

**THE INFLUENCE OF HEALTH EDUCATION ON MATERNAL MORTALITY
RATE IN UGANDA: A CASE STUDY OF NSANGI
SUB-COUNTY, WAKISO DISTRICT**

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ABSTRACT

The purpose of the study was to examine how health education affected the rate of maternal morbidity and mortality in Uganda: The research was carried out as a case study of the Nsangi Sub-County in the Wakiso District and was guided by the following initiatives: investigate the effects of hygiene education on maternal deaths in Nsangi Sub-County in Wakiso district, access the impact of nutrition education on maternal mortality rate within the study region, and look into the reasons of maternal death rate in Nsangi Sub-County. According to the results, 20 respondents (33.3%) and 13 respondents (21.6%) both respondents agree that cultural and social variables could be one of the causes of the maternal death rate. This showed that interpersonal and cultural issues were one of the problems brought on by Uganda's high rate of maternal death.

It was suggested that induction and refresher training be provided to newly hired health professionals in order to improve their performance as individual practitioners in the research area, which was mostly in Nsangi hospitals. The aged ones also need orientation courses like refresher courses, workshops, seminars, and short courses based on the discoveries there still a need to strengthen their skills. These initiation courses can greatly aid in allowing them to capitalize on their work.

Key words: *health education and maternal mortality rate*

Background of the study

In hopes of lowering the death and morbidity of mothers, access to contraception, pre-conception, prenatal, and postnatal care are all part of maternal and child health, which is defined by WHO (2014) as the health of women during pregnancy, child health, and postpartum period.

A person's ability to have a responsible, fulfilling, and safe sexual life, their capacity to reproduce, and their freedom to choose if, when, and how often to do so are all indicators of women's healthcare (WHO, 2014).

The term "reproductive health" connotes that men and women are partners in procreation and sensuality, as according Medium (WHO, 2014).

Men's actions and reproductive health have an impact on women's reproductive health, the welfare of children, and society as a whole. Men traditionally provide the majority of the family's income.

This indicates that they control the household's decisions.

The fundamental objective of integrated reproductive health initiatives in the past was to inform women about topics including prenatal care, postpartum care, children under five, and pregnancy prevention. High rates of newborn and pregnant woman mortality are still present in underdeveloped nations today, especially in Africa (WHO, 2014).

According to Cleland and Van Ginneken (2017), global maternal death rates have significantly declined in recent years, dropping from 380 in 2014 to 210 in 2013, a 45% decrease (Cleland and Van Ginneken, 2017; Kuate-Defo, 2017). Unfortunately, this decrease falls short of the 2015 MDG target of lowering maternal death by 75%. To combat this, most nations, including Uganda, have implemented maternal health education programs.

Nevertheless, many researchers think there is no data to support any reduction in maternal deaths, particularly in sub-Saharan Africa.

There is a great deal of variance between nations, spanning from the less than 10 maternal fatalities per 100,000 babies born in some to more than 1000 maternal deaths per 1,000 live births in certain emerging nations (Kuate-Defo, 2017). As stated by (UNICEF, 2016),

Despite this, there are several examples of success among nations with high MMRs at first that have been able to prove considerable declines over time.

In Rwanda, the MMR decreased from 1,400 to 320 deaths per 100,000 LB, while in Nepal, it decreased from 790 to 190 among both 2014 and 2013 (Jacques Be-Ofuriyua, 2013).

To avoid mortality during childbirth and in infancy, there is growing interest in figuring out how mothers and children can have access to the right care.

One important tactic for reducing maternal deaths is thought to be skilled birth presence during delivery (WHO, 2018).

Problem statement

Since maternal mortality is a significant issue in many developing nations, inadequate reproductive health care is reported annually.

Any nation that wants to accomplish the goals of the World Health Organization (WHO), specifically the decrease of risk related to pregnancy and motherhood, must equip all of its healthcare facilities.

According to WHO, this work tends to emphasize the development of models for the maternal death rate in Kampala city (2020).

Despite the development of the maternal and newborn effort in the health sector, this evidence shows that the number has increased as a result of the mothers' insufficient participation in health training in Kampala and other regions of Uganda.

Objectives of the study

- 1. To examine the causes of maternal mortality rate in Kampala.*
- 2. To assess the impact of the nutrition education on maternal mortality rate within area of study.*
- 3. To analyze the impacts of hygiene education on maternal mortality in Nsangi sub-county, Wakiso district.*

Research questions

1. *What are causes of maternal mortality rate in Wakiso district.?*
2. *What is the impact of the nutrition education on maternal mortality rate within area of the study?*
3. *What are the impacts of hygiene education on maternal mortality rate in Nsangi sub-county, Wakiso district.?*

RESULTS

Research Design

This was cross-sectional, both qualitative and quantitative study. It was done retrospectively by reviewing documents and interviewing members of the community, hospital administration and some health care workers in the obstetrics and gynecology units about their experiences on the impacts of education on mortality rate mainly in Uganda.

Population study

The population for the study comprised of all childbearing mothers, who attended antenatal, postnatal and infant welfare in some hospitals and health care centers in the metropolis. Equally the population of the study extended to the nurses, mothers, pediatricians and gynecologist.

Sample and Sampling Technique

Consecutive sampling of all case notes and review forms of all completely reviewed MDs and MD reports of 2018 and 2020 was done. Key informants were purposively sampled, mostly those who appear to be knowledgeable about MDSR.

The simple random technique of balloting without replacement was utilized to draw the sample in which five hospitals was selected. The respondents consisted of 60 mothers of whom 12 was selected from each hospital/mortality home.

Method of Data Collection

Data is generally needed and selected to provide useful and meaningful information about the characteristic under study. The entire planning and execution of a research depends on data

available which is greatly influenced by the method of data collection. The decision and choice of the method of collection is usually arrived at after careful consideration of the aims and objectives of the research, the nature of information needed, the degree of accuracy, practicability, time and cost.

Survey Questionnaire

According to Amin (2005) a questionnaire survey in research is a method that considers a series of questions that aim at acquisition of information from respondents. The questionnaire survey method was employed to gather primary data from healthy center and or hospital lower officials through a semi-structured questionnaire.

Primary data

This included the data obtained directly from the respondents including the health workers, pregnant mothers, parents and government officials. This data was obtained through interviews, questionnaires and or by observation

Secondary data

This included the data from written literature and records for example from the organization's finance, magazines, textbooks, newspapers and cost center records related to developmental journals

Data Analysis

The study employed a Univariate analysis on the quantitative data; describing the study population, pattern of maternal death review, impacts of health education on maternal mortality rate. The results were presented using tables, pie charts, and in percentage forms.

RESULTS

Gender of Respondents

The researcher investigated on the gender of the respondents. The findings are presented in the table below;

Table 1: Showing the Respondents' Gender

Gender	Frequency	Percentage (%)
<i>Male</i>	40	67
<i>Female</i>	20	33
Total	60	100

Source: **Field Data**, 2022

The table above shows that most of the respondents 40 (67%) were Female and only 20(33%) were Males. This could have been due to the fact that most the people who were interested in the study were Females Compared to Males.

The age of Respondents

The study was carried out on the age categories of the respondents. The findings are presented in the table below;

Age	Frequency	Percentage (%)
20-29	2	3
30-39	16	27
40-49	30	50
50-59	8	13
60 and above	4	7
Total	60	100

Source: **Field Data**, 2022

From the table above the majority of the respondents (30) fall in the Age bracket from 40-49(50%), followed by the Age bracket 30-39 and these were 16 (27%). This was followed by those between 50-59 who were 8(13%) and the least were those with 20-29(2) and 60+(4) with 3% and 7% respectively. This implies that the study normally considered age as a determining factor.

The Marital Status of respondents

The study went ahead to investigate the marital status of the respondents and the findings are presented in the table below:

Table 3: Showing the Respondents' Marital Status

Marital status	Frequency	Percentage (%)
<i>Married</i>	30	50
<i>Single</i>	20	33
<i>Divorced</i>	3	5.5
<i>Separated</i>	2	3.5
<i>Widowed</i>	5	8
Total	60	100

Source: **Field Data**, 2022

From the table above table 3, the majority of the respondents 30 (50%) were married and followed by the singles who were 20 (33%). These were followed by widowed, divorced and the separated with 5 (8%), 3 (5.5%) and 2 (3.5%) respectively. This implies that most of the participants were married and it indicates that maternal mortality affects those who are married mostly compared to other group of people.

The level of Education

The researcher investigated on the educational levels of the respondents and the findings are presented in the table below;

Table 4: Showing the Education level of the respondents

Educational Level	Frequency	Percentage (%)
<i>None</i>	15	25
<i>Primary</i>	20	33
<i>Secondary</i>	18	30
<i>Certificate</i>	4	6
<i>Diploma</i>	3	5
<i>Degree</i>	1	1

Total	60	100
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Source: **Field Data**, 2022

From the table 4 above the highest number of respondents 20 (33%) had completed primary level followed by those who completed secondary level who were 18(30%) and those who had no formal education were 15(25%). The respondents who had completed tertiary certificate were 4 (6%), Diploma holders were 3 (5%) and the least with a degree was 1 respondent (1%).

The employment status of the respondents

The study was also carried out to know the employment status of the respondents. The findings are presented in the table below:

Table 5: Showing the respondents' employment status

Occupation	Frequency	Percentage (%)
Government employed	7	12
Private sector employed	20	33
Self employed	30	50
Unemployed	3	5
Total	60	100

Source: **Field Data**, 2022

From the table5 above, a significantly higher proportion of respondents 30 (50%) were self-employed; followed by those employed in private sector accounting to 20 (33%) and the 7 (12%) were government employed. However, there was a portion of respondents (3) with 5% therefore most of the respondents were self-employed which occupied the most percentage (50%) compared to others members who had salaried employment.

Causes of maternal mortality rate

The study was also carried out to know the most common causes of maternal mortality rate. The findings are presented in the table below:

Table 6: The causes of maternal mortality rate

Causes of maternal mortality rate	Response											
	Strongly agree		Agree		Not sure		Disagree		Strongly disagree		Total	
	F	%	F	%	F	%	F	%	F	%	F	%
Lack of access to essential obstetric care	28	46.6	19	31.6	13	21.6	-		-	-	60	100
Social cultural factors	27	45	20	33.3	13	21.6	-	-	-	-	60	100
Reproductive health causes	30	50	25	36.6	5	8.3	-	-	-	-	60	100
Medical causes of maternal mortality	29	48.3	23	38.3	8	20.6	-	-	-	-	60	100

Source: Field Data, 2022

From table 6 above, it can be seen that majority respondents (46.6%) completely concurred with the assertion that maternal death rates have been attributed to a lack of access to necessary care, 19 participants (31.6%) also agreed with this statement, and percent of the participants (21.6%) were unsure.

This suggests that one of the main causes of maternal mortality is a lack of access to treatment, including a lack of availability of family planning (FP) consultation and services, as well as a shortage of medications, technology, consumables, and other necessities. It was discovered that

27 (45%) respondents agree that social and cultural variables could be one of the causes of the maternal death rate, 20 (33.3%) agreed, and 13 (21.6%) were also unsure of the issue.

This showed that social and cultural issues were one of the problems brought on by Uganda's high rate of maternal death.

The key examples of social cultural elements affecting maternal deaths, according to this researcher, are gender difference in educational attainment, possession of productive assets, and poverty. It was discovered that 25 (36.6%) highly agreed, 30 (50%) strongly agreed, and 5 (8.3%) also largely agree that menstrual health issues could be one of the causes of the maternal death rate. This suggested that issues with contraception and abortion are among the major factors that can contribute to a high rate of maternal mortality. For instance, participants answered that young children under the age of 18 as well as too many deliveries spaced by less than two years and being too ill while pregnant can all increase the likelihood of maternal death.

Lastly, 29 (48.3%) strongly agreed that inadequate medical care is the primary factor contributing to maternal death, 23 (38.3%) also strongly agreed, and 8 (20.6%) were unsure.

This suggests that maternal deaths may be high in Nsangi due to poor health care, which may put women at risk for complications during pregnancy and childbirth caused by anemia, diabetes, and malaria.

Conclusions

The study concludes that the nature of Maternal health education service of personnel in the health sector is of good quality which enables better maternal health service in Nsangi Hospital as indicated by 75% of the responses who strongly agreed with the integrated service deliveries in health sector which was noted that has increased on the quantity and quality of maternal health services Nsangi Hospital and surrounding Hospital in Wakiso according to the researcher.

Recommendations

It was recommended that there should be induction and refresher training to strengthen health educator's personnel performance in the area of the study mostly in Nsangi hospitals to the newly recruited health workers. These induction courses can help a lot to improve on their work and the old ones also need orientation courses like refresher courses, workshops, seminars and short courses according to the findings there still a need to improve their skills.

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