

Reading Didactic Codes: Pregnant Women's Reception of the Educational Film *Pregnancy Tips*

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Abstract

Film for public health education is popular in Ghana. Nevertheless, the existing literature on audience responses to such films, particularly among pregnant women, fails to adequately capture women's interpretive agency, thereby limiting the nuances of the feedback necessary to enhance production practices. Drawing from the encoding-decoding model and persuasive health message (PHM) framework, this study analysed qualitative data from screening sessions and interviews with pregnant women on the film *Pregnancy Tips*. The findings showed that the three persuasive strategies (threat and severity, susceptibility, and efficacy skills) employed in the film elicited diverse interpretations with no oppositional readings. The threat and severity routes resulted in preferred readings, while the susceptibility route led to negotiated interpretations. Efficacy strategies generate both preferred and negotiated meanings. Religious beliefs, personal comfort, and socioeconomic factors were the primary elements shaping the interpretations' susceptibility and efficacy, whereas fear shaped the preferred reading of threat and severity strategies. This study shows the economic and social realities intersecting with participants' interpretational experiences, highlighting pregnant women's agency, which provides insights for future film production and gendered health education.

Keywords: Audience reception Ghana, Encoding-decoding, Educational film, Persuasive health message framework, Interpretation

Introduction

The ability of film media to inform, educate and persuade cannot be denied (Bordwell et al., 2016). In the context of public health education, the World Health Organisation (WHO) recognises films as potent tools for enhancing health literacy, motivating individuals towards better well-being, and providing opportunities to address challenges in public health care (World Health Organisation, YouTube, 2022). The global focus on film media for public health communication is warranted, considering the socio-cultural and economic obstacles hindering effective healthcare. Botchway et al. (2017: 260) argue that films can offer ‘new ways to empower people to live healthier lives, improve their understanding of health care, and provide life-saving information in low-resource settings’. In countries in the global south, films were key to public health education during COVID-19 (Olaoye and Onyenankaya, 2023) and maternal health education (Nkwera, 2014; Sowa et al., 2018; Mweemba et al., 2020). The growing interest in films indicates that effective public health care extends beyond medical practice. Sociocultural and economic factors necessitate education to support healthcare goals. So then, a film’s ability to emotionally engage audiences through narrative techniques offers opportunities to empower people toward public health education objectives.

To harness film’s potential to advance public health education goals, audience research is essential to understand how film genres, forms, and narrative strategies impact audience reception. This is even more important because of the complexities in media texts and meaning-making. Livingstone (2008: 2) posits that media texts are ‘multilayered, subject to conventional and generic constraints, open and incomplete in their meanings’. Krijnen (2017: 9) concurs that media messages are ‘polysemic’ and ‘multifarious’, indicating that content can evoke meanings independent of intended messages. Additionally, how meanings are constructed from media text is described as subjective, context-dependent, and influenced by ‘preexisting notions’ (Danesi, 2004: 17; Aligwe et al., 2018). Audience reception epistemes also challenge the notion of universal media experiences, proposing that meaning-making through media is a discursive process rather than a one-way communication (Hall, 1973; Ademolu, 2023). This fluidity of media text and the agency of audiences suggest that interpretations of film-based health education may not always align with the intended messages from health authorities. These complexities highlight the importance of research to deepen understanding of how audiences relate to films as educational media.

Despite the fundamental role of audience reception to films for public health education, there is a notable lack of such research in Ghanaian literature. Existing studies focus on measuring immediate outcomes such as changes in knowledge, awareness, perceptions, and behavioural intentions (Ampofo et al., 2020; Drokow et al., 2021; Bonnah and Williams, 2024). These studies often overlook audience interpretation of film-based health education, particularly considering the nexus between cultural and socioeconomic factors that influence women’s health-seeking decisions during pregnancy and their agency over media texts. For example, Ampofo et al. (2020) showed that films are effective for raising awareness of cervical cancer, enhancing knowledge, and reducing screening barriers among young Ghanaian girls. Drokow et al. (2021) found that films effectively altered perceptions, boosted self-efficacy, and facilitated understanding of cervical carcinoma screening and HPV vaccination. Recent research confirms that films capture patients’ attention effectively and convey health information (Bonnah and Williams, 2024). While these studies provide valuable insight into the role of film media in public health education in Ghana, there is a lack of audience reception studies that examine cultural nuances and women’s agency in film-based health

education. The emphasis on 'proximal outcomes', as noted by Botchway et al. (2017: 260) and supported by Kim and Noriega (2020), underestimates women's interpretive role as active audiences. This marginalises women's voices, which could shape media production and guide policy formation to improve public health education and communication. For African feminist media researchers, this gap is counterproductive. Opoku-Mensah (2001: 31) and Bosch (2018) argued that quantitative methodologies prioritising effect measurement often neglect cultural contexts and the 'meaning and significance' that women's voices contribute to audience reception studies in Africa, which could enhance media production for women's health education.

To address this gap, this study builds on previous studio-based research by the author that produced the film *Pregnancy Tips* (dir. Emmanuel Joel Ayu Nyarko, GHA, 2020) an educational film on maternal health education in Ghana. The present study examines how pregnant women interpreted the film's persuasive strategies and the factors influencing their interpretations. The findings will offer feedback to improve the film and future production while contributing to knowledge on how pregnant women engage in film-based health education in Ghana.

Situated in the global south, Ghana's cultural and socioeconomic contexts offer a valid framework to explore how pregnant women engage with and interpret film-based media for maternal health education. In Ghana, cultural beliefs significantly shape health practices, particularly those associated with pregnancy and childbirth, with outcomes frequently attributed to spiritual factors (Abubakari et al., 2020; Dalaba et al., 2021). This belief system sometimes leads pregnant women to opt for unapproved traditional herbal remedies and spiritual practices (Dako-Gyeke et al., 2013; Ansong et al., 2022). Such beliefs also lead to food and water restrictions (Otoo et al., 2015). Additionally, research has accentuated limited health literacy among pregnant women, which impacts their engagement with health media content (Anafi and Mprah, 2022; Otu et al., 2023). Economic factors similarly influence pregnant women's healthcare-seeking behaviour (Amoro et al., 2021; Dalinjong et al., 2018). A recent study by Adawudu et al. (2024) demonstrated that socio-demographic disparities, education levels, and economic power affect how pregnant women access healthcare. These socio-cultural and economic elements shape how pregnant women seek and respond to health messages (Ohaja et al., 2023; Okoror et al., 2024). Amidst these challenges and in light of the current high mortality ratio of 263 per 100,000 live births (UNICEF, 2023), gaining a deeper understanding of how film media can be utilised to enhance maternal health literacy is necessary. This is particularly important as Ghana aims to lower the country's maternal mortality rate to below seventy per 100,000 live births by 2030 (Tenkorang-Twum, Atibila and Gyapong, 2024).

Theoretical Framework

This study is based on the encoding-decoding model and the Persuasive Health Message (PHM) framework. This aided the study in examining how pregnant women interpret persuasive strategies in the film *Pregnancy Tips* within the socio-economic and cultural factors mediating their experiences. The encoding-decoding model examines the relationship between representation and audience reception (Hall, 1985; Xie et al., 2022). It was developed by Stuart Hall in 1973 at Birmingham's Centre for Contemporary Cultural Studies (CCCS) (Hall, 1973). The encoding-decoding model suggests that encoders (producers) and

decoders (audiences) have interpretive power, as each contributes to media content production and interpretation (Aligwe et al., 2018; Hall, 2019). According to Hall (1973), producers encode messages by attaching meaning to the selected media elements. Audiences are not passive but active participants, providing interpretations shaped by their sociocultural backgrounds. Hall further explained that audiences respond to media representation in three ways. The first is a dominant interpretation that occurs when audience reception aligns with the producer's intention. Oppositional reading occurs when the audience rejects the message. Negotiated reading occurs when readers interpret text distinctly, shaped by their beliefs and experiences, regardless of the author's intended meaning (Hall, 1973). Here, the interpretation diverges from the producer's intent as the audience constructs their understanding.

The encoding-decoding model offers a robust framework for examining how pregnant women interact with persuasive strategies in the film *Pregnancy Tips*. As Bosch (2018: 31) emphasised, it is imperative to highlight how women in the global south accept, resist, or adapt media content to support daily experiences, establishing them as 'content producers and not just content providers'. By applying the encoding-decoding model, this study highlights how pregnant women engage with the film as decoders. This will amplify women's voices, highlighting how their situated receptions are shaped by their views, aspirations, and daily experiences as pregnant women amid cultural expectations and socio-economic constraints within Ghanaian society. These findings are valuable for evaluating the film as an educational media aid and shaping future production, an area rarely explored in Ghanaian literature.

The second element of this study's theoretical framework is the Persuasive Health Message Framework (PHMF). This was developed by Witte et al. (1993) as a guide for crafting persuasive media messages related to public health and safety. According to Witte et al., the framework comprises two primary constructs. The first construct, transient factors, encompasses message goals, salient beliefs, referents, culture, and environments. It provides essential background information about the target audience to guide content goals. The second construct, constant elements, involves persuasive factors that must be employed to structure messages based on data from transient factors concerning the target audience. These constant elements include threat, severity, susceptibility, efficacy, and cue factors. The combination of these elements is expected to influence the target audience's compliance with health education messages (Hall and Johnson-Turbes, 2015; Witte et al., 1993). Previous research shows that elements of threat and severity evoke fear and danger in the audience, whereas susceptibility components evoke feelings of vulnerability. Efficacy and cue factors are integrated to support knowledge and skills, enabling the audience to take preventive measures against public health dangers (Witte et al., 1993; Witte and Allen, 2000; Morton and Kim, 2015). In applying this, the study aimed to examine the interpretive agency of pregnant women on the PHMF factors, focusing on the elements of threat, severity, susceptibility, and efficacy within the film. Given that existing PHMF literature predominantly originates from the Global North and lacks audience reception perspectives, this study seeks to expand current scholarship by incorporating Afrocentric audience research from Ghana into the current knowledge of PHMF.

Women's Reception of Media-based Health Messages

Literature on women's reception of media-based health messages reveals themes across diverse sociocultural contexts. A key theme is women's interpretive capacity as audiences, evident in both African and non-African contexts. In the UK and France, Davin (2003) found that women were more inclined to use soap operas as health message sources while dismissing documentaries for health education. In media content on smoking cessation through fear, participants interpreted messages personally, often resisting them through media representation and personal beliefs (Raftopoulou, 2007). In Indonesia, Rosemary (2020) also posited that women rejected anti-smoking messages, minimising the persuasive nature of public service announcements. Raftopoulou and Rosemary argued that this resistance stems from a disconnection from fear appeals. In Africa, Nkwera's (2014) research on the film *Chumo* (dir. Jordan Riber, TZA, 2011) on malaria and pregnancy in Tanzania showed that women are not passive viewers. Women drew upon cultural knowledge and interactions with health officers to interpret films. The finding that participants collaboratively constructed meanings through personal experiences highlights their active role in media-driven health communications. Newell (2017) revealed that African audiences resisted colonial health education films in Ghana and Nigeria, reinterpreting messages contrary to the colonial authorities' expectations. The pattern observed in both African and non-African contexts demonstrates that women actively engage with and interpret media rather than simply absorbing health information messages.

Another recurring theme in the literature is the factors that shape women's experiences with media-based health education. Elements such as message design, relevance, personal identity, personal experiences, societal expectations, and sociocultural factors influence women's interactions with media content. For instance, Aldoory (2001: 182) found that women's engagement with health media is affected by their daily experiences, trust in credible sources, personal identity, and the critical evaluation of message content. The study further noted that women respond more positively to health messages when the form and content have 'personal relevance', reflect their 'daily rituals and practices', and are delivered through their 'preferred media'. Other studies, such as those by Iversen and Kraft (2006), have also identified that educational background and health literacy levels impact how women engage with health media content. For example, educated women in their middle years often perceive health-related messages as stressful. Conversely, women with less education often react to health messages in ways that are not adaptive, resulting in adverse emotional reactions (Iversen and Kraft, 2006). Van Den Berg (2015) also highlighted women's reactions to HIV and AIDS media spaces. In other studies, the source of the message and persuasive factors are key elements that influence whether a woman accepts a message. An example is seen in McClaughlin et al.'s (2022) study in the United Kingdom, which focused on the reception of health media messages during COVID-19 restrictions. The research suggests that women are more likely to respond well to messages that offer clear health suggestions than those that appeal to fear and morals to enforce health adherence. The implication is that creating media content for women's health education requires a nuanced and inclusive approach to align message factors, including source and persuasive routes, with women's daily experiences. In developing countries such as Ghana, these considerations will facilitate the use of media forms, such as films, to ensure that women, in particular, have access to effective health information.

Research Design and Methodology

This study used a qualitative approach. Qualitative research explores people's views, experiences, and opinions within specific contexts (Creswell, 2013; Saunders et al., 2018). African feminist scholars, such as Bosch (2018) and Opoku-Mensah (2001), advocate qualitative methods for women's reception studies. Bosch contended that quantitative methods are inappropriate for studying feminist media reception since it is 'primarily concerned with quantifying issues', which Opoku-Mensah agreed leaves out 'meaning and significance' (Opoku-Mensah, 2001: 4). The qualitative approach helped to elicit women's voices, allowing the study to examine nuances of expressed views and experiences that illuminated their reception of the film's persuasive strategies.

The research was conducted in the Ga South Municipal Assembly (GSMA) in the western part of the Greater Accra Region. The GSMA was selected as the study location because of its diverse peri-urban and rural health facilities. The selected facilities were the Krokrobite Health Centre, Amanfrom, and Bortianor Polyclinic. These health facilities allowed the collection of diverse experiences from pregnant women that 'reflect different perspectives' (Creswell, 2013: 157). This study used convenience purposive sampling to select pregnant women as participants after each screening session. This study used multiple data collection methods, including film screening, interviews, and observations. Fifteen pregnant women were selected based on their willingness to participate after screening. Women aged eighteen years or older were included. Eight participants were traders, four were dressmakers, two were teachers, and one was not. Among the participants, four were first-time mothers, while eleven were experiencing second or more pregnancies. The data were collected in two stages. First, the film was screened by health officers to observe pregnant women's reactions. The researcher documented reactions and comments as participants engaged with the midwives. The second stage involved semi-structured interviews to explore the participants' (pregnant women) interpretations after watching the film. The sample size was determined based on the qualitative saturation point, with data collection stopped when no new data emerged (Saunders et al., 2018; Young and Casey, 2018). Interviews were conducted in Twi and Ga, the dominant languages used during pregnancy school sessions. The interviews were transcribed and translated into English for analysis. Thematic analysis highlighted patterns of reception using Hall's encoding/decoding model of preferred, negotiated, and oppositional readings. Pseudonyms were assigned to participants to preserve their anonymity.

The study triangulated data by comparing insights from interviews and observations, enabling the cross-checking of findings to strengthen reliability. The researcher consulted field notes during the analysis to manage bias and ensure consistency. These measures enhanced study rigour and ensured credibility and dependability. Additionally, the study adhered to ethical standards. Initially, approval was obtained from the Ghana Health Service (GHS) National Headquarters, followed by regional approval from the Greater Accra Regional Health Directorate, and then from the Ga South Municipal Health Directorate (GSMHD). All approvals were forwarded to the heads of selected facilities in the Ga South Municipal Assembly to facilitate site access. The researchers explained the purpose of the study to the facility and unit heads, and informed consent was obtained from all participants.

Production Context and Description of the Film

The film *Pregnancy Tips* is a studio-based production that integrated insights from health officers at selected government health facilities within the Ga South Municipal Assembly in Greater Accra, Ghana, during its production process. Although the film was not government-sponsored, its collaborative approach and the inclusion of a professional midwife who provides health education may lead to her being perceived as a 'health authority'. Consequently, pregnant women might interpret the film as originating from the Ghana Health Services, potentially influencing participants' dominant, negotiated or oppositional readings.

The film is a ten minute and nine seconds educational piece blending fictional and nonfictional narrative elements. It focuses on two main characters: a midwife and a pregnant woman. The film contains three key scenes corresponding to the Persuasive Health Message (PHM) framework: perceived threat and severity, perceived susceptibility, and perceived efficacy skills (Hall and Johnson-Turbes, 2015; Witte et al., 1993). The threat and severity scene shows a montage of a suffering pregnant woman, with the midwife narrating the consequences of poor pregnancy nutrition. The sequence ends with a black screen, siren sounds, and a fading heartbeat symbolising complications and death. Scene two demonstrates pregnant women's vulnerability to these dangers through narration and visuals, presenting close-up shots of the pregnant woman and midwife, with narration explaining susceptibility. The Efficacy Skills segment empowers viewers by showing specific preventive actions. It displays foods to consume and avoid, showing pregnant women eating balanced meals, drinking water, and taking medications. It ends with a montage of happy pregnant women, with the midwife addressing misconceptions about safe pregnancy.

Findings and Discussions

This research examines how the persuasive strategies of the educational film *Pregnancy Tips* were interpreted by pregnant women and the sociocultural factors that shaped their interpretation. This section presents the findings and discussion of the data.

Threat and Severity Scene Interpretations

The threat and severity scene in the health communication film is designed to illustrate the dangers associated with poor maternal nutrition, particularly during pregnancy. This approach draws on established principles in persuasive health messaging that emphasise the consequences of health neglect to induce behavioural change (Mankad and Loechel, 2020; Chu and Liu, 2023). Visually, the scene featured a superimposed image of a distressed pregnant woman depicted in varying shot sizes, interspersed with a black screen accompanied by a siren sound. This sonic cue transitioned into the sound of a heartbeat, which gradually faded, symbolising death resulting from anaemia and related complications.

Participant interpretations of this scene are generally aligned with the film's intended message, indicating a preferred reading as conceptualised in Hall's (1973) encoding/decoding model. All participants acknowledged the severity of the health consequences portrayed and expressed a belief in the realism of the scenario. Recurring expressions included 'I see that her blood is decreasing', 'She has turned white (pale)', and 'She appears unwell and in

distress'. Thematic phrases underscoring the fatal consequences of malnutrition, such as 'She is dead', 'The baby died', and 'They died', appeared frequently in the data. These responses suggest strong resonance with the film's representation of threat and severity. One participant, a pregnant woman, expressed the following preferred interpretation:

This is real. This can happen to anyone else. As we saw, not eating well, not following the instructions, and not taking the medicines well are dangerous for pregnant women. She became anaemic because she had not eaten well. It is sad that she died... lost the baby too. (Naa, 7 February 2025, personal interview)

Such responses affirm the film's effectiveness in communicating the health risks associated with poor dietary practices during pregnancy. The emotional and cognitive engagement reflected in these interpretations indicates that the scene succeeded in eliciting concern and awareness, which are key objectives in persuasive visual communication.

In responding to the factors that shaped these reactions, one pregnant woman highlighted the interplay between the sound design, audiovisual elements, and visual effect techniques used in the film to depict the threat and severity scene. She remarked:

When I saw the black screen and heard the sound that followed, I could feel that something bad had happened to the woman (pregnant woman). She lost the baby. It is true that this can happen if a pregnant woman does not eat well. (Naa, personal interview, February 13, 2025)

These reflections suggest that the representation of threat and severity played a significant role in shaping participants' acceptance of the message, indicating a preferred reading, consistent with Hall's reception theory (Livingstone, 2008; Bødker, 2016). These findings align with the existing literature in the field. Within the context of filmmaking, participants' responses support the assertions of Bordwell et al. (2016) and Krysanova (2023) that a skillful integration of lighting, sound, framing, and quick jump cuts can effectively evoke suspense and fear, as is common in horror genres. In this study, the threat scene not only evoked fear but also enhanced participants' understanding of the dangers associated with poor maternal nutrition. Furthermore, the interpretive agency demonstrated by participants in engaging with the threat and severity scene affirms its educational value for maternal health communication, particularly for pregnant women in Ghana who share similar sociocultural contexts. This underscores the broader utility of audiovisual media as an effective public health education strategy.

An examination of these findings through the lens of persuasive communication literature reveals areas of both convergence and divergence, necessitating further scholarly inquiry in this domain. For example, the results of this study reinforce the conclusions drawn by Roberto et al.'s (2020) study, which observed that threat-based messages are effective in motivating women to take proactive steps towards safeguarding their health. Conversely, the reception of the high-threat approach employed in the present study appears to contradict the findings of Hanneke Hendriks and Loes Janssen (2018), who posited that women are more responsive to health media messages framed with humour and a low-threat orientation. Notably, the educational film under discussion employed a high-threat strategy devoid of humour, yet it was met with overwhelmingly positive reception by participants. This

divergence may be explained through perspectives advanced in feminist media reception studies. Scholars in this field argue that women are active and critical consumers of media texts (Opoku-Mensah, 2001; Cavalcante et al., 2017; Bosch, 2018) whose engagement with health messages is mediated by their everyday lived experiences, trust in credible sources, personal identity, and critical appraisal of both the content and relevance of the message (Aldoory, 2001; Damron, 2017). Therefore, it is reasonable to conclude that participants' reactions to threat and severity as persuasive strategies are not uniform or straightforward, as some researchers have proposed. Instead, these responses are dynamic and influenced by socio-cultural and contextual factors.

The positive reception of the threat-based message observed in this study may thus be attributed to its perceived relevance, particularly in relation to the participants' own experiences and culturally rooted understanding of pregnancy and childbirth within Global South contexts, such as Ghana. Nevertheless, this observation also highlights the need for future research to comparatively examine variations in film-based health education that integrate differing levels of threat and humour to further investigate these dynamics through the lens of feminist media reception theory.

Susceptibility Scene Interpretations

As a persuasive strategy, the susceptibility scene was designed to encourage pregnant women who viewed the film to perceive themselves as personally at risk and to recognise that the scenario depicted could realistically occur in their own lives (Kim and Kim, 2021). While all participants acknowledged that the threat and severity scenes were realistic and could plausibly happen to pregnant women, their interpretations of the film's susceptibility messages revealed a degree of personal dissociation. Specifically, they did not appear to believe they were vulnerable to the dangers illustrated in the scene.

This interpretation was evident in both verbal and behavioural responses. Typically, when asked, 'Do you believe this could happen to you?', participants often hesitated, giggled, or paused momentarily. Some refrained from explicitly stating, 'It can't happen to me', but instead framed their responses with religious convictions. Recurring expressions included 'Yes, it's true... but with God, all things are possible', 'My God will help', and 'God will take me through. I still believe in God. Everything will be fine' (Pregnant Woman 5). Within the context of the encoding/decoding model of audience reception, such responses signify negotiated reading, wherein participants partially accept the message but reinterpret it in a manner that diverges from the original communicative intent (Hall, 1973; Sender and Decherney, 2016; Xie et al., 2022). This interpretive stance emerges when certain aspects of a media message are rejected or recontextualised due to tensions with the audience's cultural beliefs, values, or personal convictions (Aligwe et al., 2018). In this study, resistance to the susceptibility message may be attributed to the strong religious and cultural beliefs surrounding pregnancy in Ghana. Scholars such as Ansong et al. (2022) and Aziato et al. (2016) emphasise that pregnancy in the Ghanaian context is heavily influenced by religious and superstitious ideologies. These include the belief that speaking negatively about a pregnant woman or her unborn child could attract misfortune, complications, or even death (Anafi and Mprah, 2022). This cultural context offers a compelling explanation for participants' reinterpretation of the susceptibility message and affirms feminist media reception scholars' assertions regarding women's interpretive agency (Opoku-Mensah, 2001). These perspectives emphasise the

intricate interplay between culture, communication, and health in shaping women's engagement with media messages.

A particularly noteworthy insight from this study is the emergence of what may be termed positive negotiated meaning. This form of negotiated interpretation was characterised by participants' belief that they were not susceptible to the dangers depicted, not because they denied the reality of the risks but because they had taken active steps to ensure their well-being. These women cited adherence to a healthy diet, compliance with medical advice, and proactive health-seeking behaviours. For instance, one respondent paused briefly, smiled, and remarked, 'That will not happen to me because I eat well, take all my medicines, and follow all the instructions from my midwife' (Dede, 12 November 2024, personal interview). Similarly, another participant confidently stated, 'I do not think so, because I make sure I eat well. My husband always ensures that I eat well and follow all directions from the doctors and midwives (Dede, 7 February 2025, personal interview). Although these responses reflect a negotiated reading in line with Hall's (2019) conceptualisation of audience interpretation (see also Sender and Decherney, 2016), the motivations underlying these reinterpretations align closely with the educational intent of the film. Rather than outright rejection, the responses demonstrated a nuanced form of meaning-making, shaped by personal agency, self-efficacy, and cultural-religious frameworks.

Efficacy Skills Scene Interpretations

Scholars of behavioural change and health communication assert that efficacy messages are crafted to strengthen individuals' confidence in their ability to perform or adhere to recommended behaviours in response to health-related threats (Ahinkorah et al., 2020; Kim and Kim, 2021). In the context of this film, efficacy was communicated by providing relevant knowledge and emphasising the actionable steps that pregnant women could take to mitigate the risks associated with poor maternal nutrition. Analysis of the data revealed that participants' interpretations of the efficacy scene were characterised by what Owusu and Kwansah-Aidoo (2021) term 'mixed readings', encompassing both preferred and negotiated meanings. All participants agreed that they were capable of performing the suggested actions when reflecting on the recommended practices portrayed through their visuals and narration. This suggests a preferred reading of the scene, the primary aim of which was to convey practical guidance on avoiding the dangers previously illustrated in the threat, severity, and susceptibility scenes.

Statements such as 'It will not be difficult for me to follow the advice', 'I agree with everything', 'The message is good. It will help us if we follow "We just have to try"', 'I can comply', and 'Nothing would prevent me', which were frequently expressed. These responses demonstrate the participants' general acceptance of the message's intent and belief in their capacity to act accordingly. One participant explained,

These are not difficult to follow. But even if they are, if you are serious about your health and the baby, you would do it. It is not about what you want. It is about the baby and you, the mother. So, for me, I think we pregnant women should do all we can, as mentioned by the nurse. (Gina, 12 November 2024, personal interview)

Another participant reinforced this interpretation by affirming the reliability and practical applicability of the information provided.

Auntie Nurse [midwife narrator in the film] said everything we need to do. These are good. Following them will help us avoid all the problems... To me, I have seen that it is our lifestyle and actions that matter. In the video, the pregnant woman was happy when she did the right thing. (Mafia, 5 February 2025, personal interview)

These findings indicate that, while the efficacy scene was largely received as intended, its interpretation was also mediated by participants' self-awareness, motivation, and value systems. This reinforces the view that efficacy appeals are the most effective when they align with the audience's perceived control and personal readiness to act.

Another participant also remarked:

I must also be mindful of certain food and beverages. I was unaware that these drinks were harmful to my health. I now realise that despite maintaining a healthy diet, consuming ayilo and drinking cola drinks or coffee is bad. In fact, they reduce the amount of blood. Now that I am aware of this, I intend to stop consuming them. (Kweiba, 6 February 2025, personal interview)

Despite the participants' overall positive views of the efficacy scenes and their expressed willingness to adopt the recommended actions, the majority concluded their responses by citing potential barriers that might hinder full adherence to the film's messages. Financial constraints have consistently emerged as a major barrier. This was exemplified by remarks such as, 'We all would want to follow the instructions, but during pregnancy, things are not easy', 'the money is not there' and 'money is the main problem', 'If you are willing, but there is no money, how can you eat well?' Additional responses included, 'What she said is good. But the fruits are expensive' and 'What can be difficult is the fruits nowadays, they are expensive'. These responses reveal that although participants agreed with the film's messages, financial limitations introduced a form of resistance, resulting in what can be termed a negative reading of the efficacy scene. One participant expressed a particularly illustrative example of this negotiated meaning:

Now I know tea bags are not good for pregnant women because of the caffeine. I agree. However, the problem is that Milo is too expensive nowadays, and its quantity is small. Therefore, I used both Milo and tea bags side by side. Milo was also a family member. If I do not support it with the teabag, the Milo will finish before the month ends. (Ama, 7 February 2025, personal interview)

This finding resonates with prior studies on the relationship between socio-economic status and compliance with healthcare and information interventions across Africa. Ohaja et al. (2023) and Alberta (2024) observed that financial challenges often constrain women's ability to act on health-related messages. Likewise, in a South African study, Bosire et al. (2021) noted that economic survival significantly shapes how women engage in media-based health communication. In the Ghanaian context, recent studies confirm that poverty and limited financial resources remain substantial barriers to pregnant women's adherence to

maternal care recommendations (Dalinjong et al., 2018; Amoro et al., 2021; Adawudu et al., 2024). These financial realities inevitably affect how women receive and respond to media messages, promoting health-related behavioural changes. Beyond economic limitations, the participants' engagement with the efficacy scene revealed additional factors that influenced their negotiated readings. For instance, in relation to the message promoting the use of mosquito nets, many participants expressed discomfort due to excessive heat during sleep, which discouraged consistent use of the nets. Instead, alternative protective measures, such as mosquito coils used several hours before bedtime or ceiling and standing fans, were mentioned as preferred strategies to prevent mosquito bites and malaria.

The 'mixed readings' (Owusu and Kwansah-Aidoo, 2021: 136) identified in these interpretations align with broader literature on women's engagement with media-based health communication. This body of research underscores that women are not passive recipients of media content (Newell, 2017; Owusu and Kwansah-Aidoo, 2021). Rather, they actively engage with media texts, drawing on their lived experiences, material realities, and daily practices to challenge, reinterpret, or reconstruct meanings regardless of the persuasive intent embedded in the message (Böhnke, 2012; Makwambeni and Salawu, 2018; Ojih et al., 2023). In light of these findings, this study argues that maternal health education through films in Ghana must be more contextually grounded. Future production should critically account for the socioeconomic realities of the intended audience. As evidenced in this study, economic factors emerged as a key determinant influencing negotiated interpretations of efficacy messages, highlighting the need for a deeper exploration of the socioeconomic effectiveness of health media communication.

Conclusions

This study examined how pregnant women interpret persuasive strategies in the film *Pregnancy Tips*, a maternal health educational film produced by the author to serve as a maternal health education aid. Unlike prior audience research that often marginalises pregnant women's interpretive agency, this study focuses on meaning-making processes, audience voice, and interpretive dynamics of health-focused films. This approach is vital for developing more effective film-based health education initiatives. The findings showed that three main persuasive strategies—threat and severity, susceptibility, and efficacy—elicited varied responses, with no oppositional readings recorded. The threat and severity appeals highlighting the dangers of poor maternal nutrition generated preferred readings aligned with the film's intent. Susceptibility elements designed to make viewers feel vulnerable to nutritional neglect resulted in negotiated readings. While participants agreed that other pregnant women could face risks, they often dissociated from personal vulnerability, attributing protection to religious faith. Messages promoting efficacy beliefs, aimed at empowering pregnant women to take preventive actions, elicited both preferred and negotiated interpretations. Participants expressed willingness to adopt recommended practices yet acknowledged limitations, particularly financial constraints and personal preferences, which may impede adherence.

These findings not only offer insights into the film's effectiveness but also enrich audience reception studies, particularly when considering the film's production context, as previously mentioned. Moreover, employing the encoding-decoding model alongside the Persuasive Health Message (PHM) framework allows for a contextualised understanding of

meaning negotiation within a specific sociocultural setting. Consequently, this research introduces an Afrocentric perspective to both models, a viewpoint seldom explored in existing literature, especially in Ghana. The findings suggest that future interventions must consider religious beliefs and economic realities as a narrative focus. While the study offers valuable insights for media producers and health communication stakeholders, it acknowledges methodological limitations and recognises how the film's production context might have influenced its engagement. Future research should explore alternative production contexts and how cinematic forms influence audience recall and comprehension.

Biographical Note

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