community itself, or by others, that is planned, carried out, and evaluated by a community's individuals, groups, and organizations on a participatory and sustained basis to improve health. In addition to improving health, the community mobilization process also aims to strengthen the community's capacity to address its health and other needs in the future. A participatory process of communities identifying and taking action on shared concerns. A lot can be achieved when people from different parts of the community share a common goal and actively participate in both identifying needs and being part of the solution. Community mobilization helps to empower communities and enable them to initiate and control their own development (WHO, 2010).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 The study area.

This research is aimed to explore strategic health communication that has been practiced by micro stakeholders, especially NGO'S and Health Office at Oromiya Region East Shoa Zone, at Boset Woreda to implementing reproductive health, teenage pregnancy issues.

To answer the major research questions such as what kind of communication strategies and communication tools have been used to reduce teenage pregnancy under reproductive health under NGO's and Heath Office, the researcher used qualitative research methodology.

3.2 The study Design

This research uses qualitative case study. Under this study design, the researcher investigated the status of strategic communication practice phenomenological and ethnographic concepts and Social Behavior Change Communication variety of cases considered and focus made on the similarities accordance of how health communication strategy applied, the data of varied experiences. Therefore the researcher will try to investigate its experience and practices using qualitative method.

Qualitative research methodology is employed to explore what is socially constructed dynamic reality constructed, by the descriptive, holistic and context sensitive, means in-depth description of the phenomenon from the perspective of the subjects involved. Qualitative research methodology tries to understand how social experience is created and given meaning. From a qualitative perspective, reality or knowledge are socially and psychologically constructed (Yilmaze, 2013).

It is appropriate to use Qualitative research in order to get the insight of participant's individual thoughts, frame of references, and experience with their own. Since it is (qualitative study) concerned with context, interpretation and meaning or understanding through inductive reasoning, it is reasonable to use in order to analyze the practice of strategic communication and how it applied in selected areas or subjects. The aim of using qualitative research method is to describe and understand the phenomena studies by capturing and communicating participant's experience in their own words via observation and interview. (Yilmaz, 2013). What is emphasized is the examination of the context that influences people's action or interpretation and the meaning that people ascribe to their experiences.

3.3 Population of the study

The researcher used Boset Woreda of East Shewa Zone, Oromia Region, in Oromia Reginal State, as a subject of study because policy intervention, the scope of teenage pregnancy cause widespread phenomena of bearing a child at family home, leaving home town due to the problem happening pregnancy, school dropout and becoming teen-mother. The population and the subject of the research are NGO, Health Office, and teenagers. And attempts were made to triangulate the information given form the study participants by searching some representative of collaborators. Several managers were assigned on strategic communication related activities of the health Office and NGO's, but some of them refused to participate in an interview, because of time constraint and they are giving priority for COVID-19 response activities.

The study involved both primary and secondary sources of data to collect from NGO, Health Office and teen mother and teenagers. The primary sources was comprised of information from NGO manager, health Office head and focal persons, which was collected using structured and unstructured interviews in person and telephone. Official documents, research finding reports, web site were used as secondary sources of data in order to assess the present and the

past trends of strategic communication practices and analyze areas and types of research undertaken by CCF for the last 2 years.

3.4 Sample Size and Sample Technique

In East Shewa zone, there are NGOs like World Vision, Compassion, CRS (CATHOLIC Relief Service, and CCF (Care for Child and Family Organization). However, CCF has a project working on reproductive health at Boset Woreda. The researcher selected case study of One NGO and one Health Office. This is as Creswell argues that purposeful sample that will intentionally sample a group of people that can best inform the researcher about the research problem under examination. Thus, the researcher needs to determine which type of purposeful sampling will be best to use (Creswell, 2007).

There is limited number of NGO'S in Boset Woreda that are working in Reproductive Health and Even though there is health Office which facilitates 7 health center, and 33 health posts, and one hospital , due to unstructured and unorganized strategic communication staff, here is limited number of participants in health Office and NGO for this study. The research participants are health Office head, and it's 5 focal person, NGO head and one focal person, teen mother 2 and teenagers 3 were involved in research and related activities. Teen mothers (who gave birth at their child age) and other teen girls were selected because of their experience in the phenomena and the researcher selected purposively (Creswell. 2007).

Purposive and self-selected sampling techniques were utilized to select the participants in accordance with their duties and the issue of subject. The director of NGO, in addition to his willingness to be interviewed, has referred other key informants who can provide as a snowball sampling technique. In general, non- probability sampling technique was employed to recruit the study participants.

3.5 Data Collection Instruments

In this research, the researcher employed triangulation methods of data collection. In order to increase credibility, the researcher used multiple source of data, interview, documents, observation (Merriam & Tisdell 2016, p 245, Creswell, 2007). Merriam and Tisdell argued also that the use of multiple data collection, for example, what the researcher recorded in the interview can be checked against what the researcher observed in on site and what researcher

read about in document relevant to the phenomena of interest. Interview (from the field observed, direct observation reality –covers events in real time,(Yin, 2003.p 88), participant observation, and physical artifacts,(Creswell, pp 75) What are observed in field trip? And from organization, documents relevant to analysis, i.e. (interview, observation, and documents, website?) p 245). During the observation and interview, the researcher developed some forms of protocol or written forms (Creswell, 2007).

3.5.1 Document analysis

The researcher has tried to investigate the materials (magazines, brochures, posters, annual and six-monthly reports, and strategic communication plan and media channels aimed at changing the behavior of their target audience to protect teenage pregnancy.

Document have been an indispensable in qualitative research methodology for many years. (Bowen, 2009). Data collection methods is a systematic procedure for reviewing or evaluating documents. Qualitative research document analysis requires that data be examined and interpreted in order to elicit meaning, gain understanding, and develop empirical knowledge (cited Corbin & Strauss, 2008; Rapley, 2007). Document analysis has served mostly as a complement to other research methods, it has also used as a stand-alone method.

Documents contain texts (words) and images that have been recorded without a researcher's intervention. The documents that may be used for systematic evaluation as part of a study takes a variety of forms. This includes advertisements; attendance registers, and minutes of meetings; manuals; background papers; books and brochures, diaries and journals, event programs, (i.e., printed outlines,) letters and memoranda; maps and charts; newspapers (clippings/articles); press release; program proposals, application forms, and summaries, radio and television program scripts, organizational or institutional reports, survey data; and various public records. Scrap books and photo albums can also furnish documentary material for research purpose. For this study the researcher used program proposal, organizational annual plan and performance report, chart and map, and research finding of the organization.

Researchers typically review prior literature as part of their students and incorporate that information in their reports. However, where a list of analyzed documents is provided, it often does not include previous. Surely, previous studies are a source of data, requiring that the researcher rely on description and interpretation of data rather than having the raw data as a basis

for analysis. According Bowen (2009), document analysis is often used with other qualitative research methods as a means of triangulation, the combination of methodology in the same study of the same phenomena, such as interviews, participant or non-participant observation, and physical artifacts. Using this triangulating data method breeds credibility.

3.5.2 Interviewing

Many case studies requires a researcher to use only a small number of observation, interview and the document reviews with the half a time for half a year; (Or ...it not limited by numbers) (Stake, 2006, P.4). Interview is one of the qualitative research that provide a researcher's a richer and more in-depth understanding of the population under study. It also gives detailed and specific answers.

The aim of the interview is to explore the practices of strategic communication in organization and health Office. As Vanderstoep & Johnston, (2009), argue that the goal of the research determines which is the best sample are suited for the study. Since the researcher goal is to study the particular organizations and the teenage (sub-group), in-depth interview of non-random sample is employed (Vanderstoep & Johnston (p 26). The researcher selected the group of participants by snowball sampling. The organizations identified the teens who gave birth and by taking the advantage, the researcher reached to the people who have direct relation to the research problem (Vanderstoep & Johnston 2009) p .27). The researcher used structured and unstructured interviewing techniques to obtain data from the organization and informants. The interview is conducted by skilled and experienced expert in Afan Oromo and transcribed and translated later. Moreover, to assure reliability of the information gathered from source cross checking is done with the interviewee after the translation is made. In-depth interview were carried out with Health Office Managers, and focal person, NGO's executive and their focal persons, and teenagers' who are victimized of being teen-mother. In addition to this, the researcher has attempted to visit and make observation of Woreda's kebele to observe the environment and its setting where teenage practice their daily activities.

3.5.3 Physical observation

Observation is one of the qualitative research techniques. It helps the researcher obtaining first-hand account of the phenomenon of interest rather than relying on someone else's

interpretation. The researcher observed the setting where the phenomenon of interest naturally occurred. During the field study, the researcher had an informal interview and observed the social setting (Merriam & Tisdell, 139).

The researcher's aim was to notice empirically how teenage pregnancy is routine at the context, incident, behaviors and so on that can be used as reference points for subsequent interviews. To triangulate the emerging findings, the researcher as Merriam & Tisdell, contend, observation conducted in conjunction with interviewing and document analysis so as to validate the findings. The researcher observed the teens who held children at their back, and breastfeeding at their school age and take responsibility of working burden to feed their children. As Merriam & Tisdell, (2016) argues observation is best technique to use when an activity, event, or situation can be observed firsthand, when a fresh perspective is desired. (P.140).

3.6 Method of Data Analysis

The data mainly collected through qualitative data collection techniques. First all the data were transcribed since the majority of data were gathered using tape-recording, phone interview and collection of written documents. After that, the relevant data were categorized so as to arrange them for analysis.

The categorization is normally made based on their application to the essential ideas of the research questions raised in this study. Finally, all the data were arranged logically and in accordance with the thematic classification based on the two operationalized themes of the conceptual model of social behavior change communication; and with respect to the central research questions. The central research questions, as indicated in chapter one, are what communication strategies are used by the health Office and NGO to communicate teenage pregnancy and how communication strategy is designed.

As known reliability and validity are the two most important and fundamental features in the evaluation of any measurement instrument or tool for a good research. As (Singh, 2014) is cited in Mohajan Haradhan, 2017), Validity and reliability increase transparency, and decrease opportunities to insert researcher bias in qualitative research. Reliability measures consistency, precision, repeatability, and trustworthiness of a research (Haradhan M. 2017).

Validity could be of two kinds: content-related and criterion-related. Reliability is mainly divided into two types as: i) Stability, and ii) Internal consistency reliability. Stability is defined as the ability of a measure to remain the same over time despite uncontrolled testing conditions or respondent themselves (Haradhan M. 2017).

So the data gathered to this research is as to assess communication strategy employed to communicate teenage pregnancy based on elements of strategic communications and current activities of the informants regarding to the issue.

CAPTER FOUR

DATA PRESENTAION AND ANALYSIS

This chapter deals with the presentation and analysis of data from the perspective of strategic communication by using social behavior change communication model. Qualitative methodology is used in the study to analyze documents, participant observation, and in-depth interviews.

The chapter incorporates communication strategies employed to communicate teenage pregnancy and related problems by health Office and NGO in the selected Woreda, it also considered the impact of this communication on the teenage girls. Alongside assessing the integration between the government health structure, health stakeholders on the Woreda level and community participation is the focus of the study.

4.1. Strategic communication employed to communicate teenage pregnancy

Strategic communication provides relevant information and adequate motivation to impact on attitudes and behaviors of individuals or groups of people. It involves identifying target audience, developing message and monitoring the changes in peoples' attitudes and

behaviors as laid down by the program objectives, as well as reinforcing and supporting the change that has occurred. Effective communication strategy offers guidelines in supporting policies, positive legislation and increased resource allocation (UNICEF, February 2005).

Though the focus of this research is to explore how health message is mediated by stakeholders, what means of communications are the health stakeholders using to deliver those message, what are factors that challenge health communicator in designing effective message, and how teenage girls explain their reproductive health communication experiences?.

In order to cover these issues and gather data, many steps were undertaken. Among these the interview was conducted with Woreda health office workers, NGO focal person and field worker, volunteer teenage girls who were in school and out of school, reviewed written document of the organization, research finding on the issue and annual report of activities of health office and participant observations were used.

4.2 Collaboration

Collaboration is defined as working together to accomplish a task and discussing with each other to solve difficult problems. Effective collaboration includes both individually focused tasks and interactive group work. Coordination is defined as the harmonious adjustment or interaction of different people or things to achieve a goal or effect (Mishra & et al, 2009).

In relation to working in collaboration, the Woreda health Office focal person stated that; *“At Woreda level we don’t have the communication department structure, here we have only the focal person who is assigned to report any case that happens in the Woreda to regional health Office communication department. The mechanism we used here to address any health issue is working independently according to our duty. For example, if malaria outbreak occurs in the Woreda the malaria department takes the lead in identifying and addressing the issue. As a focal person we report to regional Office about the issue, level of severity, action taken at Woreda level, and way forward. This process is the same on other health issue. Due to absence of communication structure at Woreda level and not decentralized, the health office communicators lacks integration to work with bottom level or community is observed” (Woreda health office focal person In-depth interview, March 2020).*

The Woreda health Office head on his part reflected his idea regarding working in collaboration with health stakeholder, especially NGO those who works on health related issue as follows:

“We are working with different stakeholders in related to health issue, especially NGO’s have their own plan and budget. We attend their planning and launching event based on their invitation, we may support them when they face problem in administration aspect. The trend of planning and working strongly in collaboration is somehow less, since we are multi tasked and working on many health issue, as the NGO’s are focused on their specific intervention issue and area” (Woreda health office head, personal interview, March 2020).

Many proposed policies and projects are analyzed for fiscal and environmental impacts prior to being adopted, which helps decision makers anticipate the consequences of their decisions. However, the impact on the health and well-being of populations is often overlooked. Filling this gap are Health Impact Assessments (HIAs). HIAs are defined as a combination of procedures, methods, and tools that systematically judge the potential, and sometimes unintended, effects of a policy, plan, program, or project on the health of a population and the distribution of those effects within the population. HIAs identify ways to alleviate and mitigate any negative effects and maximize positive outcomes.

Stakeholder participation is an important component of the HIA process. Broad inclusion of stakeholders enhances the expression of HIA core values: democracy, equity, sustainable development, and ethical use of evidence, as described by the World Health Organization. Ensuring stakeholder involvement and leadership helps promote a vision of an inclusive, healthy, and equitable community, in which all people, regardless of income, race, gender, or ability, can participate and prosper (Stakeholder Participation guide, 2012, p5).

In the study area of this research, CCF is one of the stakeholder working on the reproductive health and other social issue in the Woreda. As long as this NGO is working in line with Woreda health Office, the coordinator of the NGO mention the following point with regard of working in collaboration:

“Basically we are working with Woreda health office on the area of our intervention in a limited integration. Since our intervention kebele is limited and their need is unmeet, due to the budget constraint and lack of identified structure to work with partners in side of health office

somehow challenging and it has been the factors that we have observed” (CCF Sponsor relation coordinator, in-depth interview, March 2020).

Effective communication, collaboration, and coordination are the main contributing factors for success in approachable methods. Strategically communicating the issue of teenage pregnancy and related problem is enabling to bring intended behavior change. This change is considered as the outcome of working in collaboration. Regarding with the outcome of communication the Woreda health office focal person also mention that:

“When we see the case of teenage pregnancy, the responsibility to address the issue is belonging to department of family planning. This department have its own annual plan focusing on delivering family planning service, ANC, PNC, and post abortion care. These all service are given mostly by health extension workers, the issue of preventing teenage pregnancy is considered as a cross cut issue both by the health extension workers and experts at Woreda level. Even there are some limited activities are there, most of the time it has been considered as the issue of youth clubs, school SRH club and other partners and stakeholders task. To be more effective in every activities of health issue in Woreda level working with different partners, stakeholders like NGOs in integration will have a positive impact. Even there is idea to work starting from planning to monitor, there is no consistency due to different factors. Among the factors budget and time constraint being multi tasked, and not having communication structure at bottom level are the main problem observed”(Woreda health office focal person, March 2020).

Since CCF is working on the reproductive health and related health issue, they have observed the issue from their activities. The CCF field worker also stated that the outcome of working in collaboration on the issue as follows:

“In teenage pregnancy intervention we follow peer education approach. Peer education is facilitated by trained and volunteer youth, the session is run by schedule based in kebele level and in addition to this we support school based reproductive health club. Our training session is held as existing situation is favorable, that could be monthly or every two months. Though majority of our target members who attend the session be aware of sexual reproductive health, due to lack of our monitoring and evaluation of activity some of them were getting pregnant and dropped their school”(CCF field worker, in-depth interview, March 2020).

The respondent from the health Office and from the NGO are mentioned that on the issue of reproductive health and teenage pregnancy, their communication strategy has a kind of some limitation in working collaboration. Communication strategy also to be more effective it has to consider the basic elements of it. These are; establishing goals, identifying the target issue and target audience, framing and developing the message.

4.3 Message development

Key messages are the main points of information that wanted audience to hear, understand, and remember. They are summarizes that articulate what you do, why you do it, how you are different, and what value you bring to stakeholders.

Creating effective communication messages involves a two steps process; “getting the right message” and “getting the message right”. Key messages are important because they serve as the foundation of an organization’s branding and marketing efforts and should be reflected in all written and spoken communications (Henley, Donovan, & Francas, 2007).

Developing key messages should be done through a three phase process; brainstorm key message concepts with internal stakeholders, Refine draft key message and test, finalize and routinely update the key message. Whenever possible work with organization’s communication staff to hold a key message development brainstorm session. Regarding message development for communication in order to bring behavior change the Woreda health Office focal person Jemal stated that;

“Even if we don’t have communication structure at Woreda health Office level, we have annual plan for every health department activities, our planning process is most of the time done by the expert at Woreda level and some input will incorporated from last year performance report and information collected from stakeholder. During message development to communicate each health issue to bring behavior change there is no process we go through, only we used the regional intervention work plan as springboard” (Woreda health office focal person, in-depth interview, March 2020).

CCF is also working in the Woreda in area of child care and reproductive health. During communicating the health issue, the CCF sponsor relation coordinator mentions that, process they follow for message developing;

“Our intervention kebele is limited in number and in the area we are working, especially to communicate the issue of reproductive health issue, we assess the situation in the society and have a discussion with partners and society members to plan” (CCF sponsor relation coordinator, in-depth interview, March 2020).

Properly developed message has power to bring behavior change on target audience if delivered in appropriate and effective way of communication. However the message is developed considering all the procedure, it would not have impact unless reach to target audience using accurate means of communication.

4.4 Means of communication

Effective communication is about more than just exchanging information. It is about understanding the emotion and intention behind the information, as well as being able to clearly convey a way that gains full meaning of what’s being said and makes the other person feel and understood.

The Woreda health Office and CCF are not using mass communication, however their channel is more of interpersonal communication. Due to this limitation the target group would not be able to get reach information and well-designed message from the source. Consequently, the society and the target group are not developed common understanding about the issue.

All these activities have performed by health Office and CCF to bring behavior change has an outcome on the target group if they use mass communication properly. Regarding message delivery, appropriateness of message, frequency, and their perception and awareness teenage girls who are in school and out of school have stated their opinion as follow; in order to keep confidentiality of the respondent their name is not mentioned.

“Teenage mother, age 19, and grade 7:- There is no point we discuss with family openly regarding reproductive health. In the school even if we have been given the biology class lesson based on curriculum there is no emphasis to reproductive health issue as such. But there was unplanned session annually or semiannually to deliver message to all student clubs in school. However we have a discussion with friends each other about sexual reproductive health we were not conscious. My boyfriend was also a student, we have sex without any protection and I have got pregnant when I was 16 and grade 7. After this happened on me I faced many challenge from

family and society, I left my family home and hide myself for one and half year. Now I am back to my family home and reunite with them. (name is anonymous, Geri Kebele, March 2020).

According to this student, the reason for the school reproductive health club is not active due to lack of communication materials, the school have not trained and assigned focal person for specific issue to address. In addition to that the teachers have very tight schedule and can't manage properly the club, the students are also wants to leave school early after class because of their double burden to support their family.

Today as a mother I am observing many things which were not applied when I was student. Including health Office and other stakeholder are giving awareness creation short training, focus group discussion and brainstorm session. But the issue raised is simply been discussed with few number of participants and there is no monitoring to systems to follow the progress or to check whether the issue cascaded or not. The other issue which I observe is the issue of teenage girl is not direct communicated with them, trainers just come and gather anybody available around and give him the information and assign to deliver the information” (name is anonymous, Geri Kebele, March 2020).

The second dropout teen girl is also stated that;

“Teenage mother, age 17, and grade 8:- Reproductive health focused lesson is given in the school though it is not schedule based. And health extension workers also tells us randomly. In addition to this, I do have information about reproductive health from different outlet like radio. However I have exposure to the information of sexual reproductive health, but there is no open discussion with family regarding the issue. When I get pregnant and gave birth, my family gave my baby to adoption and told me to leave the home” (name is anonymous, Geri Kebele, March 2020).

The above two respondents explain their exposure to reproductive health, however they have face challenges related to teenage pregnancy including dropout their school. Teenage girls who are in school are also explain that:

“Teenage girl, age 16, and grade 8:- There is no open discussion with family regarding the reproductive health, and I know that my mother and neighbors discuss with health extension worker about SRH issue, but I have information about SRH from a class lesson and there is a girl’s school club activity. In addition to this I have got information from my elder sister” (name is anonymous, Geri Kebele, March 2020).

“Teenage girl, age 16, and grade 7:- There is no regular schedule to attend about SRH education in school girls club. We communicate with friends about SRH on how information we have and understand. There is no other means to or way to get information about SRH issue. How much our family have information about reproductive health, there is no discussion between us that is why we don’t have access in this way too” (name is anonymous, Geri Kebele, March 2020).

“Teenage girl, age 15, and grade 7:- Discussion with family openly about SRH is not habitual, even if I have question to ask family I prefer to keep quiet rather than asking. If the girl be open to discuss and ask about the issue the family and society considers her as acting out of manner and guilty. Because of many teenage girls gave birth and take suicide action, family did not allow us to attend if any session related to the issue. Our only source of information on the issue is the class lesson and random session of school club” (name is anonymous, Geri Kebele, March 2020).

In the process of developing communication message and delivering to intended audience by using appropriate way of communication, the Woreda health Office and CCF has applied their communication strategy and their experts has mentioned the trend of their organization. However, their activities related to communicating teenage pregnancy has done according to their intervention area there are changes also been achieved.

As long as well-designed communication strategy of health issue, especially communicating teenage pregnancy is applied the primary beneficiary are teenagers themselves, the whole society and stakeholders.

According to Woreda education Office report; there are 77 schools in the Woreda; among these 72 of them are grade 1-8 and 5 of them are grade 9-12. At the beginning of the academic year 2012 E.C from grade 1-12 total enrolled number of 39,497 students; 15,102 were grade 5-12 students and 7,342 or (48.61%) of them were female students. Among these 48.61% of female

students 33 or (0.45%) of them were dropout due to teenage pregnancy and related issue in six months.

In addition to this, the research conducted by CCF in collaboration with local consultant on community based child protection service May, 2019 shows that; 16 teenagers were pressurized to early marriage and face unwanted pregnancy, and 13 teenagers have also been raped and abducted which is highly at risk of getting pregnant at their early age. All the sample of the assessment from four kebele have taken is between age10 - 18.

From the document reviewed for the study is the health Office Mother and Child Health (MCH) annual work plan and performance report is the one. On this plan the issue of teenage pregnancy is not incorporated and there is no way to evaluate any point regarding teenage pregnancy.

Table 1

Identification and Examples of Health Communication Elements Applied by the Health Office and NGO

Elements of Strategic communication	Health Office	NGO (CCF)
Audience-centered	Audience is not appropriately	Audience is a target, but the opinion

	segmented. But the government structure and community structures are engaged in communicating the issue.	leaders such as religious leader, and influential persons are engaged in communicating with primary audience.
Strategic	Since they don't have communication structure at Woreda level, they follow the strategy designed at regional level.	Communication activities are designed and implemented based on the attributes of audiences in their intervention areas in the Woreda.
Process oriented	Not Available	Somehow
Audience and media specific	Communication through health extension worker, communicating through discussion and printed material.	Using the school based clubs, established youth group, and printed material, mobile audio message.
Relationship Building	Relationships are established and maintained with main stakeholders, and Partners, but limited working strongly in collaboration because of different factors.	Establishing and preserving good relationships with partners and community structures is a prime concern of the organization.
Behavioral and social change objective	The programs are planned to deliver Health care and counseling service in general for all health issue to enhance positive changes in societal level.	Programs are planned and implemented to promote behavioral and social changes in increasing awareness and status of reproductive health behavior to decrease teenage pregnancy and related problems.

Table 2

Identification of Communication Materials and Channels Used by the Health Office and NGO in Communication Activities

Material and channel	Health Office	NGO (CCF)
Materials	Leaflet, poster and printed guide	Poster, banner, flip chart and
Channels	Health expert brief, work	Interpersonal communication, school

	place discussion, meeting, and government structure.	based club, youth center, counseling, volunteer youth and clubs.
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Table 3

Annual planning process and message development with Stakeholder participation Used by the Health Office and NGO in Communication Activities

Material and channel	Health Office	NGO (CCF)
Planning	The process is not followed so far the assessment. Using the last year plan as a reference except if any new case is occurred.	Conduct the base line research to identify the gap in the grass root level. And invite all stakeholders on the planning process. But lacks strong monitoring when implement this plan.
Message development	Most of communication message is developed at regional level and cascaded to lower level.	The message is developed based on identified issue related to target audience.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

This research has explored communication strategies that employed to prevent teenage pregnancy by the woreda Health Office and NGO's in East Shewa Zone of Oromia region, Boset Woreda as a case study.

It has stated careful attention in Boset Woreda, to explore strategies of health communication program employed to communicate teenage pregnancy in collaboration with

health stakeholders, means of communications and the channels used to disseminate health communication messages, how strategic communication designed and key message developed during the process. Special attention was given how health message is mediated by stakeholders, means of communications they have used to deliver health message, what factors are challenges the communicators in designing effective health message and explored experience of teenage girls on the reproductive health communication issue.

5.1 Conclusions

Regarding to communication strategies used by the Health Office and CCF at Boset to communicate teenage pregnancy is working unorganized and more centralized. It lacked working in collaboration with stakeholders and coworkers who engaged in the same area or similar issue. In addition to this, both organizations follow different message development process to communicate teenage pregnancy which is not based on SBCC approach or other related health communication model. According to social Behavior change communication (SBCC) approach, to develop and promote positive behaviors, to sustain individual and community social behavior change & maintain appropriate behavior, interactive process with over all community is important.

According to Woreda health office focal person, the absence of communication structure at the Woreda level challenge to follow every activities as needed. Majority of the activity is run by each department individually by their own respective staff. If in case any outbreak is occur; for example if malaria outbreaks, reproductive health department is assigned to lead the task force and require to support. The organization and the Woreda focal person is assigned to facilitate and report the occurred case, action taken and report the update situation to regional government health communication office. On top of that, to work in collaboration with stakeholders, they face challenges being multi tasked with other issue like political mission, and time and budget constraint are also the challenging factors.

The reproductive health focused intervention especially teenage pregnancy & health related program was not concerned and treated as such it causes economic, social and cultural consequences in the life of teenage girls as well as in the whole community. Moreover, the issue being addressed under family planning department, school reproductive health club, and community volunteers do not use mass communication. As the result, communities' attitude

towards the reproductive health communication especially on teenage pregnancy is not changed. This is because the communication strategy is not practiced according to the selected health communication strategy approaches and models.

5.2 Recommendation

From the point of millennium development goal perspective, Federal Ministry of Health has designed national health strategy. Based on the national strategy there are stakeholders involved to work on different health issue in different intervention area in collaboration with government structure.

To achieve the objectives and meet the goal; designing effective communication strategy & developing communication message in considering the process:

- A. Working in collaboration with the top level and bottom level implementers is very important.
- B. Based on the finding, decentralized communication structure is recommended so as to work collaborate with stakeholder.
- C. Using mass communication is also recommended to address the message effectively from the source in addition to intrapersonal communication.

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Appendix I

Interview questions for Woreda Health Experts

1. What kind of communication strategies have you been used to reduce teenage pregnancy?
2. How do you work integrate with stakeholders in communicating teenage pregnancy?
3. How you design message for intended audiences?
4. Is there community participating in the designing, implementation, and evaluation process of
Communication on the issue of teenage pregnancy?
5. What kind of media have you used for this program?

6. What are the cultural factors within the community were restraints to effectively addressing teenage pregnancy?
7. How did you solve those Cultural problems?
8. What can the community do to address the issue of teenage pregnancy?
9. Is there know how the community change knowledge, attitudes, or behavior on the teenage pregnancy issues?
10. How the program achieve the intended goal?
11. What were the major challenging problems in communicating the community about the issue of teenage pregnancy?
12. Is developing communication strategy the role of communication specialist, the community, and stakeholders like NGO?
13. Did you conduct any research to identify the gap of your communication regarding communicating teenage pregnancy?

Appendix II

Interview questions for NGO focal person and coordinator

1. What is your organizational objective regarding to teenage pregnancy?
2. What are the basic causes for teenage pregnancy in the area?
3. How do you identify that cause for teenage pregnancy?
4. How do you design communication strategy?
5. Did you work in collaboration with Woreda health Office? If not what is your reason or challenge?
6. What is the most challenge in communicating the issue?

7. Did you conduct any research to identify the gap of your communication regarding communicating teenage pregnancy?
8. What is your communication monitoring and evaluation technique?
9. Was your communication is properly target audience oriented?
10. What recommendations can you present to improve this issue?
11. How your communication approaches were culturally appropriate?

Appendix III

Interview questions used for teenage girls

1. Do you know about reproductive health? If so, where did you get information from?
2. How did you discuss with family about reproductive health issue?
3. How stakeholders of health like NGO and health Office are gives you information about reproductive health?
4. Did your school have a club that teaches about reproductive health? If so, what looks like the schedule?
5. What are you doing to learn about reproductive health knowledge from any organized group teach about reproductive health issue?
6. How do you describe the positive impact of reproductive health issue education given by the NGO and health structures?
7. What is the challenge of teenage pregnancy and related problems?
8. How do family and society react on teenage pregnancy?
9. How the community norm and culture is react on teenage pregnancy?
10. What is the gap you have observed from the health communication of stakeholders?
11. What you recommended regarding health communication of reproductive health?

Appendix I

የቃል ጥያቄዎች ለወረዳ የጤና ባለሙያዎች

1. በልጅነት እድሜ ማርገዝን ለመቀነስ ምን አይነት የተግባቦት ስትራቴጂን ተጠቀማችሁ?

2. በልጅነት እድሜ የሚከሰትን እርግዝና ለማስቀረት በሚሰራ ስራ ላይ ከባለድርሻ አካላት ጋር በምን አይነት ቅንጅት እየሰራችሁ ነው?
3. ለታሳቢ ወይም ለባለጉዳዩ የሚሆነውን መልህክት በምን አይነት መልኩ ነው የምታዘጋጁት?
4. በልጅነት እድሜ የሚከሰትን እርግዝና ለማስቀረት በሚዘጋጅ መልህክት ላይ፣ በትግበራ እና ግምገማ ሂደት ላይ የማህበረሰቡ ተሳትፎ ምን ያህል ነው?
5. ለዚህ ፕሮግራም ስርጭት የምትጠቀሙት ሚዲያ ምን አይነት ነው?
6. በልጅነት እድሜ የሚከሰትን እርግዝና በወጤታማነት መልኩ ለማስቀረት በማህበረሰቡ ውስጥ ያሉ ባህላዊ ተግዳሮቶች ምንድን ናቸው?
7. እነዚህን ባህላዊ ተግዳሮቶች በምን መልኩ ቀረፋችሁኋቸው?
8. ማህበረሰቡን ይህን በልጅነት እድሜ የማርገዝን ችግር ለመፍታት ምን ማድረግ ይችላል?
9. በልጅነት እድሜ ስለሚከሰት እርግዝና የህብረተሠቡ የባህሪ ፤ የአመለካከት እና የእውቀት ለውጥ አለ?
10. የያዘችሁት ፕሮግራም የታለመለትን ግብ የመታ ይመስላችኋል?
11. በልጅነት እድሜ የሚከሰት እርግዝናን ለማስቀረት በሚሰራ የተግባቦት ስራ ላይ ዋነኛ ችግር የነበረው ምንድን ነው?
12. የዚህን የተግባቦት ስትራቴጂ የመንደፍ ሃላፊነት የተግባቦት ባለሙያ ነው፣ የማህበረሰቡ ነው ወይም የባለድርሻ አካላት እና መንግስታዊ ያልሆኑ ድርጅቶች ድርሻ ነው?
13. በልጅነት እድሜ የሚከሰት እርግዝናን በተመለከተ የናንተ የተግባቦት ስራ ስኬታማ እንዳይሆን እንቅፋት የሆነውን ነገር ለመለየት ያደረጋችሁት ጥናት አለ?

Appendix II

መንግስታዊ ላልሆነ ድርጅት ባለሙያዎች የቀረቡ ጥያቄዎች

1. በልጅነት እድሜ የሚከሰት እርግዝና ጋር ተያይዞ ድርጅታዊ አላማችሁ ምን ማሳካት ነው?
2. በአካባቢው በልጅነት እድሜ ለሚከሰት እርግዝና መሰረታዊ ምክኒያቶች ምንድን ናቸው?
3. በልጅነት እድሜ የሚከሰትን እርግዝና መሰረታዊ ምክኒያቶች በምን አኳኋን ለይታችሁ አወቃችኋቸው?
4. የተግባቦት ስትራቴጂን የምታዘጋጁት እንዴት ነው?

5. ከወረዳ ጤና ቢሮ ጋር በትብብር ነው የምትሰሩት? ካልሆነ ምክኒያታችሁ ወይም እንቅፋቶች ምንድን ናቸው?
6. ይህንን በልጅነት እድሜ የሚከሰት እርግዝናን በስኬታማ መልኩ ለማስቀረት አስቸጋሪ ወይም እንቅፋት የሚሆን ነገር ምንድን ነው?
7. በልጅነት እድሜ የሚከሰት እርግዝናን በተመለከተ የናንተ የተግባቦት ስራ ስኬታማ እንዳይሆን እንቅፋት የሆነውን ነገር ለመለየት ያደረጋችሁት ጥናት አለ?
8. የክትትል እና ግምገማ ስርአታችሁ ምን ይመስላል? ስኬታማ ነበረ ወይስ አይደለም?
9. የተግባቦት ስርአታችሁ ተደራሽ መሆን ያለበትን የህብረተሰብ አካል ያገናዘበ ነው?
10. ይህንን ችግር ለመፍታት ወይም መፍትሄ ለመስጠት ምን ትመክራላችሁ?
11. የተግባቦት ስልታችሁ ከባህል አንጻር ምን ያህል ተገቢ ነበር?

Appendix III

ለልጃገረዶች እና ያለ እድሜ ለወለዱ ሴቶች የቀረቡ ጥያቄዎች

1. ስለ ስነተዋልዶ ጤና ምን ምን ታውቃላችሁ? የምታውቁ ከሆነ መረጃውን ያገኛችሁት ከዩት ነው?
2. ከቤተሰብ ጋር በስነተዋልዶ ጤና ዙሪያ በምን መልኩ ውይይት ታደርጋላችሁ?
3. መንግስታዊ ያልሆኑ ድርጅቶች እና የጤና ቢሮ ያሉ የጤና መዋቅሮች የስነ ተዋልዶ ጤናን የተመለከተ መረጃ እንዴት ነው የሚያቀርቡላችሁ?
4. ትምህርትቤታችሁ ስለ ስነተዋልዶ ጤና የሚያስተምር ክብብ አለው? ካለው በምን መልኩ ነው የሚያስተምረው?
5. ስነተዋልዶ ጤናን በተመለከተ ከሚያስተምር ሌላ አካል እውቀት ለማግኘት ምን ምን ታደርጋላችሁ?
6. በጤና ላይ በሚሰሩ እንደ የጤና መዋቅሮች እና መንግስታዊ ባልሆኑ ድርጅቶች በሚሰጠው የስነተዋልዶ ጤና ትምህርት የመጣውን በጎ ተጽህኖ እንዴት ትገልጻላችሁ?
7. በልጅነት እድሜ ለሚከሰት እርግዝና እና ተያያዥ የጤና ችግሮች ምን ምን ናቸው?
8. ቤተሰብ እና ማህበረሰብ በልጅነት እድሜ በሚከሰት እርግዝና ላይ ያላቸው አቀባበል ምን ይመስላል?
9. የማህበረሰቡ ልማድ እና ባህል በልጅነት እድሜ ለሚከሰት እርግዝና ምን አይነት አቀባበል አለው?
10. በባለ ድርሻ አካላት የጤና ተግባቦት ስልቶች ላይ ያስተዋላችሁት ክፍተት ምንድን ነው?
11. የስነ ተዋልዶ ጤና ተግባቦትን በተመለከተ የተሻለ ብላችሁ የምትመክሩት ምንድን ነው?

Appendix IV

NGO's Officials used for interviewing (CCF)

o.	Name of interviewee	position of the interviewee
	Tewodros Lakew	Sponsor relation coordinator
	Tumsa Kassaye	Field worker
	Derribe Emiru	Youth dept. coordinator

Appendix V

List of Woreda Health Office Officials used for interviewing

o.	Name of interviewee	position of the interviewee
	Birhanu Deme	Woreda Office head
	Jemal Umer	Woreda focal person

Appendix VI

List of Teenagers used for interviewing

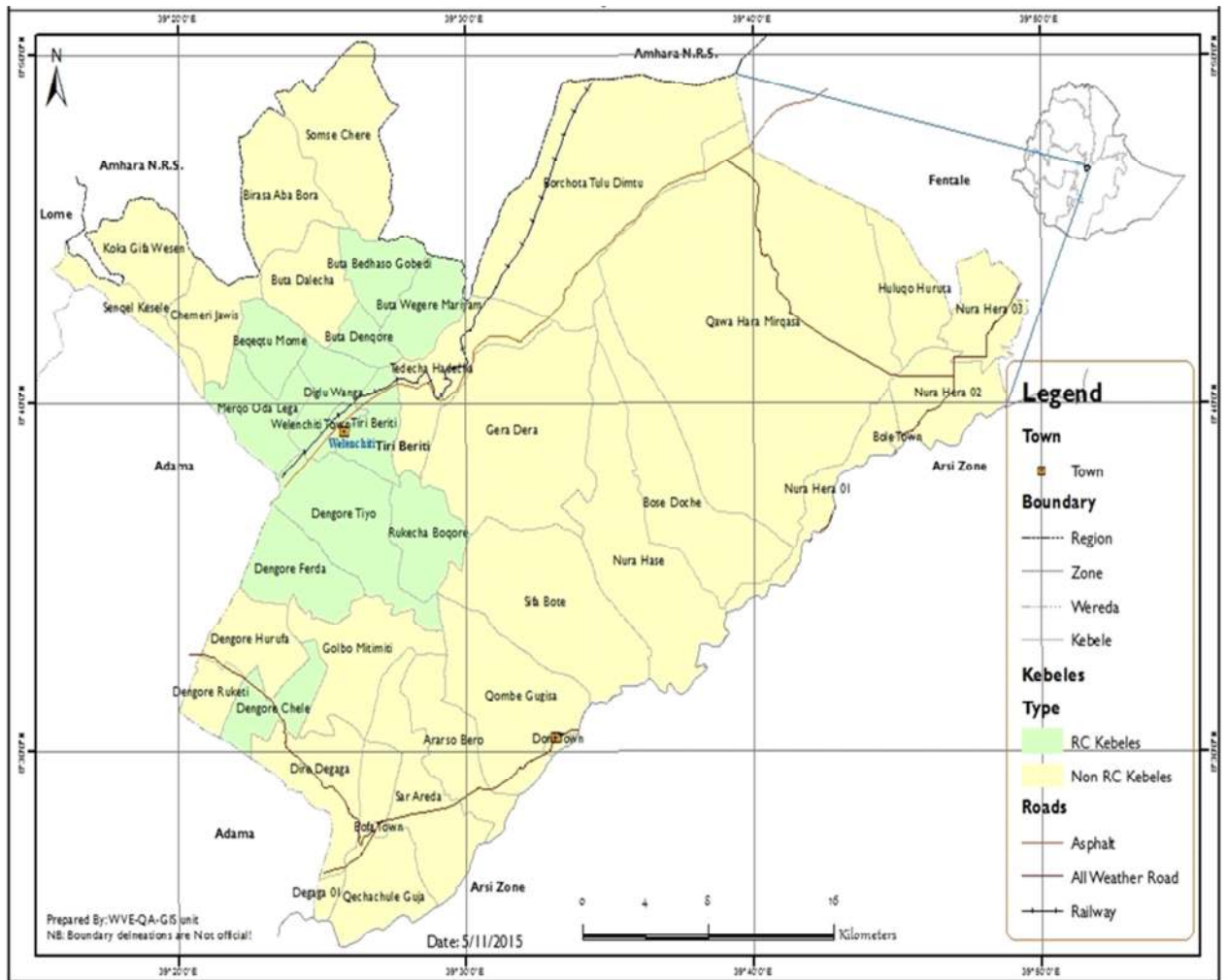
o.	Name of interviewee	position of the interviewee
	Anonymous	Age 19, grade 7 and a Mother of two
	Anonymous	Age 17, grade 8 and a Mother of one
	Anonymous	Age 17, grade 8 and student
	Anonymous	Age 16, grade 7 and student
	Anonymous	Age 16, grade 7 and student

Figure. I



Map of Oromia Regional Government

Figure. 2



Boset Woreda Administration Map

Figure. 3



Basic information of Boset Wreda Health Office

Figure. 4



Health Extension Worker on counseling teenage pregnant