THE RELATIONSHIP BETWEEN POVERTY AND MATERNAL HEALTH CONDITIONS OF WOMEN IN RURAL AREAS OF WARR SUB-COUNTY, ZOMBO DISTRICT.

BY

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A RESEARCH DISSERTATION SUBMITTED TO COLLEGE OF HUMANITIES AND SOCIAL SCIENCES AS A PARTIAL REQUIREMENT FOR THE AWARD OF THE DEGREE OF BACHELORS OF SOCIAL WORK AND SOCIAL ADMNISTRATION OF

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UNIVERSITY

AUGUST, 2015

DECLARATION

I Kayeny Agnes, declare that this research is my original work and to the best of knowledge, it has not been presented elsewhere in any university or institution of learning for approval.

Signed .....

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Date 12/08/2015.

APPROVAL

I, the undersigned certify that I have read and hereby recommend for acceptance by Kampala International University a research titled, The relationship between poverty and maternal health conditions in rural areas: a case study of warr sub-county, Zombo district

.

Signed ..... Otanga Rusoke

Dr. Otanga Rusoke

[SUPERVISOR]

Date ..... 12th August 2015

DEDICATION

I dedicate this report to my mother Mrs. Sofia Akello Lawino and brother Kumakech Jimmy and Rev Fr. Mungujakisa Alfred with affection and appreciation for their unreserved contribution towards my survival in this world and academic career up to this level. Additionally to all my friends who have always given me courage in my academics.

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CHAPTER ONE

INTRODUCTION

1.0 Introduction

The research intends to determine the Relationship between poverty and maternal health conditions in rural areas: a case study of warr sub-county, zombo district. The introductory part of it covers the background of the study, statement of the problem, purpose of the study, objectives, research questions, scope of the study, justification of the study and conceptual framework.

1.1 Background of the study

According to Robert H. Laver et al (2002), poverty is a state in which income is insufficient to provide such basic necessities as food, shelter, medical care, and clothing. According to the Oxfam poverty report (1995), in every society, the poor live shorter, less healthy lives than those who are better off. The insecurity and vulnerability behind this grim reality has many causes which hinders provision of health care, education, clean water and sanitation. This exposes the poor to health risks, reduction in their productivity and opportunities. In rural areas for instance, child mortality among the landless is one third higher than among land owning classes underlying all these disadvantages is the denial of rights suffered by women who experience systematic social and economic discrimination from the cradle to the grave.

According to world health organization (WHO), health is the ability of an individual to achieve his or her potential and to respond positively to the challenges of the environment. The basic resources of health care are; income, shelter and food. Improvement in health requires a secure foundation in these basics, but also information and life skills; a supportive environment, providing opportunities for making health choices among goods, services and facilities; and conditions in the economic, social and physical environments that enhance health (World Health Organization, 2000).

At the global scene in countries like Pakistan find it is difficult to quantify the nature poverty and maternal health. In 2006, the methodology used by the Pakistani government to estimate those living in poverty was challenged by the World Bank and the United Nations Development Program (UNDP). At that time, the government estimate was that 23.9 per cent of the population lived below the poverty line but the independent organizations assessed the figure in the range of

25.7 - 28.3 per cent. The declining trend in poverty as seen in the country during the 1970s and 1980s was reversed in the 1990s by poor federal policies and rampant corruption. This phenomenon has been referred to as the "poverty bomb" In 2001, the government was assisted by the International Monetary Fund (IMF) in preparing the Interim Poverty Reduction Strategy Paper that suggests guidelines to reduce poverty in the country.

Approximately 306 million mothers and children live in Sub-Saharan Africa (UNICEF, 1998:113). With at least 40-50 per cent of children in most African countries living below the poverty line (World Bank, 1997b:25). This implies that at least 137 million African children and probably many more live in poverty. Over 40 million African children of primary school age do not attend school (UNICEF, 1998:10); over 4 African million children die every year before reaching age 5 (UNICEF, 1998:97) and 31 per cent of African children under 5 - approximately 111 million - are underweight (Kennedy and Haddad, 1998). These appalling statistics represent a 'stunting of the lives and hopes of Africa's children' (OAU, 1992), and, if not determinedly addressed, of future generations, and indeed of Africa's future.

Uganda is one of the fastest growing economies in Africa with sustained growth averaging 7.8 percent since 2000. Coupled with 2.9 percent growth in agriculture, Uganda is on target to meet the first Millennium Development Goal of halving poverty and hunger by 2015. Despite these recent gains, Uganda still suffers from the hardships of widespread poverty. Under nutrition is widespread in Uganda, with 38 percent of children chronically undernourished or stunted. This affects all economic groups, with 44 percent stunting in the middle wealth quintile, 43 percent in the lowest quintile, and 25 percent in the highest quintile. Part of Uganda's southwest, known as the country Appleton, Simon (2001),

Inadequate public investment in basic health exposes poor people to high risks. In Uganda, health spending per capita is less than half the level required to provide a basic primary health service. As a result preventable diseases like diarrhea, pneumonia, measles, and meningitis account for over half of reported hospital deaths. In Uganda's case, ten times as much is spend on curative as one preventive treatment. Poverty and ill health are closely related; ill health is the most frequent cause and consequences of poverty both in rural and urban areas. The wealth status is inversely associated with early childhood mortality, given the deprivation and

marginalization experienced by households in poverty. A clear pattern emerges for all ages mortality; children in the highest quintile have the lowest mortality rates while mortality in the lowest quintile is higher for all ages. Poverty limits the choices available for the families to seek and access health care services. The impact of poverty has been compounded by the existence of high population coupled with limited resources.

1.2 Statement of the problem

It must be noted that poverty and its effects on health status of women is common and appears to have escalated in Zombo district for several years. In the 1990s the poor were even poorer as evidenced by the famine that struck in 1997 that caused death, malnutrition and suffering among families. In African continent, poverty is the order of the day. Majority of the people are poor and living in rural areas. Most states have failed to address this problem and this has culminated into several other problems like illiteracy, diseases, malnutrition, child mortality and maternal mortality. As for now, the gap between the poor and the rich is too wide. this has therefore escalated the problems of the poor for instance there is an increase in the number of death of mothers during birth and also the general health conditions of women and children are very poor due to poor diets and inability to acquire good medical care. However, information on causes, effects and the means to curb the situation on health of women and children is insufficient and it is thereby upon this background that the researcher was set to conduct this research.

1.3 Purpose of the study.

The purpose of the study was to conduct an inquiry into the relationship between poverty and maternal health conditions of women in warr sub-county, Zombo district, west Nile region.

1.4 Objectives of the study.

1) To examine the causes of poverty at house hold level in Warr sub-county, Zombo, district.
2) To establish the effects of poverty on maternal health conditions in Zombo, district.
3) To establish the strategies that can be adopted to combat poverty for maternal health improvement in Zombo district.

1.5 Research Questions

1) What are the causes of poverty at house hold level in Warr sub-county, Zombo, district?

2) What is the effects of poverty on maternal health conditions in Zombo, district?
3) What strategies can be adopted to combat poverty for maternal health improvement in Zombo district?

1.6 Scope of the study

1.6.1 Content scope

The research was concentrated on conducting an inquiry into the relationship between poverty and the maternal health conditions. The main focus was therefore be on causes, effects and strategies for preventing poverty.

1.6.2 Geographical scope

The study was conducted in Warr sub-county located in Zombo district in West Nile, northern Uganda. This place is chosen because it holds information that is of interest to the research.

1.6.3 Time Scope

The research was conducted for 4 months. From a period of April- August 2015. This period was chosen because of less academic activities at the university.

1.7 Significance of the study

The research will contribute towards an academic award; it is a partial fulfillment for the award of bachelors of social work and social administration of Kampala international university. In addition the study will provide additional informational necessary to supplement on the existing literature and provide ground for international organizations like World Bank and United Nations to advance mechanisms and directives for operation of developing countries.

The study helped in creating awareness of the possible activities that communities can engage in to address the impact of poverty.

The study was intended to help the relevant policy makers to come up with appropriate policies for example strengthening the gender policy and the policy on property ownership by women and men.

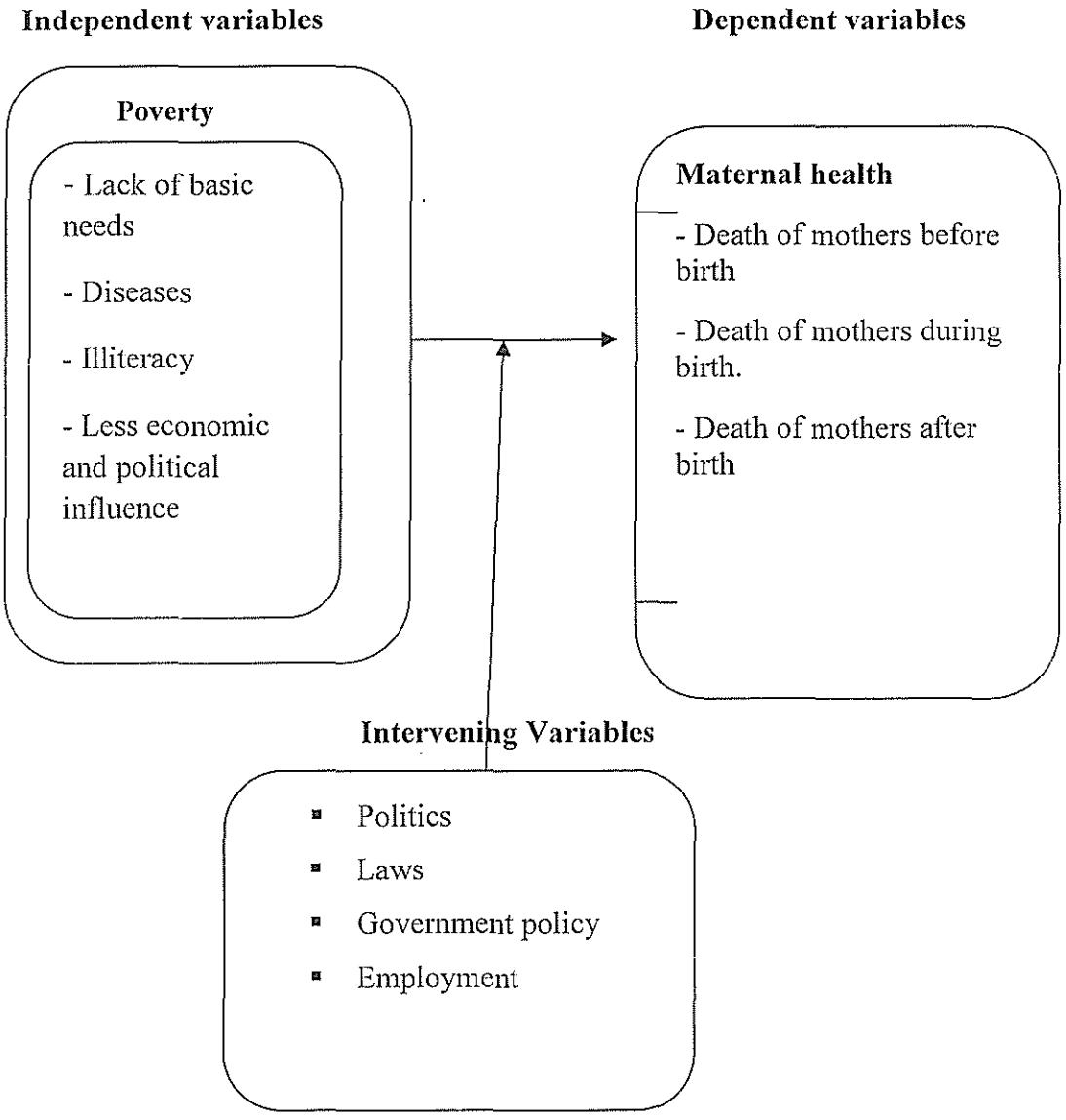
The data collected acted as a data guide for the government, NGOs and CBOs in terms of service delivery, problem solving, and risk reduction among others.

The study was also intended to help the student to acquire knowledge and skills plus the logic behind using research methods.

The study is also intended to help the student acquire a degree in social work and social administration.

1.8 Conceptual framework

Conceptual frame work of the effects of poverty on health condition of women.



CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This gives views about what other authors have written about the topic .the review is to take the form of the objectives so other authors contribution in related literature is recognized in this chapter.

2.1 Causes of poverty

The conventional definition of poverty, which is in the light of the above-specified measure of welfare, pertains to the inability of people to meet the basic needs of life. The use of participatory research methods, however, reveals that there is more to poverty than just the lack of income to meet the basic requirements of life. Precisely, poverty is now known to be a highly multidimensional phenomenon that includes powerlessness in the sense of insecurity, helplessness against corruption in public service delivery, general exploitation by service providers, vulnerability to natural and economic shocks, and isolation from the larger society and other socioeconomic infrastructure. In this regard, the World Development Report 2000/2001 identifies institutional, social, economic and human factors as the major causes of poverty. In this section we discuss these and other factors in the Ugandan context. Davidziuk, A., and E.D. Gonzalez (2006).

An effective institutional framework is necessary to achieve sustainable economic growth and poverty alleviation. If, for example, the rules of the political game in parliament, the legislation made by parliament, and the socioeconomic structure of the country are to a large extent not complementary, then the full impact of a good poverty reducing policy will not be realized. In other words, institutional failure could mean that the social creation for guiding the working of a development strategy can not effectively deliver the basic social services such as education and health, and can neither provide an enabling economy-wide growth environment nor can it deliver production inputs or facilitate market-oriented distribution of economic goods and services. In this situation, the ability of the poor to increase incomes and improve their quality of life is severely constrained. Roche, J. M. (2009).

In the current Ugandan context, the national goal of reducing poverty to 10% of the population by the year 2017 by increasing peoples' incomes, mainly through agricultural modernization may be elusive if, among other factors, agricultural land markets are not sufficiently developed. The development of a land market is indeed governed by a land policy that is backed by a land legislation that is easy to implement at low cost. If Uganda's land legislation does not ensure secure land access and ownership rights for the primary producers, women, then the returns to income-increasing land-based activities will be sub-optimal. MFEP (2005)

Starting from a low level of human and economic development, a sub-section of a society may lag behind and slide into relative poverty during growth unless there is the political will to undertake appropriate social spending programs. In other words, relative poverty may result if there are no public expenditure systems that identify vulnerable groups in the population to whom to deliver adequate and well-targeted safety net programs. A widely held view – derived from analytical and empirical findings - is that initial economic inequality, whether by gender, ethnicity or race, is a major determinant of movements into or out of poverty. This implies that the initial level of assets that individual economic agents started with at the onset of the reforms that have been implemented in Uganda, have to be addressed if welfare inequality is to be reduced in a sustainable way. Kreimer A., P. Collier, C. S. Scott, and M. Arnold (2000),

Lack of human and technical skills to exploit available income generating and life improving opportunities are both a cause and symptom of poverty. With the bulk of Uganda's population in the subsistence sector utilizing unskilled labor, it is essential that for growth to be pro-poor it should focus on labor-intensive techniques. But labor intensive production of goods and services in today's competitive world requires that the abundant labor be abundant in skills. Inability to access and process information about available income generating and life improving opportunities is a major constraint to poverty reduction. Mijumbi, Peter and John Okidi (2001),

Lack of affordable comprehensive insurance mechanisms to enable people to ward off economic, health and other related shocks, can lead to slippage into poverty at the occurrence of any such shocks. Vulnerability to shocks can therefore be a cause or symptom of poverty. In Uganda there are no effective state operated safety nets as mechanisms for mitigating risks of natural and man-

made disasters. Furthermore, vulnerability and poverty per se can be exacerbated and perpetuated by insecurity of life and property. This is particularly important in the Ugandan context where the post independence era has been characterized by civil strife and political instability. The violent political changes and the guerilla wars that plagued the post-independence Uganda have deprived many households of able-bodied persons and caused severe problems associated with internal displacement of people. Deininger and Okidi (2001).

HIV Scourge. The infection rate of HIV has been reduced from 10 to 8.3 percent between 1996 and 2000. But the country's success rate could misleadingly result in complacency, something that should not arise given that about 10% of Ugandan adults are HIV infected. Furthermore, current statistics show that about 12% of deaths in the country are due to HIV/AIDS – surpassing malaria as the leading cause of death within the age group of 15 to 49 years of age. United Nations agency for HIV/AIDS (UNAIDS)

Estimated that by the end of 1999, there were about 1.7 million children, under the age of 15 years, with a mother or both parents having died of AIDS. The AIDS scourge can result in disproportionate reallocation of household resources away from consumption to health. In some cases households may have to liquidate their assets to finance the health care costs of AIDS patients. In sections of the society where collective support is given to community members, such social capital becomes overstretched. As a consequent of all this, the production base of households and communities is eroded, resulting in a decline in welfare for a long period of time. (UNAIDS) 2007

Cultural traditions and practices in some communities deter development through their advocacy for the dominance of male over female in all aspects of life, including nutrition and ownership. In some cultures, women are not allowed to eat certain foods, and spousal co-ownership of land continues to be a contentious issue. The marginalization of women is detrimental to development because women are the primary agents of production and reproduction. The contribution of women in economic production is also undermined by poverty. Ellis, Frank and Godfrey Bahiigwa (2001),

lack of definitive access and ownership rights to land. Clan conflicts, cattle raids, and armed conflicts fuelled by cultural prejudices continue to exacerbate poverty in Uganda. A pertinent example is the Karamojong people of Northeastern Uganda who are traditional cattle rustlers. They lead a nomadic life, hence seasonally conflict with all neighboring agricultural communities and have also resisted government efforts to integrate them into the larger Ugandan society. (Gordon, D., Nandy, S., Pantazis, C., Pemberton, S. and P. Townsend (2003)

Appleton, Simon (2001) states that Land shortages owing to population pressures are a contributing factor to poverty incidence in Uganda. According to the 1995 National Demographic and Health Survey, Uganda's fertility rate is estimated at 6.9. Preliminary estimates from the 2000 DHS results maintain this figure. The negative impact of population pressure on land is especially evident in Southwestern Uganda where the average household land holding is estimated to be two acres. Population pressure and its direct contribution to deforestation and environmental degradation can trap farmers in a vicious state of low productivity and low incomes. It is widely believed in civil society and non-government organizations that economic reforms in the form of structural adjustment measures adopted in Uganda over the past decade have deteriorated the state of poverty among some households. Where this is true, it could be attributed to the inability of the households to ceased growth opportunities that are associated with the reforms. The downsizing of the civil service in order to streamline government expenditure has had negative social costs, and might have created another category of the poor.

The factors influencing household poverty in Uganda are quite closely related, and it is quite difficult to distinguish between cause and effect. In particular, communities surveyed using the participatory approach expressed difficulties in differentiating between causes and effects of poverty, and in most cases they used the two terms interchangeably. An example given was one of ill health. If one is poor, then one's health is poor as a result of poor nutrition, and inability to afford medical care. Conversely, if one is sick, then one is not productive, and can therefore not afford good medical treatment or good nutrition. (WHO Report , 2007)

2.2 Effects of poverty on maternal health conditions

Health inequality manifests itself in many ways; for instance, the infant mortality rate in Harlem, New York's main African ghetto, is higher than in Bangladesh (Shapiro, 1992). One reason for this disparity is that the poor are more likely than others to be exposed to violence, high risk behavior and environmental hazards. Poverty is more common among African Americans than white Americans. One would therefore expect Africans to have higher mortality rates than whites.

A second reason why the poor are less healthy than the well to do is that they cannot afford adequate, and in some cases even minimal health care. thus in 1992, 36% of people who earned less than $14,000 a year had no health insurance, compared to only 4% of people making more than $50,000 (Folbre, 1995). In spite of medic aid, most poor people are inadequately served. Only about half the poor receive medic aid assistance. Furthermore, poor people typically live in areas where medical treatment facilities are inadequate. This is especially true in the recent decades, when many public hospitals that served the poor were closed due to government budget cuts (Albelda and Folbre, 1996).

According to D. Stanley Eitzen et al (1997), the leading causes of maternal death are preventable. He added that statistics reveal that the death rate of black and non white mothers is much higher than that of white mothers. the maternal mortality rates for blacks and non white women is 18.8 and 16.0 deaths per 100,000 births, respectively compared with 4.9 for white women (Hughes et al 1989:10).

Maternal mortality in Uganda declined from 527 to 505 deaths per 100,000 live births between 1995 and 2001. The attainment of the MDG target of 151 deaths per 100,000 live births by 2015 is a challenging task, considering the existing high maternal mortality rate.

Antenatal care is critical for monitoring the progress of a pregnancy and for identification of problems during pregnancy that can cause complications in delivery. According to the UDHs 2000/01, 92% of pregnant women have at least one antenatal visit whereas only 42% of women make four or more visit during a pregnancy.

UDHs 2000/01 found that the most common components of antenatal care include tetanus toxoid (71%), measurement of blood pressure 56% and issuance of iron tablets (54%). One in five received information on pregnancy complications, and 35% were given ant malarial drugs. This shows that the content of antenatal care is inadequate, which combines with poor antenatal care coverage, calls for concerned efforts to improve the attendance and quality of antenatal care.

During birth, the fact that women are required to bring a clean delivery kit to health facilities is a deterrent especially to the poor and disadvantaged communities. It was also reported that 81% of births in urban areas are assisted by trained personnel compared to 34% in rural areas. Furthermore, care during delivery is compromised by inadequate EMOC provision due to the poor availability and quality of these services. Among the reasons for poor availability of EMOC services is the low prioritization of women's health issues resulting in poor resource allocation at national and district level. The ministry of health (MoH) has more recently given greater priority to reproductive health and it is expected that more resources will be made available.

A literature review for the Joseph Rowntree Foundation (Griggs and Walker, 2008) concludes that 'the consequences of child poverty are serious, far-reaching and multi-faceted'. It points to a wide range of evidence demonstrating the interaction of low income, damage to children's physical health Research comparing outcomes of children from families din poverty with those not in poverty shows clear-cut health differences at each stage of the life cycle (Hirsch and Spencer, 2008). The health penalties of poverty start before birth. Maternal characteristics such as diet and stress levels during pregnancy help to explain why children born into poverty have a much higher chance of a low birth weight, which is associated with extra health risks throughout life. Children in low income families are also less likely to be breastfed, and more likely to contract various diseases such as asthma, report longstanding illness, be obese and have certain disabilities such as cerebral palsy. Poverty can contribute in various ways to different health conditions, including the knock-on effects of poor maternal health and diet, the diet of children living in poverty, and poor housing, which can influence the contraction of respiratory diseases, for example.

Emotional outcomes are often grouped along two dimensions: externalizing behaviors including aggression, fighting, and acting out, and internalizing behaviors such as anxiety, social withdrawal, and depression. Data regarding emotional outcomes are based on parental and teacher reports. This section reviews studies that distinguish between the effects of long- and short-term poverty on emotional outcomes of children at different ages. One study of low birth weight five-yearolds using the IHDP data set found that children in persistently poor families had more internalizing and externalizing behavior problems than children who had never been poor. The analysis controlled for maternal education and family structure and defined long-term poverty as income below the poverty threshold for each of four consecutive years. Short-term poverty (defined as poor in at least one of four years) was also associated with more behavioral problems, though the effects were not as large as those for persistent poverty

Power And Status Monger: The immediate attitude of a child constantly exposed to long term poverty would be that having observed how life is, he is bound to think that he needs to be in good power and status to command the respect of the society that has insulted him so long and it naturally requires to achieve it in a short span of time, honest means is not convenient. This results in a more irritable view of resorting to crooked means to achieve the status and power so longingly desired for. The basic structure of the society is broken up due to such unruly elements. Goonda raj can sustain only because of such meek individuals who depend more on their brawns than on their brains World Bank (1996

Poor Learning and Comprehensive Skills. It is very common to see that the persons from financially challenged backgrounds find it hard to learn with the same vigor as that of children from effluent background. They find it hard to concentrate because of their social irritability. Things preoccupy them and prevent their mind from concentrating on any innovative stuff. It actually does not serve any purpose because any step taken to be merely on paper without being implementation. Academic and behavioral problems can be indicators of impending failure. Among such behaviors are: delay in language development, delay in reading development, aggression, violence, social withdrawal, substance abuse, irregular attendance, and depression. Teachers may have difficulty reaching a student's parent or guardian. They may also find the student does not complete assignments, does not study for tests, or does not come to school prepared to learn because of poverty related circumstances in the home environment. These

children may be unable to concentrate or focus. They may be unwilling or unable to interact with peers and/or adults in school in an effective manner. These issues not only have an impact on the learning of the child of poverty but can also impact the learning of other children UNICEF report 2005)

Physical Health: Compared with nonpoor children, poor children in the United States experience diminished physical health as measured by a number of indicators of health status and outcomes . In the 1988 National Health Interview Survey, parents reported that poor children were only twothirds as likely to be in excellent health and almost twice as likely to be in fair or poor health as nonpoor children. These large differences in health status between poor and nonpoor children do not reflect adjustment for potentially confounding factors (factors, other than income, that may be associated with living in poverty) nor do they distinguish between long- or short-term poverty or the timing of poverty. Alkire, S. and J. Foster (2007).

2.3 Strategies to avert poverty for proper maternal health

It is necessary to acknowledge the relative powerlessness of children and thus the lack of real political will to address children's poverty. Despite widespread political rhetoric that 'children are the future' and a compelling case for eradicating child poverty, in practice investing in activities that mitigate the effects of poverty on children and promote their development often takes low priority compared with other areas of public expenditure. The very low government budget allocations to health and education in many African countries attest to this. World Bank (2000),

Ellis, Frank and Godfrey Bahiigwa (2001), Develop and enforce context-sensitive legal provisions to eliminate gender discrimination in the family, school, workplace and community: The harmonization of national legal frameworks with international commitments (CEDAW) and of local customs and codes with more formal legislative approaches combined with the introduction of reforms such as a ban on sex-selective abortion or the prevention of gender-based violence. Support measures to promote children's, and especially girls' right, to be heard and to participate in decisions in areas of importance to them Empowerment programs supported by mentors to promote girls' voice and agency combined with educational programs for boys and young men to challenge aggressive understandings and practices of machismo.

Roche, J. M. (2009). Argues that Investing in the design and implementation of child- and gender-sensitive social protection: Initiatives to promote girls schooling, cash transfers, social health insurance and health fee exemptions, asset transfers and public works program designed to target female time poverty are all forms of social protection that can be a powerful tool to mitigate the worst effects of both economic and social risks and to promote pathways out of poverty.

Strengthen services for girls who are hard to reach, because of both spatial disadvantage as well as age- and gender specific socio-cultural barriers: Initiatives aimed at promoting girls' access to and use of existing services need to focus on innovative and gender-sensitive means of extending programs such as microfinance and reproductive health services and on bringing services to girls where possible and Support measures to strengthen girls' and young women's individual and collective ownership of, access to and use of resources: A collective approach, supported by strong mentors is needed to promote information sharing, self-esteem, capability development and social capital to help girls gain confidence with and through each other and to develop a sense of agency. (MOH 2007)

Strengthen efforts to promote girls' and women's physical integrity and control over their bodies, especially in conflict and post-conflict settings: Educational and empowerment programs that raise girls' and young women's awareness of their right to be protected from violence, efforts to counter the culture of impunity surrounding gender-based violence in conflict and post-conflict settings and efforts to involve girls and young women in age- and gender-sensitive disarmament, demobilization and reintegration programs are all vital.(MOH) 2010 and MOE (2008).

Creating a framework for economic growth and transformation. The government has attained, and intends to maintain, macroeconomic stability as a necessary economic policy incentive for promoting private sector investment and reducing poverty. According to the medium term goals of the government, a stable macroeconomic environment entails, among other things, containing inflation rates to single digits, commitment to controlling public expenditure within available resource envelope, and maintaining a liberalized foreign exchange market. The government is also committed to public expenditure prioritization in line with the overall goal of poverty

eradication. In this way it is ensured that money spent is effectively utilized and targeted at improving the welfare of the poor. Deaton, A., and C. Paxton (1997).

To ensure sustainable private sector driven growth, the government has directed resources for developing a competitive environment for the promotion of private sector development and foreign direct investment. This involves the construction and maintenance of adequate and sound infrastructure. In this regard, the government has developed a Medium Term Competitiveness Strategy for the private sector, which outlines government's policy intentions and reform strategies in this area for the period 2000 to 2005. UNDP (2004).

Ensuring good governance and security. Issues of conflict resolution, human rights and security of life and property, which are crucial for development, are well articulated in the PEAP. Specific attention is also given to accountability and democracy as necessary facets of good governance and security.

Directly increasing the ability of the poor to raise their incomes. The construction and maintenance of a good road network is a major priority in the PEAP because of the importance of infrastructure in input and output market access, especially in the context of the country's plan to modernize of agriculture. The process of building the country's infrastructure also contributes to poverty reduction by creating employment for the abundant unskilled labor in the rural areas. Because the bulk of the population is in the agricultural sector, a speedy implementation of the Land Act 1998 will promote secure access and use rights to land. For several reasons including access to credit markets and promotion of improvements to land, efficient implement of the Land Act will directly contribute to increased productivity and agricultural transformation. Secure land rights through their credit connection are crucial for successful transformation of the country's agriculture via the Plan for Modernization of Agriculture. In this regard, the government has undertaken to establish a supervisory structure for the development of micro-finance institutions. The government is also committed to ensuring that the public has improved access to market information and infrastructure. Foster, J., Greer, J. and E. Thorbecke (1984).

Directly increasing the quality of life of the poor. The PEAP draws attention to health and education as the two major social services that directly affect people's quality of life and productivity. An unhealthy population translates directly to low productivity, while low literacy rates reduce awareness and constrains exploitation of welfare enhancing opportunities. The PEAP emphasizes increased investment in water and sanitation services as a way of improving the poor's quality of life. Great strides have been made in the education sector with the introduction of Universal Primary Education in 1997, which provides for free primary education for up to four children from each family in Uganda. This program has tremendously increased primary school enrolment as shown in a later section of this paper. United Nations Development Program (2000),

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This study on poverty and its relationship with the health conditions of women in Warr sub-county. Whereas chapters one and two were concerned with the general overview of the study, chapter three mainly focuses on the methods and procedures that were used in the study which include; the research design, population coverage, data analysis and procedures.

3.1 Research Design

A case study design on both qualitative and quantitative aspects was used. This method was preferred because it was an ideal method that eased the collection of information from the respondents at both individual and group levels. The researcher used cross sectional design. The research findings were displayed in table form which had figures in percentage form. The researcher went ahead to describe the findings from the tables.

3.2 Target Population

The target population of study was mainly the local and administrative population of the sub-county. The estimated number of respondents will be 70 from whom the researcher selected the sample. The researcher attained information and data collection because the area seemed to be wide.

3.3 Sample size

The researcher used a sample size commensurate to the study population upon verification and approval of the study population. This sample size is representative of the whole population and manageable to administer the research instruments. It is on these selected respondents that the data collection instruments collected and obtained the data. The researcher will use Slovene's formular to determine the sample size as showed below.

For this study:

$$n = \frac{N}{1 + N\alpha^2}$$

Where; n = the sample size

N = total population of respondents, that is 70.

α = the level of significance, that is 0.05

$$n = \frac{N}{1 + N\alpha^2}$$

$$n = \frac{70}{1 + 70\ (0.05)}$$

$$n = \frac{70}{1 + 57 * 0.0025}$$

$$n = \frac{70}{1.175}$$

N= 59.57

n = 60

A sample size of 60 respondents was selected to participate in the study.

3.3.1 Sampling procedure

A representative sample of the respondents was selected from the total population to participate in the study. The researcher will use simple random and purposive sampling techniques to choose the respondents to participate in the study. With simple random it means that every member in the sample population has an equal chance of being included in the sample size, this will reduce on the researcher's bias in obtaining the sample respondents. Also with purposive sampling it means that information was only obtained from the key informants who have ideas about the subject matter hence first hand information was obtained.

3.4 Data Collection Procedures

The researcher will carry out field events in a period of three weeks. In the first week, questionnaires were distributed or dispatched to the respondents and later interviews were carried out to obtain data from the respondents.

3.5 Data Collection Instruments

This study comprised of two research techniques to collect data i.e. data collection was done using two methods, in-depth interviews were conducted and questionnaires were also administered to some respondents who can read and interpret the question.

3.5.1 Questionnaires

This is a technique in which the researcher gave a list of short questions to the respondents requesting them to fill and collect data later. It involved both open and closed ended questions.

3.5.2 Interviews

In this technique, the researcher personally got to the respondents and asked them questions directly related to the topic of study. It involved individual interviews.

3.6 Data Analysis

Data analysis was done in accordance with the principles of data management.

3.6.1 Editing

Editing is the process whereby the completed questionnaires and interview schedules were analyzed in the hope of amending recording errors or at least deleting data that were obviously erroneous. This was aimed at improving the quality of information from respondents. The researcher filled out few unanswered questions. However, the answers were deducted from the proceeding answers or questions.

3.6.2 Coding

The purpose of coding in research is to classify the answers to questionnaires into meaningful categories so as to bring out their essential patterns". Coding was used in this research in order to summarize data by classifying different responses given into categories for easy interpretation.

3.6.3 Tabulation

According to Moser and Kalton, "data once edited and coded are put together in some kind of tables and may undergo some other forms of statistical analysis". Data was put into some kind of statistical table showing the number of occurrences of responses to particular questions with percentage to express data in ratio form.

3.7 Ethical Procedure

Before going to the field, the researcher begun with getting authorization letter from the head of department social science, then took to the respondents and this enabled the researcher attain adequate information from the respondents. during data collection, confirmation was given to the respondents in that the researcher assured the respondents that the reason for the research was for only academic purpose and that no information was given out outside.

3.8 Anticipated Limitations of the Study

Unwillingness of the respondents to effectively respond to the questions is one of the most notable problems that the researcher faced while conducting the research. Financial constraints were problems that occurred during the process of conducting the research. Transport costs might be so high to be met by the researcher and this fully contributed to the delay of the research because it became so had for the researcher to continue with a tight budget.

Hostility among some respondents is another limitation of the study in the sense that the researcher found that there were hostile respondents who in the long run turned down the request to the researcher to answer the questions. Many of such respondents may walk away in spite of the fact that the researcher tried to plead for their attention. Shyness of the respondents was another limitation of the study. The researcher was affected by the prevailing weather conditions i.e. the rain. It is true that the research was conducted during rainy season and it became so hard for the researcher to find the respondents.

CHAPTER FOUR

DATA PRESENTATION, INTERPRETATION AND ANALYSIS OF FINDINGS

4.0 Introduction

The data is presented and interpreted in view of the topic conducting the inquiry into the relationship between poverty and maternal health conditions of women in warr sub-county, Zombo district, west Nile region. The focus was on 60 respondents who included the selected respondents of Warr Sub-county. The interpretation also sought to answer the research questions that were raised in chapter one. Presentation and interpretation of data in this chapter has been done with the aid of quantitative and qualitative methods. Quantitative methods involved the use of tables, percentages and personal analysis and interpretation presented in essay form.

4.1 Demographic information

This part presents the background information of the respondents who participated in the study. The purpose of this background information was to find out the characteristics of the respondents in terms of gender, age, level of education and marital status of respondents.

4.1 Demographic aspects of respondents

4.1.1 Findings on the gender of respondents

Here the researcher was interested in gathering information on the gender of respondents and information got was presented in the table below.

Table 1: Showing Gender respondents

Gender	Frequency	Percentage
Male	36	60
Female	24	40
Total	**60**	**100**

Source: ***Primary data, 2015***

From table 1, it can be seen that the majority of respondents are male that is (36) representing 60% of the total number of respondents, 24 respondents are female representing 36.7% of the respondents. This is an indication that gender sensitivity was taken care off so the findings

therefore cannot be doubted on gender grounds; they can be relied for decision making. It further indicates that the researcher sought for information from both genders that means that the aspect of maternal health conditions of women and poverty prevail in the stems of households in Warr sub-county, Zombo district.

4.1.2 Findings on education of respondents

Here the researcher was interested in gathering information on the education of respondents and information got was presented in the table below.

Table 2: Show education of the respondents

Academic qualifications	Frequency	Percentage
Primary	10	16.7
O and A level	09	15
Certificate	17	28.3
Diploma	8	13.3
Degree	09	15
Others	8	13.3
Total	**60**	**100**

Source: ***Primary data, 2015***

Results in table 2 indicate that majority of the respondents were certificate holders with 17 respondents representing 28.3%, O level and A leavers had 16.7% of the respondents, degree had 15% of the respondents, diploma followed with 8 respondents representing 13.3%, primary had 16.7% of the respondents and others with the same with 13.3%. This implies that the respondents are educated and therefore the information obtained from them can be relied on for the purpose of this study. The higher rate of secondary leavers was attained from the local population whose education levels were low. It is of no doubt therefore that information is attained from highly educated respondents. Information can therefore be relied on for decision making in this topic.

4.1.3 Findings on age distribution of respondents

Here the researcher was interested in gathering information on the age of respondents and information got was presented in the table below.

Table 3: Show the age distribution of respondents

Age	Frequency	Percentage
20 –29	8	13.3
30 - 39	27	45
40 – 49	15	25
50+	10	16.7
Total	**60**	**100**

Source: Primary data, 2015

Table 3 above shows that, majority of respondents were aged between 30–39 years 27(45%) respondents followed, by 40-49 years represented by 15(25) respondents, followed by 50+ represented by 10 (16.7%) respondents and 20-29 represented by 8 (13.3%). From the above analysis, it can be construed that majority of the respondents are mature hence the information obtained from them can be trusted and looked at as true and good representation of the information the researcher was looking.

4.1.4 Marital Status of respondents

Table 4: Showing Responses on Marital Status

Marital Status	Frequency	Percentage
Single	15	25
Married	35	58.3
Separated/ Divorced	10	16.7
Total	**60**	**100**

Source: Primary Data, 2015

The results in table 4 show that 58.3 percent of the respondents were married, and 25 percent were single and 16.7 percent divorced or separated. The presentation indicates that most respondents involved are married. This is perhaps because of the high responsibility therefore information attained from them can be trusted for decision making.

4.2 Causes of poverty at house hold level in Warr sub-county, Zombo, district

The first objective of the study was to examine the causes of poverty at house hold level in Warr sub-county, Zombo, district. The study findings were presented and interpreted as shown in the presentations below.

4.2.1 Whether there is poverty prevalence at house hold level in Warr sub-county, Zombo, district

Table 5: Showing whether there is poverty prevalence at house hold level in Warr sub-county, Zombo, district.

Response	Frequency	Percentage
Yes	38	63.3
No	14	23.3
Not sure	8	13.4
Total	**60**	**100**

Source: *Primary Data, 2015*

The study findings on whether there is poverty prevalence at house hold level in Warr sub-county, Zombo, district. The findings reveal that 63.3% of the respondents agreed with the responses, 23.3% disagreed and 13.4% were not sure. The findings imply that poverty highly affect the maternal health conditions of women in Warr sub-county.

4.2.2 Level of Household poverty in Warr sub-county, Zombo, district

Table 6: Showing the level of Household poverty in Warr sub-county, Zombo, district

Responses	Frequency	Percentage (%)
High	30	50.0
Low	20	33.3
Very Low	10	16.7
Total	**60**	**100**

Source: ***Primary Data, 2015***

Table 7 presents that 30(50%) of the respondents agreed that to the level of Household poverty in Warr sub-county, Zombo, district, 20 (33.3%) agree that the house hold poverty is high 10 (16.7%) of the respondents were for no extent. This implies that where as other factors influence maternal health conditions other factors are into play to explain the same.

4.2.3 Causes of house hold poverty in Warr sub-county, Zombo, district

Table 7: Showing responses on the causes of house hold poverty in Warr sub-county, Zombo, district

Causes of household poverty	Frequency	Percentage
Lack of a strong market economy	6	10
Lack of technical and human skills	11	18.3
Limited income generating opportunities	13	21.6
AIDS scourge	6	10
Cultural traditions and practices	7	11.7
Land shortages	9	15
Over population	8	13.3
Total	**60**	**100**

Source: ***Primary data, 2015***

The study findings on the causes of house hold poverty in Warr sub-county, Zombo, district. The findings were that many respondents agree that there are several causes of household poverty in Warr sub-county. The findings were that lack of a strong market economy had 16.7% of the respondents; Lack of technical and human skills had 18.3% of the respondents, Limited income generating opportunities had 21.6% of the respondents, AIDS scourge had 10% of the respondents, Cultural traditions and practices had 11.7% of the respondents, Land shortages had 15% of the respondents and over population had 13.3% of the respondents. The findings imply that poverty accounts to poor maternal health conditions of women in Warr sub-county.

4.3 Effects of poverty on maternal health conditions in Warr sub-county Zombo, district

The second objective of the study was to assess the effect of poverty on maternal health conditions in Warr sub-county. The study findings were presented and interpreted as shown in the presentations below.

4.3.1 Whether poverty affect the maternal health conditions in warr sub-county

Table 8: Showing responses on whether poverty affects the maternal health conditions in warr sub-county.

Responses	Frequency	Percentage
Yes	40	66.7
No	12	20.0
Not sure	8	13.3
Total	**60**	**100**

Source: ***Primary data, 2015***

The study findings on whether poverty affects the maternal health conditions in warr sub-county were that 66.7% of the respondents were in agreement, 20% of the respondents disagreed, 13.3% of the respondents were not sure. This implies that poverty highly account for poor conditions of women's maternal health.

4.3.2 How does poverty affect the maternal health conditions of women in Warr Sub-county.

Table 9: Showing how poverty affects the maternal health conditions of women in Warr Sub-county.

Responses	Frequency	Percentage
Lack of health materials	23	38.3
Improper treatment for women	10	16.7
Poor medical and psychological venture for children	12	20.0
Poor feeding	09	15.0
Poor state of child births	06	10.0
Total	**60**	**100**

Source: ***Primary data, 2015***

The study findings on how poverty affects the maternal health conditions of women in Warr Sub-county. The findings were that Lack of health materials had 38.3% of the respondents agreed, improper treatment for women had 16.7%, poor medical and psychological venture for children 20%, poor feeding had 15% of the respondents and Poor state of child births had 10% of the respondents. The findings imply that poverty affects the maternal health conditions of women in Warr Sub-county.

4.3.3 Other factors affect maternal health conditions of women in Warr Sub-county, Zombo sub-county.

Table 10: Showing responses on other factors affect maternal health conditions of women in Warr Sub-county, Zombo sub-county

Responses	Frequency	Percentage
Poor health systems	20	33.3
Poor infrastructure	15	25.0
Low levels administration	14	23.3
High degree of domestic violence	11	18.3
Total	**60**	**100**

Source: ***Primary data, 2015***

The study findings on the other factors affect maternal health conditions of women in Warr Sub-county, Zombo sub-county. The findings were that poor health systems account for 33.3% of the respondents, Poor infrastructure accounts for 25% of the respondents, Low levels administration had 23.3% of the respondents and high degree of domestic violence had 18.3% of the respondents. The findings imply that though poverty account for poor maternal health conditions of women in Warr sub-county, other factors too contribute to the poor health conditions of women.

4.4 Strategies that can be adopted to combat poverty for maternal health improvement in Zombo district.

The third objective of the study was to assess the strategies that can be adopted to combat poverty for maternal health improvement in Zombo district. The findings are presented as shown below.

4.4.1 Whether there are strategies that can be adopted to combat poverty for maternal health improvement in Zombo district.

Table 11: Showing responses on whether there are strategies that can be adopted to combat poverty for maternal health improvement in Zombo district.

Responses	Frequency	Percentage (%)
Yes	23	38.3
No	17	28.3
Not sure	20	33.4
Total	**60**	**100**

Source: ***Primary Data, 2015***

From the table 11 above on the strategies that have been adopted to combat poverty for maternal health improvement in Zombo district. The findings were that 38.3% of the respondents agreed, 28.3% disagreed while 33.4% were not sure. The findings imply that there has been a strategy though to a small extent implying that less is being done to combat poverty and maternal health conditions.

4.4.2 Strategies adopted to combat poverty for maternal health improvement in Zombo district.

Table 12: Responses on the strategies adopted to combat poverty for maternal health improvement in Warr sub-county.

Response	Frequency	Percentage
Health service extension	15	25
Establishment of village health teams	12	20
There has been sensitization on maternal health	16	26.7
Encouraging women hospital birth	12	20
There is antenatal care	5	8.3
TOTAL	**60**	**100%**

Source: ***Primary data, 2015***

The study findings on the strategies adopted to combat poverty for maternal health improvement in Warr sub-county. The responses were that Health service extension had 2%% of the respondents, establishment of village health teams 20% of the respondents, there has been sensitization on maternal health 26.7% of the respondents, encouraging women hospital birth had 20% of the respondents and the prevalence of antenatal care had 8.3% of the respondents who agreed.

4.4.3 What else should be done to combat poverty for maternal health improvement in Zombo district.

Table 13: Responses on what else should be done to combat poverty for maternal health improvement in Zombo district

Response	Frequency	Percentage
Create a framework for economic transformation	15	25
There is need for provision adequate health environment	30	50.0
There is need for political intervention on maternal health	10	16.7
Ensure effective education policy dissemination and implementation	5	8.3
TOTAL	**60**	**100%**

Source: ***Primary data, 2015***

The study findings on responses on what else should be done to combat poverty for maternal health improvement in Warr sub-county, Zombo district. The findings were that there is need to create a framework for economic transformation had 25% of the respondents, there is need for provision adequate health environment had 50% of the respondents, there is need for political intervention on maternal health had 16.7% of the respondents and ensures effective education policy dissemination and implementation had 8.3% of the respondents. The findings imply that there is need for adoption of further factors to improve the state of women health in Warr sub-county.

CHAPTER FIVE
SUMMARY OF THE FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

In this chapter the discussion, summary of research findings, conclusions from the study and recommendations made are presented. The study used both qualitative and quantitative methods of data analysis.

5.1 Summary of findings

Poverty prevalence at house hold level in Warr sub-county, Zombo, district. The findings reveal that 63.3% of the respondents agreed with the responses, 23.3% disagreed and 13.4% were not sure.

30(50%) of the respondents agreed that to the level of Household poverty in Warr sub-county, Zombo, district, 20 (33.3%) agree that the house hold poverty is high 10 (16.7%) of the respondents were for no extent

The causes of house hold poverty in Warr sub-county, Zombo, district. The findings were that many respondents agree that there are several causes of household poverty in Warr sub-county. The findings were that lack of a strong market economy had 16.7% of the respondents; lack of technical and human skills had 18.3% of the respondents, limited income generating opportunities had 21.6% of the respondents, AIDS scourge had 10% of the respondents, cultural traditions and practices had 11.7% of the respondents, land shortages had 15% of the respondents and over population had 13.3% of the respondents

Poverty affects the maternal health conditions in warr sub-county were that 66.7% of the respondents were in agreement, 20% of the respondents disagreed, 13.3% of the respondents were not sure.

Poverty affects the maternal health conditions of women in Warr Sub-county. The findings were that Lack of health materials had 38.3% of the respondents agreed, improper treatment for

women had 16.7%, poor medical and psychological venture for children 20%, poor feeding had 15% of the respondents and Poor state of child births had 10% of the respondents.

Factors affect maternal health conditions of women in Warr Sub-county, Zombo sub-county. The findings were that poor health systems account for 33.3% of the respondents, Poor infrastructure accounts for 25% of the respondents, Low levels administration had 23.3% of the respondents and high degree of domestic violence had 18.3% of the respondents.

Strategies that have been adopted to combat poverty for maternal health improvement in Zombo district. The findings were that 38.3% of the respondents agreed, 28.3% disagreed while 33.4% were not sure.

Strategies adopted to combat poverty for maternal health improvement in Warr sub-county. The responses were that Health service extension had 2%% of the respondents, establishment of village health teams 20% of the respondents, there has been sensitization on maternal health 26.7% of the respondents, encouraging women hospital birth had 20% of the respondents and the prevalence of antenatal care had 8.3%

The findings were that there is need to create a framework for economic transformation had 25% of the respondents, there is need for provision adequate health environment had 50% of the respondents, there is need for political intervention on maternal health had 16.7% of the respondents and ensures effective education policy dissemination and implementation had 8.3% of the respondents.

5.2 Discussion of findings

5.2.1 Causes of poverty at house hold level in Warr sub-county

The causes of house hold poverty in Warr sub-county, Zombo, district. The findings were that many respondents agree that there are several causes of household poverty in Warr sub-county. The findings were that lack of a strong market economy had 16.7% of the respondents; lack of technical and human skills had 18.3% of the respondents, limited income generating opportunities had 21.6% of the respondents, AIDS scourge had 10% of the respondents, Cultural traditions and practices had 11.7% of the respondents, land shortages had 15% of the respondents and over population had 13.3% of the respondents.

The findings are in line with Ellis, Frank and Godfrey Bahiigwa (2001) who argued that cultural traditions and practices in some communities deter development through their advocacy for the dominance of male over female in all aspects of life, including nutrition and ownership.

Deininger and Okidi (2001) also argued that lack of affordable comprehensive insurance mechanisms to enable people to ward off economic, health and other related shocks, can lead to slippage into poverty at the occurrence of any such shocks. Vulnerability to shocks can therefore be a cause or symptom of poverty

5.2.2 Effects of poverty on maternal health conditions

Poverty affects the maternal health conditions of women in Warr Sub-county. The findings were that Lack of health materials had 38.3% of the respondents agreed, improper treatment for women had 16.7%, poor medical and psychological venture for children 20%, poor feeding had 15% of the respondents and Poor state of child births had 10% of the respondents.

The study findings are in line with those of Stanley Eitzen et al (1997) argued that the leading causes of maternal death are preventable. He added that statistics reveal that the death rate of black and non white mothers is much higher than that of white mothers. the maternal mortality rates for blacks and non white women is 18.8 and 16.0 deaths per 100,000 births, respectively compared with 4.9 for white women (Hughes et al 1989:10).

Griggs and Walker, 2008) concludes that 'the consequences of child poverty are serious, far-reaching and multi-faceted'. It points to a wide range of evidence demonstrating the interaction of low income, damage to children's physical health Research comparing outcomes of children from families din poverty with those not in poverty shows clear-cut health differences at each stage of the life cycle (Hirsch and Spencer, 2008).

5.2.3 Strategies that can be adopted to combat poverty for maternal health improvement

Strategies adopted to combat poverty for maternal health improvement in Warr sub-county. The responses were that Health service extension had 2%% of the respondents, establishment of village health teams 20% of the respondents, there has been sensitization on maternal health

26.7% of the respondents, encouraging women hospital birth had 20% of the respondents and the prevalence of antenatal care had 8.3%.

The above findings are in line with Ellis, Frank and Godfrey Bahiigwa (2001) who argued that to develop and enforce context-sensitive legal provisions to eliminate gender discrimination in the family, school, workplace and community:

Roche, J. M. (2009) also argues that Investing in the design and implementation of child- and gender-sensitive social protection: Initiatives to promote girls schooling, cash transfers, social health insurance and health

5.3 Conclusion

The study was to conduct an inquiry into the relationship between poverty and maternal health conditions of women in warr sub-county, Zombo district, and west Nile region. The study was set to assess the causes of poverty at house hold level in Warr sub-county, assess the effects of poverty on maternal health conditions and strategies that can be adopted to combat poverty for maternal health improvement.

The findings were that house hold poverty in Warr sub-county, Zombo, district prevails. The findings were that many respondents agree that there are several causes of household poverty in Warr sub-county. The findings were that lack of a strong market economy had 16.7% of the respondents; lack of technical and human skills had 18.3% of the respondents, limited income generating opportunities had 21.6% of the respondents, AIDS scourge had 10% of the respondents, cultural traditions and practices had 11.7% of the respondents, land shortages had 15% of the respondents and over population had 13.3% of the respondents.

Poverty affects the maternal health conditions of women in Warr Sub-county. The findings were that Lack of health materials had 38.3% of the respondents agreed, improper treatment for women had 16.7%, poor medical and psychological venture for children 20%, poor feeding had 15% of the respondents and Poor state of child births had 10% of the respondents. The findings were that there strategies adopted to combat poverty for maternal health improvement in Warr sub-county. The responses were that Health service extension had 2%% of the respondents, establishment of village health teams 20% of the respondents, there has been sensitization on

maternal health 26.7% of the respondents, encouraging women hospital birth had 20% of the respondents and the prevalence of antenatal care had 8.3%.

5.4 Recommendations

On summarizing the findings and drawing conclusions of the findings, the researcher made recommendations as seen below;

There is need for the girl child to be given more opportunity for higher levels of education since most women were seen illiterate which created problems in their families. There is need to strengthen and support poverty eradication programs so as to reduce the level of poverty among families.

It is vital to impose population control policies so as to ensure that women produce children that they can easily support. And immunization programs should be put in place so as to do away with communicable diseases that escalated child mortality.

There is need to have sensitization programs by qualified medical personnel about balanced diet so as to ensure that women are made aware of the food to feed their children for good health. And also there is need to put up more hospitals and health centers with qualified personnel should be put in place so as to have good birth attendances for the women.

5.4 Suggestions for future research

The study was carried out on poverty and its effects on health conditions of women and thus, the researcher suggests that more studies should be conducted on how it affects children development and how it influences the provision of education for the girl child.

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APPENDIX I: Research Questionnaire.

I, Kayeng Agnes a student of Kampala International University pursuing a Bachelors Degree in social work and social administration conducting a research on an inquiry into the relationship between poverty and maternal health conditions in warr sub-county, Zombo district. This questionnaire is mainly for data collection and has been designed for academic reasons and as a partial fulfillment for the award of Bachelors of social work and social administration of Kampala international University. The researcher will hold confidential any information given and under no circumstance will any one's name appear as an individual. I kindly therefore request that you fill in the questions as instructed respectively.

Tick the appropriate box according to you where applicable. Fill in the information in the space provided.

PART A- Background of respondents

1. Gender

Male ☐

Female ☐

2. Age

20– 29 years ☐

30 – 39 years ☐

40– 49 years ☐

Above 50 years ☐

3. Qualification academically

Primary ☐

Secondary ☐

Certificate ☐

Diploma ☐

Degree ☐

4. Marital status

Single ☐

Married ☐

Separated/divorced ☐

SECTION B: Causes of poverty at house hold level in Warr sub-county, Zombo, district.

5. Is there poverty prevalence at house hold level in Warr sub-county, Zombo, district?

   Yes ☐

   No ☐

   Not sure ☐

6. What is the level of Household poverty in Warr sub-county, Zombo, district?

   High ☐

   Low ☐

   Very Low ☐

7. What are the causes of house hold poverty in Warr sub-county, Zombo, district?

   .....

   .....

   .....

   .....

Section C: Effects of poverty on maternal health conditions in Zombo, district.

8. In your own view, does poverty affect the maternal health conditions in warr sub-county?

   Yes ☐

   No ☐

   Not sure ☐

9. How does poverty affect the maternal health conditions of women in Warr Sub-county?

   .....

   .....

   .....

10. What other factors affect maternal health conditions of women in Warr Sub-county, Zombo sub-county?

.....

.....

.....

Section D: Strategies that can be adopted to combat poverty for maternal health improvement in Zombo district.

11. Are there Strategies that can be adopted to combat poverty for maternal health improvement in Zombo district.

Yes ☐

No ☐

Not sure ☐

12. What Strategies have been adopted to combat poverty for maternal health improvement in Zombo district.

.....

.....

.....

.....

13. What else should be done to combat poverty for maternal health improvement in Zombo district?

.....

.....

.....

.....

Thank you for your response and time.

Appendix iii: Research Budget

Items	QTY	UNIT COST	AMOUNT
Stationery			
Ream of rule paper	10	20,000	200,000=
Editing data, printing and binding		50,000	50,000=
Motivation and refreshment			50,000=
Miscellaneous		80,000	80,000=
TOTAL			**380,000=**

APPENDIX iv: Research Time Frame

NO	ACTIVITY	Time Months
1	Variable formulation	March-April 2015
2	Chapter one formulation and design	May 2015
3	Literature & Methodology	June 2015
4	Data collection	Early July 2015
5	Data analysis	Late July 2015
6	Report writing and submission	August 2015

MAP OF ZOMBO DISTRICT

LEGEND

- Commercial Facility
- Health Facility
- Primary School
- Post Primary School
- Secondary School
- Tertiary Institution
- Other School
- Constituency Boundary

Road Network

- Major Road
- Minor Road
- Motorable Track

Subcounty Population

- 1300 - 16000
- 16000 - 26000
- 26000 - 36000