WOMEN EMPOWERMENT AND ITS CONTRIBUTION TO PROMOTING ANTENATAL SERVICE DELIVERY IN GULU DISTRICT

Case Study: Laroo Sub County

A Dissertation Submitted to the Institute of Ethics and Development Studies in Partial Fulfillment of the Requirement for the Award of Bachelor of Arts (Ethics and Development Studies) Of Uganda Martyrs University

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DEDICATION

I dedicate this study to all individuals whose diligent efforts and contribution have brought me this far in my academic journey. In a special way, I would like to dedicate this to my family; my mum miss Paska Monica Amono, Aunt Florence Adiyo, Uncle Paul Ogena and uncle Jimmy Ogena and friends (Apiny Irene Scovia, Nakabiito Mary, TwakiireAnnet, Ofoymungu Vivian) without whom I would not have discovered my true identity driving me to come this far in life, thank you.

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LIST OF ABBREVIATIONS

ANC- Antenatal Care

UN WOMEN- United Nations Entity for Gender Equality and the Empowerment of Women

CEDAW- Convention for the Elimination of all forms of Discrimination against Women (CEDAW)

NGO- Non Governmental Organization

ECOSOC- United Nations Economic and Social Council

CSW- Commission on the Status of Women (CSW)

ICTs- Information Communication Technologies

WHO- World Health Organization

UNICEF- United Nations Children's Fund

UNFPA- United Nations Population Fund

ABSTRACT

For a genuine and sustainable development to occur, equality is paramount. It gives people equal opportunities to develop one's self through the access to resources.

The study was about assessing the contribution of women empowerment in promoting antenatal service delivery. It looked at the extent to which level of educational attainment affects accessibility to antenatal services by women, the importance of information accessibility to women of reproductive age and as well as assessment of how women's participation promote their access to antenatal services.

The researcher employed the use of both the quantitative and qualitative approaches for data collection and analysis. Purposive and convenience sampling was used to choose the suitable respondents, data collection methods and instruments used included the focus group discussion method, questionnaire, and interview: focus group discussion guide, and interview guide.

From the study, empowering women help them to gain more knowledge about antenatal services and to meet small but necessary medical expenses such as medical cards, drugs, among others and builds their self-esteem which enables them to make genuine decisions concerning antenatal care. However other factors such as poverty, domestic violence and prejudicial attitudes remain a barrier to women empowerment.

To address such issues, the researcher believes that the government and other stake holders should offer female scholarship program and enhance female education beyond secondary level and government policy is needed to increase

media penetration amongst the masses with health care information at the fore front as well as strong legislation against domestic violence.

CHAPTER ONE

GENERAL INTRODUCTION

1.1 Introduction

The study is carried out in Laroo Sub County, Gulu district, to assess the contribution of women empowerment in promoting antenatal service delivery. The researcher looks at the extent to which level of education attainment affects accessibility to antenatal services by women, the researcher also examines the importance of information accessibility to women of reproductive age, and finally examines how women's participation in public affairs promote their access to antenatal services.

Chapter one of these studies presents the background to the study, statement of the problem, objectives of the study, research questions, definitions of the key terms, Scope of the study, significance of the study, justification of the study, and conceptual framework.

Chapter two of this study presents view of different authors on the issues of women empowerment, extent to which level of educational attainment affects accessibility to antenatal services by women, importance of information accessibility to women of reproductive age (18-45 years), how women's participation in public affairs promote their access to antenatal services, and as well as state what I will achieve from reviewing this literature.

Chapter three provides a description of the research design, the area of the study, study population, sampling procedures, sample size, sampling techniques, data collection methods and instruments, quality control methods, data management and processing, data analysis, ethical consideration, limitations

and delimitations during the study. Chapter four was comprised of field data presentation, discussion and analysis, and finally chapter five composed of the summary of the field findings, the conclusions, recommendations and suggestions for further research on the study.

1.2 Definition of Key Terms and Concepts

Empowerment refers to the expansion in people's ability to make strategic life choices in a context of education, decision making, access to information and credit facilities, leadership, where these ability was previously denied to them.

Women empowerment refers to increasing the spiritual, political, social, educational, gender or economic strength of individuals and communities of women.

Antenatal Care is an opportunity to promote the use of skilled attendance at birth and healthy behaviors such as breastfeeding, early postnatal care, and planning for optimal pregnancy spacing.

Service is an activity that meets the needs of a user or can be applied by a user.

Service delivery is a continuous cyclic process for developing and delivery user focused services.

Public participation is the process by which an organization consults with interested or affected individuals, organizations, and government entities before making a decision.

Antenatal services include among others identification and management of obstetric complications such as pre-eclampsia, tetanus toxoid immunisation, intermittent preventive treatment for malaria during pregnancy (IPTp), and identification and

management of infections including HIV, syphilis and other sexually transmitted infections (STIs).

1.3 Background to the study

In June 1946, the United Nations Economic and Social Council (ECOSOC) established the Commission on the Status of Women (CSW) to ensure the empowerment of women and gender equality, and to provide recommendations to the council on the obstacles relating to women's rights in political, social and education fields (United Nations, 1996).

The United Nations has organized four world conferences on women. These took place in Mexico City in 1975, Copenhagen in 1980, Nairobi in 1985, and Beijing in 1995. The 1995 fourth world conference on women in Beijing marked a significant turning point for the global agenda for gender equality. The Beijing Declaration and the Platform for Action adopted unanimously by 189 countries, is an agenda for women's empowerment and considered the key global policy document on gender equality (UN WOMEN, 2010).

The UN WOMEN(2010) also reported that, in 1980, 145 member states gathered for the mid-decade world conference of the United Nations Decade for women in Copenhagen, that aimed to review progress in implementing the goals of the first world conference, focusing on employment, health and education for women. The conferences have fought to unite the international community behind a set of common objectives with an effective plan of action for the advancement of women everywhere, in all spheres of public and private life.

According to World Bank annual report (2011), nearly 800 women across the globe die due to complication during pregnancy and

childbirth. They hope to promote the health of women by educating them; empowering women to space birth and choose family size and improving maternal nutrition. WHO (2007), acknowledges that putting more income in the hands of women translates into improved child nutrition, health and education.

However, World Health Organization (WHO) recommends a minimum of four antenatal visits per pregnancy, but according to WHO figures, between 2005 and 2010 only 53% of pregnant women worldwide attended the recommended four antenatal visits, while in low income countries this figure was a disappointing 36%. In Asia, Bangladesh made significant gains in antenatal care coverage, but still remained under 20% coverage in 2007, while India and Nepal also improved but remained under 30% in 2005 and 2006 respectively(United Nations,2010).

According to Africare (2013), many African families rely on women to care for them and to provide basic necessities for survival. They also say that as African women receive education and are recognized with higher legal status, they provide their households with superior nutrition, stronger food security and increased access to health care. They also say that sub Saharan women constitute only 15% of the region land holders, and they face disproportionate challenges ranging from sexual exploitation to illiteracy and diseases.

In East Africa, Kenya is faced with many gender disparities in education. in North province Gross Enrolment Rate for girls is 29% compared to 112% in western province, while in Nairobi's informal settlements only 22% of 15 to 17 year old girls were enrolled to school compared to 68% nationally and 73% in rural areas(Ministry of Gender, Sports Culture and Social Services,2007). According to Tangui (2000), a small percentage

of women can access health care and education because they suffer serious human rights violations in Kenya.

In Uganda according to WHO (2008), UNICEF (2008), and UNFPA (2008), estimate that the literacy rate among females ages 15 and above is 67%. They found out that fewer girls are enrolled in secondary schools compared to boys with 85% ration of female to male secondary enrolment. Gender equality and women empowerment are important for improving reproductive health. The authors also reported that higher levels of women's education, autonomy, wages and labor market participation are associated with improved reproductive health outcomes in Uganda. Women have limited access to socio-economic rights and privileges. They enjoy lower social status and are encumbered by harmful traditional practices to exhibit their potentials (UN Women, 2011). Women still suffer discrimination and marginalization through denials of rights, land ownership, access to credit facilities and farm input and besides, Women are isolated, abused and restricted at the community levels through traditional and religious practices which hamper development (Ekesionye and Okolo, 2012).

Report shows that the major institutional constraints in women's participation in economic activities and development process in societies are inadequate access to factors of production and trade, lack of credit facilities, lack of training opportunities and skill acquisition, limited access to appropriate production technologies and social services (Khan and Noreen, 2011).

Thus, it is upon this background that calls for the need for empowering women so as to improve their reproductive health particularly, their accessibility to antenatal services so as to improve their well-being through reducing maternal mortality and

ensuring a healthy life for women and that of their family at large. Women empowerment and their full participation on the basis of equality in all spheres of society, including participation in decision making process and access to power, land, bank loan, are fundamental for the achievement of reproductive health, equality, peace and societal development.

1.4 Statement of the Problem

Empowerment of women and equality between women and men are prerequisite for achieving political, social, economic, cultural, and environmental security among all peoples. Most of the goals set up such as promotion of girl child education for the advancement of women have not been achieved since barriers to women empowerment like early marriages and discrimination among others remain, despite the efforts of governments, as well as nongovernmental organizations . Therefore, there is need for all actors to take strategic action to reduce the persistence and increasing burden of poverty on women and inequalities in unequal access to resources by empowering women so as to enable their access to antenatal services.

1.5 Objectives of the study

1.5.1 General objective

To assess the contribution of women empowerment in promoting antenatal service delivery.

1.5.2 Specific objectives

i. To analyze the extent to which level of educational attainment affects accessibility to antenatal services by women.
ii. To examine the importance of information accessibility to women of reproductive age.
iii. To assess how women's participation promote their access to antenatal services.

1.6 Research Questions

How does level of educational attainment affect accessibility to antenatal services by women?

What is the importance of information accessibility on reproductive health to women of reproductive age (18-45 years)?

How does women's participation enhance their access to antenatal services?

1.7 Scope of the Study

The study covers the conceptual scope, geographical coverage, time scope.

1.7.1 Conceptual scope

Conceptually, the study was intended to assess the contribution of women empowerment in promoting antenatal service delivery. The researcher analyzed the extent to which level of educational attainment affects accessibility to antenatal services, examined the importance of information accessibility to women of reproductive age and also assessed how women's participation in public affairs promote their access to antenatal services.

1.7.2 Time scope

The study covered a period from 2010 to 2015. Looking at Northern Uganda that was engulfed by insurgency for the last 23years and this period of time the researcher discovers that, the situation had normalized, order has been restored in the place and there is peace.

1.7.3 Geographical scope

The study was conducted in Laroo Sub County, Gulu District, which is located in northern Uganda between longitudes 30-32 degrees east and latitudes 02-4 degrees north. Laroo Sub County has 9.9 land areas (square km) and it's located in Gulu municipality.

The researcher chose this area because several women in Laroo sub county, Gulu district, are suffering due to several factors such as poverty or lack of income to access the basic needs, poor health conditions due to lack of knowledge about the benefits of accessing antenatal services caused as a result of high level of illiteracy rate in the area since most women were on the run for their lives during the LRA war in northern Uganda which could not allow them to continue with their studies, therefore Laroo sub county is the basic representation of illiterate and poor women who cannot afford to access antenatal services since its one of the sub counties in Gulu District, which is heavily affected by LRA war in northern Uganda.

The researcher chose this area because the sub county is a good representation of the district and besides, the periphery of the sub county is small enough for the researcher to cover, and it's also convenient in terms of access and respondents, and also the

researcher is well conversant with the natural environment although the social environment may not be the same.

1.8 Significance of the study

The significance of the study illustrated the holistic importance of the study and its contribution towards the economic, social, political and academic spheres as observed below;

The study was expected to encourage the government, international organizations, non-governmental organizations, and civil society organizations to put more efforts to ensure that women are empowered, economically, socially and even politically, without any discrimination so as to help reduce on the alarming levels of poverty and illiteracy among women, which shall enable them to have access to health care services such as antenatal care which will lead to greater improvement in the health of women as well as their families, a factor which will make them productive and thus shall equally participate in the development of the country.

The study acted as a foundation of further research basing on the conclusions and recommendations drawn from the study findings for instance the government had to do more on educating and sensitizing women about the benefits and death risks avoidance due to accessing antenatal care.

1.9 Justification of the study

This study was carried out because it is a requirement that every student of Uganda Martyrs University in the School of Arts and Social Sciences Department of Ethics and Development Studies is to write in partial fulfillment of the award for the bachelor’s degree.

Empowering women both economically, socially and politically shall enable increase awareness among women of reproductive age, especially among the uneducated. Improving the knowledge about the benefits of antenatal services for pregnant women is an important element in enabling them to enrich their experiences as well as supporting their efforts to better appreciate ways to protect their health and that of their children. Women with high or adequate income are able to meet the costs of visiting antenatal facilities or in case of government hospitals offering free access to antenatal care, still empowered women shall be able to meet the unanticipated costs of paying for drugs, tests, and medical cards.

This study were useful to the Government as an eye opener to the Government to accommodate women in term of policy formulation, advocacy, lobbying, negotiation and providing services in the field of health, education and community services as partners who had come to advocate for their rights but not to be considered as competitors in development and service delivery in Laroo Division, Gulu District.

The findings from this study were intended to prompt discussion on issues of women empowerment and the outcomes may be development of appropriate policies by government as legal framework for the operation of affirmative action.

The findings may induce other researchers to identify gaps which may arise from the current study hence it may act as secondary data for future researchers conducting studies in a similar field.

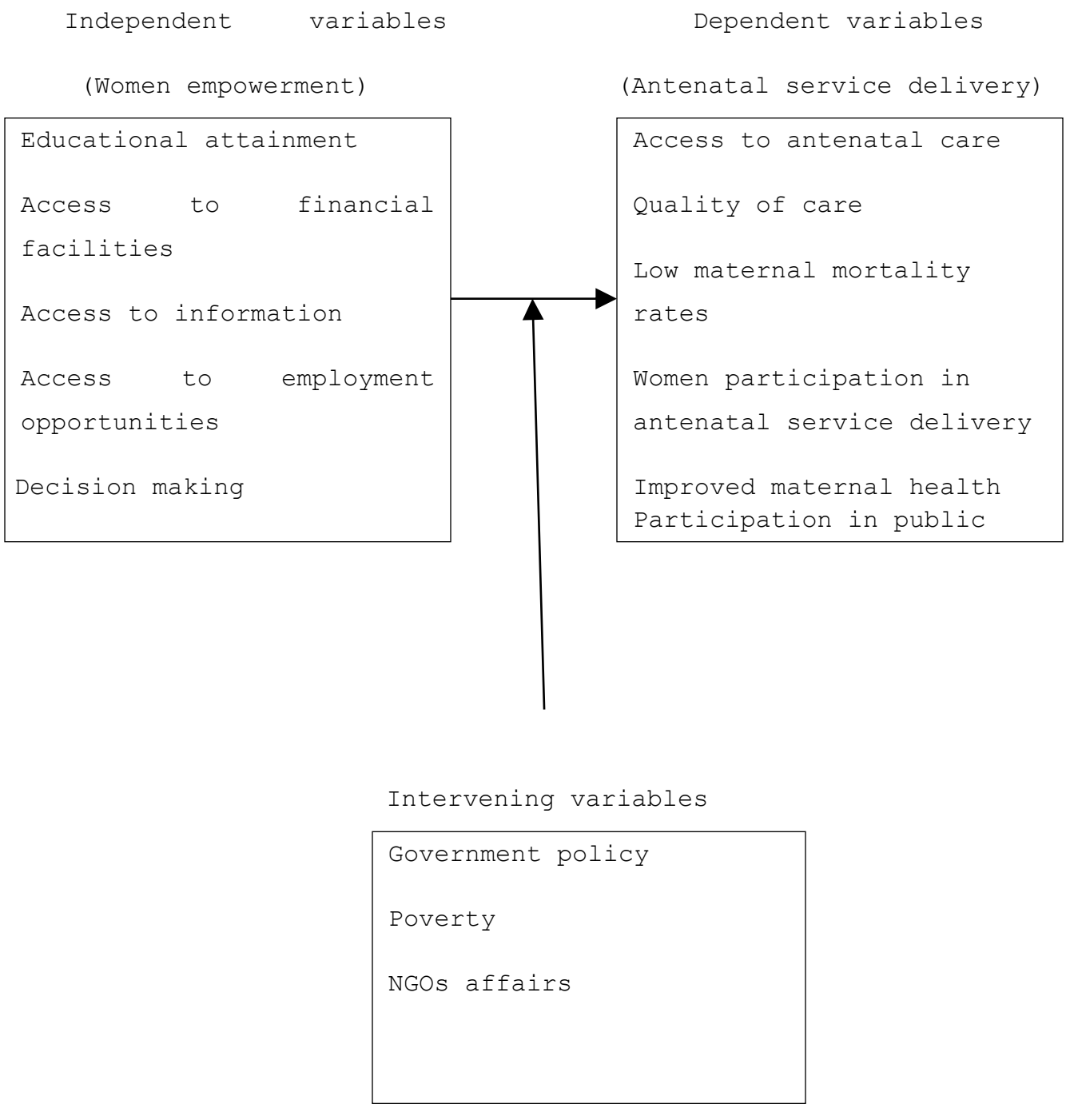
The study are helpful to women who are advocating for women empowerment in promoting antenatal service delivery in a manner that they may use the recommendations of this study to

strategize the approaches when carrying out their day today activities in policy formulation, advocacy, lobbying and negotiations and in providing services to the community in the field of health, education and community services which may promote harmonious co-existence.

It particularly added to the documentation at Uganda Martyrs University in the School of Arts and Social Sciences Department of Ethics and Development Studies as well as stimulates further research.

1.10 Conceptual Framework

The contribution of women empowerment in promoting antenatal service delivery



From the above illustration, the interaction between the different variables are showed or reflected in order to understand the pull and push factors leading to the contribution of women empowerment in promoting antenatal service delivery. The independent variables act as the push factors while the dependent variables are the pull factors and intervening are those that cut across either independent or dependent variable.

Attainment of higher level of education and having access to information enables women of reproductive age to improve their knowledge about the benefits of antenatal services which is an important element in enabling them to enrich their experiences as well as supporting their effort to better appreciate ways to protect their health and that of their children. With improved knowledge about the benefits of antenatal services (care) and the importance of a positive attitude toward it, these women will come to understand that antenatal care medical procedures and interventions will do much to save their lives and improve their children's health.

Mothers with access to media are more informed than their counterparts concerning the usefulness of attending antenatal services and also using all the recommended content because informed mothers are empowered to ask their antenatal care providers for some services should there be a delay in the provision of such services.

Women with access to better paying jobs are in position to access antenatal services since they will be able to meet all the medical expenses and other related costs such as transport costs, which is a necessity for better antenatal services.

Favorable government policy which enhances women's participation in public affairs enable women to build their self-esteem and

thus empowers them to air out their views and thus will be in position to make their own decision without being manipulated by their counterparts.

However, poverty is associated with exclusiveness, discrimination, powerlessness, diseases, malnutrition, among other characteristics which prevents women from attaining better educational due to lack of income to afford education, makes women to be vulnerable to their counterparts and prevents them from attaining basic needs such as food, clothing, shelter, health services, among others.

The key informants such as Volunteer Action Network and Care international have helped to promote women empowerment in various ways such as providing credit, training and education, sensitization on issues necessary for their health, which have greatly contributed to enhancement of accessibility to antenatal services by women.

The Government of Uganda is committed to gender equality and the empowerment of women to promote socio-economic transformation which is evidenced by various international commitments, including the Convention on the Elimination of All Forms of Discrimination against Women and the Beijing Platform of Action, and subscribes fully to the fifth sustainable development goal of achieving gender equality. These and other commitments are domesticated through Uganda's Constitution, which guarantees equality between women and men, and includes affirmative action measures to increase women's role in decision-making and participation in the development process.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents the views of different authors on the issues of women empowerment, extent to which level of educational attainment affects accessibility to antenatal services by women, importance of information accessibility to women of reproductive age (18-45 years), how women's participation in public affairs promote their access to antenatal services, and as well as state what I will achieve from reviewing this literature.

The researcher by reviewing literature on women empowerment, extent to which level of educational attainment affects accessibility to antenatal services by women, importance of information accessibility to women, how women's participation in public affairs promote their access to antenatal services, hopes to have a thorough understanding of the topic in question: What is the contribution of women empowerment in promoting antenatal service delivery; identify knowledge gaps that demand further investigation as I compare previous findings; develop a better understanding on the issues discussed by other authors and influence further studies in the subject studied.

2.2 women Empowerment

Education is a human right and an essential tool for achieving the goals of equality, development and peace. Nondiscriminatory education benefits both girls and boys and thus ultimately contributes to more equal relationship between women and men (United Nations, 1996). Literacy of women is an important key to

improving health, nutrition, and education in the family and to empowering women to participate in decision making in society. Equity theory underlines the assumption of gender equality that the international instruments of equality of life that have been developed from human rights should be applicable to women, like it is to all sectors of society (Tuyizere, 2007). This theory supports that women need to participate actively in every day issues that affect them such as decision making, elimination of all forms of discrimination, violence and denial of human rights by achieving and accelerating the educational, medical, economic, social, religious and political empowerment of women at all levels, enabling them to stand on an equal footing with men, thus becoming active contributors to and beneficiaries of national development (Tuyizere, 2007).

According to Bbaale (2011) maternal education, especially at secondary and post-secondary levels is very pertinent in enhancing the accessibility of women to antenatal services Desalew, et al. (2014) and Bbaale (2011), argue that although partner's education is important, maternal education is more pronounced in enhancing the accessibility of antenatal services. Analytically, maternal education is very instrumental in enhancing the accessibility of women to antenatal services in that an educated mother with sufficient knowledge about the benefits of antenatal services and complications during pregnancy will try as much as possible to ensure that all the necessary antenatal visits are attended to in order to ensure that their health as well as for their unborn baby and generally the family at large is at a better state, something which also enhances family development due to the benefits of a healthy family and the development of the country at large.

Sarode, (2010), emphasizes the importance of raising awareness among women of reproductive age, especially among the uneducated, He argues that improving knowledge about the benefits of antenatal services for pregnant women is an important element in enabling them to enrich their experiences as well as supporting their effort to better appreciate ways to protect their health and that of their children. With improved knowledge about the benefits of antenatal services (care) and the importance of a positive attitude toward it, these women will come to understand that antenatal care medical procedures and interventions will do much to save their lives and improve their children's health.

Thus, improving education of the population in general and women and girls in particular and availing appropriate package of maternal services to the disadvantaged groups could be an appropriate strategy for accessibility to antenatal services in the country.

Barode (2011), states that education helps to raise awareness about the importance of antenatal services, thus its essential way of empowering women economically. Therefore, it is important to prioritize strategies such as offering education training to women in order to increase access to health care services in rural areas as well as developing strategies to reduce the financial burden associated with maternal health services. Barode (2011), further argue that increased self-determination may well occur through a transformation of traditional attitudes to modern ones which endorse small family size and women's rights, in this case, reproductive and sexual health rights. However, it is also likely to be affected by changing social support networks and attitudes about women's self-determination encouraged in those networks. Likewise, traditional norms

associated with gender and power which favor male dominance, even to the point of endorsing domestic violence against women and requiring them to seek permission from their husbands to access reproductive health services, should change as women enjoy the benefits of education and the modernization generally associated with urban living as noted by Paruzzolo, et al. (2010).

However, a number of economic, social, and cultural problems were reported to constrain women from attending and succeeding in education (Ogato, 2013). The economic problems relate to parents inability to send girl children to school especially if schools are far, or dropout due to lack of finances moreover, the problem is more serious in rural areas particularly in pastoralist regions. The traditional division of labor in homes, and parental unequal treatment of sons and daughters in task assignment and study time constrain girls' success in education.

In addition, school distance and harassment, shyness and feeling of discomfort to participate equally with men were reported as stumbling blocks for female students. However, dropout in high school was reported to be fuelled by the practice of early marriage and marriage by abduction (Ogato, 2013). Though women's and girls' education is constrained by different multi-faceted factors, it is still possible to empower them through policy measures that focus on creating favorable social environment. On top of that focusing on inculcating values and traits that help women and girls become strong to overcome or go around the problems is very important. However, remarkable progresses are being registered in education sector and there is a hope to achieve education related MDGs in Uganda.

Significant difference was found for the effect of education even after controlling for the effects of other variables (Dagne 2010). It was found that women with partners who had a secondary or higher education had two times higher odds of delivering with professional assistance when compared to those with partners having no education. In Uganda, in a study that used the 2006 and 2011 Demographic and Health Survey data to examine the socio-demographic factors that influence contraceptive use, the authors found that the likelihood of using contraception was associated with women's educational attainment. The more schooling a woman had, the more likely she was to report use of a modern contraceptive method. In each age group, over one-third of women with secondary or higher education, but far fewer women with no education, reported modern contraceptive use (Asiime, Ndugga and Mushomi., 2013).

Similarly, Vallieres, et al. (2013) found a significant difference in skilled birth attendance between heads of households in Uganda with some primary education and heads of household with some secondary education or higher whereby those with secondary or higher education were significantly more likely to seek a skilled birth attendant. The difference in health centre delivery between heads of household with a primary education and heads of household with a secondary or higher education was also significant; those with secondary or higher education were significantly more likely to deliver in a health facility.

Education empowers women in terms of not only knowledge about the availability and benefits of maternal health services but also the autonomy to make independent decisions about their health (Khan and Noreen, 2011). In view of this, we expect women who are educated to make more frequent use of maternal health

care services compared to those who are not educated. These patterns are consistent with those observed with respect to other reproductive health services, such as contraceptive use.

Educated women are more likely than uneducated ones to take preventive actions and seek medical services for themselves and their children, as well as to marry later and have fewer children (Munsur, et al. 2010). Interestingly, higher education was significantly and positively associated with receiving antenatal care and trained delivery assistance, echoing the need to improve the educational attainment of women (Bbaale, 2010)

Maternal education increases women's perceived seriousness about maternal morbidities and enhances knowledge regarding the use of maternal health services, which is consistent with the research by Sabiti, et al. (2014) who found that more educated women are more likely to be aware of the benefits of health care and as a result, are more likely to use preventive health care services however, according to the research carried out by Makombe (2016) some women with higher educational attainment, and also in the wealthiest quintiles, did not use ANC services during their last pregnancy which indicated that ANC utilization was not only influenced by poverty and lack of information but also by other factors, such as seeking permissions from spouses and partners, beliefs, dispositions and views on quality and attitudes towards the ANC providers, and distances to health facilities.

In relation, Dairo, et al. (2010) stated that educated women are more likely than uneducated women to use antenatal care early and frequently and to use trained providers and medical institutions. The author further argues that 5 % of births to mothers with no education were attended by a health professional and delivered in a health facility compared with between 70 and

72 %of births to mothers with some secondary education. It has also been found that education is positively associated with other aspects of maternal care for instance, women with more than primary level education were more likely to use antenatal care than those with no education (Bbaale, 2011), while Agan et al., (2010) argue that women with six or more years of schooling were more likely to use antenatal care than those with no.

Formal education impacts positively on women's utilization of antenatal care services in Uganda (Akanbiemu, et al. 2013), For example, women without any formal education are less likely than their counterparts with primary education to visit antenatal care clinics and to deliver in a health facility and the odds of women with primary education visiting an antenatal clinic are 2.05 higher than those of women with no education, while the odds of women with primary school education delivering in a health facility are 1.47 times higher than those with no education.

On the other hand, women with secondary or higher education are much more likely than their counterparts with no education to utilize antenatal care services for instance, the odds of women with secondary or higher education visiting an antenatal care clinic and receiving tetanus toxoid injection are 2.56 times higher than those of women with no education, while the odds of women with secondary or higher education delivering in a health facility are 3.69 times higher than those of their counterparts with primary education (Ajaegbu, 2013). This is because women with minimal or higher educational attainment are more informed about the benefit of antenatal services than those with no education, therefore, more initiatives should be put to empower women through education in order to increase their awareness about antenatal services and besides, educated women are more

likely to get better paying jobs or even start their own businesses, something which will generate income a factor attributing to accessibility of quality antenatal care.

The educational level of a woman often affects her health care use because attaining at least a primary education contributes positively to the health of women by providing women with skills training for employment and personal income thus enabling women to afford health care services as argued by Fagbamigbe (2015). Education level, employment, family income and marital status shape women's use of health care services in that income provides women with the ability to access improved nutrition and adequate housing, both of which protect and advance their health status. However, some authors (Munsur, et al. 2010) found out that there is positive association between antenatal health care services use and women's formal employment suggesting that the capacity to earn could contribute to antenatal healthcare services utilization through empowerment.

According to World Bank report (2014), data from 33 developing countries reveal that almost a third of women and girls cannot refuse sex with their partners, and more than 41% say they could not ask their partners to use a condom which shows that, education levels correlate closely with sexual autonomy. The report further says that multiple studies show that 61-80% of women with no education lack sexual autonomy; fewer than 20% of women with higher education lack it, justifying the view that educated women are more likely than uneducated ones to take preventive actions and seek medical services for themselves and their children, as well as to marry later and have fewer children (World Bank, 2014).

Women who are empowered through education have the autonomy to make decisions concerning their sex life and to access medical care's incased of need without being controlled by their counter parts. This shows that educated women have self-esteem which enables them to choose between right and wrong.

2.3 Promotion of antenatal Service Delivery and its importance to women and Uganda at large

Since there are many more female-headed households and therefore more than ever before, women are in need of information that will lead to economic empowerment.

The Fourth World Conference on Women in Beijing in 1995 is generally regarded as a watershed in understanding of information technology as a powerful tool that women could use for mobilization, information exchange, and empowerment (United Nations, 1996). The virtual community that developed around Beijing was the genesis of an international electronic network of women's organizations. Beijing was also the first international conference at which substantive issues relating to women, information and communication technology were debated, even though somewhat on the margins of the core agenda but also noted that poverty, lack of access to telecommunications infrastructure, language barriers, computer non-literacy and illiteracy hamper women's use of ICTs, including the Internet (Primo, 2003).

Therefore, information remains a very crucial commodity for any person or groups of persons and its use in making decisions has been noted (Adetoun and Bamigbola, 2012). Though everyone needs information, women particularly need information on issues affecting their health, that of their babies during and after pregnancy, and for their businesses. Access to health

information will enable a woman to better appreciate well the importance of antenatal services to her and her baby and the family at large which will enable her to search for health services when, during and even after pregnancy (Adetoun and Bamigbola, 2012). Access to information (ATI) for women is often limited due to cultural, religious and sometimes sociological factors.

As noted by Barode (2011) myriads of difficulties are faced by women in developing countries in gaining access to information for example unawareness of microfinance institutions, resulting in much of the resources available to them remaining untapped. The author further argues that Women even face discrimination policies of society at large when sourcing for financial aid from financial institutions despite research proving that women are more reliable in refunding of loans.

However, Dairo, et al. (2010) found that there is no gender discrimination in the issuing of loans but rather some banks are more concerned with the owner's credit risk and prospect rather than gender, and if any gender differences exist, it is because of women's disadvantaged status in lacking assets. A contradictory result was recorded from a study conducted by Adesua-Lincoln (2011). Women, on the other hand, are more likely to seek health information and play online games, and are more inclined than men to get religious information and research new jobs which justify the need to empower women through information accessibility.

The African Development Forum (2008) averred that empowering women to participate in the information economy would bring about benefits such as increased access to health care information, increased creativity, expertise and competitiveness in technology sector and thus assist the information economy thereby lead to economic growth. Empowering women through increased access to health care services such as antenatal services will reduce infant and maternal morbidity which further insinuate a healthy population with all its benefits such as increased productivity and women's autonomy over their own resources.

Media penetration amongst the masses was revealed to be important in enhancing the accessibility to antenatal services. Mothers can be empowered through enhancing their access to media which makes them to be more informed than their counterparts concerning the usefulness of attending antenatal services and also using all the recommended content (Ogato, 2013). Informed mothers are empowered to ask their antenatal care providers for some services should there be a delay in the provision of such services.

Concurrently, other studies from different parts of the world as stated by Akanbiemu, et al. (2013), found out that media penetration important in enhancing access to antenatal services. However, as much as the government, Non-Governmental Organizations, Civil Society Organizations among other counter parts try to provide information about antenatal services, and pregnancy related issues over the media, not all women are able to access the media such as radios, television, internet, newspapers, magazines, due to affordability problems, disability such as blindness, deafness, which prevent them from getting informed about the benefits of antenatal services thus, there

should be equitable redistribution of resources among women and men and besides, government policy is needed to increase media penetration amongst the masses with healthcare information at the forefront by taxing less the suppliers of small radios that use small and less expensive cells so that many people can afford the radios and also be able to operate them on a daily basis.

Inequality between women and men undermines all development goals (African Women's Development and Communication Network, 2009). When women and girls lack access to education, information and services, their health and rights suffer since their ability to contribute economically, socially and politically to their communities is severely constrained. To achieve goals of gender equality, which underpin all other development objectives, it is critical to guarantee women and girls access to the full range of sexual and reproductive health and rights, including access to sexual and reproductive health services information (Barode, 2011).

However, programs such as life-skills training and local market-informed vocational training provide women and girls with new information and opportunities as well as economic benefits which give participants increased control over their sexual and reproductive health, reducing rates of early childbearing, marriage and the share of girls reporting sex against their will. However, although African countries have adopted a number of universal declarations and commitments but little have been done in translating those declarations into national policies (Economic Commission for Africa, 2005).

Even where commitments have been implemented nevertheless African women are persistently marginalized in accessing information and information communication technologies (ICTs) due to problem of illiteracy, socio-cultural attitudes and lack of understanding of the resources and situational impediments experienced by women (African Development Forum, 2008). This is perhaps as a result of low access to productive information resources and wide gap between commitments and implementation (Economic Commission for Africa, 2005). In this information society, whatever area of empowerment, access to information is very crucial and the African Union Gender Policy realized this, thus one of the policy frameworks is to promote equitable access for both women and men to resources, knowledge, information and services including basic needs. Also facilitate the implementation of corrective measures to address existing inequalities in access to and control over resources, as well as other empowerment opportunities (Department of Trade and Industry, 2011).

In relation, according to Tefera (2013), Majority of the women's access to information and communication media was not impressive due to high cost of the media and high rate of illiteracy. Adetoun and Bamigbola (2012) reiterated the fact that in Africa, radio is and will continue for a long time to be the most appropriate communications technology that is available to the majority of people in developing countries, particularly the disenfranchised communities, women, children and the youth since the rural populations, the urban poor, the illiterate and the marginalized are at the greatest risk of being left out of the information and knowledge revolution, the radio is usually the communication media most used.

Therefore, the poor should be empowered to access information services at affordable prices, to ensure that health related information services such as antenatal care reach far even to the illiterate and poor rural women so as they and well informed about their health issues thus enhancing their participation in the community through making decisions and participating in designing and implementing policies and programs that are helpful for the general improvement of the health of the people.

In most African countries, women's use and knowledge of ICTs for instance to store, share, organize and process information is lower than men's, denying them of income-generating opportunities and the chance to network with others for instance, poor and vulnerable groups often lack information that is vital to their lives information on basic rights and entitlements, public services, health, education, work opportunities, public expenditure budgets, among others (United Nations, 2009).

In addition, this implies that poor and vulnerable groups such as women also lack visibility and voice to enable them to define and influence policy priorities and access resources. According to UNDP (2003),Access to information will enable women to be empowered since through accessing economic, social and political information, they will chance greater opportunities such as employment something which will enable them to generate income and thus health services such as antenatal care because poverty is also one of the factors hindering women access to antenatal care, but due to information accessibility, women are in position to attain better opportunities which can change their life and as that of their family at large.

Many women can get infected with HIV/AIDS due to lack of information for instance teenage girls are faced with high levels of teenage pregnancies due to lack of basic information about their health and sexuality and right of access to family planning information and facilities (Sabiti, et al. 2014). However, majority of women are not fully informed about their rights as patients which greatly affects the doctor/ patient relationship (Adetoun and Bamigbola, 2012). However, in order to provide patients with health care information, the Government, Civil Society Organizations as well as the community have the responsibility to make information about patients' rights readily available and accessible in the form that they can understand and use better.

Information and communication technologies could give a major boost to the economic, political and social empowerment of women, and the promotion of gender equality however, this potential will only be realized if the gender dimensions of the Information Society in terms of users' needs, conditions of access, policies, applications and regulatory frameworks are properly understood and adequately addressed by all stakeholders (World Bank, 2014).

Poverty, illiteracy, lack of computer literacy and language barriers are among the factors impeding access to the ICT infrastructure, especially in developing countries, and these problems are particularly acute for women therefore, women's access to ICTs is constrained by factors that go beyond issues of technological infrastructure and socio-economic environment. Also Agan, et al. (2010) notes that socially and culturally constructed gender roles and relationships remain a cross-cutting element in shaping and in this case, limiting the capacity of women and men to participate on equal terms in the

Information Society, which deny them full access to information resource and its associated benefits.

2.4 How women's participation promote their access to antenatal services

The Universal Declaration of Human Rights states that everyone has the right to take part in the government of his or her country. The empowerment and the autonomy of women and the improvement of women's social, economic and political status is essential for the achievement of both transparent and accountable government and administration and sustainable development in all areas of life. Achieving the goal of equal participation of both women and men in decision making will provide a balance that more accurately reflects the composition of society and is needed in order to strengthen democracy and promote its proper functioning however, women's equal participation in decision making is not only a demand for simply justice or democracy but can also be seen as a necessary condition for women's interests to be taken in to account (United Nations, 1996).

Also, feminist theories assert that gender differences are socially constructed and therefore susceptible to transformation and that the sexes do not necessarily have to conform to gender stereotypes (Tuyizere, 2007). In principal, feminism theories seek to liberate women from oppression and subordination, concern with women's access to same education afforded to men and equal participation in politics, decision making and administering laws.

Feminism theories work to achieve equal rights with men in the public sphere and recognition of women's differences from men,

with the objective of enhancing women's positions in the private sphere or the family (Tuyizere, 2007).

Political empowerment involves the rights and abilities of people to participate as equals in decision making Processes (Ekesionye and Okolo, 2012). One important approach to supporting women's empowerment is the promotion of the participation of women in formal politics, alongside support to broad programs of democratization and good governance with a strong focus on developing civil society (Ogato, 2013). Ekesionye and Okolo (2012) recommend the following possible best mechanisms/practices which have potential to increase women's participation in political life with varying degrees of success; Reform of political parties, quotas and other forms of affirmative action, training to develop women's skills and gender sensitivity, work with women's sections of political parties; and the development of women's political organizations. UNICEF (2006) contends that women in politics advocate more often and more strongly for the rights of women, children and families. The same finding confirmed that at current rates of progress, the present world is still more than 60 years away from a world where women have an equal say in national parliaments while formal barriers to entering national and local parliaments have been eliminated in virtually every country, has been insufficient to address gender imbalances in governance.

However, women who are entrusted into politics do not put much efforts and emphasis to present the problems such as the inequality between women and men in accessing resources yet they had been empowered as representatives of women Members of Parliament to present the views of other women who are still powerless and thus vulnerable. Also, Discrimination, as well as women's significantly greater work burden, discourages and

prevents women from entering politics and leaves them less time and energy for public life. Each of these issues needs to be addressed in its own right.

World Volunteer (2005) affirms that globally women's political participation has been increasing. Moreover, women have also been active in organizing themselves for economic literacy and access to resources through various means including micro-credit and other forms of poverty reduction initiatives such as small savings group which has enabled them to generate income necessary to access basic needs such as medical care like antenatal services.

Garcia and Stockl (2009), assert that across the least developed countries, studies show that women's participation in community initiatives can have long-lasting benefits for women and children. Moreover, the same study affirms that women who are empowered to take action, whether through programs led by governments, non-governmental organizations or those driven by the community, often have a positive influence on the lives of other women. One of the most important and effective avenues for women's empowerment is the dynamics of cooperation among women. Informal women's collectives organize around such issues as health and nutrition, food distribution, education and shelter, contributing to an improved standard of living for women, their families and communities.

Kiwuwa and Mufubenga (2008), contend that recognition of women's groups as important agents of empowerment and development really matters for achieving the goal of empowering women. In other words, governments and development agencies are highly encouraged to include women's group in poverty reduction strategies and nurture long-term partnerships, as well as

international development agencies are encouraged to work with women's organizations at the community level and channel development resources through them in order to enhance their empowerment and increase their accessibility to antenatal services and the likelihood that resources will reach the most vulnerable members of poor communities that is women and children.

There is a large and growing body of evidence that certain types of service delivery are enhanced with the active participation of the communities they serve. Abdulraheem, I.S., et al. (2012) argues that as end-users of the services, communities have a stake in ensuring that services are well-provided, and are also well-positioned to monitor the quality of services. The author further argues that with the benefit of local information, women can assess the specific obstacles facing facilities in providing services and they can seek to ensure that facilities have the necessary infrastructure, supplies and staff motivation to provide the services they are supposed to provide, which can be done through volunteer efforts, such as donations for buying supplies, though most of the benefits of community participation can only be harnessed if there are specific mechanisms in place to enable them to do so.

Involving women in the early stages of policy development help ensure that programs will be designed with the needs of women in mind (Zeine, et al. 2010). Grass-roots women's movements are vocal and active champions of women's equality and empowerment and have campaigned successfully for Convention for the Elimination of all forms of Discrimination against Women (CEDAW) and other conventions mandated to improve the situation of women and girls at the international level. The benefit of women's groups is even more evident at the local level, where they are

working to improve the quality of life for their families through small savings groups enabling them to chance opportunities like small business which provide them with income to access better health care services and other basic needs and food and nutrition.

In addition to providing opportunities to women to participate in financial activities and in expanding their social network, self-help group generates female autonomy and solidarity which in turn leads to better health consciousness, increased access to health care services and better decision making capabilities on health of family members (Mimimol and Makesh, 2012).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter provides a description of the research design, the area of the study, study population, sampling procedures, sample size, sampling techniques, data collection methods and instruments, quality control methods, data management and processing, data analysis, ethical consideration, limitations and delimitations during the study.

3.2 Research design

Research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with the economy in procedure (Ochieng, 2009). The researcher used a case study research design. The case study method aims at studying everything about few units rather than something about several units by presenting a holistic view of a social unit thus it facilitates deeper analysis of events or entities since it focus on a specific phenomenon with a possibility of examining it effectively and efficiently which provides a wealth of data, clue and ideas for further research.

The researcher used both the qualitative and quantitative approaches for data collection but the main approach used is the qualitative approach.

Qualitative research is empirical research where the data are not in the form of numbers, but in words or linguistic symbols (Wangusa, 2007). The approach not only uses non numerical and unstructured data, but has research questions and therefore,

permits the research to go beyond the statistical results that are reported in the quantitative research that is refine, confirm and test the validity of the conclusions drawn by establishing commonalities and eliminating negativities to ascertain a consistency and to a small extent generalization. Assessing the contribution of women empowerment in promoting antenatal service delivery is based on the values, perceptions and attitudes of the respondents, characters that cannot be dealt with numerically but the number of times they showcase in data collection and analysis guided the researcher into deducting a conclusion.

Quantitative research is empirical research where the data are in the form of numbers and the approach uses typically structured and predetermined research questions, conceptual frameworks and design (Wangusa, 2007). However, the two methods complement each other.

3.3 Area of the study

The study was conducted in Laroo Sub County in Gulu district, which is one of the districts found in the northern part of Uganda. Gulu District is located in Northern Uganda between longitudes 30-32 degrees East and latitudes 02-4 degrees North and altitude ranges between 1000-1200 meters above sea level. It is bordered by Amuru District in the West, Lamwo District in the North East, Pader District in the East, Lira District in the South East, Oyam District in the South and Nwoya District in the South West. The total land area of Gulu District is 3,449.08 sq km (1.44 % of the Uganda land size). 96.9 sq km (0.8 %) is open water and 9.9 sq km is Laroo Sub County in Gulu municipality.

The researcher chose this area because Laroo Sub County is a good representation of the district and besides, most of the

women in Laroo Sub County are impoverished due to LRA war in northern Uganda something which denied them access to better education and vast economic opportunities, a factor responsible for their disempowerment hence being vulnerable.

3.4 Population of the study

Kumar (2005), define study population as the class, families living in the city or electorates from which you select a sample of the study from to question in order to find answers to the research questions. The population of the study was 50. The study population was mainly based on women, doctors and nurses, and the key informants (NGOs). The researcher selected women because they are the targeted population in the area of the study and besides, most women living in Laroo Sub County are disempowered during the LRA war which made them poor and vulnerable hence making them the right people to provide accurate information about the study.

The researcher chose doctors and nurses particularly midwifes because they are the right people to provide viable data on women who access antenatal services in the health facilities since sine they are direct service providers of antenatal care. The researcher chose the key informants (CARE International and Volunteer Action Network) because they are directly linked to provision of necessary facilities and exerted efforts to empowerment women thus they are of great help (sources) of data to complete the research.

The key informants included Volunteer Action Network who empowers underserved women in northern Uganda through socio-economic, health education and political programs, creating opportunities while strengthening families and communities. It seeks to offer women leadership and empowerment abilities

required to lead successful, dignified lives. Their strategy is to give women the tools necessary to alleviate poverty, facilitating sustainable development, empowerment and hope. They offer programs such as Credit plus Program (Micro-finance) which helps women to meet the necessary costs to access antenatal services, Education and Health Program enabling women to better appreciate the value of accessing antennal services, Communities Advancing Prevention of HIV/AIDS Program (CAPh), Advocacy and Leadership Program, all aimed at achieving women empowerment.

CARE International is also one of the key informants in Gulu district, Laroo Sub County. They encourage women group formation, providing access to loans and the skills needed to start income generating activities, providing quality seeds and tools and giving skills training on improved agricultural methods, and educating the communities on better health and sanitation practices. CARE International has helped women become self-reliant, actively participate in leadership positions, and improve domestic relations.

3.5 Sample size and Sampling Techniques

Sample size is the representative portion of the entire population under study (Ochieng, 2009). The sample size of the study population is 44, this is extracted from Krejcie and Morgan (1970), where a study population is 50, the sample size is 44. The researcher therefore came up with 44 since the study population was 50. The researcher used non probability sampling because it involves identifying and questioning informants because the researcher is interested in their individual positions, roles and background experience. The sample population of the study composed of 30 women, 5 doctors and 5

nurses and 4 key informants (2 from Care International and 2 from Volunteer Action Network).

3.5.1 Sampling techniques

Sampling can be defined as a process of selecting elements from a population in such a way that the sample elements selected represent the population (Amin, 2005). Sampling techniques are methods of selecting samples from the population (Kumar, 2005). The following non probability sampling techniques was used by the researcher to select the respondents while in the field;

3.5.2 Convenience sampling

This is where by the researcher selects those units of the population in the sample, which appear convenient to him or to the management of the organization where he is conducting the research. A convenience sample is any group of individuals that is conveniently available to be studied at a given moment (Amin, 2005). The researcher chose a few respondents using convenience sampling and asked them to recommend other people who meet the criteria of the research, as well as those willing to participate in the study. The researcher used this technique by sampling women who live either near main roads, or living near the researcher's place of residence and those living in the densely populated area of Laroo Sub County. The researcher chose this technique because it's cheaper and saves time.

3.5.3 Purposive sampling

A purposive sample is a sample selected because the individuals have special qualifications of some sort, or because of prior evidence of representativeness (Creswell, 2009). The researcher used this technique to sample 5 doctors and 5 nurses (midwifes) and 4 key informants because they are directly linked to

delivering antenatal services to women, thus they are viable source of data. The researcher chose this method because it is less costly and involves less field work since those units can be selected, which are close to each other, and it is more representative of typical conditions than the random simple if the size of the sample is small and besides, the technique is very simple to draw.

3.6 Data collection methods and instruments

Both primary and secondary data collection methods were used. Primary data are those collected fresh and for the first time and thus happens to be the original in character while secondary data are those which have already been collected by someone else and which have already been passed through the statistical process (Ochieng, 2009). Secondary data was obtained from literature sources such as textbooks, journals, newspapers, and official records relating to the study, which enabled the researcher discus the gaps that exist between literature and the study itself.

Primary data is the source of information that is written by a person who witnessed the occurrence. There are various techniques of collecting primary data, on this study, the researcher used questionnaires interview and focused group discussions as the research tools.

3.6.1 Questionnaire

This is a form containing a series of questions and providing space for their replies to be filled in by the respondent himself. The researcher used both the open ended questions and close ended questions to examine 5 doctors and 5 nurses by giving each one a copy of questionnaire to fill and at different

time intervals. This method was used by the researcher because the doctors and nurses know how to read and write and it can cover a number of areas without draining the respondents; it's a relatively inexpensive mode of data collection and can be answered at the convenience of the respondent and besides, can be administered to groups of individuals.

3.6.2 Focus group discussion

Focus group is a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research (Amin, 2005).

The researcher chose this method for women because most of these sample women do not know how to read and write thus this method was more reliable. Focus groups can be relatively low cost and provide quick results since the actual time and cost for planning, conducting, and analyzing data may be relatively small when compared to alternatives such as individual interviews.

In addition the researcher used this method because it's a flexible assessment tool since interactions between the researcher and participants allow the researcher to probe issues in depth, address new issue as they arise, and to ask participants to elaborate on their responses. Besides, Participants may be more comfortable talking in a group than in an individual interview. The researcher also chose this method because interactions can generate more discussion and, therefore, more information. Focus group discussion's data is in the respondents' own words thus making it easily understood and provides insights into how respondents think about the topic. The researcher thus conducted discussions with a group of thirty women and divided them in to three (3) groups that is group A, B and C, with each group containing 10 members.

3.6.3 Interview

This refers to a meeting in which the interviewer puts questions to the interviewee and records his responses (Ochieng, 2009). The researcher used this method while dealing with the study group of the key informants (NGOs) through the generation of asking open ended questions from the interview guide. The researcher chose this method because Interviews are flexible in that detailed information can be got through more discussion on the sensitive and emotional subjects and also information is likely to be more correct than that got from questionnaires and besides, it's the fastest techniques hence saves time and also it is effective in clarifying the unclear questions. The researcher used an interview guide in conducting the interviews because it has got a flexible structure and minimal restrictions.

3.7 Quality control methods

In this regard, the researcher designed tools such as interview guides and focus group discussion guides related to the study. Reliability means stability. The reliability of these instruments to be used was determined through pretesting to see if the results got were consistent. Upon trial if these tools gave consistent feedback, then they were used for the study to ensure reliable results.

3.7.1 Validity

Validity is the extent to which a tool fulfills what is intended to accomplish and has three types that is; criterion related, content and construct validity. Content related validity deals with whether or not a test is representative of some key characteristics that is not deficient. In this study, the

content validity of the instruments and the content validity index was computed to assess the relevance of the items.

3.7.2 Reliability

Reliability of measures was determined through test-retest method, a parallel forms and internal consistency. To reinforce and assess the reliability of the instrument, the researcher tested and retested the questionnaires and schedules by giving out the same questionnaire to different people at different time interval to compare the responses. The comparison procedure was performed objectively by computing the reliable coefficient.

3.8 Data processing

Processing involves editing, coding, classification and tabulation of collected data so that they are amenable to analysis (Wangusa, 2007). The tabulation exercise was performed manually or electronically by the researcher.

3.8.1 Data analysis techniques

Upon collection and classification of data, the researcher employed procedures like editing and analysis to get frequencies through the use of Microsoft excel. The results of this study were shown by presentation and discussion in form of narrative and the usage of tables for easy interpretation. Both qualitative and quantitative methods of analyzing and presenting data were employed.

3.8.2 Qualitative data analysis

Qualitative data analysis is an iterative and reflexive process that begins as data are being collected rather than after data collection has ceased (Morrill, et al., 2000). The researcher used this technique during the focus group discussion method of

data collection by jotting down ideas about the meaning of the text, recording objectively and simultaneously examining and interpreting the meaning of the responses from the respondents. The researcher thus documented the data, categorized the data into concepts analyzed it and thus reported the findings.

3.8.3 Quantitative data analysis

Quantitative data analysis is a type of research that explains phenomena by collecting numerical data that are analyzed using mathematically based methods (in particular statistics) (Morrill, et al., 2000). The researcher carried out quantitative analysis by reporting of summary results from the questionnaires and the qualitative data into numerical terms through the use of tables, and excel.

3.9 Ethical considerations

With great respect and considering the ethical values, the researcher looked for authorization or permission from the local authority especially local council I and III of Laroo Sub County to allow me to carry out my research which is intended to fulfill the requirements of the Bachelor's degree in ethics and development studies without any inconveniences.

The researcher greatly considered the concern for the respondents and their interests especially the interviewees, including contemplation for their time for domestic work, mental and physical health and safety, humiliation, mortification, shame, discomfort, risks to the respondent by ensuring a free and informed consent and avoiding pressure on and deceiving the respondent and allowing the respondent to respond at their free will.

The researcher while carrying out the study ensured proper detection by giving the respondent truthful intuition of the researcher and not a false impression. She elucidated information as to name of the researcher, the institution she is coming from, purpose for the research study, the type of questions, the degree of question sensitivity and possible true consequences of the questioning and the research in general.

The researcher regarded with great respect the respondent's right to privacy regarding their private life, sensitive issues or answering questions they dislike; the right to ambiguity by ignoring the respondent's contribution to remain secret and the right to confidentiality of the respondents to avoid inconveniences such as fear, shame shyness. The respondent's contribution was not made available to other people.

The researcher utilized accurate methods of data collection and analysis to ensure the realism of the study which entails the use of relevant research tools and instruments, choice of appropriate data collection methods and interpretation of the data, correctly reporting data and resisting errors and fabrication of data.

The researcher only carried out the study upon the consent of respondents, and besides, condemned any form of bribery. She respected the views of the respondents while in the field and carried out the study upon seeking for information concerns. As a student of Ethics, the researcher up holded professional integrity therefore maintained objectivity and demonstrate responsibility and competence while carrying out the study.

3.10 Limitations and Delimitations of the study

During the study, the researcher faced a number of challenges which fortunately did not palpably compromise the quality of the work since the researcher tried every possible ways to overcome such limitations and these included the following;

The researcher featured the challenge of language barrier since most women were illiterate and therefore did not know English thus the researcher had to interpret to them the questions in the local language so that they were in position to answer the questions appropriately.

There was limited time to carry out the research given. The researchers' busy diary of school work such as attending lectures, tests, doing course work, exams and other extracurricular activities made the research a little tiresome since she had to work restlessly to ensure that the research study is accomplished on time and besides, other respondents took a while to return the questionnaires, the time keeping of some of the respondents while conducting focused group discussion was very poor. However to overcome such limitations, the researcher followed up the questionnaires by using phone calls to keep reminding them to fill in the questions and moved from each place to another collecting the questionnaires.

Some respondents asked for money in return for their information but I gave each of them a piece of soap and some a pack of salt in appreciation for their time as I carried out the focus group discussion with them.

The researcher also faced a great challenge during data collection since it was very difficult to gather people during the discussion (focus group) because many respondents were poor

timers and they came at their own time instead of keeping time as appointed previously by the researcher.

Although relevant data was collected, a fine sum of irrelevant data was also collected during the study. Some of the respondent did not comprehend the questions clearly and stated how difficult they were while others avoided the questions whereas some participants were dormant making the discussion to be dominated by some who seemed to be more knowledgeable on the subject.

In conclusion, this study made use of various methods of data collection: questionnaire, interview guide and focus group discussion guide. The major tool of data collection was focus group discussion guide. The manual counting by using excel was used for data analysis to generate frequency tables with percentage easily.

CHAPTER FOUR

DATA PRESENTATION

4.1 Introduction

Presented in this chapter are the research findings and the analysis made respectively. The data as well as the analysis in this chapter has been presented to ensure consistence and ease the readers following of the work. The researcher ensured a distinction between field data and analysis while presenting the findings. Ensuring order, the researcher presents the findings under sub-sections derived from the research questions that the study was set to answer. Tables only are used in this chapter, to present the demographic characteristics of the study.

4.2 Description of Respondents

4.2.1 Demographic Characteristics

The study was carried out in Laroo Sub County. The study was focused on the following categories of respondents: women, doctors, midwives and the key informants (NGOs) to generate information from different genders. The level of education to establish the contribution of education in promoting antenatal service delivery;

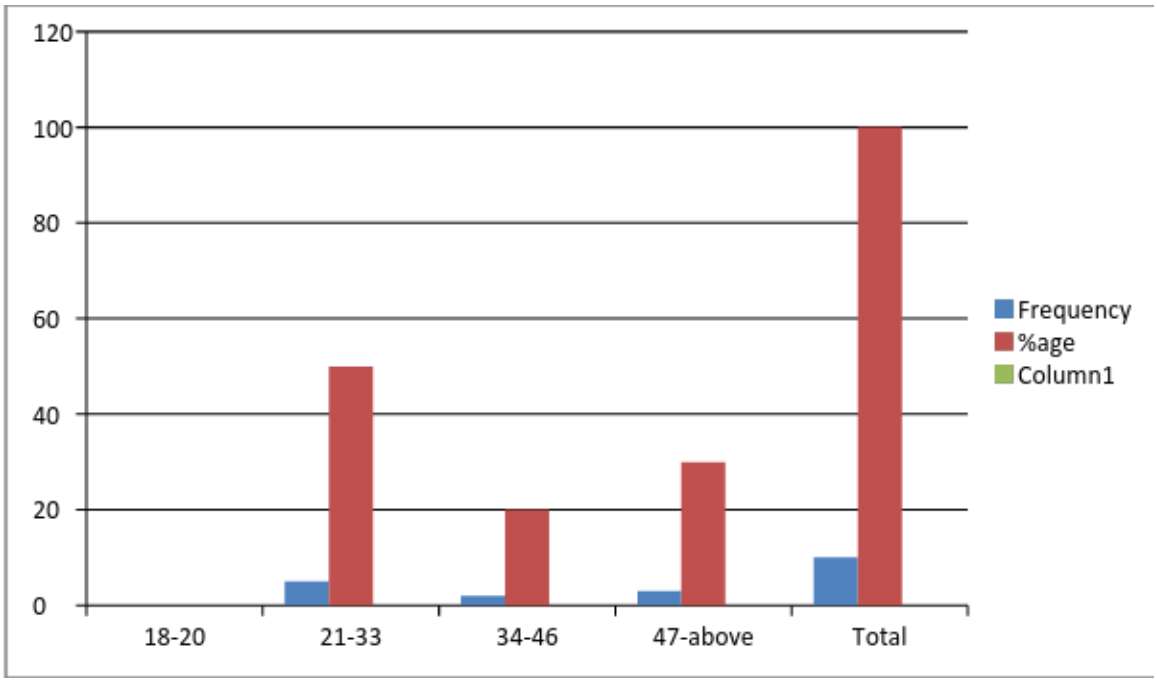
Table 1: Sex of Respondents

Sex	Frequency	% age
Males	9	20.45
Female	35	79.55
Total	44	100

Source: primary data

From the above table, 20.45% of the respondents were males and 79.55% were females. The researcher chose both sexes to appreciate their views on the topic of the research and also chose many females because they are my main target group, besides, women who are the direct recipients of antenatal care, thus they are the truthful source of data concerning this study.

Table 2: Age of Respondents



Source: primary data

The above graph shows the respondents' age. From the graph, the blue color represents the frequency, the red color represents percentages. 50% of the respondents were between the ages of 21-33, 20% of the respondents were between 34-46 years and 30% of the respondents were from 47 and above years. The researcher chose the above age brackets because they are people of reproductive age who can access antenatal services and also

directly linked to delivering the services to women and those above 47 years with experience in reproduction.

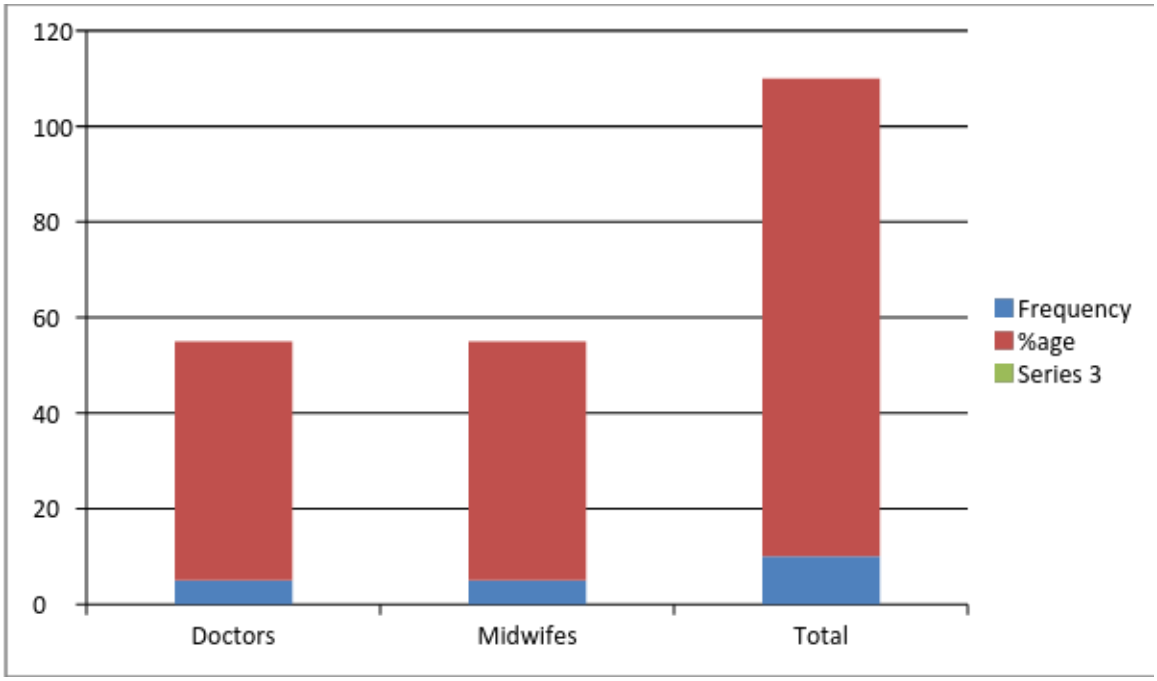
Table 3: Educational Attainment and Number of questionnaires

Educational Attainment	Primary	Secondary	Tertiary& Diploma	Bachelors Degree	Masters	Number of Questionnaire		
Number	00	00	00	7	3	returned	unreturned	total
						10	00	10
Percentage	0 %	0 %	0 %	70 %	30 %			100 %

Source: Primary data

The above table represents the number of questionnaires from which the number of respondent's level of education was derived.7 of the respondents represented the views of those whose highest level of education was bachelor's degree. This category involved both midwifes and doctors. 3 of the respondents had master's degree. Out of 10 questionnaires, all were returned thus none was invalid or unreturned.

Table 4: Occupation of the Respondents



Source: Primary data

The above table shows the respondents occupation. The red color represents percentages, while the blue color represents the frequency. 50% of the respondents were midwifes and also 50% were doctors.

A total of 34 respondents actively participated in the study from the interviews and the focus group discussion. The researcher distributed 10 questionnaires, interviewed 4 key respondents (representatives from NGOs) and held three focus group discussions.

This bio data summary is to guide the reader understand why the researcher come to certain opinion and conclusions.

Extent to which Level of educational attainment affects accessibility to antenatal services

In this section, the researcher will present and discuss the arguments of the respondents in line to answering the first research question for the study:

4.3 How does level of educational attainment affects accessibility to antenatal services by women?

Educational attainment	Frequency	Each %age out of a hundred
Do you take trouble to educate women	10	100%
Yes No	10 00	100% 0%
Values of education Improved nutrition Knowledge Utilization Independent decision making Trained medical providers	10 4 7 4 6 5	100% 40% 70% 40% 60% 50%
How education enhances access to antenatal services Awareness Access to financial facilities Access to employment opportunities Decision making Access to information	10 7 3 4 5 6	100% 70% 30% 40% 50% 60%

Source: primary data

From the table above, each response from the respondents is calculated out of a hundred. Through the use of questionnaires, 100% of the respondents said that they take trouble to educate women about the importance of antenatal services. When asked about the values of education to pregnant women; 40% out of a hundred stated that it leads to improved nutrition, 70% said

that it increases knowledge about the usefulness of antenatal services, 40% stated that it leads to utilization of antenatal services and 60% of the respondents said it leads to independent decision making while 50% stated that it leads to the use of trained medical providers by pregnant women.

Also through the questionnaire a question was asked on how education enhances access to antenatal services. 70% of the respondents said it creates awareness about the importance of antenatal services, while 30% said that it leads to access to financial facilities.40% of the respondents said that it leads to access to employment opportunities, 50% out of a hundred said it leads to decision making about antenatal services while 60% said it leads to access to information about antenatal services.

Through focus group discussions, the first group which was named group A presented their views about the importance of education in accessing antenatal services. From the respondents, I discovered that empowering women through education is one of the major tools of lifting them up. They said that they know it's important to go for pregnancy checkup but they don't have the capacity because they don't even have income to cater for transport costs to the health facilities and using bicycle on the rough and muddy road would do them more harm than good, at least if they had gone to school, they would have some jobs to do where they are paid and the money would help them to cater for those small medical expenses and other necessary things. Harriet Atim, a 32 year old house wife and one of the members of group A, bitterly revealed that;

"They keep telling us to go for antenatal services yet there is no one to help us with small necessities to reach the hospital. We have been ignored by the government and undermined

even if we take trouble to go to any health facility; we are treated roughly by the nurses simply because we are poor, at least for those who are educated are respected because they are rich and they know many people who can help them. If not because of the LRA war, some of us would not be like this" (focus group discussion on May 17th, 2016).

However, a 28 year old Akidi and a 36 year old Lalam from group B refute Atim's claim by arguing that, they are happy with what the NGOs are doing to help bridge the gap between men and women. Akidi explained that:

"I have been empowered through education by Care International program of sponsoring orphans and child mothers so that they can attend school. Because of that, I am now employed which income enables me to meet my basic necessities such as nutritious food, health care, shelter and as well can form a dialogue with people without fear as am doing now because I understand I know something" (Focus group discussion on May 18th, 2016).

According to Akidi, not only should the government be blamed for inequality between women and men because there are still some women who do not see the value of education even when there was the introduction of adult education. To her, education have enabled her to get a better paying job where she can meet small but necessary costs such as transport, medical cards to access antenatal services. Accordingly, the use of antenatal care is higher among women with a high income who regarded the costs of services and transportation as no great expense (Bbaale, 2011). Monir and Sachiyo (2009), argue that the costs of visiting antenatal facilities were viewed as a significant factor restricting access to antenatal services because even in

countries offering free access to antenatal care, the unanticipated costs of paying for drugs, tests, and medical cards placed an additional strain on limited family finances.

Aol, a member of group C with the highest level of education being a diploma said that she learnt about the importance and benefits of antenatal care through education without which she would not better appreciate the value of education towards accessing antenatal services.

From the interview, the respondents from CARE International whose names are withheld said that they empower women through education, Micro finance training and provision of simple loans which have enabled women to earn money to pay school fees for their children and address other health and household needs. They further stated that this has helped women solve their problem of being dependent on farming when there is a lack of land because they can now operate small-scale businesses since Skills training gave women the ability to plan and manage businesses and financial budgeting.

According to the respondents from Volunteer Action Network whose names are withheld, they said that they empower women through education and health program such as reproductive health which have greatly enabled women to access antenatal services. This opinion is in line with what Yang (2010), emphasized about importance of raising awareness among women of reproductive age, especially among the uneducated. Yang (2010) argued that improving knowledge about the benefits of antenatal services for pregnant women is an important element in enabling them to enrich their experiences as well as supporting their effort to better appreciate ways to protect their health and that of their children.

In my view, education is strong tool for empowering women. If all women can have access to education beyond primary level, they would better understand the importance of antenatal services to them and their unborn babies as well as the family at large.

4.4 Importance of information accessibility to women of reproductive age

Under this section, the researcher will present and discuss the arguments of the respondents in line to answering the second research question for the study: what is the importance of information accessibility to women of reproductive age?

Information accessibility	Frequency	Each %age out of a hundred
Is information important?	10	100%
Yes	10	100%
No	00	0%
Means of delivery	10	100%
Internet	5	50%
Radios	7	70%
Television	4	40%
Newspapers	3	30%
Magazines	2	20%
Importance of information	10	100%
Awareness of its benefits	5	50%

Access to health information	6	60%
Days for the services	5	50%
Knowledge	3	30%
Barriers to information	10	100%
Poverty	9	90%
Illiteracy	5	50%
Computer non-literacy	6	60%
Disability	3	30%
Language barrier	2	20%
Measures	10	100%
Use of affordable medias	7	70%
Computer training skills	3	30%
Education	4	40%
Others	2	20%

Source: primary data

The table above shows the respondent's responses to the questions and each frequency is calculated out of a hundred percent.

Through the questionnaire, 100% of the respondents agreed that information is important. When asked about the means of delivering the information; 50% of the respondents out of one hundred said they use internet, 70% said they use radios, 40% uses television and 30% uses newspapers. The researcher noted that 20% uses magazine as a means of delivering health

information to pregnant women. Also, 50% of the respondents said that information creates awareness about the benefits of antenatal services while 60% reported that information is important because it leads to access to health information by pregnant women. However, 50% of the respondents said that information is important because it creates awareness to pregnant women about the days to receive the services, and at what time the services are delivered and 30% of the respondent's started that information creates knowledge about antenatal care to pregnant women.

Also, the respondents were asked about what hinders them from accessing information; 90% of the respondents said poverty, 50% said illiteracy, 60% said computer non-literacy while 30% reported disability and 20% started language barrier. Also, 70% registered use of affordable Medias as one of the measures to curb down the barriers to information accessibility.30% said there is need for computer training skills, while 40% said there is need for education and 20% suggested use of other measures such as use of charts and diagrams to inform the local community about the importance of antenatal services.

From the Focus group discussion, some of the group A members reported that they have access to health information especially through the use of the local radios (radio Mega) because news are read in local language where they can best understand while others said they do not have any access to information because they even don't have money to buy small radios and to cater for the batteries due to poverty and illiteracy. Susan Abiya, a 26 year old from group B said:

"I use radio Mega to listen to the news in local language which has helped me to understand the importance of antenatal

services such as tetanus toxoid immunization, among other services. I got to know the days I should travel to the health facilities to receive antenatal care through radio Mega" (Focus group discussion on May 18th, 2016).

Access to health information will enable a woman to better appreciate well the importance of antenatal services to her and her baby and the family at large which will enable her to search for health services when, during and even after pregnancy (Adetoun, 2012).

Other than radio Mega, some of the respondents from group C said that they have access to health information through the use of the internet. AloboJackline, a 36 year old married woman said that:

"I am very happy because my husband has opened for me a computer center for my business and now I have learnt a lot concerning reproductive health and the benefits of accessing antenatal services from the internet due to the short course I did for three months in computer skills" (focus group discussion in May 19th, 2016).

Empowering women to participate in the information economy would bring about benefits such as increased access to health care information, increased creativity, expertise and competitiveness in technology sector and thus assist the information economy thereby lead to economic growth (The African Development Forum, 2008).

Accordingly, in my own opinion, information creates awareness about the importance of antenatal services thus it's a very important tool for empowering women. However not every woman is able to access information due to illiteracy and poverty as

reported by Apio Lucy aged 28 and Alal Brenda aged 38, group A members. This is in line with what was discussed in Beijing at the first international conference at which substantive issues relating to women, information and communication technology were debated, and was noted that poverty, lack of access to telecommunications infrastructure, language barriers, computer non-literacy and illiteracy hamper women's use of ICTs, including the Internet (report by UNESCO, 2003).

Therefore, according to my own view, the stake holders concern about disseminating antenatal care information should carefully choose a mean which caters for the majority of the beneficiaries most in terms of economic ability to purchase the information, while putting in to consideration the disabled.

4.5 How women's participation promote their access to antenatal services.

This presentation and discussion is in light to answering the third research question: How does women's participation enhance their access to antenatal services?

Participation	Frequency	%age out of a hundred
Is participation important?	10	100%
Yes	10	100%
No	0	0%
Importance of participation	10	100%
Decision making	4	40%
Access to resources	2	20%
Learning purposes	3	30%

Improve quality of life	1	10%
How women participate	10	100%
Meetings	1	10%
Discussion	4	40%
Social networking sites	1	10%
Decision making	3	30%
Others	1	10%

The table above shows the respondents responses and percentages on the research question of how women's participation promotes their access to antenatal services.

Through the questionnaires, 100% of the respondents agreed that participation is important in promoting women's access to antenatal services.40% of the respondents said that information allows pregnant women to make decision concerning their health, 20% of the respondents said that participation makes women to have access to resources while 30% said participation is for learning purposes and 10% reported that participation leads to improved quality of life.

When asked about the ways they engage women in participation; 10% of the respondents said they participate during meetings, 40% said they engage pregnant women in participation through discussion, 10% said women participate through social networking sites while 30% of the respondents said women participate in decision making and 10% reported other means of participation such as small savings group.

From the respondents, I discovered that the influence of active participation of women will determine their accessibility to antenatal services in different ways. Women have also been active in organizing themselves for economic literacy and access to resources through various means including micro-credit and other forms of poverty reduction initiatives such as small savings group which has enabled them to generate income necessary to access basic needs such as medical care like antenatal services (World Volunteer, 2005). A 45 year old man who works with CARE International reported that:

"CARE's encouragement of group formation has clearly had one of the biggest impacts on promoting women's empowerment. Most groups are at least 80% female, and the chairpersons of the groups are almost always women. Once the groups have been formed, the members can work collectively to cultivate their fields, engage in revolving loans or "kalulu," and access support from NGOs and other groups in the form of skills training, loans and the materials and skills for starting income generating activities which enabled them to meet health care expenses" (interview on May 20th, 2016).

Also, one of the respondents from Volunteer Action Network said that their organization has promoted women empowerment through advocacy and leadership program which has enabled women to become self-reliant, actively participate in leadership positions, and improve domestic relations. Stella Adoch, a 26 year old married woman from group C said that:

"Am happy that my life has now changed since I joined the Savings group because the group allows me to even borrow money when am sick and needs medical care not like before when I just

persevere with pains since had no access to income" (Focus group discussion on May 19th, 2016).

These presentations justify the view that enhancing women participation is helpful in promoting antenatal service delivery because as presented above, participation in different form such as savings group Promote savings and credit among members and teach women to allocate resources and manage money which can help them to meet medical expenses such as medical cards, transport costs, among other expenses, Promote collective responsibility and encourage hard work, Encourage women to share information and ideas, Encourage women to strive for leadership positions in the community something which reduce women's inferiority complex and raise self-esteem and confidence.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the findings, conclusions of the study, recommendations as well as presenting areas for further study. The references and appendences follow after.

5.2 Summary of the Findings

From the study, some women through the help of different organs such as the government and NGOs have been empowered in different ways through education and training, offering credit facilities, among others enabling some propitious women to access antenatal services.

The level of education has an upper hand in enhancing access to antenatal services. The higher the level of education beyond primary, the better a woman understands the values of antenatal services. Majority argued that education would enable them to get better paying jobs where by the income can enable them to meet antenatal care expenses such as medical cards, drugs, transport which enables them to access antenatal services.

50% of group B members stated during the Focus group discussion that they got to know about the benefits of antenatal services through the local radios especially "radio mega," which are at least affordable to them than other means such as internet, television which is quiet beyond their efforts. Women's involvement in active participation in various ways such as small savings group has a positive influence in enhancing their access to antenatal services as evidenced by the participant's responses that through participation in various ways, they got

to better comprehend the values of antenatal services and through the credit provisions from the savings group and other sources, they were in position to meet antenatal care expenses which enhanced their access to the services.

5.3 Conclusions of the Study

Empowering women is an important factor for promoting gender equality and development at large. Majority of women in Laroo Sub County are still disempowered due to many reasons among which include poverty, thus, there is still much effort needed to empower women especially economically. From the discussions, majority of women still find difficulties in accessing antenatal services due to various reasons such as lack of timely information, poverty, illiteracy, social exclusion among others which hinder them from accessing antenatal services thus; most women wanted a form of empowerment where it can raise income in that in the end, they can meet necessary antenatal requirements.

Therefore, the government, Nongovernmental organizations or civil society organizations and the various stale holders should put more efforts to ensure that women in Laroo Sub County are effectively empowered.

5.4 Recommendations of the Study

Government policy is needed to increase media penetration amongst the masses with healthcare information at the forefront by taxing less the suppliers of small radios that use small and less expensive cells so that many of these women can afford the radios and also be able to operate them on a daily basis.

For home-based education, community health extension workers should do home visits to register pregnant women for ANC and provide both individual or family-based pregnancy and childbirth education based on Nurse Midwives' Home-Based Life Saving Skills program.

In order to provide patients with health care information, the Government, Civil Society Organizations as well as the community have the responsibility to make information about patients' rights readily available and accessible in the form that they can understand and use better.

5.4.1 Suggestions for further research

The contribution of women empowerment in promoting antenatal service delivery helps us to understand how different forms of empowerment enhance access to antenatal services. However, this topic can further lead us to further research on the issues of;

The influence of income poverty on the physical health of women.

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APPENDICES

Appendix I: QUESTIONNAIRE

Dear Respondent,

My name is Alimo Leah Patricia, a third year student of Uganda Martyrs University in the School of Arts and Social Sciences, Department of Ethics and Development studies. My study is on the ASSESSMENT OF THE CONTRIBUTION OF WOMEN EMPOWERMENT IN PROMOTING ANTENATAL SERVICE DELIVERY. You have been requested to participate in this study because of the rich knowledge that you have on the topic under study.

NB: The information given will only be used for study purposes and will be treated with utmost confidentiality.

A. BIODATA

(Tick your option)

Background information:

Sex: Female ☐ Male ☐

Age 18-20 ☐ 21-33 ☐ 34-46 ☐ above ☐

Educational attainment:

Primary ☐ Secondary ☐ Tertiary& Diploma ☐

Degree ☐ Masters ☐

Occupation:

☐ ☐ ☐

Peasant doctors/nurses Civil Servants

Business person ☐

B. GENERAL QUESTIONS

The extent to which level of educational attainment affects accessibility to antenatal services by women

1) Do you take trouble to educate women about the importance of antenatal care?

Yes ☐ No ☐

What are the values of education to pregnant women?

……

……

……

……

…….

2) How does education enable women to access antenatal services?

Awareness about antenatal services ☐

Access to financial facilities ☐

Access to employment opportunities ☐

Decision making ☐

Access to information ☐

To examine the importance of information accessibility to women of reproductive age

1) Do you think having access to information important to women of reproductive age?

Yes ☐ No ☐

If yes, how then do you deliver this information to women?

Internet ☐

Radios ☐

Television ☐

Newspapers ☐

Social network ☐

Magazines ☐

Others……

……

6) Does the information have magnitude towards women access to antenatal services?

Yes ☐ No ☐

7) How then has the information enabled women to access antenatal services?

……

……

……

……

…….

8) What are the factors barring women from having access to antenatal care information?

Poverty ☐

Language barrier ☐

☐

Illiteracy

Computer non-literacy ☐

Disability ☐

Others……

……

9) What measures should be put in place to curb down the factors hindering women from having access to antenatal care information?

Use of affordable Medias ☐

Computer training skills ☐

Education ☐

Others……

……

How women's participation in public affairs promote their access to antenatal services?

1) Do you think women participation can enhance their access to antenatal services?

Yes ☐ No ☐

2) If yes, of what importance is participation to accessing antenatal services by women?

……

……..

……

……

3) How do you ensure that women participate in antenatal service delivery?

……
……
……
……
…….

Thank you for your generous contributions and participation.

God bless you.

Appendix ii: Focus group discussion

Dear respondents,

My name is Alimo Leah Patricia, a student of Uganda Martyrs University in the School of Arts and Social Sciences, Department of Ethics and Development studies. I am carrying out a research on the topic entitled "ASSESSMENT OF THE CONTRIBUTION OF WOMEN EMPOWERMENT IN PROMOTING ANTENATAL SERVICE DELIVERY" a case study of Laroo Sub-county, Gulu District. You have been requested to participate in this study because of the rich knowledge that you have on the topic under study, your responses will be used for this research and it will be treated with a lot of confidentiality. Thank you for your cooperation.

i. Do you understand what is meant by empowerment? Explain then in your own words.
ii. How were you empowered?
iii. How did it help you to access antenatal services?
iv. Do you have access to information? How then do you access information?
v. How has access to information enabled you to access antenatal services?
vi. What are the factors barring you from having access to information?
vii. What measures should then be put in place to curb down the factors preventing you from having access to information?
viii. How do you participate in public, private or family affairs?
ix. How has the participation enabled you to access antenatal services?

Thank you for your generous contributions and participation.

Appendix iii: Interview guide

Dear respondents,

My name is Alimo Leah Patricia, a student of Uganda Martyrs University in the School of Arts and Social Sciences, Department of Ethics and Development studies. I am carrying out a research on the topic entitled "ASSESSMENT OF THE CONTRIBUTION OF WOMEN EMPOWERMENT IN PROMOTING ANTENATAL SERVICE DELIVERY" a case study of Laroo Sub-county, Gulu District. You have been requested to participate in this study because of the rich knowledge that you have on the topic under study, your responses will be used for this research and it will be treated with a lot of confidentiality. Thank you for your cooperation.

i. How do women get to know about your services?
ii. What kind of empowerment do you offer women?
iii. How do you ensure that women actively participate in the form of empowerment you offered them?
iv. What benefits do they receive from the form of empowerment you offered them?
v. How has it enabled women to access antenatal services?
vi. What challenges do you face in an effort to empower women?
vii. What are some of the recommendations to ensure effective women empowerment?

Thank you for your generous contributions and participation.

God bless you.

Appendix iv: Interview guide

Dear respondents,

My name is Alimo Leah Patricia, a student of Uganda Martyrs University in the School of Arts and Social Sciences, Department of Ethics and Development studies. I am carrying out a research on the topic entitled "ASSESSMENT OF THE CONTRIBUTION OF WOMEN EMPOWERMENT IN PROMOTING ANTENATAL SERVICE DELIVERY" a case study of Laroo Sub-county, Gulu District. You have been requested to participate in this study because of the rich knowledge that you have on the topic under study, your responses will be used for this research and it will be treated with a lot of confidentiality. Thank you for your cooperation.

i. How do women get to know about your services?
ii. What kind of empowerment do you offer women?
iii. How do you ensure that women actively participate in the form of empowerment you offered them?
iv. What benefits do they receive from the form of empowerment you offered them?
v. How has it enabled women to access antenatal services?
vi. What challenges do you face in an effort to empower women?
vii. What are some of the recommendations to ensure effective women empowerment?

Thank you for your generous contributions and participation.

Appendix v: MAP OF LAROO

Source: secondary data.