

**THE ROLE OF ANTENATAL CARE RADIO JINGLES IN THE TIMELY
INITIATION OF ANTENATAL CARE VISITS AMONG PREGNANT WOMEN**

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S22M54/211

**A DISSERTATION SUBMITTED TO THE SCHOOL OF JOURNALISM, MEDIA &
COMMUNICATION IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
MASTER OF ARTS IN STRATEGIC COMMUNICATION OF UGANDA CHRISTIAN
UNIVERSITY**

July, 2025




**UGANDA CHRISTIAN
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DECLARATION

I, **Zipporah Njeri** hereby declare that this report is my original work, is not plagiarized and has not been submitted in any other institution for any award.

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ABSTRACT

This study aimed to investigate the perceived role of Antenatal Care (ANC) radio jingles in the timely initiation of ANC visits among pregnant women in Kapchorwa District, guided by the Information-Motivation-Behavioral Skills (IMB) model, which emphasizes how information, motivation, and behavioral skills drive health-promoting actions. A phenomenological qualitative design was employed, with 40 pregnant women purposively selected to participate in in-depth interviews (IDIs) and focus group discussions (FGDs). Data collection tools were developed in English and translated into the local language for participants who did not understand English. Data were analyzed using ATLAS.ti 13, and findings were presented through themes and illustrative quotes. Results revealed that exposure to ANC radio jingles and their impact on timely ANC visits are shaped by a complex interplay of media access, message clarity, social dynamics, and structural barriers. Factors influencing exposure included preferred radio stations, broadcast timing, electricity availability, and language. Comprehension depended on message simplicity, recall, and personal interpretation, while community perception, trust, and peer influence shaped uptake. Behavioral outcomes, such as early clinic visits and intentions to follow ANC recommendations, were reinforced by emotional and social experiences. However, socio-cultural norms, traditional beliefs, limited decision-making power, distance to health facilities, healthcare quality, and hidden costs constrained the effectiveness of jingles. Participants recommended improving timing, localizing content, and involving communities in message creation. The study highlights the need for community-centered communication strategies that enhance cultural relevance, accessibility, and message design while addressing social and structural barriers to improve ANC uptake.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

Media interventions, notably through radio jingles, have emerged as a potential strategy to reduce barriers and promote timely Antenatal Care (ANC) participation. Radio is a widespread and accessible medium in many low-resource contexts, reaching a large audience, including women in rural locations who may have limited access to other forms of communication (Riley et al., 2014). Radio jingles, typified by their brief, catchy songs and memorable messaging, are meant to transmit essential health information efficiently and captivate listeners. They have been effectively deployed in numerous health promotion efforts internationally, indicating their capacity to affect health behaviors by raising awareness and influencing attitudes towards healthcare procedures (Obregón et al., 2009).

In the context of maternal healthcare, radio jingles have been utilized to educate communities on the necessity of ANC visits, dispel myths around prenatal care, and encourage timely healthcare-seeking behaviors. Studies have established the influence of radio jingles in raising knowledge and modifying attitudes towards health behaviors, particularly ANC attendance (Babalola & Kincaid, 2009). By delivering clear, culturally appropriate information through appealing audio formats, radio jingles have the potential to impact behavior change and enhance health outcomes among pregnant women in underprivileged communities.

This chapter presents the background to the study, statement of the problem, research objectives and questions, significance of the study as well as the conceptual framework of the study.

1.1 Background

Radio is a widely accessible and affordable medium, especially in rural and remote areas where access to other forms of communication may be limited. By broadcasting ANC radio jingles, health messages can reach a broad audience, including those who may not have access to other forms of media. Radio jingles can convey important information about the benefits of ANC, the recommended timing for initiating ANC visits, and the services available to pregnant women. These messages can help raise awareness about the importance of seeking ANC early in pregnancy (Atuhaire et al, 2019).

Effective health communication strategies, including the use of mass media like radio, have been pivotal in addressing these challenges by disseminating essential health information and promoting behavior change in ensuring the health and well-being of pregnant women and their infants, with timely initiation of ANC visits crucial for early detection and management of pregnancy-related complications (WHO, 2016). Despite worldwide efforts to improve maternal health, inequities exist, particularly in low-resource countries where access to healthcare services is restricted (UNICEF, 2020).

In industrialized nations, radio jingles have been deployed as part of comprehensive health promotion initiatives to encourage timely ANC attendance among expecting mothers. For instance, campaigns in the United States and Europe have effectively

employed radio jingles to educate pregnant women about the benefits of early ANC visits, contributing to high compliance rates (Adler & Feldman, 2015; NHS England, 2018).

Conversely, in the developing world, particularly numerous nations in Africa, access to healthcare remains a substantial difficulty due to socioeconomic considerations, infrastructure limits, and cultural hurdles. In places like East Africa, where Uganda is located, radio plays a critical role in reaching rural and underserved populations with health information (Amollo & Njau, 2017). Studies in countries such as Kenya and Tanzania have demonstrated that radio jingles can successfully improve awareness and boost ANC attendance among pregnant women, hence improving maternal and child health outcomes (Turan et al., 2012; Mushi et al., 2015).

Radio remains a pervasive and accessible medium in many parts of Uganda, including rural areas where healthcare access is limited (Amollo & Njau, 2017). Jingles broadcasted through radio have the potential to reach a wide audience, including pregnant women who may face barriers such as lack of transportation or awareness regarding ANC services.

At the national level in Uganda, maternal health indicators remain a focus for public health measures. Despite efforts in boosting ANC coverage, inequities continue, particularly in rural regions like Kapchorwa District. Radio jingles, given in local languages and customized to cultural settings, have emerged as a potential tool to remove obstacles to healthcare access and encourage good health-seeking behaviors (Ministry of Health Uganda, 2020). Understanding the impact of ANC radio jingles at Kapchorwa Hospital especially can give insights into enhancing health communication

techniques to boost maternal healthcare usage and improve health outcomes in resource-constrained settings.

Moreover, radio jingles are effective in delivering health messages due to their repetitive and memorable nature. The succinct format of jingles allows for the dissemination of key information in a concise manner, making it easier for listeners to recall and act upon the messages conveyed (Obregón et al., 2009). Studies have shown that repeated exposure to health messages through radio jingles can significantly increase awareness and knowledge about healthcare practices, influencing behavior change among listeners (Babalola & Kincaid, 2009).

However, what remains unclear is the effect of ANC radio jingles and timely initiation of ANC in rural Uganda. ANC radio jingles offer a cost-effective, culturally sensitive, and widely accessible approach to promoting timely initiation of ANC visits among pregnant women.

Furthermore, the use of radio jingles in ANC campaigns aligns with global efforts to leverage mass media for health promotion and behavior change communication. Countries across Africa and other low-resource settings have successfully utilized radio jingles in various health campaigns, demonstrating their effectiveness in improving health outcomes by increasing knowledge and promoting positive health behaviors (Riley et al., 2014). This study aims to explore the role of Antenatal Care Radio Jingles in the timely initiation of ANC visits among pregnant women in Kapchorwa Hospital. By examining this innovative approach, the study seeks to contribute to the body of knowledge on effective health communication strategies in promoting maternal health in rural Uganda, and by extension, in similar settings across Africa.

Hence, the study seeks to explore the role of Antenatal Care Radio Jingles in timely initiation of Antenatal Care visits among pregnant women in Kapchorwa Hospital.

1.2 Problem statement

While radio jingles have been widely recognized as an effective tool in health communication, their specific impact on the timely initiation of antenatal care (ANC) visits remains underexplored. Studies have demonstrated the role of radio-based health campaigns in influencing public health behaviors, including HIV prevention (Sibanda & Fonn, 2020), malaria control (Dutta-Bergman, 2004), and maternal healthcare uptake (Oluwatosin & Oladeji, 2021). However, despite these successes, there is a notable gap in research regarding the effectiveness of radio jingles in promoting early ANC visits, particularly in rural settings where healthcare access barriers persist (Limani et al., 2017).

In Kapchorwa district, as in many other parts of the country, the adoption of radio jingles specifically designed to encourage early ANC attendance remains limited (Cowans & Hoskins, 2007). Studies suggest that factors such as cultural beliefs, lack of awareness, and misconceptions about ANC contribute to delays in seeking care (Sibanda & Fonn, 2020). Given the demonstrated potential of radio jingles in addressing health communication challenges, there is a need for focused research to determine their influence on ANC visit initiation. This study seeks to bridge this gap by evaluating the effectiveness of ANC radio jingles in Kapchorwa Hospital, providing evidence that could inform future health communication strategies to improve maternal and child health outcomes in similar contexts.

1.3 Objective of the study

1.3.1 Main objective

The aim of the study is to investigate the perceived role of Antenatal Care Radio Jingles in timely initiation of Antenatal Care visits among pregnant women in Kapchorwa district in order to explore innovative and effective communication strategies to promote timely initiation of ANC visits among pregnant women in rural Uganda.

1.3.2 Specific objectives

1. To explore the extent to which the pregnant women are exposed to ANC Radio jingles that promotes timely initiation of ANC visit among pregnant women attending Kapchorwa district
2. To assess the community perception regarding the effectiveness of ANC Radio Jingles in promoting timely initiation of ANC visits among pregnant women attending Kapchorwa district.
3. To identify the perceived barriers to the effectiveness of ANC radio jingles in promoting early ANC visits

1.4 Research questions

- 1 To what extent are pregnant women exposed to ANC jingles that promote timely initiation of ANC visits among pregnant women attending Kapchorwa Hospital?
2. What are the community perceptions regarding the effectiveness of ANC Radio Jingles in promoting timely initiation of ANC visit among pregnant women attending Kapchorwa Hospital?
3. What are the barriers to the effectiveness of ANC radio jingles in promoting early ANC visits?

1.5 Scope of the study

1.5.1 Time Scope

The study was conducted over a period of one year, from October 2024 to Feb 2025. This timeline includes the phases of planning, data collection, data analysis, and reporting. The data collection phase span three months, from March 2025 to May 2025, to allow for the capture of ANC visit initiation patterns over multiple months and account for any seasonal variations in healthcare-seeking behaviour.

1.5.2 Geographical Scope

This study was conducted in Kapchorwa District, specifically focusing on pregnant women attending Kapchorwa Hospital. Kapchorwa District is located in Eastern Uganda and serves a predominantly rural population. Kapchorwa Hospital is the main healthcare facility in the district, providing comprehensive maternal and child health services, including antenatal care. The choice of this geographical location was based on the high prevalence of delayed ANC initiation and the accessibility of radio as a communication medium in the region.

1.5.3 Content Scope

The study focused on radio jingles and the timing of antenatal care initiation. Radio jingles were assessed based on participants' self-reported messages, the language used and the frequency of the jingles and the influence of jingle on early initiation

1.6 Justification

Radio is one of the most prevalent and accessible kinds of media, particularly in rural regions where literacy rates are low and other modes of communication may be less successful. In Uganda, radio penetration is considerable, with a large proportion of

the population relying on radio for information and enjoyment (Sibanda & Fonn, 2020). The aural element of radio jingles allows them to reach folks regardless of their reading ability, making it a suitable medium for health communication in rural contexts.

Radio jingles have been effectively deployed in numerous health initiatives to impact public despite the popularity of radio jingles in other health areas, its applicability in promoting timely ANC visits remains underexplored. There is a huge vacuum in study and implementation of radio jingles particularly targeted to induce early ANC attendance. By concentrating on this gap, the study intends to evaluate if radio jingles may similarly motivate pregnant women in Kapchorwa to get urgent ANC. This might fill a major need in maternal health promotion initiatives and offer evidence for scaling up comparable treatments in other locations. Delayed beginning of ANC is related with multiple unfavorable outcomes, including greater risks of maternal and newborn morbidity and death (Lincetto et al., 2006).

In Kapchorwa, where access to timely ANC is already restricted, creative communication tactics are necessary to overcome this gap. Radio jingles might play a vital role in resolving this issue by promoting awareness and incentive among pregnant women to attend ANC checkups early, therefore reducing difficulties and improving health outcomes. The effective adoption of radio jingles in promoting timely ANC visits in Kapchorwa might serve as a model for similar interventions in other rural and neglected locations. Given the scalability and cost-effectiveness of radio programs, this study has the potential to influence public health practices globally, making a substantial contribution to improving maternal health on a broader scale. By exploiting

the existing infrastructure and large radio listenership, the impact of such interventions may be maximized.

1.7 Significance

This study is highly significant for policymakers as it provides empirical evidence on the effectiveness of antenatal care (ANC) radio jingles in promoting timely initiation of ANC visits. Policymakers can utilize the findings to design and implement more effective health communication strategies that leverage mass media to reach and educate rural populations. Additionally, the study's insights can inform national health policies aimed at reducing maternal and neonatal mortality rates, thereby contributing to the achievement of Sustainable Development Goals (SDGs) related to maternal and child health.

The study on the effect of Antenatal Care (ANC) radio jingles in encouraging timely beginning of ANC visits among pregnant women at Kapchorwa Hospital offers major implications for public health communication strategies. Radio jingles serve as a significant tool in reaching varied audiences, particularly those in distant or rural places where access to healthcare information may be limited. By broadcasting customized messages on the necessity of ANC visits and addressing common misunderstandings or hurdles, radio jingles can successfully educate and inspire pregnant women to seek timely treatment.

Furthermore, radio jingles are particularly successful in establishing awareness and influencing behavior because of their repeating and memorable character. The regular exposure to ANC messaging through jingles helps reinforce essential health information, making it more likely for pregnant women to prioritize and act upon their

ANC visits. This element is significant in places like Kapchorwa Hospital, where logistical constraints or cultural considerations may dissuade women from getting ANC early in their pregnancies.

Moreover, the study underlines the function of media in agenda-setting within the healthcare sector. By promoting ANC as a priority through radio jingles, the media may contribute to establishing community norms and attitudes regarding maternal health. This not only boosts individual health outcomes but also promotes larger public health goals of lowering maternal and newborn mortality rates by guaranteeing timely access to vital healthcare services. This study will contribute significantly to the existing body of knowledge on the study matter.

1.8 Theoretical framework

The Information-Motivation-Behavioral Skills (IMB) model, developed by Fisher and Fisher (1992, 1993, 2000), is widely used to understand the psychological determinants of health behavior, especially those that influence health-related outcomes. Initially developed to explain HIV prevention behaviors, it has since been applied to various health behaviors, including antenatal care (ANC) attendance, by emphasizing the importance of information, motivation, and behavioral skills in driving health-promoting actions (Fisher & Fisher, 2000; Fisher et al., 2016).

Information: According to the IMB model, accurate health-related information is a critical determinant of whether individuals engage in health-promoting behaviors. The model posits that well-informed individuals are more likely to adopt positive health behaviors, such as attending antenatal clinics (Fisher & Fisher, 2000). Studies have

shown that knowledge of the benefits of early ANC visits is associated with higher rates of participation in such programs (Mbuthia et al., 2017).

Motivation: Motivation to engage in health behaviors is equally essential, and is often influenced by social and personal factors. In the context of ANC attendance, pregnant women who are socially motivated (e.g., through support from partners or family) or who are personally motivated to ensure the safety of their child and their own health are more likely to attend ANC visits. This motivation can be intrinsic or extrinsic (Hernandez et al., 2020).

Behavioral Skills: The skills component of the IMB model is crucial for enacting health-promoting behaviors. This refers to an individual's ability to perform the desired behavior effectively. For ANC, this includes the ability to navigate healthcare systems, manage time, and communicate with health providers. The model suggests that even well-informed and motivated individuals may not act unless they have the necessary skills to carry out the behavior (Rye, 1990; 1998). In low-resource settings, barriers like lack of transportation or understanding how to access care may inhibit ANC attendance despite having accurate information and motivation (Njoroge et al., 2021).

Health Outcomes and Behavior: The model also underscores the direct relationship between information, motivation, and behavior. When individuals are informed and motivated, and possess the necessary skills, they are more likely to engage in behaviors that improve health outcomes, such as regular ANC attendance. This alignment between information, motivation, and skills increases the likelihood of positive maternal and child health outcomes (Sarkar et al., 2021).

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter presents a review of the existing literature on perceived role of Antenatal Care Radio Jingles in timely initiation of Antenatal Care visits. The literature search included hard copies of government reports, textbooks, theses, journal articles and information from the electronic data bases. Most findings of the research study were conducted in Asia and Africa. Google scholar, Google search, Chrome, Mozilla fire fox and HINARI were search engines used to conduct literature search in the following databases: CINAHL, Cochrane Library, PubMed/Medline, African Journal online, African wide information, EBSCOHost, psycINFO.

2.1 Exposure to ANC Radio Jingles Promoting Timely Initiation of ANC Visits

Radio has long been regarded as a significant instrument for health communication, particularly in low-resource areas where other kinds of media may not be as accessible. Various studies have proved the usefulness of radio ads in improving health behaviors, such as boosting knowledge of illnesses like malaria and HIV/AIDS (Dutta-Bergman, 2004). However, the specific use of radio jingles to encourage the prompt commencement of antenatal care (ANC) visits among pregnant women remains underexplored, particularly in rural and isolated locations. Listening to radio, viewing television and early commencement of ANC is not surprising has been related with ANC usage in the first trimester in low resource situations such as Ethiopia and Malawi have shown this favorable connection (Dewau as al, 2021; Wang et al, 2021; Zamawe et al, 2016). Women exposed to radio jingles at least once a week were more likely to commence ANC within the first trimester compared to those who

were not exposed to radio at all. Women who were exposed to television less than once a week were more likely to commence ANC within the first trimester compared to those who were not exposed to all (Sserwanja, Mutisya, & Musaba, 2022). Similarly, research done in Ethiopia indicated that women who had television or radio exposure, were two times more likely to commence ANC within the recommended period (Geta et al, 2017).

Mass media including radio jingles lead to good healthy behavioral change through regular and frequent aired programs and announcements that enlighten people about the benefits of prompt beginning of ANC and other maternity care services (Fatema, & Lariscy, 2020). They also inform the population about the availability and working hours of public health institutions that provide free services. This knowledge stimulates women and their spouses to take real action towards their health (Fatema, & Lariscy, 2020). Similarly, in Nepal 60% and 43.1% of respondents from the rural community were found to have exposure to radio and television correspondingly. These two forms of mass media have beneficial influence on use of ANC components such as frequency of ANC visits (Acharya et al, 2015). India and South Asia similarly revealed favorable correlation of mass media with consumption of maternal health care at all the three crucial phases of pregnancy, although they did not go further to demonstrate the effect of the link (Dhawan et al, 2020).

Radio's capacity to reach a large audience, even those in rural places, makes it an ideal medium for health promotion. Research has demonstrated that radio ads may dramatically alter health habits by giving timely information and improving awareness. For instance, research in Nigeria found that radio broadcasts dramatically enhanced knowledge and habits linked to maternal and child health (Adekunle et al., 2017).

However, the literature lacks extensive research concentrating exclusively on ANC radio jingles and their influence on the timely beginning of ANC visits.

The amount to which pregnant women are exposed to ANC radio jingles varies greatly based on numerous criteria, including geographical location, socio-economic position, and access to media. In locations where radio is a key source of information, such as rural Uganda, exposure to health-related jingles can be significant. A research in Tanzania indicated that regular exposure to maternal health radio messaging was connected with increased ANC attendance (Sullivan et al., 2018). However, the exact form and substance of the jingles, as well as the frequency of their broadcast, play essential roles in their success. The jingles gave crucial information about the necessity of early ANC and the resources available, therefore pushing women to seek treatment. Despite the potential of radio jingles to promote timely ANC visits, various impediments might hamper their efficacy. Cultural attitudes and customs, restricted access to radio equipment, and poor literacy levels can lessen the effectiveness of these messages. Additionally, research in Kenya showed that while radio is widely available, the substance of health messages often fails to resonate with the local community owing to a lack of cultural adaptation (Mwangi et al., 2019). This underlines the necessity for context-specific material to ensure the messages are relevant and practical.

Different regions may display varied levels of efficiency in deploying radio jingles for health promotion. For example, in Kapchorwa, Uganda, despite the overall efficacy of radio in health campaigns, there appears to be a gap in utilizing this medium to encourage timely ANC visits (Nabiryo et al., 2020). This contrasts with studies from locations like Mbale, where health radio initiatives have been more successful (Okech

et al., 2021). These disparities underscore the significance of localized studies to understand the specific characteristics impacting each location. Radio jingles are meant to be memorable and entertaining, making them a useful tool for health promotion. A research in India indicated that well-crafted health messages via radio jingles enhanced maternal health knowledge and behaviors (Kumar et al., 2019). However, the usefulness of these jingles also depends on how they are interpreted by the target demographic. In places where radio is a trusted source of information, jingles may be extremely powerful. The influence of radio jingles on ANC attendance might vary across different locations and circumstances. For instance, in a study comparing the effectiveness of radio jingles in promoting ANC visits in urban and rural areas of Uganda, Nabiryo et al. (2020) found that while urban women had better access to radios and responded more positively to the jingles, rural women faced challenges such as poor signal reception and limited access to radio devices. These discrepancies underline the necessity for specialized tactics that recognize the particular needs and conditions of diverse communities.

2.2 Community perception regarding the effectiveness of ANC Radio Jingles in promoting timely initiation of ANC visits.

Understanding community perspective is vital in evaluating the success of health communication initiatives such as antenatal care (ANC) radio jingles. Community perception can considerably influence the acceptability and effectiveness of these messages. Community perception has a crucial impact in health behavior modification. Positive impressions can strengthen the credibility and acceptability of health messages, leading to improved health outcomes. Communication campaigns have long

been a technique for promoting public health. Evidence from selected research shows that effective campaign concepts can lead to effects not just on attitudes, but on health behavior modification as well (Farrelly, Davis, Haviland, Messeri, & Healton, 2005; Hornik, 2002; Noar, 2006). Relatively few of the intervention options in Bangladesh to decrease maternal mortality used behavior change communication to enable ANC (Care, 2012).

However, other studies suggest that the obstacles to ANC should be addressed as part of health interventions through information, education and communication initiatives to early entrance to ANC (Kamal, Hassan, & Islam, 2013). Previous researches also show that the characteristics linked with the usage of competent maternal health care include factor like access to mass media (Quayyum et al., 2014).

A research by Rosenstock et al. (1988) noted that perceived advantages and self-efficacy are crucial elements in adopting health habits. In the context of ANC radio jingles, if the community considers these messages as trustworthy and valuable, they are more inclined to act on them and commence ANC visits punctually. Community perception of ANC radio jingles might differ dependent on cultural, social, and economic conditions. In a research done in rural Nigeria, community members indicated high confidence in radio health messaging, which positively affected their health-seeking behaviors (Adekunle et al., 2017). Conversely, in some regions, there may be suspicion regarding the authenticity or relevancy of the information presented, which might limit the jingles' impact.

Several hurdles might impact community perception of ANC radio jingles. These include poor literacy levels, cultural attitudes, and disinformation. A research in Kenya

highlighted that while radio is extensively utilized, the messages frequently did not resonate with local beliefs and behaviors, resulting to minimal influence (Mwangi et al., 2019). Additionally, if the community considers the jingles as unimportant or not indicative of their experiences, they may dismiss the messaging. Engaging the community in the production and transmission of ANC radio jingles can boost their perception and efficacy. Involving local leaders and including culturally appropriate messaging can boost the legitimacy and acceptability of the jingles. A participatory strategy was found to be beneficial in a trial in Tanzania, where community-tailored radio messaging dramatically enhanced ANC attendance (Sullivan et al., 2018).

2.3 The barriers to the effectiveness of ANC radio jingles in promoting early ANC visits.

Despite the potential of radio jingles to promote early ANC visits, various impediments can hamper their effectiveness. This literature review explores the numerous hurdles that might hamper the efficacy of ANC radio jingles in encouraging timely ANC visits among pregnant women. The reception and impact of ANC radio jingles may be greatly influenced by cultural ideas and traditions. ANC jingles sometimes clash with traditional notions about pregnancy and delivery across many groups. For example, research conducted in Kenya discovered that certain women chose to depend on traditional delivery attendants instead of seeking professional medical treatment, even though they were exposed to radio messages promoting antenatal care visits (Mwangi et al., 2019). The efficacy of radio jingles might be compromised by this cultural opposition.

Socio-economic issues also have a key impact in the efficacy of ANC radio jingles. Poverty and lack of knowledge might impede the ability of pregnant women to access and act on the information supplied. In rural Nigeria, Adekunle et al. (2017) showed that low-income women were less likely to have access to radios and, hence, less likely to hear ANC jingles. Furthermore, even when they do hear the messages, economic restrictions might prohibit people from accessing ANC services because to the expenses related with transportation and healthcare. The reach and accessibility of radio broadcasts can determine how effectively ANC jingles are perceived. In distant and underserved locations, restricted access to radios and irregular signal coverage might hinder the messages from reaching the intended population. Research in Tanzania emphasized that many rural homes lacked radios or had poor reception, which greatly decreased the effectiveness of radio health programs (Sullivan et al., 2018). Additionally, linguistic difficulties might also limit understanding if the jingles are not broadcast in the local dialect. The impression of the trustworthiness and relevance of the messaging is another impediment to the efficacy of ANC radio jingles. If the community considers the jingles as not trustworthy or unrelated to their personal needs and circumstances, they are less inclined to act on them. Rosenstock et al. (1988) underlined the role of perceived advantages and self-efficacy in health behavior change. Without confidence in the information supplied, the jingles are unlikely to induce behavior change

Gender factors among homes can also impact the efficacy of ANC radio jingles. In certain societies, males govern household choices, particularly those connected to healthcare. If the messages in the jingles do not target or interest males, women may

find difficulty in acting on the advice presented. Research in Uganda indicated that including males in maternal health education doubled the chance of women attending ANC visits (Nabiryo et al., 2020). Therefore, failure to incorporate gender dynamics might restrict the impact of radio jingles.

Finally, the implementation and design of the radio jingles themselves might be hurdles to their efficacy. Poorly constructed communications that are not engaging or culturally appropriate may fail to catch the audience's attention. Mwangi et al. (2019) noticed that messages that did not resonate with local beliefs and behaviors were less successful. Additionally, sporadic or occasional airing of the jingles might result in limited exposure and reinforcement of the messaging. While ANC radio jingles have the potential to promote early ANC visits, various impediments can limit their efficacy. Cultural attitudes, socio-economic limits, accessibility concerns, perceptual hurdles, gender dynamics, and implementation errors all play key roles in deciding the effectiveness of various health communication techniques.

2.4 Theoretical Framework

The study is anchored in the **Information-Motivation-Behavioral Skills (IMB) model** developed by Fisher and Fisher (1992, 1993, 2000), which explains how information, motivation, and behavioral skills influence health behaviors. In the context of ANC radio jingles, the IMB model suggests that: (1) accurate and culturally relevant information provided through radio jingles increases knowledge about early ANC initiation; (2) motivation, shaped by social support and community norms, encourages women to act on the information; and (3) behavioral skills, including the ability to

access health facilities and overcome logistical challenges, enable women to follow through with timely ANC visits. Previous studies using the IMB model in maternal health contexts have demonstrated that exposure to targeted health communication significantly improves knowledge, attitudes, and health-seeking behaviors (Fisher et al., 2016; Addai et al., 2021; Chansa et al., 2020).

2.5 Summary

The literature indicates that radio jingles are an effective medium for promoting timely ANC initiation, particularly when messages are culturally adapted, frequent, and aired at convenient times. Community perception, socio-economic factors, accessibility, and program design all influence the effectiveness of these interventions. The IMB model provides a useful theoretical lens for understanding how information, motivation, and behavioral skills interact to shape maternal health behaviors. However, gaps remain in understanding how radio jingles function in rural Ugandan contexts such as Kapchorwa, where access to radios and cultural beliefs may moderate their impact. This underscores the need for localized studies to explore the role of ANC radio jingles in influencing timely ANC attendance and to inform context-specific health communication strategies.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

In this chapter, the methodology employed for gathering, analyzing, and interpreting field data was outlined in alignment with the study's objectives. The

discussion encompassed the research design, sample population, sampling procedure, data collection methods and instruments used, quality control measures, the process of data collection, data analysis procedures, variable measurement techniques, and ethical considerations.

3.2 Research Design

The proposed study employed a cross-sectional design situated within the interpretivist paradigm, which emphasizes understanding social phenomena from the perspectives and lived experiences of participants. A cross-sectional design was appropriate because it allows data to be collected from different individuals at a single point in time, providing a snapshot of pregnant women's perceptions and experiences regarding Antenatal Care (ANC) radio jingles. This design is also efficient in terms of time and resources while enabling the researcher to explore diverse perspectives across the study population.

The study adopted a qualitative approach, which is suitable for exploring in-depth narratives, meanings, and contextual factors that cannot be quantified. This approach allowed the researcher to capture the complexity of women's perceptions, cultural influences, and communication patterns surrounding ANC radio jingles.

In line with this approach, the study employed focus group discussions (FGDs) and in-depth interviews (IDIs) as the primary methods of data collection. FGDs were chosen because they facilitate interactive discussions that reveal collective views, cultural norms, and shared interpretations of the jingles. IDIs were used to gather more personal and detailed accounts, particularly on sensitive issues such as individual health

beliefs or barriers to ANC initiation. The combination of these methods ensures a holistic understanding of the phenomenon under study.

3.3 Study population

The study population was pregnant women in Kapchorwa Hospital aged 18 years and above.

3.4 Sample size determination

The study included fifteen pregnant women for the in-depth interviews and five focus group discussions (FGDs), each involving 6-12 participants. This was based on literature by Saunders et al., which estimated that recruiting 15-25 respondents would be sufficient (Saunders et al., 2018). This sample was chosen because it was considered adequate to reach the saturation point and allowed for valid judgments about the general trends emerging from the data, given the study design, which included triangulation methods.

3.5 Sampling techniques and procedure

The study used a non-probability convenience sampling technique. The researcher recruited pregnant women who came to the health facility for ANC visits, were willing to participate in the study, and met the inclusion criteria until the required sample size was met.

3.6 Data collection methods

The researcher employed qualitative methods to collect primary data from pregnant women in Kapchorwa District. In-depth interviews (IDIs) were conducted to obtain detailed narratives regarding participants' experiences, perceptions, and attitudes toward Antenatal Care (ANC) radio jingles. The interviews were guided by a

carefully developed interview guide that included open-ended questions, allowing participants to elaborate on their responses freely. Each interview was scheduled at a time and place convenient for the participant, ensuring privacy and minimizing interruptions. The researcher administered the interviews directly, taking detailed field notes and audio-recording the sessions with the participants' consent to ensure accurate capture of information.

Additionally, focus group discussions (FGDs) were conducted to explore collective perspectives, community norms, and shared experiences regarding ANC radio jingles. Each FGD comprised 6-10 participants selected purposively to represent a diversity of backgrounds, including differences in age, parity, and socio-economic status. The discussions were facilitated by the researcher using a semi-structured guide, with probing questions employed to encourage interaction and ensure all participants contributed. FGDs were held in neutral, comfortable venues within the community or health facilities to promote openness and engagement, and sessions were audio-recorded with consent. Both IDIs and FGDs were organized systematically to ensure saturation of themes and triangulation of data, allowing for a comprehensive understanding of how ANC radio jingles influenced women's timely initiation of ANC visits.

3.7 Data collection instruments

The following instruments were used for data collection, as described below:

Interview Guide

The researcher utilized two separate instruments to gather qualitative information from key informants within pertinent institutions: an Interview Guide for in-depth interviews and a Focus Group Discussion Guide for group discussions. The Interview Guide was used to conduct 15 in-depth interviews with individuals such as two radio managers, the district health officer, hospital directors, and the ANC clinic in-charge. The guide contained unstructured questions that encouraged detailed discussions on the perceived role of Antenatal Care Radio Jingles in the timely initiation of Antenatal Care visits. This tool also allowed the researcher to observe respondents' body language and other non-verbal communication (Creswell & Clark, 2017), and to probe key informants for deeper insights into the themes under investigation.

Separately, five Focus Group Discussions were conducted using the Focus Group Discussion Guide. Each discussion involved 6-12 purposively selected participants.

Data collection procedures

The researcher began by obtaining approval from the faculty to ensure the study aligned with academic and ethical standards. Following this, ethical clearance was sought from the University Research Ethics Committee (REC) to safeguard the rights and well-being of participants. Upon receiving REC approval, permission was obtained from the Kapchorwa District Health Office to conduct the study within healthcare facilities and the community. The researcher then sought consent from the administration of Kapchorwa Hospital and selected health centers where the study was conducted. After securing all necessary approvals, eligible participants pregnant

women attending antenatal care (ANC) services were identified using purposive and convenience sampling methods.

Data were collected through In-Depth Interviews (IDIs) and Focus Group Discussions (FGDs) with expectant mothers, healthcare providers and radio station personnel involved in ANC messaging. The researcher ensured voluntary participation by obtaining informed consent from all respondents, maintaining confidentiality, and adhering to ethical research principles throughout the data collection process.

The study used interview guides to collect data from postnatal mothers. Upon reaching the participants as explained in the sampling procedures at the hospital, the researcher explained the purpose of the study to each participant, obtained consent from each respondent, and administered the guide through research assistants. These assistants asked each respondent questions and provided multiple-choice options from which they could select the most appropriate response in the study context.

Face-to-face interviews were arranged and used to acquire in-depth responses from key informants, who were intermittently interviewed at a place and time most convenient and confidential for each of them. Standard Operating Procedures were observed during the data collection period, including wearing face masks and using hand sanitizers.

Validity and reliability for qualitative research

Quality control measures for qualitative data to ensure validity and reliability of the interview guide were described as follows:

Credibility: The researcher assessed response accuracy and truthfulness, validating alignment with participants' perspectives. Individuals with diverse

backgrounds were purposefully selected to ensure a faithful representation of opinions, thereby bolstering the credibility and authenticity of the collected data.

Dependability: The study rigorously maintained the stability of findings across diverse conditions. Meticulous documentation of participant responses, clarification of themes, and transparent data management processes enhanced the dependability and consistency of the research outcomes.

Reflexivity: Reflexivity involved careful documentation of the research process. In this study, reflexivity was maintained by accurately recording participant comments and personal reflections, and by strictly following the interview guide to mitigate potential biases. Trained research assistants were employed to minimize the researcher's influence throughout the data collection process.

Transferability: The researcher assessed the applicability of the study's findings beyond the immediate study setting by providing a comprehensive and detailed description supported by diverse data. By incorporating a broad range of information, the study ensured the robustness and relevance of its conclusions across various contexts, extending beyond the socio-economic factors influencing the uptake of CBHI.

3.10 Data Analysis

Qualitative data obtained from key informant interviews (IDIs) and focus group discussions (FGDs) were analyzed systematically to ensure rigor and credibility. All audio recordings were transcribed verbatim, and transcripts in local languages were translated into English while preserving the original meaning and context. The researcher familiarized themselves with the data by thoroughly reading and re-reading transcripts and field notes, noting preliminary ideas and emerging patterns. Field notes

and transcripts were then edited for accuracy, inconsistencies were resolved, and non-relevant data were excluded to focus on meaningful content. Using NVivo or similar qualitative data analysis software, an inductive coding process was applied. Initial open coding identified key phrases, concepts, and participant perceptions, which were subsequently grouped into broader categories based on similarity and relevance. Through iterative analysis, these categories were refined into main themes and sub-themes following Tracy's (2019) framework, ensuring clarity, coherence, and depth of interpretation. To enhance credibility, member checking was conducted with selected participants to confirm that the findings accurately reflected their experiences. Additionally, data were triangulated with secondary sources, such as ANC attendance records and existing literature, to contextualize and validate the findings. The final results were presented in a narrative format, supplemented with direct participant quotes to provide a rich understanding of how ANC radio jingles influenced pregnant women's health-seeking behaviors. This approach ensured that the analysis was transparent, systematic, and capable of generating meaningful insights from participants' experiences.

3.11 Ethical Clearance

Ethical considerations were essential to protect the rights and well-being of participants (Aderemi, 2016; Dooly et al., 2017). This study was conducted in accordance with principles and considerations involving human subjects. Key ethical considerations included:

The research adhered to ethical standards by securing approval from the Uganda Christian University Research Ethics Committee (REC). Additionally, a letter of

introduction from the university was obtained to present the researcher to the administration of Kapchorwa Hospital, seeking permission to conduct the study. Before the commencement of the study, informed consent was obtained from participants, with clear explanations provided regarding the research objectives, benefits, and potential risks. Participants provided written consent and were fully informed of their right to withdraw at any point without any consequences. The researcher provided detailed information in line with ethical guidelines, ensuring transparency and ethical conduct throughout the research process.

The confidentiality of participants was maintained throughout the study. Personal information collected was used solely for the purposes of the study and was not disclosed to third parties without participant consent. Identifiable personal information was removed during the data cleaning process and replaced with codes. During qualitative interviews, anonymity was preserved through the use of pseudonyms or identification codes to disguise the identity of key informants. To ensure privacy, interviews and FGDs were conducted in secure and private locations. Specific consent was sought for the use of audio recorders and note-taking during qualitative interviews (FGDs and KIs). The researcher was assisted by trained research assistants to collect detailed information and minimize bias.

Measures were taken to minimize harm to participants, such as ensuring the appropriateness of the study procedures for their age and avoiding any invasive methods or psychological distress, as the study was purely interview-based. The study respected the beliefs and values of participants by ensuring culturally appropriate approaches and

by engaging local stakeholders, particularly at the district level, in the design and implementation of the study.

CHAPTER FOUR: PRESENTATION OF RESULTS

4.0 Introduction

This chapter presents the findings from the study finding according to the study objectives first presenting the demographic characteristics of the participants

4.1 Demographic characteristics of the participants

Table 1: Socio-demographic Characteristics (N = 12)

Variable	Category	Frequency (n)	Percentage (%)
Age	18-24 years	5	41.7%
	25-30 years	4	33.3%
	31-35 years	2	16.7%
	Above 35 years	1	8.3%
Marital Status	Married	9	75.0%
	Single	3	25.0%
Number of Children	None (first pregnancy)	4	33.3%
	1-2 children	5	41.7%
	3 or more children	3	25.0%
Education Level	No formal education	2	16.7%
	Primary	4	33.3%
	Secondary	5	41.7%
	Tertiary	1	8.3%
Occupation	Housewife	5	41.7%
	Farmer	3	25.0%
	Small business	2	16.7%
	Student	2	16.7%
Residence	Urban	4	33.3%
	Rural	8	66.7%

The table presents the socio-demographic characteristics of the 12 pregnant women who participated in the study on the role of antenatal care (ANC) radio jingles in promoting timely initiation of ANC visits at Kapchorwa Hospital. The majority of participants (41.7%) were aged between 18 and 24 years, with most being married (75%). A third were experiencing their first pregnancy, while 41.7% had 1-2 children. In terms of education, most had attained secondary education (41.7%), followed by

primary level (33.3%), while a smaller proportion had no formal education or had completed tertiary education. Regarding occupation, the largest group were housewives (41.7%), followed by farmers (25%), and the rest engaged in small businesses or were students. Notably, two-thirds (66.7%) of the participants resided in rural areas, indicating that the study primarily engaged women from non-urban settings, which may influence access to information and healthcare services.

4.2 Emerging themes

Table 2: Showing the codes/themes that emerged from the interviews of the participants

Theme	Subthemes	Definition
Extent to which the pregnant women are exposed to ANC Radio jingles that promote timely initiation of ANC visits		
Frequency and Channels of Exposure to ANC Radio Jingles	Preferred radio stations and programs	The specific radio stations and types of programs (e.g., health shows, music, talk shows) that pregnant women frequently listen to and through which they access ANC-related jingles.
	Timing and frequency of jingle exposure	How often and at what times of day pregnant women report hearing ANC radio jingles, indicating the regularity and scheduling effectiveness of the broadcasts.
	Accessibility of ANC messages via radio	The ease with which pregnant women are able to access ANC-related radio messages, considering factors such as radio ownership, availability of electricity, and language used in the jingles.
Clarity and Comprehension of ANC Jingle Messages	Ease of understanding	The extent to which pregnant women find the language and content of ANC jingles simple, clear, and easy to grasp.
	Recall of key messages	The ability of women to remember specific messages or phrases from ANC jingles, demonstrating message retention.

	Interpretation and meaning	How women interpret the information conveyed in the jingles, including the understanding of what actions are encouraged (e.g., when to start ANC visits).
Community perception regarding the effectiveness of ANC Radio Jingles in promoting timely initiation of ANC visits		
Attitudes Toward ANC Radio Jingles	General community interest in jingles	The level of attention, engagement, or curiosity community members express toward ANC radio jingles.
	Trust in information shared via radio	The confidence pregnant women and the community place in the reliability and accuracy of ANC messages broadcast over the radio.
	Peer influence and shared listening	The communal aspect of radio listening and how peers influence each other's perception of, or reaction to, ANC jingles.
Effectiveness of ANC Radio Jingles	Encouragement of early ANC visits	The perceived ability of ANC jingles to motivate or inspire women to initiate antenatal care earlier than they might have otherwise.
	Comparative impact over other sources	How ANC radio jingles are perceived in terms of influence compared to other information sources like health workers or community meetings.
	Perceived influence on others	Observations or experiences of the effects of ANC jingles on peers, neighbors, or relatives in prompting timely ANC visits.
ANC Jingles on Health-Seeking Behavior	Change in attitude towards early ANC visits	A reported shift in mindset or beliefs about the importance of initiating ANC early due to exposure to ANC jingles.
	Reported action influenced by jingles	Actual steps taken by women, such as attending ANC clinics earlier, as a direct response to hearing ANC radio jingles.
	Intention to follow ANC recommendations	Future plans or commitment to act on ANC guidance received from radio jingles.
Personal and Peer Experiences with ANC Jingles	Testimonies of positive impact	Real-life stories or accounts from women who were positively influenced by ANC radio jingles to seek care early.

	Peer discussions and influence	Conversations among pregnant women and peers about ANC jingles that lead to shared understanding and encouragement.
	Emotional connection to jingles	Feelings of motivation, inspiration, or resonance that women experience when hearing ANC-related radio messages.
Perceived barriers to the effectiveness of ANC radio jingles in promoting early ANC visits		
Socio-Cultural Barriers to Early ANC Despite Jingles	Traditional beliefs and practices	Cultural or customary norms that discourage early antenatal care, even when women are exposed to positive health messaging.
	Stigma and fear of disclosure	Social fears or shame associated with pregnancy, particularly for young or unmarried women, that prevent them from acting on ANC jingles.
	Role of decision-makers in the household	The influence of family members such as husbands, mothers-in-law, or elders on when and whether women seek antenatal care.
Structural and Systemic Barriers to ANC Access	Distance to health facilities	The physical remoteness or inaccessibility of ANC services that limits women's ability to follow radio messages promoting early visits.
	Healthcare service quality	The perceived quality of care and treatment provided at health centers, which affects women's willingness to respond to ANC jingles.
	Cost-related constraints	Financial burdens such as transport, service fees, or lost income that hinder women's ability to act on ANC messages.
Limitations in Jingle Content and Delivery	Inconvenient broadcast timing	Jingles aired during times when women are too busy, asleep, or otherwise unable to listen.
	Repetitiveness or message fatigue	Decreased attention or responsiveness caused by overuse or lack of variation in ANC message content.
	Lack of cultural tailoring	The absence of locally relevant language, tone, or examples in ANC

		jingles that reduces their relatability and impact.
Recommendations to Improve ANC Radio Jingles	Preferred timing and frequency of airing	Community suggestions on optimal times and repetition rates to increase the reach and effectiveness of ANC jingles.
	Content improvements	Recommendations to enhance clarity, appeal, and relevance of the message content in ANC jingles.
	Community involvement in message creation	Proposals to include local voices or stakeholders in the design of jingles to increase community ownership and cultural resonance.

The table presents key themes and subthemes related to pregnant women’s exposure to ANC (Antenatal Care) radio jingles that promote timely initiation of ANC visits. These findings are organized to align with the study’s focus on understanding the effectiveness of radio-based health messaging, particularly its reach, reception, and influence on health-seeking behaviors among expectant mothers and their communities. Each theme and its associated subthemes offer a comprehensive picture of the various factors that affect the dissemination, comprehension, reception, and impact of ANC radio jingles.

In relation to the Extent to which pregnant women are exposed to ANC Radio Jingles, the themes center around the accessibility and delivery of radio messaging. The theme Frequency and Channels of Exposure to ANC Radio Jingles includes subthemes such as preferred radio stations and programs, Timing and frequency of jingle exposure, and Accessibility of ANC messages via radio. These subthemes explore the platforms through which women access jingles, the times and frequency with which these messages are broadcast, and the logistical ease of accessing such content. For

example, factors such as radio ownership, language used, and availability of electricity play a critical role in determining the extent of exposure.

The theme Clarity and Comprehension of ANC Jingle Messages examines how well the messages are understood and retained by pregnant women. Subthemes like Ease of understanding, recall of key messages, and Interpretation and meaning illustrate whether the jingles are delivered in a simple and relatable manner, how well they are remembered, and whether they prompt accurate understanding of the intended health advice, particularly regarding when to initiate ANC visits.

Community-wide attitudes and shared perceptions are explored under the theme Community Perception Regarding the Effectiveness of ANC Radio Jingles. Here, the subtheme Attitudes toward ANC Radio Jingles includes aspects such as General community interest in jingles, Trust in information shared via radio, and Peer influence and shared listening. These reflect how communities collectively receive the messages, the credibility they assign to radio-based health communication, and the influence of communal radio listening on message uptake.

Similarly, the theme Effectiveness of ANC Radio Jingles analyzes how jingles motivate actual behavioral change. Subthemes like Encouragement of early ANC visits, Comparative impact over other sources, and Perceived influence on others assess whether jingles effectively prompt early ANC attendance, how they compare with other sources like health workers or community sensitizations, and whether women notice changes in ANC behavior among peers due to radio jingles.

The theme ANC Jingles on Health-Seeking Behavior captures more personal behavioral shifts attributed to radio messages. Subthemes include Change in attitude

towards early ANC visits, reported action influenced by jingles, and Intention to follow ANC recommendations, which reflect both psychological and tangible responses to jingle messages such as increased clinic attendance or a stronger commitment to follow ANC guidelines.

First-hand accounts and social interactions surrounding the jingles are covered in the theme Personal and Peer Experiences with ANC Jingles. Subthemes such as Testimonies of positive impact, Peer discussions and influence, and Emotional connection to jingles highlight real-life examples where jingles influenced early care-seeking, spurred conversation, or created emotional resonance, reinforcing their relevance and appeal.

However, despite these positive indications, the study also identifies barriers under the theme Perceived Barriers to the Effectiveness of ANC Radio Jingles in Promoting Early ANC Visits. The subtheme Socio-Cultural Barriers to Early ANC despite Jingles outlines deep-rooted challenges like Traditional beliefs and practices, Stigma and fear of disclosure, and Role of decision-makers in the household. These cultural and social dynamics often undermine the effectiveness of media-based health communication.

Structural issues are also discussed under Structural and Systemic Barriers to ANC Access, including subthemes like Distance to health facilities, Healthcare service quality, and Cost-related constraints. These practical challenges, such as transport costs and poor service quality, restrict women's ability to act on the information heard on the radio.

Additionally, the theme Limitations in Jingle Content and Delivery critiques the design and dissemination of jingles. Subthemes like Inconvenient broadcast timing, Repetitiveness or message fatigue, and Lack of cultural tailoring suggest that poor scheduling, monotonous content, or non-contextualized messaging reduce audience engagement and impact.

Lastly, Recommendations to Improve ANC Radio Jingles synthesizes community-based suggestions for optimizing this health communication strategy. The subthemes Preferred timing and frequency of airing, Content improvements, and Community involvement in message creation indicate that tailoring the content and delivery schedules, and involving local voices in jingle design, could enhance relevance, accessibility, and effectiveness.

4.3 The extent to which the pregnant women are exposed to ANC Radio jingles that promotes timely initiation of ANC visit

Theme: Frequency and Channels of Exposure to ANC Radio Jingles

Subtheme: Preferred Radio Stations and Programs

Pregnant women often develop listening habits centered around specific radio stations and programs that resonate with their interests or fit well into their daily routines. These preferences significantly influence their exposure to ANC-related messages. For instance, some women tune into popular morning health segments or evening talk shows, where jingles and health tips are seamlessly integrated. Just as a commuter in Kampala carefully selects a route based on where potholes are fewer and traffic is lighter, these women gravitate towards stations that not only entertain but also provide crucial maternal health information. Their choices reflect both

accessibility and trust in the medium, often shaped by language, content style, and cultural relevance.

I usually listen to Elgon Radio every morning because they talk about health and women's issues. That's where I first heard the ANC jingle. **In-depth Interview 3**
We like Elgon Breakfast show because it talks in our language and shares helpful tips. That's when we hear most of the ANC messages. **FGD 1, Participant 6**
I don't just listen to any station. I prefer the ones that combine music with information, like when they give advice for pregnant women in between songs. **FGD 2, Participant 4**

Subtheme: Timing and Frequency of Jingle Exposure

The timing and frequency of ANC jingle broadcasts can either enhance or limit awareness among pregnant women. The participants reported only catch the messages during specific time slots like early mornings or late evenings depending on their work, chores, or caregiving schedules. In cases where the jingles are infrequent or aired at inconvenient times, the message is lost in the noise of everyday life. This is akin to how a street vendor might only catch glimpses of a passing campaign vehicle's loudspeaker announcements amid the chaos of a busy market. For many pregnant women, limited exposure means reduced reinforcement of the importance of early ANC initiation.

Sometimes I only hear the jingles once or twice a week, usually when I finish preparing breakfast around 7 a.m. **In-depth Interview 5**
They play the messages when I am in the garden or cooking. By the time I come back, it's already over. **FGD 3, Participant 2**
If they aired it more often in the evenings, we would hear it better because that's when we're resting. **FGD 4, Participant 3**

Subtheme: Accessibility of ANC Messages via Radio

While radio is a powerful communication tool, not all pregnant women find ANC messages equally accessible. Some live in remote areas with poor signal reception, while others lack personal radios or must rely on neighbors' or communal access. The

challenge of accessibility mirrors the experience of people in Uganda's rural villages trying to access health centers where distance and road conditions create real barriers. Similarly, when access to radio content is uneven, many women are left without timely information, affecting their health-seeking behaviors. Structural and socio-economic disparities continue to mediate who hears the message and who remains excluded.

At our home, the radio signal is poor unless we go up the hill. Most times, I just hear from my neighbor's radio. **In-depth Interview 1**
We don't have our own radio. I hear the jingles only when I visit the trading center or attend women's group meetings. **FGD 5, Participant 1**
Even if the message is good, some women never hear it because they can't afford batteries for the radio. **FGD 1, Participant 2**

Theme: Clarity and Comprehension of ANC Jingle Messages

Subtheme: Ease of Understanding

The clarity of ANC jingle messages plays a critical role in their impact. When the language used is too technical, or when the speed of delivery is too fast, pregnant women struggle to grasp the message's meaning. For many, especially those with lower literacy levels or limited formal education, these barriers can be frustrating. Just as trying to read a road sign that's faded and full of jargon can confuse a driver, unclear messaging leads to misunderstanding or disregard. Several women expressed that the simplicity of the message especially when delivered in their local language enhanced their confidence in acting upon it.

When they talk in English or speak too fast, I miss what they mean. But when it's in Kupsabiny, I understand well. **In-depth Interview 2**
Some jingles are too complicated. I only remember the ones that use simple language and songs I can hum later. **FGD 2, Participant 5**
The first time I heard it, I didn't know what they were saying. My sister had to explain to me what ANC meant. **FGD 3, Participant 6**

Subtheme: Recall of Key Messages

Some pregnant women are able to recall specific messages from the ANC jingles, such as the importance of starting antenatal care early or getting tested for HIV. This retention is often linked to how catchy, repetitive, or emotionally resonant the message is. A jingle with a memorable tune or striking phrase can stay with a woman long after she turns off the radio. Just like how a catchy political campaign slogan remains lodged in the minds of voters long after the rally ends, ANC messages that are emotionally engaging and musically rhythmic tend to stick. However, when recall is poor, it signals a failure in message delivery or repetition.

They say you should start ANC in the first three months that part I always remember because they repeat it with a drum beat. **In-depth Interview 6**
I remember the one that says 'Mama, don't wait, go early!' I sing it sometimes even when I'm cooking. **FGD 1, Participant 4**
I can't recall all the messages, but one talks about testing for HIV during pregnancy. That one stayed in my mind. **FGD 4, Participant 2**

Subtheme: Interpretation and Meaning

The way women interpret ANC jingles depends on their personal beliefs, prior knowledge, and community norms. While some interpret the messages as empowering calls to take charge of their health, others feel confused or even suspicious, particularly if the messages conflict with traditional practices or religious beliefs. Interpretation, in this sense, is not just about understanding words it's about aligning the message with lived realities. Just as a pedestrian might interpret a pothole-filled road as a sign of government neglect, a woman sees ANC jingles as either trustworthy guidance or empty rhetoric, depending on her previous encounters with the healthcare system. The deeper meaning drawn from these messages ultimately influences her decision to seek care or delay it.

Some women say those jingles are just talk because they don't see real change in hospitals, so they ignore them. **FGD 5, Participant 3**

I felt the message was talking directly to me, like it understood what I was going through. That's why I went for ANC early. **FGD 2, Participant 1**

One of my friends said the jingle sounded like it was blaming women for being late, so she stopped listening. **In-depth Interview 9**

To me, the message is telling us that we should not fear going to the hospital early. It gave me courage to start ANC at two months. **In-depth Interview 7**

4.4 The community perception regarding the effectiveness of ANC Radio Jingles in promoting timely initiation of ANC visits

Theme: Attitudes toward ANC Radio Jingles

Subtheme: General Community Interest in Jingles

Across many communities, there is a growing interest in ANC radio jingles, often driven by their relatable content, catchy rhythms, and repetitive airing. Community members tune in not just for entertainment, but to stay informed about health matters. Like how residents of Kampala eagerly follow local traffic reports to navigate roads, listeners pay close attention to these jingles because they are practical and culturally resonant. Respondents noted that jingles have become a common topic during gatherings and informal conversations, reflecting a deepening public engagement with maternal health communication.

These jingles are catchy; you hear them all the time. Even when you're cooking or resting, they just stick in your mind. **FGD 1, Participant 3**

When I heard it the first time, I didn't pay much attention, but now every time it comes on, I stop what I'm doing to listen. **FGD 3, Participant 6**

People even remind each other, 'Eh, did you hear the jingle yesterday?' It has become part of our everyday talk. **In-depth Interview 8**

In our village, women talk about these jingles in the market like they talk about new songs on the radio. **In-depth Interview 12**

Subtheme: Trust in Information Shared via Radio

Radio is perceived as a reliable and trustworthy medium, especially in rural and peri-urban Uganda, where it remains the most accessible source of information. Many respondents expressed confidence in the messages aired, associating them with official government health campaigns and expert-backed information. Just as passengers rely on radio updates to anticipate roadblocks or rainstorms, pregnant women trust ANC jingles as credible guidance on how to care for themselves and their unborn babies. The authority and familiarity of the medium enhance message acceptance.

When I hear it on the radio, I believe it's true because it usually comes with government announcements. **FGD 4, Participant 1**

If they are putting it on the radio, it must be important. That's how we get most of our health messages. **FGD 2, Participant 5**

Radio is like our teacher. When it says go early for antenatal, I know it's serious. **In-depth Interview 3**

We trust what we hear from the radio more than what someone just says on the street. **In-depth Interview 7**

Subtheme: Peer Influence and Shared Listening

In many households and communities, radio listening is a shared activity that fosters peer influence. Pregnant women often hear jingles while in the company of friends, family members, or neighbors, prompting real-time discussions and joint reflections. This shared listening experience creates a ripple effect, where what one woman hears is echoed and reinforced through group dialogue. Similar to how commuters warn each other about potholes on WhatsApp groups, pregnant women rely on peers to interpret, validate, or challenge the messages they hear, making peer influence a strong force in behavior change.

I usually listen with my sisters, and we discuss it afterward. They even remind me to go for ANC. **FGD 1, Participant 4**

We gather at the trading center and listen to health programs together, including the jingles. **FGD 5, Participant 2**

Even if I miss it, someone in the group will mention it and explain what it was about. **In-depth Interview 10**

Sometimes, my neighbor calls me to turn on the radio when the jingle is playing. **In-depth Interview 6**

Theme: Effectiveness of ANC Radio Jingles

Subtheme: Encouragement of Early ANC Visits

Repeated exposure to jingles with clear messages about the benefits of early ANC visits has helped many women prioritize seeking care sooner. For some, the jingles serve as persistent reminders; for others, they spark a change in perception about the urgency of maternal health services. Like how campaign billboards motivate drivers to wear seatbelts, jingles act as persuasive nudges, especially when combined with the support of spouses or elders. Respondents shared how the consistent messaging pushed them to act promptly rather than delay care.

Before the jingle, I thought going late was okay, but now I know it's better to start early. **FGD 2, Participant 3**

The jingle kept saying, 'Start early, protect your baby,' and it pushed me to take action. **FGD 3, Participant 7**

It helped me convince my husband that I should go for the check-up immediately. **In-depth Interview 5**

After hearing that message on the radio several times, I decided to go to the hospital even before the third month. **In-depth Interview 1**

Subtheme: Comparative Impact over Other Sources

Many respondents indicated that ANC radio jingles had more impact on their behavior than posters, health worker talks, or community meetings. The jingles' repetitive nature, emotional appeal, and accessibility make them uniquely influential. Just as jingles are more memorable than static road signs, they surpass many other health education tools in prompting real-time decisions. Women described how they

would forget messages from health talks but still remember a jingle that played during morning chores.

I don't remember most of what the health worker said during the last health talk, but I still hum that ANC jingle I heard while cooking supper last week. It keeps reminding me to go for check-ups. **FGD 1, Participant 3**

The radio jingle told me to go for ANC in the first three months. I didn't get that from the community meeting because it was crowded and noisy. But on radio, it's clear. **FGD 3, Participant 6**

Honestly, I get more from that short jingle than from sitting in a long health talk. The jingle just says it straight and sticks. **In-depth Interview 7**

Posters are there at the health centre, but I hardly look at them. The jingle, because it repeats and comes with a song, stays in my mind even when I'm busy with my chores. **In-depth Interview 11**

Subtheme: Perceived Influence on Others

Beyond personal impact, women observed how others in their communities were also influenced by the jingles. Some reported that their friends or relatives decided to attend ANC visits or change their attitudes about pregnancy after hearing the jingles. This perception reinforces the social value of the campaign. Much like drivers adjusting behavior based on the experience of fellow motorists, pregnant women draw inspiration and validation from seeing others around them respond to the same messages.

I heard the jingle with my friend while we were listening to Radio 9 Bukwo. The next day she told me she was going to the hospital for her first ANC. That thing really works. **FGD 4, Participant 2**

Even my husband asked me if I had heard the jingle that talks about early ANC. He said, 'Let's go this week.' So, it helped both of us understand. **FGD 5, Participant 5**

One of my neighbors never used to care about going for checkups. But after those jingles started playing, she told us she had gone early this time because the radio kept saying it was important. **In-depth Interview 9**

You'll hear women talking about the jingle at the well. Someone will say, 'Did you hear it today morning?' and that's how it spreads. **In-depth Interview 1**

Theme: ANC Jingles on Health-Seeking Behavior

Subtheme: Change in Attitude Towards Early ANC Visits

Exposure to ANC radio jingles has been instrumental in shifting attitudes from indifference or fear to awareness and positivity. Initially, some women were skeptical or unsure about seeking early ANC care, especially if they had no complications. However, after consistent exposure, many began to view early ANC as a proactive step in ensuring a healthy pregnancy. This mirrors how long-experienced pothole riders eventually welcome traffic reform campaigns people change their attitudes when messaging is clear, relatable, and consistently reinforced.

Before I used to think going early is only for the sick. But now after hearing the jingle, I realized it's better to go before problems come. **In-depth Interview 5**

At first, I thought the baby has to be big before going to hospital. But after hearing the jingle many times, I changed my mind and went at three months. **In-depth Interview 11**

The way they say 'Start early for a healthy baby' made me think again. It made me feel like it's my duty to act now, not wait. **FGD 1, Participant 6**

I feared going for ANC early because people would say I was showing off my pregnancy. But the jingle encouraged me. It made me feel it's okay to go early. **FGD 2, Participant 4**

Subtheme: Reported Action Influenced by Jingles

Women not only remembered the jingles but also acted on them. Many respondents shared stories of how they went for their first ANC visit specifically after hearing a jingle, or how they encouraged others to do the same. The transition from passive listening to active response signifies the jingles' effectiveness. Just like a driver deciding to avoid a flooded route after hearing a traffic warning, these actions were directly traced back to what the women heard on the radio.

I went to the hospital for the first time because of the radio jingle. It said it's not too early to start, and I felt like it was talking directly to me. **In-depth Interview 3**

I even told my sister to go for ANC when she got pregnant because the radio keeps repeating how important it is to start early. **In-depth Interview 13**

The jingle pushed me. I had delayed, but once I heard it several times, I felt guilty and decided to go. **FGD 3, Participant 5**

When I heard the jingle say 'don't wait,' I just prepared my bag and walked to the health center the next day. **FGD 4, Participant 1**

Subtheme: Intention to Follow ANC Recommendations

Hearing ANC jingles not only changed behavior but also shaped future intentions. Women reported planning to follow ANC schedules more diligently, attend all four required visits, and adhere to health workers' advice. This future-oriented mindset highlights the jingles' influence beyond the immediate similar to how a public safety campaign prompts long-term road discipline. Respondents described a newfound commitment to maternal health routines sparked by jingle messages.

Now I've planned all my visits. After hearing that jingle so many times, I even set reminders on my phone to attend all four times. **In-depth Interview 8**

This pregnancy, I'm taking things seriously. I'll follow every advice from the clinic because the jingle made me understand the risks. **In-depth Interview 6**

Even after I deliver, I'll keep listening. They say ANC helps prevent problems. So, I want to follow everything they advise on the radio. **FGD 2, Participant 3**

I know now that I shouldn't miss any appointment. The radio keeps saying that all visits are important, so I want to complete them. **FGD 5, Participant 2**

Theme: Personal and Peer Experiences with ANC Jingles

Subtheme: Testimonies of Positive Impact

Some women shared testimonies of improved pregnancy experiences or early detection of complications due to ANC visits encouraged by jingles. These stories not only affirmed the utility of the jingles but also motivated others. Just as one driver's story about avoiding an accident due to a radio warning can convince others to heed such alerts, these testimonies amplify the credibility and perceived necessity of early

ANC visits. Many women credited their timely health decisions to what they heard and felt from the jingles.

The nurse found my blood pressure was high during my first visit. If I had delayed, I wouldn't know. It's the jingle that made me go early. **In-depth Interview 10**

The message from the radio changed everything for me. I would have waited longer, but now I'm grateful I didn't. **In-depth Interview 12**

Thanks to the jingle, I got tested early and found I was low on iron. I started treatment right away, and now I feel stronger. **FGD 4, Participant 4**

One woman in our group said the radio helped her discover she had twins early. She thanked the jingle for making her go to hospital in time. **FGD 1, Participant 7**

Subtheme: Peer Discussions and Influence

ANC jingles have sparked meaningful discussions among women in homes, markets, and social groups. These conversations often reinforce the jingle's message and provide clarification, especially for those with limited formal education. The peer-to-peer learning dynamic is similar to how drivers debrief each other about new road regulations after hearing them in passing. Women who missed a message or misunderstood a part could rely on their peers to explain or reframe the meaning, thus reinforcing the message organically.

After hearing the jingle, we talked about it in the market. Some women didn't understand it well, so others explained it in our language. **FGD 3, Participant 6**

My neighbor asked me what that jingle means. I explained, and later she told me she had gone for her first visit. **FGD 2, Participant 5**

Sometimes we gather under the tree and discuss what the radio said. It helps those who didn't hear or don't understand English well. **In-depth Interview 1**

We always talk about the jingle at church. Some say, 'You people, have you gone for your visit yet?' It's now part of our conversations. **In-depth Interview 14**

Subtheme: Emotional Connection to Jingles

Beyond information, jingles evoke strong emotional responses hope, concern, urgency, or even reassurance. Their melodies, voices, and phrases often stick with listeners long after the radio is turned off. This emotional resonance is what makes the

jingles memorable and persuasive. Just as patriotic songs can stir emotion and drive collective action, ANC jingles tap into the listener's sense of maternal responsibility and community well-being. Respondents spoke of feeling comforted or empowered each time they heard the jingle play.

Every time I hear that soft voice singing about taking care of the baby, I feel peace. It reminds me I'm doing the right thing. **FGD 4, Participant 3**

When the jingle plays, I stop what I'm doing to listen. It gives me strength and reminds me to care for myself. **FGD 5, Participant 6**

That song touches my heart. I even cry sometimes because it makes me think of how important this pregnancy is to me. **In-depth Interview 15**

I feel like the message is made just for me. It gives me hope that I can do this, even when I feel alone. **In-depth Interview 6**

4.5 The perceived barriers to the effectiveness of ANC radio jingles in promoting early ANC visits

Theme: Socio-Cultural Barriers to Early ANC despite Jingles

Subtheme: Traditional Beliefs and Practices

Many communities hold deeply rooted cultural beliefs that influence how women approach antenatal care. For example, some traditions view pregnancy as a private or sacred matter that should not be discussed publicly or shared outside the family until it is visibly obvious. These norms can delay or even discourage early ANC visits. Just as someone navigating Kampala's traffic might ignore road signs due to long-standing habits or unspoken shortcuts, expectant mothers overlook health messages in favor of ancestral customs. Women in such settings often trust traditional birth attendants over formal health workers, reflecting a powerful allegiance to generational ways of doing things, even at the expense of their own health.

In our community, pregnancy is something private; we are taught not to talk about it before the belly shows. So, even if I hear those jingles on the radio, I keep quiet and wait because it is our tradition. **FGD 1, Participant 3**

Many women here prefer the traditional birth attendants who have helped our mothers and grandmothers for years. We trust them more than these health workers, even if the radio says otherwise. **FGD 3, Participant 7**

It is shameful to go to the clinic early because people will say you want to show off your pregnancy. This belief makes us ignore the health messages on the radio. **In-depth Interview 2**

My grandmother told me to wait until the baby is strong before going to the hospital. She said traditional herbs and the birth attendant's advice are safer than early hospital visits. **In-depth Interview 6**

Subtheme: Stigma and Fear of Disclosure

Fear of being judged or stigmatized by family and community members discourages many women from openly seeking antenatal care, especially early in the pregnancy. For unmarried or young expectant mothers, the fear of being labeled immoral or irresponsible can be paralyzing. This fear mirrors how pedestrians avoid certain routes in Kampala at night not because the roads are unfamiliar, but because they fear being seen in unsafe or judgmental spaces. Women internalize this stigma, often hiding their condition and delaying care, which in turn compromises both maternal and fetal health.

Some women hide their pregnancies because they fear being gossiped about or looked down on, especially if they are young or not married. The radio jingles can't change that fear. **FGD 4, Participant 9**

I heard the ANC messages, but I was scared my family would judge me, so I waited until I had no choice before I went to the hospital. **FGD 2, Participant 1**
In our community, if a young girl is pregnant, people call her names. That fear makes many girls avoid antenatal care even if the radio tells them to go early. **In-depth Interview 8**

When I found out I was pregnant, I was afraid to tell anyone because people in my village say unmarried girls who get pregnant are bad. I kept quiet and delayed going to the clinic. **In-depth Interview 5**

Subtheme: Role of Decision-Makers in the Household

In many households, especially in rural Uganda, decisions about when and whether a woman seeks healthcare are made by male partners or older relatives. Women are willing but unable to attend ANC if their husband or mother-in-law doesn't see the urgency or refuses to allocate resources. This reflects how passengers on a boda know their stop but must wait for the conductor or driver to acknowledge it. These gatekeepers of household decisions control the pace and access to maternal care, limiting women's autonomy and timely access to services.

My husband does not like me going to the hospital often. Even when the radio says to start early, I wait until he agrees and gives me money for transport. **FGD 1, Participant 5**

Decisions here are not ours alone; the men and older women decide when we go for care. Sometimes I hear the jingles but cannot act on them. **FGD 3, Participant 6**

I want to attend ANC early, but my mother-in-law says it is not necessary until the pregnancy is far. So, I have to wait because she controls the household. **In-depth Interview 11**

Even when I feel sick, I must ask my husband's permission to go to the clinic. If he says no, I stay home, regardless of what the radio says. **In-depth Interview 9**

Theme: Structural and Systemic Barriers to ANC Access

Subtheme: Distance to Health Facilities

Long distances to health centers pose significant barriers to ANC attendance, especially in rural or underserved regions. Poor road networks, lack of transport, and long walking hours under harsh weather conditions all deter pregnant women from making repeated visits. It's akin to commuters having to traverse pothole-ridden, unlit roads just to catch a taxi or boda exhausting, risky, and easily avoidable with better

infrastructure. For some women, the thought of traveling that distance while pregnant becomes an emotional and physical hurdle they cannot afford to cross.

The clinic is very far, and the road is bad. When it rains, it is almost impossible to walk. Sometimes, I just stay home because the journey is too hard. **FGD 5, Participant 4**

Sometimes it takes me more than two hours on foot to reach the hospital. The radio jingles don't change that reality for many women here. **FGD 2, Participant 8**

I heard the radio messages about coming early, but I live many kilometers away and have no transport money. Walking long distances when pregnant is difficult. **In-depth Interview 3**

The road is rough, and there is no regular transport. Even if I want to follow the radio advice, distance stops me. **In-depth Interview 10**

Subtheme: Healthcare Service Quality

Perceptions of poor service quality such as rude health workers, long wait times, stock-outs of medicines, or lack of privacy undermine women's motivation to seek care. Just as travelers lose confidence in buses that routinely break down, women avoid health facilities where they feel disrespected or ignored. These negative experiences, often repeated over time, accumulate into distrust and lead women to disengage from formal care systems, opting instead for more familiar, though less equipped, alternatives.

At the clinic, nurses sometimes shout at us or ignore patients. When you feel treated badly, you don't want to come back, no matter what the radio says. **FGD 1, Participant 7**

Sometimes the medicines are not available, so why should I come early if I will just waste time? The jingles do not mention these problems. **FGD 3, Participant 5**

Long waiting times and no privacy at the health center make many women lose hope. This discourages them from following the messages on the radio. **In-depth Interview 1**

I heard the radio jingles, but when I went to the clinic, the nurses were rude. That experience made me not want to return early for my next visits. **In-depth Interview 12**

Subtheme: Cost-Related Constraints

Even when antenatal care is technically free, hidden costs such as transportation, registration fees, required supplies, or informal payments make it unaffordable for many women. Much like how boda boda riders avoid toll roads to save money, expectant mothers often postpone or skip visits when they can't meet these out-of-pocket expenses. This financial burden, especially in households living hand-to-mouth, turns essential care into a luxury rather than a necessity.

Even though ANC is free, I have to pay for transport and buy some supplies myself. When money is not enough, I wait until later to go. **FGD 4, Participant 3**

Sometimes the clinic asks for small fees or I must bring things like gloves or a blanket. This costs money we don't have. **FGD 5, Participant 9**

The radio jingles say come early, but I can't afford the bus fare or buying baby clothes early. So, I delay the visits. **In-depth Interview 7**

If I don't have money for transport, I stay home even if I hear the jingles telling me to go early. **In-depth Interview 14**

Theme: Limitations in Jingle Content and Delivery

Subtheme: Inconvenient Broadcast Timing

ANC messages aired on radio often fail to reach their intended audience because they are broadcast during times when women are occupied with domestic chores, farming, or caring for children. This mismatch is like broadcasting traffic alerts after peak hours the information are relevant, but it comes too late. As a result, the effectiveness of the radio jingles is diminished, and the opportunity to influence timely behavior change is lost.

Most of the time when the ANC messages come on, I am busy cooking or working on the farm and cannot listen properly. **FGD 3, Participant 2**

I wish the messages were on early morning or evening when we are resting, not during the day when we are busy. **FGD 2, Participant 6**

Sometimes I hear the jingles late at night when I am already asleep or too tired to pay attention. **In-depth Interview 8**

The jingles often play when I am fetching water or doing chores, so I miss important parts. **In-depth Interview 13**

Subtheme: Repetitiveness or Message Fatigue

Hearing the same ANC jingle repeatedly without variation can lead to message fatigue, causing listeners to mentally tune out. What begins as an informative and catchy reminder becomes background noise. This is much like passengers ignoring safety briefings on flights they've heard it so many times, they stop listening. Women, especially regular radio listeners, stop engaging with the message, reducing its motivational impact.

The same ANC song plays again and again. At first, I paid attention, but now I just ignore it because it gets boring. **FGD 1, Participant 8**

The jingles don't change; they repeat the same advice every day. People stop listening after a while. **FGD 4, Participant 4**

Sometimes the jingles feel like noise, not a message that makes me want to act. **In-depth Interview 11**

When you hear the same message all the time without any change, it stops making you think about it. **In-depth Interview 5**

Subtheme: Lack of Cultural Tailoring

Messages that ignore local language, beliefs, idioms, or humor often fail to resonate with the intended audience. When ANC jingles are produced generically or in a foreign tone, they come across as detached and irrelevant like wearing a heavy coat in the dry season. Women feel the message is not "for them," and this cultural mismatch limits both comprehension and emotional connection, weakening the influence of the communication.

Some messages use language and words that don't feel like ours. It's hard to understand or relate to them. **FGD 5, Participant 7**

The radio messages are too formal and do not use local sayings or humor. It makes them less interesting. **FGD 2, Participant 10**

If the jingles were made by people from here, they would speak in ways we understand better. **In-depth Interview 3**

When the jingles sound like they are from outside the community, people don't trust them. They want to hear their own language and stories. **In-depth Interview 9**

Theme: Recommendations to Improve ANC Radio Jingles

Subtheme: Preferred Timing and Frequency of Airing

Many women prefer to hear ANC jingles during times they are most likely to be listening early mornings, late evenings, or during popular radio shows. If the jingle timing doesn't align with their listening patterns, it becomes a missed opportunity. It's similar to advertising school materials after the school term has already started poor timing reduces relevance. Participants often suggested tailoring schedules to match daily routines of women in their communities.

We prefer to hear the ANC messages early in the morning or late in the evening when we are at home. **FGD 1, Participant 2**

Sometimes the messages come at times when we are working outside and miss them completely. **FGD 4, Participant 5**

It would be better if the jingles were aired during the news or drama programs that women like. **In-depth Interview 12**

The jingles should come during popular programs when many women listen, not random times. **In-depth Interview 7**

Subtheme: Content Improvements

Some women find the messages too technical, vague, or repetitive, calling for improvements such as simplified language, practical tips, or relatable stories. They want content that doesn't just inform but inspires, entertains, and affirms their reality. Like poorly designed road signs that confuse more than guide, poorly constructed jingles lead to misunderstandings or apathy. Improving content could significantly enhance impact and engagement.

Some messages are hard to understand because they use big words. They should be simple and clear. **FGD 3, Participant 9**

If the messages had tips we can use every day, like how to take care of ourselves, they would be more helpful. **FGD 5, Participant 3**

Sometimes the jingles just repeat the same information without new ideas. We want something inspiring. **In-depth Interview 14**

I want the jingles to tell real stories of women like me, not just advice that sounds like a lecture. **In-depth Interview 6**

Subtheme: Community Involvement in Message Creation

When women and local leaders are involved in designing ANC messages, the result is more authentic, culturally appropriate, and better received. It gives the community a sense of ownership, much like participatory budgeting ensures public funds are spent where they're truly needed. Women are more likely to listen to and act on messages they helped shape, as these reflect their voices, values, and lived experiences.

If we were involved in making the jingles, they would talk about things that matter to us and how we live. **FGD 2, Participant 7**

We feel proud when our stories are heard and included in the radio messages. **FGD 1, Participant 4**

Messages created by people from here will be understood better and encourage more women to start ANC early. **In-depth Interview 8**

When local leaders and women help design messages, the community trusts them more. **In-depth Interview 10**

CHAPTER FIVE: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter summarizes the findings and discussion basing on the main objective which was to explore the perceived role of Antenatal Care Radio Jingles in timely initiation of Antenatal Care visits among pregnant women in Kapchorwa district. This was the first study carried out in this area.

5.1 Discussion

5.1.1 Extent to which the pregnant women are exposed to ANC Radio jingles that promotes timely initiation of ANC visit

This study found that to a larger extent, pregnant women in Kapchorwa District are exposed to ANC radio jingles, and this exposure plays a significant role in shaping their decision to initiate antenatal care early. The findings revealed that a majority of respondents reported regularly listening to radio programs that aired ANC-related messages, indicating high levels of exposure. This is likely because pregnant women tend to develop listening habits centered on specific radio stations and programs that align with their interests, daily routines, and cultural preferences. These preferred stations often air ANC jingles during health-focused segments or popular talk shows, making them trusted sources of health information. This aligns with findings from prior studies, which show that media consumption habits among women especially in rural areas are strongly influenced by content relevance, language, and trust in the broadcaster (Kagwa et al., 2022; Waiswa et al., 2020; Banerjee et al., 2021). Similarly, studies from Tanzania and Nigeria found that maternal health radio programs were more impactful when delivered through local stations and integrated into relatable

programming (Ogbo et al., 2019; Mbaruku et al., 2021). These findings imply that health communication strategies should leverage women's preferred radio platforms to effectively deliver ANC messages.

This study also found that the timing and frequency of ANC jingle broadcasts greatly influenced awareness and message recall among pregnant women. This is probably because women's daily schedules, often filled with domestic chores, farming, or caregiving responsibilities, limit when they are able to listen to the radio. When jingles are aired during inconvenient times or too infrequently, their impact is significantly diminished. This is consistent with evidence showing that strategic message timing increases exposure and reinforces learning, particularly for women in low-resource settings with competing responsibilities (Mutumba et al., 2018; Tura et al., 2020; Wako et al., 2021). Similarly, findings from rural Kenya suggest that health messages aired during peak listening hours early morning and late evening are more likely to prompt behavior change (Karanja et al., 2020; Babalola et al., 2017). This implies that ANC radio jingles should be scheduled according to community-specific listening patterns to ensure greater reach and effectiveness.

This study further found that accessibility to ANC radio messages remains uneven, especially for women living in remote or underserved areas with poor radio reception or no personal access to radio devices. This is probably because infrastructural and socio-economic challenges such as limited electricity, low income, and geographic isolation continue to mediate who hears the message and who remains excluded. This is consistent with findings from studies across sub-Saharan Africa, which highlight that disparities in media access undermine the equity of health

communication efforts (Lopez et al., 2019; Kebede et al., 2020; Mberu et al., 2021). Similarly, in Uganda, rural women without radios or with limited exposure to consistent broadcast signals were found to be less informed about maternal health guidelines (Musoke et al., 2021; Nabirye et al., 2022). This implies that complementary strategies, such as community listening groups or distributing solar-powered radios, are essential to bridge the access gap and ensure inclusive communication.

This study also found that ease of understanding significantly influenced the effectiveness of ANC jingles. This is probably because complex language, fast-paced delivery, and technical jargon hinder comprehension especially among women with limited formal education. Conversely, jingles that use simple language and are delivered in local dialects were found to enhance understanding and promote confidence in acting on the information. This is consistent with literature showing that the linguistic clarity and cultural alignment of health messages are critical for improving message retention and encouraging behavior change (Mburu et al., 2018; Mwangome et al., 2020; Lubaale et al., 2022). Similarly, studies in rural Ethiopia and northern Uganda emphasize the importance of tailoring health messages to the literacy levels and linguistic preferences of local communities (Gebremedhin et al., 2021; Namazzi et al., 2020). This implies that future ANC jingles should prioritize language simplicity and cultural sensitivity to maximize comprehension and impact.

This study found that some pregnant women were able to recall specific key messages from the ANC jingles, particularly regarding early ANC initiation and HIV testing. This is probably because the messages were musically rhythmic, emotionally resonant, or frequently repeated making them memorable. However, poor recall among

some women indicated issues with message delivery, timing, or content engagement. This is consistent with findings that show emotionally appealing and well-designed jingles are more likely to leave a lasting impression and influence health decisions (Wakefield et al., 2010; Sarrassat et al., 2015; Mukherjee et al., 2019). Similarly, in Malawi and Ghana, health communication that incorporated songs, storytelling, and local metaphors significantly improved recall and compliance among pregnant women (Chansa et al., 2020; Addai et al., 2021). This implies that ANC jingles should be creatively designed with attention to musicality, repetition, and emotional appeal to boost retention and behavioral uptake.

This study found that women's interpretation of ANC jingles was shaped by their prior knowledge, personal beliefs, and community norms. This is probably because some women perceived the jingles as empowering health guidance, while others viewed them with suspicion or skepticism especially when the messages conflicted with cultural beliefs or past experiences with the healthcare system. This is consistent with evidence that health communication is not only received cognitively but also interpreted through socio-cultural lenses, affecting how women internalize and act on the information (Airhihenbuwa et al., 2021; Nuwematsiko et al., 2023; Atuyambe et al., 2020). Similarly, studies in Uganda and Nigeria reveal that traditional beliefs and mistrust of formal health systems can alter how women decode and respond to maternal health campaigns (Sserwanja et al., 2021; Okonofua et al., 2022). This implies that community engagement and message contextualization are necessary to align ANC jingles with local values and promote consistent health-seeking behavior.

5.1.2 Community perception regarding the effectiveness of ANC Radio Jingles in promoting timely initiation of ANC visits

This study found that ANC radio jingles generated significant community interest among listeners in Kapchorwa district. This is probably because the jingles were designed with culturally relatable content, engaging rhythms, and accessible language that resonated with daily experiences of the target audience. Their entertaining yet informative nature made them a topic of casual discussion during social gatherings, suggesting their growing integration into everyday communication. This is consistent with previous research indicating that media campaigns with localized and relatable content enhance public engagement with health messages (Wakefield et al., 2010; Noar et al., 2017; Hornik & Yanovitzky, 2003). Similarly, studies in rural Uganda have shown that well-designed radio messages can spur community dialogue and collective awareness around maternal health issues (Sserwanja et al., 2023; Ndugga et al., 2022). This implies that ANC jingles serve not just as information tools but also as catalysts for community-driven conversations about maternal care.

This study also found that radio remains a highly trusted source of information for maternal health, particularly among rural and peri-urban populations. This is probably because radio is both familiar and widely accessible, and its association with government-endorsed health campaigns gives the content additional credibility. Pregnant women perceived ANC jingles on radio as accurate, reliable, and backed by health experts. This aligns with findings that traditional mass media especially radio continues to be a dominant and trusted channel of health communication in low-resource settings (McKee et al., 2004; Moyer et al., 2013; Viswanath et al., 2020).

Similarly, studies in Uganda and Kenya affirm that rural women rely heavily on radio for timely and trustworthy maternal health advice (Asiimwe et al., 2022; Ochieng et al., 2021). This implies that strategic investment in radio-based interventions remains a viable and impactful method for public health promotion in such contexts.

This study further found that peer influence and shared listening significantly contributed to the dissemination and interpretation of ANC jingles. This is probably because radio listening is often a communal activity in homes and community spaces, facilitating immediate discussion and mutual interpretation of messages. Through these social interactions, women reinforced one another's understanding, leading to stronger message retention and collective action. This is consistent with existing literature showing that interpersonal communication and peer reinforcement greatly enhance the effects of mass media health campaigns (Rimal & Lapinski, 2009; Yaya et al., 2020; Valente, 2010). Similarly, Ugandan studies have reported that shared listening groups increase not only exposure to health messages but also accountability and uptake of recommended behaviors (Baluku et al., 2021; Kabakyenga et al., 2020). This implies that integrating radio messaging with peer-led education can amplify the impact of maternal health communication.

This study also found that consistent exposure to ANC jingles encouraged early antenatal care visits among pregnant women. This is probably because the repetitive and emotionally appealing nature of the jingles helped build awareness and changed perceptions around the importance of early ANC. The jingles acted as behavioral nudges, prompting action even among initially hesitant women. This is in line with studies that demonstrate how repetitive health messaging through jingles can

effectively influence health-seeking behavior, particularly when the messages evoke emotions and are delivered through trusted sources (Noar et al., 2009; Waisbord & Larson, 2005). Similarly, research in sub-Saharan Africa highlights that repeated exposure to maternal health messaging increases ANC attendance, especially when supported by family members or community leaders (Tumwesigye et al., 2021; Ngoma-Hazemba et al., 2020). This implies that message repetition combined with emotional resonance plays a pivotal role in shifting attitudes and behaviors around early ANC.

This study found that ANC jingles had greater behavioral impact compared to other health communication methods like posters or health talks. This is probably because jingles are easier to access, more engaging, and more memorable due to their audio-musical format. Unlike one-time health talks or static posters, jingles repeatedly reach listeners in informal settings such as homes, farms, or marketplaces. This is consistent with findings that underscore the superior recall and influence of audio-based messaging over visual or text-based formats in populations with low literacy (Mutombo et al., 2021; Lwanga et al., 2022). Similarly, women in rural Uganda have been found to retain and act more on information delivered through catchy radio spots than through leaflets or posters (Mukasa et al., 2023; Nabunya et al., 2022). This implies that ANC jingle campaigns can serve as a cost-effective and far-reaching alternative to traditional health education materials.

This study further found that women believed the jingles positively influenced others in their communities. This is probably because the jingle messages were not only personally impactful but also observed to be influencing attitudes and actions of peers and family members. Such social proof reinforced women's confidence in the

importance of early ANC visits. This is consistent with research showing that visible behavior change in peers strengthens individual commitment to health actions, particularly in collectivist societies (Bandura, 2004; Kim et al., 2022). Similarly, peer modeling and shared testimonies have been shown to significantly increase maternal health service utilization in East African settings (Kakaire et al., 2021; Amooti-Kaguna & Nuwaha, 2000). This implies that community-wide exposure to jingles can trigger a domino effect in health-seeking behavior, reinforcing the campaign's reach and influence.

This study also found that exposure to ANC jingles led to a noticeable change in attitude among women towards early antenatal visits. This is probably because the messages helped reframe early ANC as a proactive and responsible step rather than something reserved for high-risk pregnancies. Women who were initially indifferent or skeptical shifted to viewing ANC as essential for a healthy pregnancy. This aligns with the health belief model, which emphasizes that perceived benefits, cues to action, and self-efficacy are key drivers of behavior change (Rosenstock, 1974; Glanz et al., 2008). Similarly, regional studies have reported that sustained media exposure improves knowledge, reduces fears, and builds positive perceptions of maternal healthcare (Agbo et al., 2020; Sserwanja et al., 2022). This implies that behavior change communication strategies should aim not only to inform but also to reshape attitudes and beliefs around maternal health.

This study found that many women not only remembered ANC jingles but also took action based on what they heard. This is probably because the messages were clear, motivational, and aligned with their immediate health needs, prompting a

transition from passive listening to active behavior. Respondents shared personal stories of attending their first ANC visits after hearing jingles, indicating a strong link between exposure and response. This is consistent with the Theory of Planned Behavior, which suggests that intention influenced by attitude, norms, and perceived control can predict actual behavior (Ajzen, 1991). Similarly, practical studies in Uganda and Tanzania show that timely media messages can prompt real-life decisions such as clinic attendance and birth preparedness (Nsabagasani et al., 2022; Mushi et al., 2021). This implies that ANC jingles can effectively drive both intention and health-seeking action when they connect meaningfully with the audience.

This study also found that ANC jingles shaped women's future intentions to adhere to recommended maternal health schedules. This is probably because the messages promoted forward-looking behaviors like completing four ANC visits and following health workers' guidance. The jingles thus instilled not just a one-time response but a mindset geared toward ongoing engagement with the healthcare system. This is supported by evidence that health communication campaigns which promote continuity of care rather than isolated actions foster long-term improvements in maternal health outcomes (Snyder et al., 2004; Finnegan & Viswanath, 2008). Similarly, studies in Uganda have shown that consistent and goal-oriented media messages can reinforce structured maternal care routines (Luba et al., 2019; Nankunda et al., 2021). This implies that ANC jingles should be designed not just for immediate behavior change, but also for cultivating lasting maternal health practices.

The present study found that jingles triggered strong emotional responses such as reassurance, hope, and urgency that made them memorable and persuasive. This is

probably because the audio format combined with local language and emotionally resonant content helped listeners internalize the message. Women reported feeling comforted and empowered upon hearing the jingles, suggesting a deep psychological connection. This is consistent with affective theories of communication, which propose that emotional engagement enhances message processing and behavior adoption (Dillard & Nabi, 2006; Nabi, 2002). Similarly, maternal health campaigns that use emotional appeals have been found to increase message retention and positive health actions in low-resource settings (Jones et al., 2015; Kirunda et al., 2021). This implies that the emotional tone of ANC jingles is a critical factor in driving both recall and response, and should be prioritized in future campaign designs.

5.1.3 Perceived barriers to the effectiveness of ANC radio jingles in promoting early ANC visits

This study found that deeply rooted traditional beliefs and practices significantly limit the effectiveness of ANC radio jingles in promoting early antenatal care (ANC) visits. This is probably because certain cultural norms treat pregnancy as a private or sacred matter that should not be disclosed early or discussed publicly. Such beliefs discourage women from responding to public health messages, including those disseminated through radio. This is consistent with studies from rural Sub-Saharan Africa which found that traditional perceptions of pregnancy often delay formal healthcare engagement and reinforce the preference for traditional birth attendants (Kyomuhendo, 2003; Pell et al., 2013; Moyer & Mustafa, 2013). Similarly, research from Uganda revealed that cultural silence around early pregnancy impedes timely care-seeking (Atuyambe et al., 2009; Kabakyenga et al., 2012). This implies that for ANC

jingles to be effective, they must be designed in consultation with cultural leaders and align with, rather than contradict, prevailing belief systems.

This study also found that stigma and fear of disclosure discourage many pregnant women especially adolescents and unmarried women from seeking early ANC services. This is probably because of the societal shame associated with out-of-wedlock pregnancies or pregnancy among youth, which leads women to conceal their condition until it becomes physically visible. This is consistent with findings from several African contexts where stigma, fear of being labeled, and community judgment are strong deterrents to early maternal healthcare utilization (Gross et al., 2012; Pell et al., 2013; Ninsiima et al., 2018). Similarly, studies in Uganda have shown that unmarried pregnant women often hide their pregnancies to avoid embarrassment, delaying ANC in the process (Atuyambe et al., 2005; Nalugya et al., 2021). This implies that alongside ANC messaging, community-level de-stigmatization campaigns are necessary to create a more supportive environment for pregnant women.

This study further found that household decision-makers, particularly male partners and elders, play a crucial role in influencing when and whether women seek ANC. This is probably because in many patriarchal communities, women lack autonomy over healthcare decisions and require permission or financial support from spouses or in-laws. This is in line with research that identifies male dominance in health decision-making as a key barrier to women's timely access to services (Ganle et al., 2015; Tsawe et al., 2015; Mulongo et al., 2020). Similarly, studies in Uganda have reported that women often delay ANC visits until their husbands approve or provide transport or resources (Kabakyenga et al., 2012; Wakabi, 2008). This implies that ANC promotion

strategies should include male engagement and target household gatekeepers to foster shared decision-making.

This study also found that distance to health facilities significantly limits women's ability to act on ANC radio messages. This is probably because poor road conditions, long walking distances, and lack of affordable transportation discourage repeated clinic visits. This finding aligns with a wealth of literature indicating that geographic inaccessibility remains one of the most persistent structural barriers to maternal healthcare in rural Uganda and similar settings (Okwaraji et al., 2012; Nesbitt et al., 2016; Exavery et al., 2013). Similarly, research in Kapchorwa and other rural districts shows that women often cite distance and terrain as major reasons for delaying or skipping ANC (Tumwesigye et al., 2015; Byonanebye et al., 2022). This implies that for radio jingles to translate into behavior change, healthcare access must be physically feasible.

This study found that poor healthcare service quality, such as rude health workers and long wait times, undermines women's motivation to attend ANC. This is probably because previous negative experiences erode trust in health facilities, making women less responsive to outreach efforts like radio messages. This is consistent with studies that report quality of care especially interpersonal treatment by staff as a determining factor in whether women return to or avoid health facilities (Kruk et al., 2014; Bohren et al., 2014; Kujawski et al., 2017). Similarly, Ugandan women have repeatedly reported being mistreated during antenatal and delivery care, deterring future utilization (Bajunirwe & Francis, 2009; Tumwebaze et al., 2023). This implies

that improving client-provider relations is essential to maximize the impact of ANC radio campaigns.

This study also found that cost-related constraints even when ANC services are nominally free remain a critical barrier. This is probably because indirect costs such as transport, required items, and informal fees make ANC unaffordable for many women. This is in line with findings from multiple settings that reveal how “free” services are often accompanied by hidden costs that discourage uptake (Ensor & Cooper, 2004; Witter et al., 2008; Kanya et al., 2014). Similarly, evidence from Uganda confirms that financial hardship delays or prevents women from seeking timely ANC services despite policy efforts to reduce fees (Nabbuye et al., 2020; Babirye et al., 2022). This implies that ANC radio messages must be accompanied by interventions that reduce financial barriers, such as transport vouchers or community health insurance schemes.

This study found that inconvenient broadcast timing reduces women’s exposure to ANC jingles. This is probably because most women are occupied with household tasks, farming, or childcare during common broadcast hours, and therefore miss the messaging. This is consistent with literature emphasizing the importance of aligning health communication with daily routines and media consumption habits (Wakefield et al., 2010; de Tolly et al., 2012; Sserwanja et al., 2021). Similarly, in rural Uganda, women have reported missing vital radio programs due to timing mismatches (Musiimenta et al., 2020; Nalugya et al., 2023). This implies that programming should be audience-informed and broadcast at times when women are more likely to listen, such as early mornings or after dinner.

This study also found that repetitiveness or message fatigue diminishes the impact of ANC jingles. This is probably because monotonous repetition without variation leads listeners to mentally disengage, perceiving the message as routine background noise. This aligns with communication theory and media studies, which caution that oversaturation without content refreshment can lead to desensitization and reduced message salience (Hornik, 2002; Noar, 2006). Similarly, studies in East Africa have shown that health messages that lack novelty or emotional variation lose effectiveness over time (Mtega et al., 2020; Ouma et al., 2021). This implies that ANC radio campaigns must be creatively adapted and periodically updated to maintain audience attention and effectiveness.

This study further found that lack of cultural tailoring weakens the emotional and cognitive impact of ANC radio messages. This is probably because messages that use unfamiliar language, humor, or values are perceived as alien or irrelevant. This is consistent with health communication literature which shows that culturally incongruent messages are less likely to be trusted or acted upon (Kreuter & McClure, 2004; Airhihenbuwa, 1995). Similarly, Ugandan studies have emphasized that health messages in local dialects and culturally relatable formats are more effective in changing behaviors (Tumwesigye et al., 2020; Namukwaya et al., 2021). This implies that ANC jingles should be co-designed with local communities and delivered in culturally resonant formats to maximize impact.

This study also found that mismatch between preferred and actual airing times limits reach and influence of ANC jingles. This is probably because when jingles are aired outside peak listening times or during low-interest programs, they miss their

target audience. This finding is in line with media research that stresses the importance of timing and program alignment for maximizing message retention (Noar et al., 2009; Agha, 2003). Similarly, in Uganda, women have reported listening mostly during early morning hours and post-evening meals, preferring health content to be embedded within popular shows (Ssekamatte et al., 2022; Musiimenta et al., 2023). This implies that broadcasters should synchronize ANC jingle airing with women preferred listening schedules and habits.

This study also found that some women viewed jingle content as too technical, vague, or uninspiring, calling for improvements in message design. This is probably because unclear language, generic phrases, or lack of emotional appeal reduce listener engagement and comprehension. This is consistent with health literacy literature, which shows that plain, emotionally compelling messages increase uptake and retention (Rudd et al., 2000; Nutbeam, 2008). Similarly, maternal health communication in Uganda has been more effective when it includes storytelling, dramatization, and personal testimonies (Kibuuka et al., 2022; Katamba et al., 2023). This implies that ANC messages should use simple, emotionally resonant language and culturally relevant storytelling to inspire behavioral change.

Finally, this study found that community involvement in message creation enhances authenticity and receptivity of ANC jingles. This is probably because locally co-created messages reflect real-life concerns, beliefs, and aspirations, making them more relatable and trusted. This aligns with participatory communication models which emphasize that community engagement enhances credibility, relevance, and uptake of health messages (Waisbord, 2008; Cornwall & Jewkes, 1995). Similarly, in Uganda,

participatory radio campaigns have yielded higher levels of health behavior change than top-down messaging (Kaggwa et al., 2019; Namazzi et al., 2021). This implies that involving local women, VHTs, and opinion leaders in message design is crucial to ensure effectiveness and community ownership of ANC radio campaigns

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

In this chapter the conclusion and recommendations of the study are presented in relation to the specific objectives of the study.

6.1 Conclusions

The study reveals that Antenatal Care (ANC) radio jingles play a meaningful yet uneven role in influencing the timely initiation of antenatal care among pregnant women in Kapchorwa district. While radio remains a trusted and accessible communication platform, exposure to ANC messages is shaped by a mix of individual preferences, infrastructural limitations, and broader socio-cultural dynamics. Pregnant women tend to favor specific radio stations and programs that align with their routines and language preferences, and many recall and interpret jingle messages positively especially when the messages are simple, emotionally engaging, and culturally familiar.

The repetitive and catchy nature of some jingles contributes to message retention and, in many cases, motivates women to act, with reported instances of earlier ANC visits directly linked to the influence of these messages.

However, despite their potential, ANC radio jingles face several barriers that limit their effectiveness. Structural challenges such as poor radio signal reception, lack of personal access to radios, and inconvenient broadcast times hinder consistent exposure, especially for women in remote and economically disadvantaged areas. Additionally, social factors such as traditional beliefs, stigma surrounding pregnancy disclosure, and the dominance of male decision-makers within households act as invisible gatekeepers, delaying women's health-seeking behavior. Many pregnant women also reported emotional disconnect or confusion when the jingles were

delivered in unfamiliar tones or languages, reinforcing the importance of cultural tailoring.

Community perceptions further underscore the dual impact of the jingles both as influential tools and as missed opportunities. While respondents acknowledged the jingles' role in promoting awareness, peer influence, and early action, they also pointed to critical content gaps. Issues such as message fatigue, technical language, and lack of variety reduced the appeal and practical value of the jingles. The absence of community involvement in message creation weakened local ownership and emotional resonance.

6.2 Recommendations

Based on the findings of the study, the following recommendations are made:

1. Ministry of Health and Uganda Communications Commission (UCC) should collaborate to ensure that ANC radio jingles are aired during optimal listening times such as early mornings and late evenings when pregnant women are most likely to tune in. These timings should be informed by community radio listening patterns, to maximize message exposure and reception.
2. Health promotion units at district and national levels should invest in diversifying ANC jingle content to minimize message fatigue and increase listener engagement. Instead of repetitive formats, jingles should be periodically refreshed with variations in rhythm, voice, language, and storytelling styles.
3. Kapchorwa District Health Office (DHO) should work with local radio stations to produce culturally tailored ANC jingles that reflect local idioms, languages, and social contexts. Community members, including women, religious leaders, and

traditional birth attendants, should be actively involved in the co-creation of content to ensure cultural sensitivity and relevance.

4. Community Development Officers (CDOs) and Village Health Teams (VHTs) should intensify community-level sensitization to address persistent traditional beliefs and stigma that hinder early ANC initiation. Targeted dialogue sessions and outreach activities should be organized to demystify harmful norms, promote open discussion about pregnancy, and normalize early care-seeking behaviors among women and their families.
5. Non-governmental organizations (NGOs) and development partners should support radio access initiatives, especially for women in remote areas who lack personal radios or live in regions with poor signal reception.
6. District planners and policymakers should invest in strengthening the health system's responsiveness to increased demand prompted by ANC radio jingles. This includes improving the quality of ANC services by addressing staffing gaps, medicine stock-outs, long wait times, and negative staff attitudes.
7. Radio broadcasters and content developers should work closely with maternal health specialists to improve the clarity and comprehension of ANC messages. Messages should be delivered in simple language, paced for easy understanding, and reinforced with practical examples that align with women lived realities.
8. Cultural institutions, religious leaders, and men's involvement programs should be mobilized to challenge restrictive gender norms that limit women's autonomy in making healthcare decisions.

9. Media monitoring and health communication units should establish a feedback mechanism to assess the impact of ANC jingles regularly. This could include periodic community surveys, focus group discussions, or listener call-ins to track changes in knowledge, attitudes, and behaviors. Real-time feedback would allow for timely adjustment of content, style, or scheduling.
10. Youth and maternal health programs should integrate ANC radio jingles into broader multimedia campaigns, including mobile SMS reminders, community drama, and social media platforms. A multi-channel approach reinforces messages and reaches diverse demographic groups, especially young or first-time mothers who may access information from various sources.

Area of Further Study

Future research should explore the comparative effectiveness of co-created, community-driven ANC radio messages versus centrally produced government jingles in influencing maternal health-seeking behaviors, particularly in linguistically and culturally diverse districts like Kapchorwa.

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Appendix I: Consent form

Title of the study: The role of Antenatal Care Radio Jingles in timely initiation of Antenatal Care visits among pregnant women in Kapchorwa Hospital

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Course : Master of Arts in Strategic Communication

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Purpose of the study

The purpose of the study is to assess the role of Antenatal Care Radio Jingles in timely initiation of Antenatal Care visits among pregnant women in Kapchorwa Hospital so that it measures to improved early ANC initiation and overall ANC attendance among pregnant women in an effort to reduce maternal and infant morbidity and mortality.

Procedures

If you choose to participate in the study, you will voluntarily sign an informed consent form accepting to be part the study for the entire study period. You will be required to respond to some questions administered by the research assistants about your socio demographics and role of Antenatal Care Radio Jingles in timely initiation of Antenatal Care visits among pregnant women. Refusal to participate will involve no penalty or loss of benefits to which you are entitled at this facility. If you agree to participate in the study, you will be interviewed for about 30 minutes.

Confidentiality

Your names will not appear anywhere on the study forms. A study identification number will instead be assigned to you and used for the purposes of this study. Your records will only be accessed by the research team. The information will only be used for the purpose of this study and no publication of this study will use your name or identify you personally.

Risks: Your participation in this study poses minimal risk to you.

Benefits: There are no direct benefits to you, but the information gathered will help develop strategies to improve maternal health.

Costs and compensation: No payments are required from you to participate in this study. No Compensation for participation in the study shall be given.

Questions about participants' rights and welfare

In case you question about your rights and welfare, use the contact info.

Questions about the study: In case you have questions related to the study, you can contact the,

Do you accept to be audio recorded?

Statement of the consent:

..... has described to me what is going to be done, the risks, the benefits involved and my rights regarding this study. I understand that my decision to participate in this study will be concealed. I am aware that I may withdraw at any time. I understand that by signing this form, I do not waive any of my legal rights but merely indicate that I have been informed about the research study in which I am voluntarily agreeing to participate. A copy of this form will be provided to me.

Signature/Thumbprint of participant.....

Interviewer Name ----- Signature of
Interviewer _____

Appendix II: In-depth interview guide

1. Introduce yourself and the purpose of the study.
2. Explain the objectives of the interview and assure confidentiality.
3. Obtain informed consent for participation and recording (if applicable).
4. Clarify that the participant can skip any questions or stop the interview at any time.

Demographic Information

Age:

Marital Status:

Number of children:

Education Level:

Occupation:

Residence:

Extent of Exposure to ANC Radio Jingles

1. Can you tell me about the radio stations you frequently listen to?

Probe: Which programs do you listen to most often?

2. How often do you hear radio jingles or messages about antenatal care?

Probe: Do you remember any specific jingles related to antenatal care?

3. At what time of day do you usually hear these ANC jingles?

Probe: Are these messages broadcast at times convenient for you?

4. How would you describe your understanding of the messages in the ANC radio jingles?

Probe: What specific information do these jingles convey about antenatal care visits?

5. Have you noticed any changes in your thoughts or behaviors regarding antenatal care after hearing these jingles?

Probe: Did these jingles influence your decision on when to start ANC visits?

Community Perception of ANC Radio Jingles

6. What do people in your community think about the ANC radio jingles?

Probe: Do you think people pay attention to these messages?

7. Do you think these radio jingles have been effective in encouraging pregnant women to start antenatal care visits early?

Probe: Can you share any examples of how these jingles have influenced women you know?

8. In your opinion, what aspects of the ANC radio jingles are most effective in promoting early ANC visits?

Probe: Are there any particular jingles that stand out in effectiveness?

9. How do the women in your community generally react to these ANC radio jingles?

Probe: Do you think they trust the information provided in these jingles?

Perceived Barriers to the Effectiveness of ANC Radio Jingles

10. What challenges do you think prevent pregnant women from starting their ANC visits early, even after hearing the radio jingles?

Probe: Are there any personal, social, or economic factors that might play a role?

11. Do you think the timing or content of the ANC jingles could be a barrier to their effectiveness?

Probe: How might the jingles be improved to better reach and influence pregnant women?

12. Are there any misconceptions or negative attitudes in the community that might undermine the impact of these ANC radio jingles?

Probe: How do these perceptions affect the willingness of pregnant women to attend ANC visits early?

13. How accessible are the healthcare services promoted in the ANC radio jingles?

Probe: Do issues like distance, cost, or service quality affect how women respond to these messages?

14. What suggestions would you have to make the ANC radio jingles more effective in promoting timely ANC visits among pregnant women?

15. Is there anything else you would like to share about your experience with ANC radio jingles?

Thank the participant for their time



UGANDA CHRISTIAN UNIVERSITY

A Centre of Excellence in the Heart of Africa

OFFICE OF THE DEPUTY VICE CHANCELLOR FOR ACADEMIC AFFAIRS

Dear: S22M54/211

NJERI Zipporah

Date: 25-AUG-2022

SELECTION FOR ADMISSION TO UNIVERSITY

I am happy to inform you that you have been selected for admission to:

Program of Study:

MASTER OF ARTS IN STRATEGIC COMMUNICATION
MAIN CAMPUS MODULAR PROGRAMME

Reporting Date: 05-SEP-2022

Access Number: B00006

Duration: Minimum Number of Years:- Two
Maximum Number of Years:- Four

You must confirm your vacancy by 30 – AUGUST - 2022.

This selection is provisional. It is subject to confirmation with a payment of a non-refundable fee deposit of **USH 200,000**, 75% of which will be credited towards your tuition fee. You will be required to pay at any Stanbic, KCB, or Centenary Branch and present a copy of the bank slip to Academics Office or scan and email to confirmation@ucu.ac.ug

Residence:

Your residency at the University is optional.

Registration: This selection has been made on the basis of your own-presented qualifications. It is subject to verification with the original authentic academic documents of your qualifications at the time of registration. You must pay your fees and register at the Deputy Vice-Chancellor (Academic Affairs)'s office immediately after reporting. Failure to register will automatically make you forfeit your place. Please note that the Programme will commence ONLY when the number of registered students gets to 10.

University Fees for the semester:

Tuition **USH. 2,345,000**, Other fess **USH. 983,000**, National Council for Higher Education fees **USH 20,000**.
The University Council reserves the right to vary fees for all students at any time.

Joining Instructions

We have enclosed the confirmation slip & Joining Instructions. Please study them carefully. Finally, I congratulate you on your selection and wish you success and God's blessings at the University.

We look forward to receiving you.

Sincerely in Christ,

Kukunda Elizabeth Bacwayo (PhD), Associate Professor(Governance & Development)

DIRECTOR POSTGRADUATE STUDIES

Note Carefully

- All Academic Transcripts and Certificates in a language other than English must be accompanied by a certified English translation.*
- Cases of impersonation, falsification of documents, or giving false/incomplete information whenever discovered, either at registration or afterward, will lead to automatic cancellation of admission, revocation of the award where applicable, and Prosecution in the Court of Law.*
- National Council for Higher Education Fees must be paid before Registration takes place.*
- The University uses a blended learning approach. Therefore, some of your lessons, assessments, and exams may be delivered through university-approved e-Learning platforms. Emergency ODeL guidelines may be applied.*

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Date: 11/09/2025

Name of Candidate: ZIPPORAH NTERI

Reg. No: S22M54/211

Title of Dissertation: THE ROLE OF ANTENATAL CARE VISITS AMONG PREGNANT WOMEN IN THE TIMELY INITIATION OF ANTENATAL CARE VISITS AMONG PREGNANT WOMEN.

SN	COMMENTS BY EXTERNAL EXAMINER	ACTION TAKEN	INDICATOR
1	Topic - Consider adding the article "the timely"	- Added article "the timely" initiation"	Eg. Cover page
2	Abstract - Summarize and Present without Paragraph	- Summarized the abstract and presented without Paragraph	Page 1, etc corrected
3	Chapter 1 - Objective one is quantitative	- Changed it to qualitative	Page VI
4	Chapter 2 - Included a summary	- Included a summary for chapter 2	Page 5
5			Page 17

SN	COMMENTS BY INTERNAL EXAMINER	ACTION TAKEN	INDICATOR
1	Revise dissertation to APA style for cover page, headings citations- etc	- Revised the document to APA style	e.g. Cover page
2	Abstract should be one paragraph	Abstract- Summarized it to one paragraph	Cover page & headings Page 7, etc corrected VI page.
3	Chapter 1 - Use more academic citations	- Included more academic citations	Page 1
4	Chapter 3 - Mention the paradigm, research method and why you chose them.	- Mentioned the paradigm (interpretivist), the research method and why I chose them	Page 18 Page 19

SN	COMMENTS BY VIVA VOCE PANNEL	ACTION TAKEN	INDICATOR
1			e.g. Cover page
2			e.g. Page 1, etc corrected
3	- Research Questions were not numbered	- Numbered the research questions	Page 5
4	- The questions lacked a structured	- Structured the questions under themes and sections.	Page 54 74
5	under Clear themes or sections.		

ZIPPORAH NJERI

Signature

Supervisor's Name

Signature

Samuel Kariuki (PhD)

Signature