FACTORS THAT AFFECT COMPLETION OF ANTENATAL VISITS IN PREGNANT WOMEN ATTENDING ANTENATAL CLINIC AT KAMPALA INTERNATIONAL UNIVERSITY TEACHING HOSPITAL

BY

TWANZA JOANITA

N14/U011/DND/009

A RESEARCH PROPOSAL SUBMITTED TO UGANDA NURSES AND MIDWIVES EXAMINATIONS BOARD(UNMEB) IN PARTIAL FULFILMENT FOR THE REQUIREMENTS OF AWARD OF A DIPLOMA IN NURSING

AUGUST, 2017

ABSTRACT

Antenatal care is named one of the pillars of safe motherhood, early and frequent attendance of antenatal care during pregnancy is important to identify and control risks factors in pregnancy. However many women in sub-Saharan Africa start antenatal care late and do not complete the recommended visits by WHO. Therefore they don't fully benefit from its preventive and curative services. The aim of this study was to asses factors that affect completion of antenatal visits at Kampala International University Teaching Hospital

The study was descriptive using both quantitative and qualitative approaches and 33 respondents were involved only pregnant mothers attending ANC at KIUTH where selected using simple random sampling

The results indicated that socioeconomic status limited mothers in that though 9 (27.1 %) used no cost to go to the health facility. 45.5% lived in rural areas far from hospital, 15(45.5%) were employed mothers and only 10 (66.7%) were employed full time, 22 (66.6%) had their financial support from their husband and only 8 (24.2%) catered for their own health. 30(91.9%) mothers knew the advantages of completion of ANC but 13 (39.6%) did not know when to come for their first antenatal visit. All cultures allowed use of ANC 17 (51.5%) were influenced by mother in law concerning about pregnancy.

Factors including poor economic status and lack of knowledge about when to initiate the first antenatal visit are the biggest challenges. Antenatal care enrolment with community based interventions are needed, which involve men and need to be combined with interventions that target improving the quality, content and outreach of antenatal care services to enhance early antenatal care enrolment among pregnant women.

DECLARATION

I **Twanza Joanita** hereby declare that this research proposal is my original work and has never been submitted to any institution of higher learning for any academic award.

TWANZA JOANITA

Signature…….....Date…….…..../…….....…/…….....

APPROVAL FORM

This research has been produced under supervision and submitted with approval by my supervisor.

Signed: ……Date: ……

Mr. TURYASINGURA JOHNAN

Dean of Nursing Science's Approval ……..……

Signature ……. Date ……

Name…….

.

DEDICATION

I dedicate this research to the Almighty God, my family and friends for all the physical assistence they gave me towards this success.

ACKNOWLEDGEMENT

I am grateful to God Almighty for His mercy and for giving me strength and courage whenever I faced obstacles in my academics and enabling me accomplish this research, I will praise and worship Him forever.

I acknowledge the administration of Kampala International University Nursing School for the efforts put to make me thrive in my academics.

Special acknowledgement to my supervisor Mr. Turyasingura Johnan for guiding me from the start of this proposal to its completion.

Special acknoledgement to my father Tagoya Benard and mother Tagoya Peace for every support in my education,special acknoledgement to my classmates, Twinomujuni Generous, Beingana Herman who have really been a greatsucess towards my education.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

LIST OF ACRONYM

ANC Antenantal Care

KIU Kampala International University

KIU-TH Kampala International University Teaching Hospital

MCH Materrnal and Child Health

MOH Ministry of Health

PMTCT Prevention of Mother To Child Transimission

UCG Uganda Clinical Guidelines

WHO World Health Organization.

DIFINITION OF KEY TERMS

1. **Antenatal care:** is the clinical assessment of a mother and tetus during pregnancy for the purpose of obtaining the best possible out come for mother and child.
2. **Assessment:** this is a process that the study conducted to make an investigation on factors affecting completion of Antenatal visits.
3. **Culture:** this is the social behaviour and norms found in human societies that are transimitted through social learning in human societies.
4. **Economy:** is an ara of the production, distribution or trade and consumption of goods and services by differnt agents in agiven geographical location.
5. **Health:** according to the world health organization (WHO), health refers to a state of complete physical, mental, social and economical well being of an individual and not merely in the absence of a disease or infirmity.
6. **Knowledge**: it is awareness and understanding some one or something as facts information description and skills which is acquired through experience and education by perceiving discovery or learning.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This chapter consists of the background of the study, specific objectives, research questions, and justification for the study on factors affecting completion of antenatal care among women attending antenatal care at Kampala International University-Teaching Hospital (KIU-TH) in Ishaka Bushenyi District.

1.1 Background of Study

Antenatal care is the clinical assessment of mother and foetus during pregnancy for best possible outcome to the mother and child is an effort to mantain maternal physical and mental well being. (Matongo et al, 2014). WHO reported that in 2015 around 530 women died in the whole world every day from complications related to pregnancy and child birth, only 5 of the women who died lived in high income countries and the rest of the women lived in low income countries,(Waterson J.L, 2015).

Globally developing countries still face challenge of poorly implemented ANC programms with irregular clinical visits (conrad et al, 2012). The WHO recommends atleast minimum of four ANC visits and that good ANC can reduce materrnal, morbidity and mortality and perinatal mortality,(pell *et al*, 2013).

A study from Bangladesh found that women who had atmost one visit were twice as likely to suffer perinatal deaths compared to women who had who had 3 or more ANC visits, (pell et al, 2013).

In Ethiopia, a study found that majority of mothers who attend ANC didnot attain adequate number of visits and initiated their antenatal care very late,(Nielsen et al, 2014).

In Kenya, women attended ANC atleast once however their description of ANC were often vague. Women only attend ANC to obtain ANC card to avoid reprimands from health workers, (pell et al, 2013).

Most women in Uganda have registered late for ANC and donot complete required four visits. Inadequate utilization of ANC is greatly contributing to persisting high rates of maternal and neonatal mortallity in Uganda, (kawungezi et al, 2015).

According to Uganda clinical guidelines four routine antenatal care visit are recommended as follows.

First visit 10-20 weeks

Second visit 20-28 weeks

Third visit 28-36weeks

Fourth visit after 36 weeks

Uganda demographic health survey showed that only 48% of women make four or more ANC visits during their entire pregnancy, (Kisule et.al 2013).

1.2 Problem Statement

According to K Finlayson and Downe.S (2013), almost 50 % of women in low and middle income countries don't receive adequate of antenatal care despite of different reproductive health programmes.

Uganda records an inadequate utilisation of ANC programmes among pregnant mothers despite the fact that efforts have been done to educate girls beyond secondary levels, established village outreach clinics with qualified staff to attract the hard to reach women in the rural areas.(Bbaale .E. 2011)

Women attending ANC at KIU-TH were not finishing their antenatal visits as recomanded according to Uganda clinical guidelines which puts their lives and of their babies in danger. However there is no published statement that shows factors that affect completion of antenatal visits in pregnant mothers attending ANC at KIU-TH.

It is only 80 of 120 women (KIU-TH report June 2016 – may 2017) who complete their antenatal visits as required by the WHO and Uganda Clinical Guidelines

1.3 Purpose of Study

The purpose of study was to find out factors affecting completion of ANC visits by mothers attending ANC services at Kampala International University Teaching Hospital.

1.4 Study Objectives

1.4.1 Broad Objectives

To asses factors that affect completion of ANC visits at KIU-TH.

1.4.2 Specific Objectives

i. To asses social economic factors that affect completion of ANC visits at KIU-TH
ii. To asses knowledge factors that affect completion of ANC visits at KIU-TH
iii. To asses cultural factors that affect completion of ANC visits at KIU-TH.

1.5 Research Questions

i. What are the social economic factors that affect completion of ANC visits among mothers at KIU-TH?
ii. What knowledge factors that affect completion of ANC visits at KIU-TH?
iii. What are the cultural factors that affect completion of ANC visits at KIU-TH?

1.6 Justification of the Study

Antenatal care service during pregnancy is a recognised programme world wide and a privilege function of women essential for survival of our species world wide but often accompanied with potential risk that women deserve to be protected from. This is well achieved by a good continous assessment of mothers during antenatal care.

The study results will help planners, policy makers and imprementors in KIU-TH and KIU School of Nursing and Midwifery in indentifying necessary areas of intervention in a bid to help women access antenatal care as it is recommended by WHO.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter reviews the reports and of different scholars in relation to the literature on social factors knowledge factors and cultural factors that affect completion of ANC services.

2.1 Social Economic factors affecting completion of ANC services

Socio demographic factors

A research done in sudan found age of the mother affects antenatal attendance and completion because teenegers and older women donot use antenatal care because, this is in relation to parity because older mothers are multiparous mothers have greater experience and feel confident during pregnancy and cosider antenatal care less important, teenegers are not expecting to get pregnant tending to use less antenatal (Abdel et al., 2010)

A study in uganda found that adolescents were more likely to experience to experience violence from parents to be rejected y their partner,expelled from school,and to be stigmatized and their decide to hide their pregnancy this affects their frequency and they end up not completing their antenatal visits(Gross et al., 2012)

A study in Tanzania showedMarried women use more antenatal care than single women because single mothers due to likelyhood of being rejected by the partners (Gross et al, 2012)

Mothers living in urban communities had increased attenadance and utilisation of antenatal care and this makes them to have more antenatal visits (Babalola and Fautsi 2009)

Economic factors

A study done in low income countries like Malawi, Kenya, Mexico and Uganda, women have limited services even if antenatal care was offered free of charge. The limited services are associated with the cost of transport to get them to the health facility, this is due to conditions of extreme poverty (Finlayson K and Downe.S, 2013). In India due to a poor social economic

status, women in slums poorly timed pregnancy and had poor frequency of ANC visits (Hazarika.I, 2010).

Another study in Bangladesh found out that there is a large difference in delivery of service favoring gainfully employed women. This was that employed women being better equipped to overcome access barriers especially transport costs, (Anwar et al, 2009).

“Rural women in India do not use antenatal care because urban affluent women are willing to invite health workers into their homes for antenatal check ups which the rural women cannot afford, in Kwazulu natal women have little time left after attending to essential household tasks.and can not go for regular check ups’’ (Say. L. Raine R 2007).

Naturally pregnancy and child birth should be a pleasure to the family and the community but in most cases women need to be supported by their male counterparts in order to meet the expenses during antenatal visits, (Ebba. et al, 2010).

In Tanzania, a husband’s occupation of high financial resources and health insurance with occupation increase service use but women with poorer husbands are likely to have a poor attendance during antenatal care, (Pell et al, 2013).

Other studies reveal that it is due to the time factor why women never complete their antenatal visits and their jobs are restricting them to meet their appointment dates. (Adeteke, 2013).

A study in Uganda shows that the poor and vulnerable people experience a greater burden of poor health and have a lower access to health services, (Kiwanuka et al, 2008).

2.2 Knowledge factors

Due to lack of knowledge of the western health care system, mothers only attend ANC once getting recognition of ANC as an important issue in the community, (Boerleider et al, 2013).

Although antenatal care does not diminish the likelihood of complication of pregnancy the number of visits provide a natural opportunity for conveying this critical health information (Gage 2007, Fotso et al, 2008).

A study in china showed that although 71.2% agreed that antenatal care is necessary more than half of the of the women didn't know the proper gestation months for first antenatal check and attended only once;. (Zhao et al, 2009).

Women who are knowledgeable of risk factors of pregnancy attended more often antenatal visits compared to women who had no knowledge of complications of pregnancy, survey was carried out in Tanzania because more ANC visits expose the women to more health education and counselling; (Mpembeni et al., 2007). In the same country very few women who were informed about the danger signs of not completing their ANC visits and did not care about the continuous monitoring of the pregnancy, (Starrs 2007).

Community sensitization of women about the benefits of completion of antenatal care showed improvement in the attendance of ANC clinic (Byamugisha etal 2010).

‘’Community facility systems strengthening interventions lead to increased ANC by women and their partners.’’ (Ediau et al, 2013).

Another study found that,having access to information about pregnancy and antenatlal care influences a mothers knowledge about antenatal care, exposure to tv radio and other forms of media provides information about pregnancy(Gabrysch and Campbell., et al 2009)

2.3 Cultural factors

In Indonesia women who are encouraged by their family to seek ANC have statistically significantly higher traditional belief than those who encouraged themselves. Especially in rural areas, women agreed that following traditional belief was necessary (Agus Y and Hariuchi S, 2012).

‘’Adherence to cultural religious practice was reported to impede ANC utilization by Asian and Muslim women entered late because of shame about being undressed during consultation.’’ (Biar et al, 2009)

A study done in pakistan ,a pregnant woman is not supposed to voice her opinion or have any personal desires , all her needs and healthcare are her mothers-in-law’s responsibiltyand her decision is final.(Mumtaz Z and Salway S., 2007)

In Gambia, older women in their menopause are seen as experts on pregnancy particularly in rural areas of the country. These women are consulted if a complication is noticed during pregnancy and usually decide what should be done and their advice is taken because words of an elder are hardly challenged in Gambian societies (Tetri, 2012).

A study in Somalia stated that women percieved pregnancy as a normal state and some of them did not understand the necessity of ANC but perceived it as burdensome more than a benefit because the same procedure is performed every time,(Philibert et al, 2008).

In addition, ‘’some cultural practice restricts women from seeking health care on reliance on traditional and cultural beliefs from community elders than health professionals.’’ (Centenary 2010).

Another study done in Uganda, mothers had their own cultural practice and beliefs about birth expectations and experience. This makes them utilize the traditional sector because its most accessible to them ignoring their previous antenatal program, (Atuyambe et al, 2008).

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter presents the research methodology which is a detailed procedure of the study. The chapter comprises of the following sections, study design, study setting, study population, selection criteria, sample size determination, sampling technique, study variables, data collection techniques, instruments, data management and data analysis.

Quality control techniques and ethical consideration of the study are also discussed in this chapter as well.

3.2 Study Design and rationale

The study was a descriptive cross sectional design and used quantitative methods of data collection. This helped in carrying out research using a chosen sample size in that it can represent the whole population

3.3 Study Setting and rationale

The study was carried out at KIU-TH which is a non for profit modern hospital located in Ishaka-Bushenyi municipality, Bushenyi district. It is approximately 345km by road north west of Kampala capital city of Uganda, 55km from Mbarara city. The hospital was founded in 2004 and serves as the main teaching hospital for KIU college of health sciences. The hospital has a bed capacity of over 1000 beds handling in patients, out patients, special clinics and higher level patient management.It serves the sorrounding communities and as a referal hospital. It has an advanced laboratory for investigative procedures to confirm the presence of diseases in pregnant mothers like malaria and all sexually trasimitted disseases and pregnancy complications; an imaging unit with an ultra sound scan which is very important during pregnancy.

The hospital has highly qualified staff including Proffesors, Consultants, Medical Officers, Medical Clinical Officers, senior Nurses and Midwives who are devoted to give the the best patient care.

The study was carried out at KIU-TH, ANC Clinic with capacity of 30 seats and 1 examination room. The ANC station has two midwives, and a consultant obstetrician with the surport of patient guides. T.V to occupy the minds of patients waiting for examination.This study area is suitable for the research because it recieves many pregnant mothers attending antenatal care. These mothers provided information required information about the study

3.4 Study Population

The study targeted the pregnant mothers attending ANC at KIU-TH during the time of study. This is because only pregnant women utilis antenatal care.

3 4.1. Sample Size Determination.

The sample size was determined using Fisher's(1990) method in which the sample size is given by the expression

$$n = \frac{Z^2Pq}{d^2}$$

n= Desired sample size

Z= Standard normal deviation usually set as 1.96 for maximum sample size at 95% confidence interval.

P=50% (constant) or o.5% since there is no measures estimated

Q= 1-p =1-0.5= 0.5 and,

d= degree of accuracy desired 0.17 or 0.1 probability level (at 95% confidence level)

Therefore by substitution in the formula,

$$\frac{1.96^2x0.5x0.5}{}$$

$$0.17 \times 0.17 = 33$$

There the sample size was be 33 respondents

3.4.2 Sampling Procedure

Random sampling method was used for quantitative data collection.This was because it was the best method that gave every one a chance according to probability, this method reduced bias by the reseacher. The number of respondents (pregnant mothers) present at ANC were asked to pick a paper that had a yes or no whoever choses a yes participated and whoever picked a no did not participate and those mothers who have picked a yes voluntarily participated in the study and were asked to sign a consent form and were the ones who were interveiwed

3.4.3 Inclusion Criteria

The study included all mothers attending ANC at KIU-TH who were willing to be involved in the study**.**

3.4.4 Exclusion Criteria

The study excluded mothers who are minors and mothers who were not willing to paricipate

3.5 Study Variables

3.5.1 Dependent variables

Completion of ANC visits at KIU TH

3.5.2 Independent variables

Socio-economic factors, cultual factors and knowledge factors affecting completion of ANC visits at KIU TH.

3.6 Research Instruments

A questionnaire was used as tools of gathering information. It was divided into three parts that were to collect data about social economic, knowledge and cultual factors. The quetionnaire was in English and Runyankole to allow understanding of the asked questions expecially to those who may not understand Englsh, it consisted of open and closed ended questions.

3.7 Data Collection Procedure

Data collection was by questionnaires developed by the researcher under supervission to be used as interview guide. The data was collected every morning from 8:00 am up to 12:00pm, Monday to Friday Each study respodent was requested to fill the questionnaire in either English or Runyankole with the help of the researcher. At the end of the interview, the respondent was thanked for particpating in the study. This was done until the required number is obtained.

3.7.1 Data Management

The collected data was kept confidential between the researcher and respondents. All data that was obtained from questionnaires was kept properly to avoid access by unauthorised personels and data loss. Data was coded, edited and entered into the computer item by item.

3.7.2 Data Analysis and Presentation

Data was analyzed by descriptive statistics using statistical package for social scientists (SPSS) version 16.0 software and presented in frequency tables, pie charts, bar graphs and simple explanations to form the basis for interptetation, discussion and conclusion.

3.8 Ethical Consideration

A letter of introduction was obtained from KIU-TH SONS to permit the researcher to carry out the research . Permission was obtained from KIU-TH Executive Director and Head of ANC clinic.

All pregnent mothers that participated in the study werre selected on basis of informed consent, that included identification of the researcher, purpose, objectives, duration of the interview, all was explained to them.

The study was on voluntary basis and information was kept private and confidential. The study was conducted while upholding the professional code of conduct in a manner that would not compromise the scientific inclination of research.

3.9 Study Limitations

Refusal of mothers to participate in the research study.this was overcome by explaining more to mothers so that they can understand the purpose of the study.

Time was consumed for interpretation of the quetionnaire to mothers who did not understand either English or Runyankole. This was overcome by interviewing those mothers first in order.

3.10 Dissemination of Results

Copies were disseminated to;

Uganda Nurses and Midwifery Examination Board (UNMEB) for partrial fullfilment for the requirements of award of a diploma in nursing.

KIU-WC Library for future reference.

Bushenyi district local government for appropriate interventionsand reference.

CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS

4.0 Introduction

This chapter represents the results obtained from the sample size of33 the results are represented under their sub heading of socio-demographic characteristics socio-economic factors, knowledge factors and cultural factors affecting completion of antenatal visits by women attending ANC services at KIUTH

Table 1 Socio demographic characteristics n=33

Description of the sample	Frequency (n)	Percentage(%)
Age of respondents		
19-24 years	15	45.4
24-30 years	10	30.3
Above 30 years	8	24.3
Visitation		
First visit	18	54.5
Second visit	5	15.1
Third visit	6	18.1
Fourth visit	8	12.3
Marital status		
Married	30	90.9
Single	3	9.1
Total	33	100

Table 1 shows that majority of the respondents were aged19-25 and they were 15(45.4%), 10(30.3%) were aged 25-30 and 8(24.3%) were above 30 years. 18(54.5) had come for their

first visit, 5(15.1%) had come for their second visit,6 (18.1%) had come third visit 8 (12.3%) had come for their fourth visit. 30(90.9%) were married and 3(9.1%) were single

4.2 Socio economic factors

Figure1; Expenditure on transport costs to healthy facility n=33

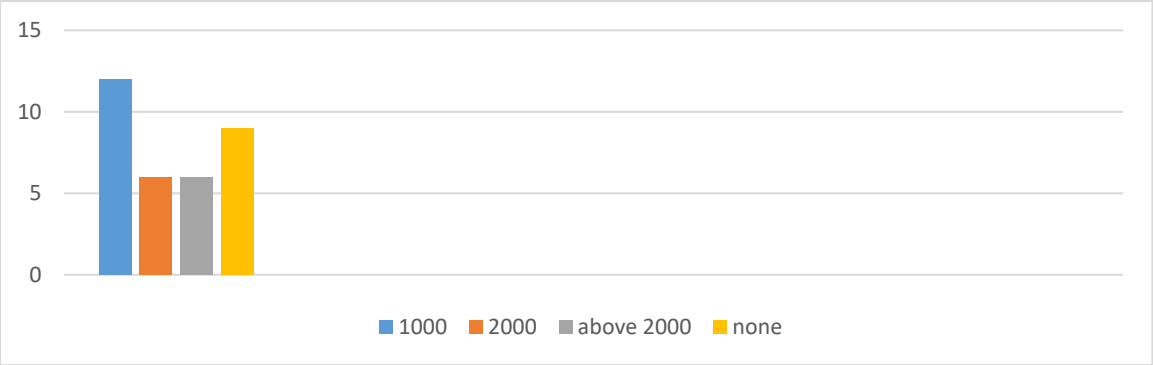


Figure 1 shows that 12(36.3%) used 1000ush for transport to health facility, 6(18.1%) used 2000, 6(18.1%) used above 2000and 9(27.5) used no cost to go to health facility

Figure 2; distribution of respondents according to place of residence n=33

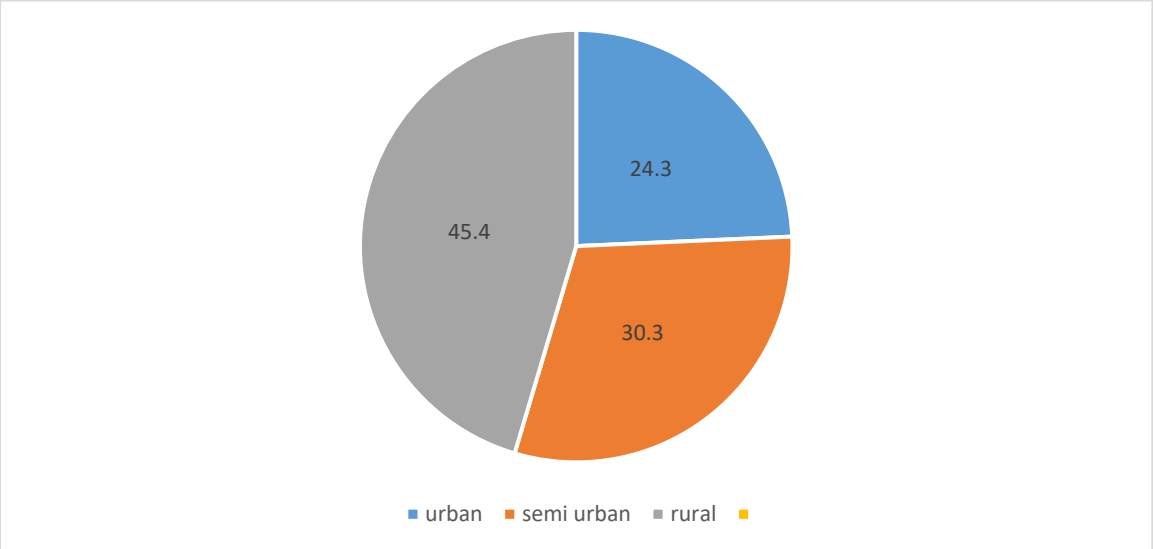


Figure 2 shows that 15(45.5%) mothers came from rural areas, 10(30.3%) were coming from rural areas and 8(24.5%) were from urban areas

Table 2; mother's employment status **n=33**

opinion	Frequency(n)	Percentage (%)
Yes	18	54.5
No	15	45.5
Total	33	100

Table 2; shows the number of people employed and 18(54.5%) were employed yet 15(45.5) were not employed

Figure 3; Response to type of employment. **n=15**

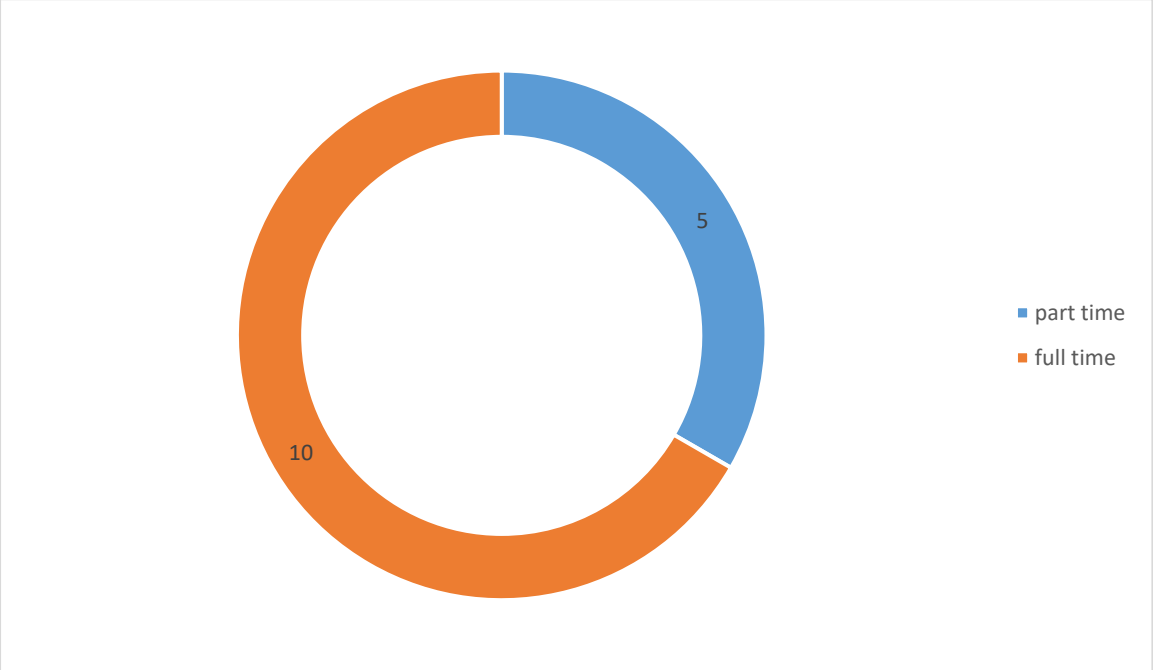


Figure above shows the answer of mothers who are employed and 10(66.7%) were employed full time.5(33.3%) were employed partially

Table 3 what is the source of income for health n=33

source	Frequency(n)	Percentage (%)
Self employed	8	24.2
Husband	22	66.6
My family	2	6.2
Insurance	01	3.0
Total	33	100

The table above shows the source of income for the health of mothers. 8(24.2%) were the source of income for their health, 22(66.6%) of the mothers their husbands were their source of income for their health, 2(6.2%) said reported that their families were the source of income their health and 1(3%) mothers got their income from insurance .

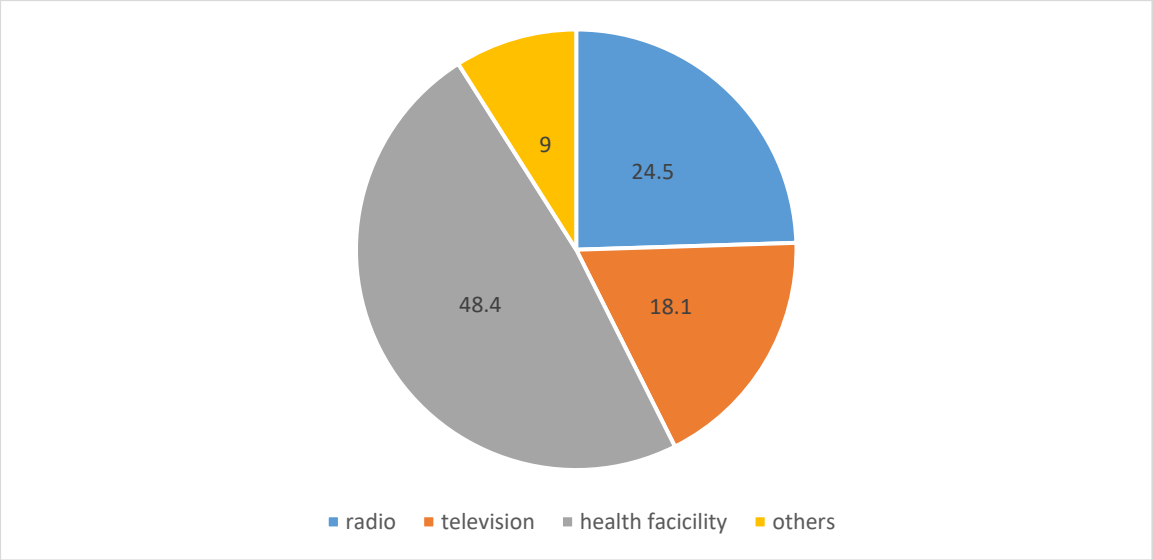
4.3 Knowledge Factors

Table 4 ; response to knowledge about completion of antenatal care

Do you know the importance of completion of antenatal care visits		
opinion	**Frequency**	**Percentage**
Yes	31	93.9
No	2	6.1
Total	33	100

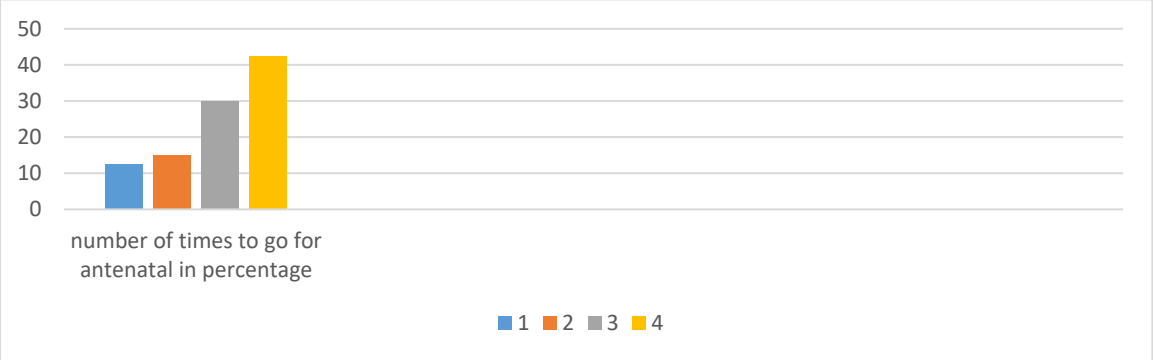
31(93.9%) of the mothers knew about the importance of completion of ANC visits and 2(6.1%) did not know about the importance of completion of ANC visits

Figure 4; distribution of sources of information about antenatal care n=33



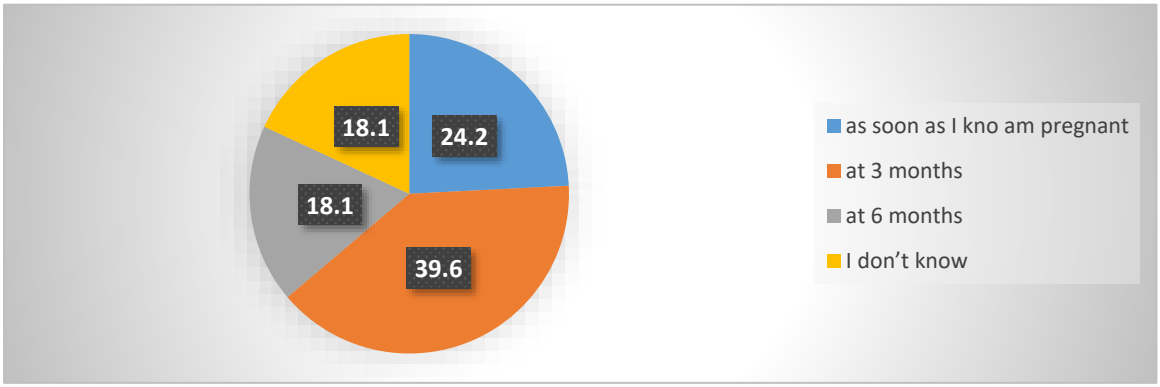
The figure shows that health facilities were the most source of information covering 16(48.4%), radios covered 8(24.5%) television covered 6(18.1%) and 3(9.0%) got their information from other sources for example community outreach and bulletin

Figure 5; response to frequency of attendance of ANC **n=33**



In the figure above it shows the number of times mothers should go for antenatal according to researchers findings, 14(42.2%) reported that mothers should go for ANC 4 times during their pregnancy, 10(30.0%) should go 3 times for ANC during pregnancy, 5(15.1%) reported that mothers should go twice for ANC during their pregnancy and 4(12.5%) reported that mothers should only go once for antenatal.

Figure 6; opinion towards gestation age for initiation of antenatal care n=33



According the figure above it shows that most mothers 13(39.6%) reported that mothers should begin their antenatal care at 3 months, 8(24.2%) reported that should begin mothers should begin their antenatal as soon as they find out that they are pregnant, 6(18.1%) reported that mother should begin their ANC at 6 months and 6(18.1%) did not know when to begin their antenatal care

4.4 Cultural Factors

Table 5; influence about the respondent's pregnancy n=33

Person	**Frequency(n)**	**Percentage (%)**
Husband	4	9.2
Mother in law	17	51.2
My mother	12	36.3
Others	1	3
does your culture support antenatal care		
opinion	frequency	Percentage
Yes	33	100
No	0	0
Total	33	100

Table 5 shows 17(51.5%) were influenced by their mothers in law, 12(36.3%) were influenced by their mother, 4(9.2%) were influenced by and only 1(3%) were influenced by

others and most were friends. Further the table shows that by 100% all cultures of the mothers supported antenatal care

Figure 7; distribution of respondents according to religion n=33

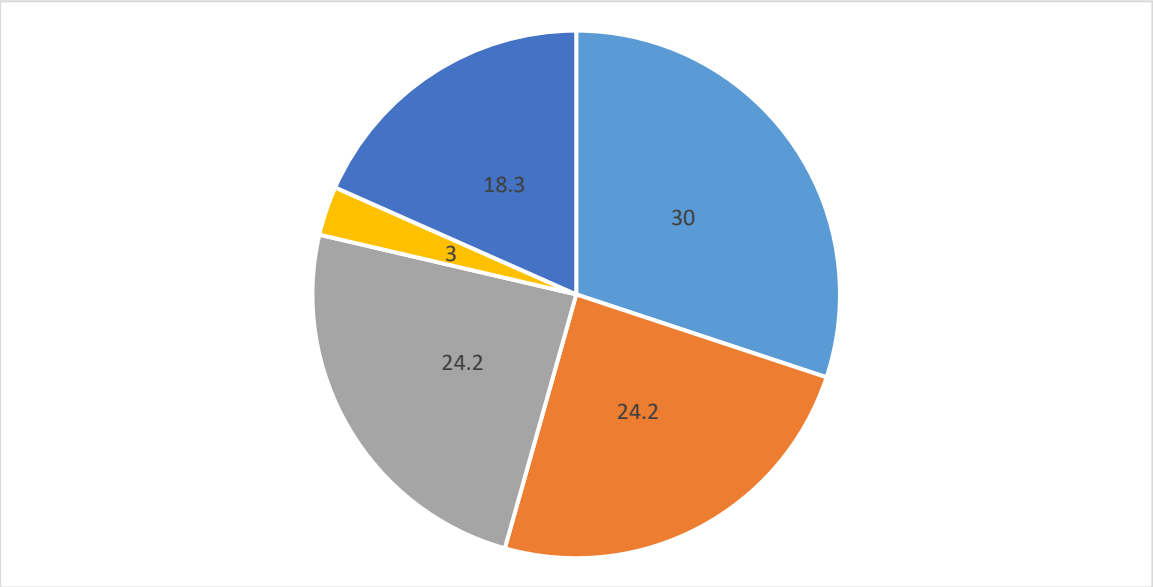


Figure6 shows the religions of mothers with Catholics taking the biggest percentage of 30.3%, Muslims being 24.2%, Protestants being 24.2, born again being 18.3% and others being 3%

Table 6: opinion of respondents towards safety of local herbs after one antenatal visit n=33

Opinion	frequency	Percentage%
Agree	3	9.1
Disagree	20	60.6
Not sure	10	30.3
Total	33	100

According to table 8 it shows that 3(9.1%) agreed that local herbs were safe and mothers only needed only one antenatal visit, 20(60.6%) disagreed that mothers were safe by local herbs and only needed one visit for antenatal. And 10(30.3%) were not sure of local herbs were enough for mother and needed only one antenatal visit.

CHAPTER FIVE: DISCUSSION OF RESULTS

5.0 Introduction

This chapter deals with interpretation and discussion of results objectively in relation to study background, problem statement and literature review to answer research questions, conclusions and make recommendations about factors completing of antenatal visits among women attending ANC at KIUTH. Out of 33 mother recruited in the study 33 questionnaires were returned completely filled thus response rate of 100%

5.1.1 Demographic characteristics

All respondents were females, most of them aged 19-24 years were 15(45.4%), this was may be attributed to,at this age many women are ready to get pregnant. This agrees with research done by Gross et al (2012), " adolescents were more likely to experience violence from parents ,rejected by their parterner, expelled from school and to be stigmatised and therefore decide to hide their pregnacy." 25-30 years were10 (30.3%), this maybe because these mothers were having second pregnancies but there are no findings about this. 8(24.3%.) were above 30years. This perharps was in relation to parity, that women above 30 years are multi parous mothers pay less attention to use of antenatal care this agrees with reserch done by Abdel et al (2010), "multiparous mothers have greater experience and feel more confident during pregnancy and consider antenatal care less important." 18(54.5%) had come for their first visit this was maybe attributed to mothers attending in order to see what happens in antenatal care 8(12.3%) had come for their fourth visit this was attributed to maybe mothers were under going the same procedures so they donot come for other visits. This is in agreement with research findings of Philibert et al (2008) that, "women percieved pregnancy as a normal state andwomen did not undrstand the necesity of ANC but percieved it as more burdensome more than a benefitbecause the same procedures are performed every time." The biggest number were

married 30(90.9%) and 3(9.1%) were singles, this was maybe because maybe married women were more likely to have support from their spouses than single women. This is in agreement with research findings done by Gross et al (2012) in Tanzania that "married women use more antenatal care than single women because single mothers have a likelyhood of being rejected by the partners"

5.1.2 Socio Economic

9(27.1%) mothers used no cost to come to the healthy facilitty was may be because the healthy facility was nearer to them. However, there are no research findings attributed to this. The biggest percentage12(36.3%) of mothers used 1000ush for transport. This was maybe most of them came from places near the health facility. (18.1%) of mothers used 2000ush for transport to the health facility,18.1% used above 2000 for transport. 15(45.5%) came from rural areas far from hospital. This was may be they were looking for better services and health care delivery during pregnancy.This is in agreement by research of Tann et al., (2007) that "mothers were willing to travel to facility providing good services though were limited by financial and transport difficulties." 8(24.5%) and 8(30.3%) came from urban and semi urban areas respectively. This was may be mothers in urban areas have high chance of utilization and attendance to antenatal care. This is in agreement with findings of Babalola and Fautsi (2009) that, "Mothers living in urban communities had increased attenadance and utilisation of antenatal care and this makes them to have more antenatal visits"

18(54.5%) were not employed. This attributed that un employed mothers have enough time to attend ANC. This disagrees with research findings of Anwar et al(2009) that "there is a large difference in delivery of service favoring gainfully employed women. This was that employed women being better equipped to overcome access barriers especially transport costs." 15(45.5%) were employed and 10(66.7%)were employed full time and this perhaps gave them

hard time for mothers to leave their jobs to come for antenatal care. This is in agreement with research done by Adteke etal 2013 “women never completing their antenatal care visits due to their jobs restricting them to meet their appointment dates.”

Most women 66.6% had their husbands as source of income for their health this is may be attributed tonhusbands being of great support in completion of antenatal visits, this is in agreement with research findings of Pell et al (2013) that “most cases women need to be supported by their male counter parts in order to meet the expenses during antenatal visits, this is in relation that women with poorer husbands are likely to have poor attendance during ANC and a rich husband increases service use.”

5.1.3 Knowledge factors

31(91.9%) of the mothers knew of the importance of completion ANC and only2(6.1%) did not know the importance. This could have been because most mothers know complications and disadvantages of not going for antenatal care.This agrees with findings of Mpembeni et al (2007) that “women who are knowledgeable of risk factors of pregnancy attend more antenatal care compared to women who had no knowledge about risks of pregnancy.” The biggest percentage 16(48.4%) got their information from the health facility,this was maybe due to many health education given to mothers in healty facilities. This is agrees with findings of Mpembeni et al (2007), that “More ANC visits expose women to more health education and counselling.”

8(24.5%) used radios and 6(18.1%) used televisions for source of information. This is was maybe media gives less information about health especially matters concerning ANC this disagreed with researchn findings of Gabrysch and Campbell (2009), that “having access to information about pregnancy and antenatlal care influences a mothers knowledge about

antenatal care, exposure to tv radio and other forms of media provides information about pregnancy."

3(9.0%) got their information from other sources for outreach this might be due to people not having a good turn up for community programmes. This disagrees with research findings of Byamugisha eta al (2010) that "community senstisation of women about the benefits of completion of antenatal care showed improvement in attendance of ANC clinic,"

Most mother 14(42.4%) reported that a mother should go for ANC 4 times this is may be they had been informed at in health facilities and heard information from radios. However, there are no study findings about this.10(30.0%) reported 3 times for ANC this was maybe they expected one visit per trimester and 5(15.1%) reported 2 times for ANC, 12.1% reported that they do not know12% of m maybe kept following the appointment date set on . the antenatal card by the health worker. and only 0.4% reported that women should go for ANC for 1 time.

The biggest number of mothers13(39.6%) did not know when to come for their first antenatal visit.This possibly could have been because these mothers were not informed of the specific tie to register for antenatal careThis agrees with research done by kisule et al 2013 "women did not know when to come for their first visit thus coming late for registration and end up not completing the four recommended four ANC visits.". 8(24.2%) of mothers recommended that should come as soon as she is pregnant this was may be they might have gotten the information but there are no research findings about this, 6(18.1%) said at 3 months of pregnancy, 18.1% at 6 months this might have been that mothers first hear fetal movements at six moths then they come to hospita. This is agrees with research done in Ethiopia by Abosse et al (2010), that"most mothers started ANC during second trimester and this made them attend less than four visits during pregnancy."

5.1.4 Cultural factors

Most mothers 17(51.5%) were influenced by their mothers in law. This is possibly due to african culture of mothers in law being esponsible for their sons family and child bearing, their sons offspring is the biggest happiness to the family,mother in law has the final say about the pregnancy of the daughter in law. this is in agreement with findings of Mumtaz Z and Salway S (2007) in Pakistan, "a pregnant woman are not supposed to voice her opinion or have personal desires about her pregnancy,all her health care needs are her mother in laws responsibility." 12(36.3%) were influenced by their mothers this might be because culturally mothers are always responsible for their children however there were no findigs about this. 4(9.2%) were influenced by their husbands, this might be because men have a fear of being despised and seen as being controlled by their women this agrees with findings of Osman etal (2012), "culturally men are less active in childbirth because most men believe that ANC is culturally a woman's activity and exclusively for men that only weak men controlled by their partners participate in ANC.1"(3%) were influenced by other people who included their sisters and friends.this was may be the mothers trusted their friends and sisters but this doesnot agree with research done by Tetri et al, 2012 , "older women in menopause are seen as experts on pregnancy and should be consulted and advise given by an elder should not be challenged."

All cultures 33(100%) allowed antenatal care and this might have been due to the information spreading that antenatal care is important during pregnancy but dissagrees with findings of centenary (2010), "some cultural practice restrict women from seeking health care on reliance on traditional and cultural beliefs from community elders than professional of health workers."

8(24.2%) of the mothers were muslims this was may be mothers were afraid of being examined due to their religious practices these findings were in agreement with research by Bair et al, (2009) "asian and muslim women entered late because of shame about being undressed during

consultation.". 10(30.3%) were catholics, 8(24.2%) were protestants, 4(18.3%) and other religions were 1(3%).

3(9.1%) agreed that local herbs were safe and only one antenatal visit was enough this might be due to mothers trusting in traditional indigenous medicine than western medicine this is agrees to research done by Ngomane et al (2012) "women trust in indigenous perinatal practices and unborn infant needs to be protected and pregnancy preserved.that is due to cultural practices or beliefs like witchcraft it is common for late disclosure of pregnancy which makes mother initiate ANC late and end up not making up to four visits."

20(60.6%) didnot agree that mothers were safe with local herbs and only needed one antenatal visit this might have been because mothers also want to utilise western medicine despite the fact that they have their own cultural beliefs but this is in disagreement with research findings of Atuyambe et al,(2008), "mothers had their own cultural practice and beliefs about birth expectationsand experience ,this makes them utilise the traditional sector because it is more acessible to them making them ignore their previous antenatal program."10(30.3%) were not sure wether mothers were safe by local herbs and didnot need to go for antenatal care.This was may be because mothers dint have knowledge about the traditional medicine but there are no findings about this.

5.2 Conclusion.

Basing on the researher's findings the following conclusions were made; despite the fact that maternal health has been made free by government, mothers are still limited by the economic status by travelling from rural areas to come and get better health services. This makes them unable to fulfil the four recommended antenatal visits. Mothers had knowledge about the advantages of completion of antenatal visits.

Most mothers did not know the time they are supposed to initiate their first antenatal visit because mothers were not informed about the right gestation age to initiate their antenatal care and other mothers didn't know how many times they are supposed to go for antenatal care. The late initiation of ANC is making most mothers not to complete their antenatal care visits. Majority of the mothers delayed ANC attendance starting late, so it is likely that some mothers miss important services like risk screening and health education

Though all cultures of the mothers supported antenatal care, some still depended on their indigenous tradition that don't wholly accept antenatal care by opting for local herbs, mothers rather attended ANC due to norms than awareness about advantages of completion of antenatal care

5.3 Recomendation

There is a necessity for male involvement in order to improve attendance of mothers this will increase on the knowledge within the community and the male counterparts to know that pregnant mothers are their responsibility.

Programs that inform mothers about antenatal care should be introduced so that mothers are told when to initiate their antenatal visits and how may are recommended during a pregnancy

The researcher also recommends that caretakers should make women participate in the decision making about their health more especially during the pregnancy, antenatal care should be taken to communities where women and people that influence the pregnant woman's decision to attend antenatal care so that they get information even before they conceive.

Ministry of health

More so improved facilities should be moved to rural areas so that poor women in rural areas are also able to get efficient health care to prevent increased transport costs and time to come to health facility.

Further research should be done on reasons for coming late for the first visit by pregnant women at KIUTH and factors that affect utilization of ANC of rural areas of Bushenyi, this will help policy makers to enable them make informed decisions on resource allocation

5.4 Implications in nursing practice

In Uganda and the whole world mothers are dying due to complication of pregnancy yet this can be prevented by continuous monitoring of pregnancy by completion of antenatal care visits, so it is our responsibility as nurses to deli gently provide knowledge about antenatal care in the missing gaps.

REFERENCES

Anwar M, Msami, N Akhtar, M E Chowdhury U Salma, M Rahman M KoblinskyBangladesh Inequality in maternal health care services;Evidence from homw based skilled birth attendant programes in bangladesh Association for voluntary Sterilization Dhaka Bangladesh2008 httpdx.doi.org/10.1590/S0042-96862008000400009.

Qi zhao, Asli kulane, Yi Gao and Biao Xu(2009) Knowledge and attitude on martenal health care among rural to urban migrant women in shangai chinaBMC Womens health2009 doi:10.1186/1472-6874-9-5

Carolyn J.Tann,Moses Kizza,Linda Morison,David Mabey,Moses muwanga Heiner Grosskurth and Alison M Elliot(2007) use of antenatal services and delivery care in Entebbe uganda a community surrvey BMC pregnancy and child birth DOI;10.1186/14471-2393-7-23

Moses Tetui Elizabeth Kiracho Ekirapa,Jonathan Bua,Aloysius Mutebi(2012)Quality of Antenatal care in eastern Uganda;implications for interventions Pan African Journal 2007

Yenita August and Shigeko Horruchi (2012)Factors influencing the use of antenantal care in rural west Sumatra Indonesia DOI:10.1186/1471-2393-12-9

Lale say rosalind Raine (2007) A systemic review of inequalities in use of bmaternal health care in developing countries htp//dx.doi.org.10.1590/S0042-968200700

Tanja AJ Houweling, Carine Ronsmans Oona MR Campbell Anton E Kunst.(2007)Huge poor –rich inequalities in maternity care an international comparative study of maternity and child care in developing countries. http//dx.doi.org/10.1590/S0042-96862007001000010

Agatha W Boerleider, Therese A, Weiegest, Judith Mannien, Anneke L Francke walter LJM Deville(2007) Factors affecting the use of parental care by nonwestern women in industrialized western countries a systematic review. doi:101186/1471-2393-13-81

Kenneth Finlayson, Soo Downe(2013)Why do women not use antenantal services in low and middle income countries.

S N Kiwanuka, E K Ekirapa, S. Peterson, Okui M Hatizur, Rahman, D. petres, GM Pariyo 2008)Access to utilization of health services for the poor in Uganda

Peter chris Kawagezi, Douglas Akibua, Carol Aleni, Micheal chitayi Anxious Niwaha, Andrew Kazibwe, Elizabeth Sunya Eliud W mumbere Carol Mutesi Cathy Tukei Arabat Kasangaki and Sarah Nakubulwa(2015) Attendance and utilization of antenantal care ANC services. Multicenter study in upcountry areas of Uganda. doi: 10.4236/ojpm.2015.53016

Robert Byamugisha, James K Tumwine, Nulu Semiyaga and Thorkild Tyllesar(.2010)Determinants of male involvement in the prevention of mother to child transmission of HI V program in Eastern Uganda. reproductive health. doi10.1186/1742-4755-7-12

Matongo, L,Hangandua A; Nzala H, B and Malebe T.(2014)Exploring determinants of male involvement in PMTC programs in Chibombo District of Central province of Zambi)asian journal of multidiscplinary,2.(12)2321-8819.

Paul Conrad, manuela De allegri, Arinaitwe Moses, Elin. C.Larsson, Florian Neuhann, Daf Muller, Mulabika Sarker 2012Antenatal care service in rural Uganda missed opportunities for good qaulity care.missed opportunities for good quality antenatal care

Ivan Kisuule , Dan K. Kaye florence, Najjuka, Stephen K Sematimba, Anita Arunda, Gloria Nakitende and Lawrence Otim.Timing and reasons for coming late for the first antenatal care visit by pregnant women at Mulago hospital BMC pregnancy and child birth 2013 13:121 doi:10.1186/1471-2393-13-121

Raymond Tweheyo, Joseph Konde Lule,Nazariuos M Tumwesigye and Juliet Nsekandi(2010)Male partner attendance of skilled antenatal care in periurban Gulu District Northern Uganda. BMC pregnancy and child birth 2010,10:53DO 1. 10.118/147-2393-10-53

SN.Kiwanuka, EK Ekirapa, S. Peterson, Okui . M. Hafizo Rahman D. Peters GW Pariyo(2008 Access to health and utilization of health services for the poor in Uganda .Asystematic review of available evidence Trans R Soc Trop med Hyg (2008) 1002 November 2008.

Sabaine Gabrysch, Oona MR campbell (2009) Still too far to walk: literature.review of the determinants of delivery service use BMC pregnancy and child birth 2009 doi;10.1186/1471-2393-9-34

Centenary Gloria(2010).Factors influencing utilisation of late antenatal careservices in rural areas;case study of Kisoro district page5

Ebba Secka, Katerini Storengand, sekou omar toure mens involvement in care and support during pregnancy and child birth; a qualitative study conducted in Gambia;university of oslo institute of health and societymay 2010,page11-12.

Z Abosse, M Woldie, S Ololofactors(2010) influencing antenatal care utilistion in hadiya zone volume 20 number 2

Abdel Azeim A Ali,Mohammed M Osman, ameer O Abbaker and Ishag Adam (2010). Use of antenatal services in kasala eastern sudan BMC pregnancy and child birth doi.org/10.1186/14712393-10-67

Zubia Mumtaz,Sarah M salway(2007) Gender, pregnancy and and uptake of antenatal care services in pakistan journal, volume 29 issue 1

Sharon Ngomane BA Cur ,MA Cur Fhumulani Mavis Mulaudzi(2010). Indigenous beliefs and practices the delayed attendance of antenatal clinics by women in southAfrica https://doi.org /10.1016/j midw.2010.11.002

Osman RJ,Unkels r, Aliyu u Musa HA Adpa, AS and Mathew O K 2012 Barriers to male involvement to male involvement in uptake of prevention of mother to child trandsmission (PMTCT) of HIV in subsaharan Africa journal of nursing and health science 3(5) 01-07. Retrieved from www.iosjournals.org.

Karin Gross, Sandra Alba, Tracy R Glass, Joanna Armstrong Schellenberg, Brigit obrist (2012) . Timing of antenatal care for adolescent and adult pregnant women in south-eastern Tanzania. BMC pregnancy and childbirth 2012 http:// doi.org/10.1186/1471-2393-12-16

Babalola Stella and Adesegun Fatusi (2009) Determinants of use of marternal health services in Nigeria , BMC pregnancy and child birth 2009 https://doi/10.1186/1471-2393-9-43

APPENDICES

Appendix I: Consent form

Introduction

Good morning/ afternoon?

My name is **Twanza Joanita,** a nursing student at **Kampala International University, Western Campus.** I am carrying out a study to determine the "factors that affect completion of antenantal visits during antenanatal care

Your contributions will be highly considered confidential; do not write your name and phone number on this questionnaire. The information to be generated from you will give a considerable meaning to the purpose of the study.

You have been selected randomly (by chance). Your participation in this study is voluntary. You will not be affected in any way if you decided not to participate. You do not have to answer any question that you do not want to. You can stop the interview any time if you feel you are not comfortable to continue. Any information that you give will strictly be confidential and your respose will in no way lead to any adverse effect on you and no medical care will upheld from you because of the responses you may provide.

Statement of consent

The purpose and nature of this study has been explained to me and I thoroughly understand that my participation in it is voluntary, with no harmful effects and any information/views/responses given will be treated with utmost confidentiality and only used for the purpose indicated above.

Signature/thumbprint…… Date……/……/……

I have explained to the best of my knowledge the purpose and nature of this study and what it completely entails to the participant and his/her consent has been without force or any other form of coercion

Name: **…….....…..**

Signature…….....Date…..……/……/....……..

Mureire muta/Mwatsiiba muta?

Eizina ryangye ni **Twanza Joanita**, omwegi ari kushoma obushawo aha **KIU-WC**. Ndiyo ninkora okucondaza ahakiri kuretera abakazi benda batamarayo obujanjabi bwabakazi benda (antenanto).

Omugasho nogwokucondoza ekirikuretera abakazi benda batamarayo obujanjabi obwa antenanto ahabwa abakazi abarikutayayira eirwariro erya KIU. Ebitekateko byawe nibija kubaikwa omukihama, noshabwa obutahandika eizina ningashi enamba yaawe yesimu aharupapura oru. Ebyo kugarukwamu ebyoraahe nibyeija kuba ebyomugasho munonga omukucondoza oku.

Watorwana okurugirira ahamugisha/kyansi. Okwegaita omukucondoza oku nokweshariramu. Tihaine ekirakubeho washaramu obutakwegaitamu. Torikugyemeserezibwa okugarukamu ekibujo ekyotarikwenda kugarukamu. Noyikirizibwa okushashazamu okwegaita kwawe omukucondoza oku esha yoona eyorikwenda waba nohurira otagwisibbwa gye. Ebitekateko byawe nibyija kubaikwa omukihama kyomutano, tibirakuretere kizibu kyona ahariwe kandi tihaine obujanjabi oburakwimwe ahabwebuwagarukamu.

Enchwamu yangye

Omugasho nano muringo gwokucondoza gwanshoborerwa kandi nakyenga ku okwegaita omukucondoza ninyeshariramu, tihaine bizibu kandi nebitekateko/ebindagarukume nibyija kuba ebyekihama kandi bikozesibwe omukucondoza oku kwonka.

Siginicha/ekinkumu.....

Ebiro...../...../.....

Nashoborora kurungi omugasho nomuringo ogwo kucondoza kuraabe kandi okwegitakwe ahakucondonza kwaba kutarimu okugyemereza ninga endijo miringo nkegyo.

Eizina.....

Siginica.....Ebiro...../...../.....

Appendix II: Questionnaire

Dear Respodents

This questionnaire is designed to investigate factors affecting completion of antenatal visits in mothers attending antenatal care at KIU-TH. Answer accordingly

SECTION A; Soci-economic characteristics

Socio-demographic factors

1 Age

19-24 years ( ) (b)24-30 years ( ) (c) above 30 years

2 Visitation

a)First visit ( ) (b) second visit ( ) third visit( ) fourth visit ( )

3 marital status

a)married( ) b) married ( )

Socoi-economic factors

1 Cost of transport to healthy facility

a)1000 ( ) b) 2000 ( ) c)none ( ) d) above 2000 ( )

2 Where do u live?

a) Urban ( )) b) Semi urban ( ) c) Rural( )

3Are you employed?

a) Yes ( ) b) No ( )

4 if yes to question 3, clarify?

a) Part time ( ) Full time ( )

5 Source of income for your health

a) Me ( ) b) Husband ( ) c) Family ( ) d) Insurance( )

SECTION B Cultural characteristics

1. Who influences the health seeking behavior of a pregnant woman in your community?

a) Husband ( ) c) Mother in law ( )

b) Mother ( ) d) others specify ----------

2. Does your religion/culture support antenatal care?

a) Yes( ) b) No( )

3. What is your Religion?

a) Catholic ( ) b) Muslim ( ) c) Protestant ( ) d) SDA ( )....d) Born again( )
e) others specify( )

4. Pregnant women are safe by local herbs and do not need to go for antenatal services more than one visit.

a) Agree ( ) b) disagree( ) c) not sure ( )

SECTION C Knowledge characteristics

1. Do you know the importance of completion of antenatal care visits?

a) Yes( ) b) No ( )

2. Source of information about antenatal care

a) Radio( ) b) TV( ) c) health facility ( ) d) others specify ( )

3. How many times should a mother attend antenatal care?

a) 1( ) b) 2( ) c) 3( ) 4( ) d) more than four ( )

4. When should a mother begin antenatal care?

a) As soon as I get pregnant ( ) c) At three (3) months of pregnancy ( )

b) At six (6) months of pregnancy ( ) d) I dont know ( )

Kyebera ahashemereire.

SECTION A; Emitwarize yawe ahabwabantu abokutura nabo kuhitsya ahantantsya

Ebikukwata aha muntu

1Emyaka yawe

a) 19-24 ( ) b) 24-30 ( ) (c) above 30 ( )

2Omurundi gwo kwija

a) Ogwokubanza( ) (b) ogwakabiri ( ) (c) ogwakashatu( )

d)ogwakana( )

3Obushwere

a) Obushwere ( ) (b) tinshwire ( )

Ebikwatine ne byesente

1. Omuhendo gwetambura kuza ahobuhereeza buri.

(a) 1000 ( ) (b) 2000 ( )

c) Tiziriho ( ) (d) Aheiguru 2000 ( )

2. Omwanya ogu orikuturamu.

a) Omutauni ( ) b) Omukyaro ( ) c) Haihi no mutauni ( )

3. Nokozesebwa aha murimo?

a) Eego ( ) b)Apaana ( )

4. Kukirabe kyiri eego aharuguru shoborora.

a) Ekicweka kyobweire ( ) b)Obweire bwona ( )

5. Ahi orikwiha entatsya yamagara gawe

a) Nyowe ( ) b) Omushaija wangye ( ) c) Eka ( ) d) Abobuyambi ( )

SECTION B: Entwaza ye byobunyakare.

1 Ori omukazi wenda omuchwe gwo kuronda obuhereeza bwamagara ge omukyanga kyanyu?

a) Omushaija ( ) b) Nyoko zara ( )

b) Maama wangye ( ) c) Ondijo muteho ( )

1. Eidiini yaawe / ebyobunyakare byawe nibihagiira okuchebeeza enda.

a)Eego ( ) b) apaana ( )

2. Eidiini yawe neha ?

a) Omukaturiki ( ) b) omusiramu ( )

b) Omukristayo ( ) d) omucwanga ( ) e) Ezindi ( )

3. Abakazi benda nibaaba barigye bakozesa emibaazi yebishaka nahabwekyo tibaketenga kweyongyera kuronda obuhereza bwokukyebeza enda ahanyima yomurundi gwo kubaanza.

a) Ninyikiriza ( ) b) Tikwikiriza ( ) c) Tindikumanya ( )

SECTION C: Entwaza yobwengye

1. Nomaanya aha byokukyebeza enda, byingi muninga. Nomanya omugasho gwokukyebeza enda emirundi yoona?

a) Eego ( ) b) Apaana ( )

2. Ahi okumanyisibwa ebyokukyebeza enda.

a) Radio ( ) b) TV ( )

c) Ahokutungira obuhereza ( ) d) Endijo mirigo.

3. Omukazi wenda ashemereire kukyebeza emirundi engahe ?

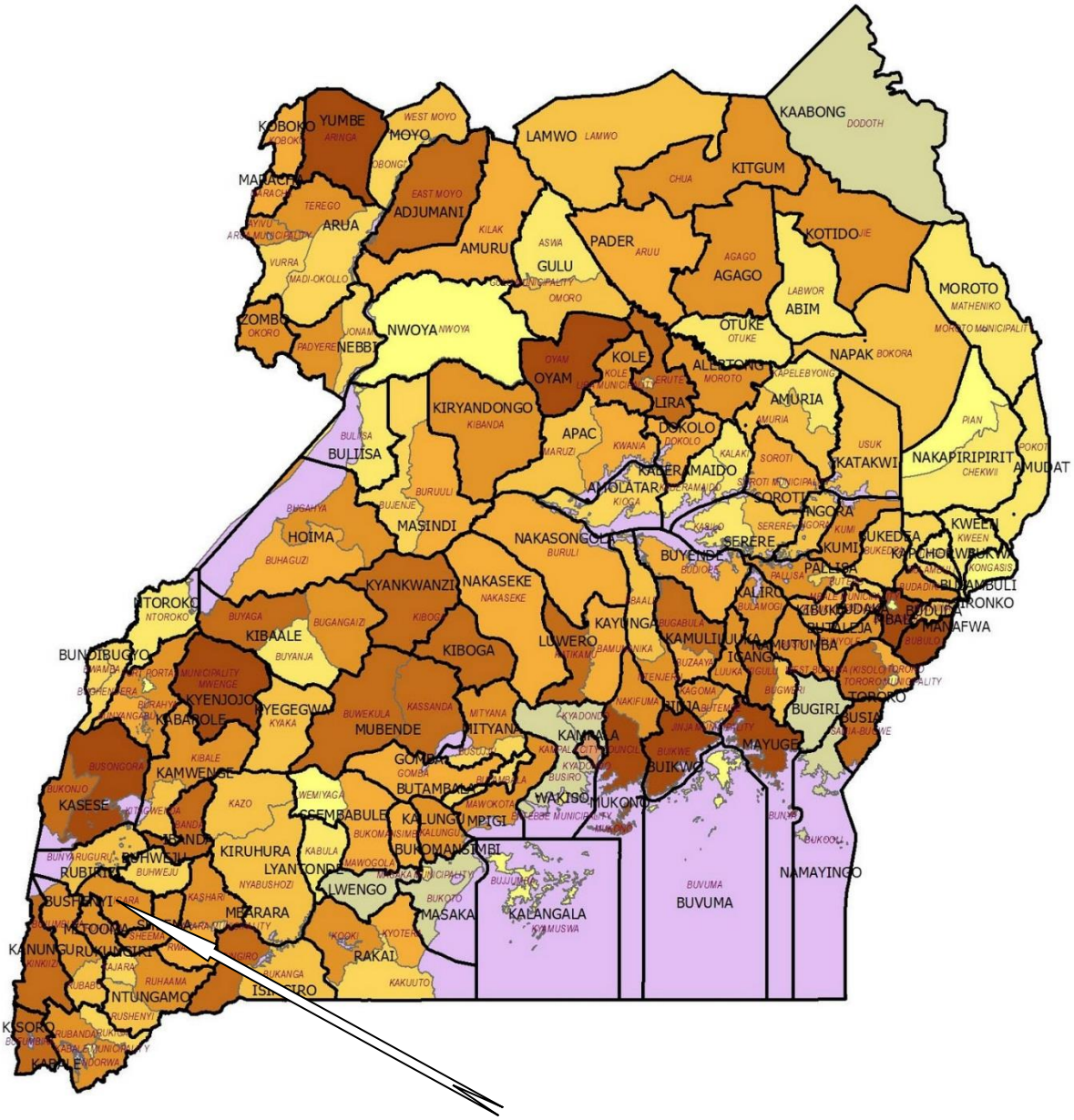
a) 1( ) b) 2( ) c) 3( ) d) 4( )

4. Niryari obu omukazi aine kutandiika kukyebeza enda.

a) Kwaragiire enda ( ) b) Ahanyiima ye myezi eshatu (3)( )

c) Aha myezi mukaga (6)( ) d)Tindikumanya ( )

Appendix III: A map of Uganda showing location of Bushenyi District where KIU-TH is located.



LOCATION OF BUSHENYI DISTRICT

AppendixIV: Map of Bushenyi district where KIU-TH is located.

Location of KIU-TH