Analyzing the Impact of Health Education on Maternal Mortality Rate in Uganda: A Case Study of Kampala District

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Abstract: In order to analyze the effects of health learning on the rate of maternal mortality in Uganda, a case study of the Kampala district, specifically Mulago Hospital, was used. The study's objectives included determining the causes of maternal mortality in Kampala, as well as the effects of micronutrient and hygiene education on the rate of mortality rates in the study's geographic area. In the interest of investigating the effect of the maternal mortality rate in Uganda: a case study of the Kampala area, the study employed both qualitative and quantitative study design. The study included an examination and deliberation of the conclusions drawn from field data, including both primary and secondary data. It concentrated on responding to the chapter one's research goals and queries. The study also included a summary of the findings that were examined in Chapter 4 of the information gathered from respondents and during observation. The study's outcome was also given based on the author's findings in the field of research, along with suggestions for improvement that would help Uganda achieve its goal of a healthy schooling system and a low maternal mortality rate.

Keywords: **health education and maternal mortality rate**

Background of the study

In hopes of lowering mortality and morbidity from pregnancy, maternal and child health refers to female empowerment before, during, and after childbirth. It includes family planning, pre-conception, prenatal, and postnatal care (Larrea C.and Kawachi , 2005). A person's ability to have a responsible, fulfilling, and safe sexual life, their capacity to procreate, 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" suggests that men and women are partners in reproduction and sexuality, as according Medium. According to Wagstaff A. (2016), men's behavior's and women's health affect women's healthcare, as well as the welfare of their 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 family planning. Currently, developing nations, particularly those in Africa, continue to experience high rates of maternal and newborn mortality (Wagstaff A. (2016).

Finding solutions for mothers and children to get the proper care they need to avoid dying during pregnancy and in infancy is of growing importance.

One important tactic for reducing maternal deaths is thought to be skilled health professionals monitoring during delivery (WHO, 2008). However, healthy education involvement in maternal and child health care has been seen as one of the increasing strategies to reduce these deaths. Ninety-nine percent (99%) of maternal deaths occur in developing countries with 1 in 13 women suffering a pregnancy related death, (WHO, 2008).

Statement of the Problem

Given that maternal mortality is a significant issue in many developing nations, every nation that wants to meet the goals of the World Health Organization (WHO), i.e., reduce the risk related to pregnancy and reproduction, must equip all of its healthcare facilities. According to the World Health Organization, this work tends to emphasize the development of models for the maternal mortality rate in Kampala city (2020). The global data show that rates of literacy and academic achievement have significantly risen during the previous century. Corresponding to this, rates of maternal mortality during delivery have impressively decreased, especially after 2000. (Asiimwe, D. Ezati, 2019). In general, rates of maternal death in childbirth will continue to decline as women's years of schooling rise. Nonetheless, according to the study, these relationships could also be caused by a variety of external factors, such as changes in the rate of productive investments in health and education, job prosperity, the consolidation of national institutions, or a change in the composition of the population.

Specific Objectives of the Study

1. To examine the causes of maternal mortality rate in Kampala District.
2. To analyse the impact of the nutrition education on maternal mortality rate Kampala District.
3. To analyze the impacts of hygiene education on maternal mortality in Kampala district

Research question

1. What are causes of maternal mortality rate in Kampala District?
2. What is the impact of the nutrition education on maternal mortality rate Kampala District?
3. What is the hygiene education on maternal mortality rate in Kampala district?

Methodology

Research Design

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

Population

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

Sample and Sampling Technique

A sequential sampling of all case notes, review forms, and MDs and MD reports from 2017 and 2019 were completed. Potential participants, namely those who were knowledgeable about MDSR, were purposefully selected for sampling. Five medical facilities were chosen for the sample using a basic random method of holding a vote without substitution. There were 60 moms who participated in the survey; 12 were chosen from each hospital and bereavement home.

Method of Data Collection

In order to give relevant and valuable knowledge about the trait being studied, data are typically required and carefully chosen. The method used to collect data has a significant impact on the design and implementation of a pilot study. After giving careful thought to the goals and objectives of the research, the type of information required, the amount of reliability, achievability, time, and cost, it is typical to make a decision and choose a technique of collecting.

Survey Questionnaire

Amin (2005) defines a survey questionnaire as a methodology that takes into account a number of queries intended to gather responses from participants. The tractor trailer questionnaire survey method was used to collect primary data from lower Mulago hospital authorities. The participants had to choose responses in the tool based on their experiences with the assertions (Amin, 2005).

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 on 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 (%)
Male	40	67
Female	20	33
Total	**60**	**100**

Source: Primary 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;

Table 2: Showing the Respondents Age

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: Primary 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 (%)

Married	30	50
Single	20	33
Divorced	3	5.5
Separated	2	3.5
Widowed	5	8
Total	**60**	**100**

Source: Primary Data 2022

From the table above table3, 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 (%)
None	15	25
Primary	20	33
Secondary	18	30
Certificate	4	6
Diploma	3	5
Degree	1	1
Total	**60**	**100**

Source: Primary Data 2022

From of the table 4 above, 20 % of the respondents (33%) had finished elementary education, trailed by 18 respondents (30%) who had completed secondary level, and 15 respondents (25%) who had not. There must have been 4 (6% of the participants) with a higher certificate, 3 (5%) with a diploma, and 1 (1% of the survey participants) with a degree. This suggests that the level of education was not given much weight because few persons who hold university certificates, diplomas, and degrees as opposed to those with no formal schooling, primary level, and secondary level, were among those in Mulago Hospital who worry about maternal deaths.

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: Primary 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: Primary Data 2022

From table 6 above, it can be seen that 28 respondents (46.6%) entirely concurred with the assertion that maternal death rates have been attributed to a lack of access to necessary care, 19 respondents (31.6%) also agreed with this statement, and 13 % of respondents (21.6%) were unsure.

This suggests that one of the main reasons for maternal death is a lack of access to treatment, including a lack of access to family planning (FP) counseling and services, as well as a shortage of medications, equipment, consumables, and other necessities.

It was discovered that 27 (45%) strongly concur that social and cultural factors may be one of the causes of the maternal death rate.

Thirteen (21.6%) also disagreed, whereas 20 (33.3%) did. This implied that social culture factors seen to be one the challenges caused by high rate of maternal mortality rate in Uganda. According to the researcher, gender disparity in education, access to productive resources and poverty are the main example of social culture factors causing maternal mortality.

It was found that 30(50%) strongly agree that one of the causes of maternal mortality rate could be Reproductive health causes, 25(36.6) agreed the matter and 5(8.3%) also were not sure of the mater. This implied that reproductive health problems are one of the main issues that can cause high rate of maternal mortality for example young child of age 18 years as well as too frequent r having spacing of the deliveries less than 2 years, too sick while pregnancy can also increase the chances of maternal mortality according to respondents.

Finally, 29(48.3%) strongly agreed that poor medical services are the root cause of maternal mortality, 23(38.3%) agreed the matter 8(20.6%) were not sure about the matter. This implies that maternal mortality can be high also caused by the poor heal medical in Mulago hospital for example it can lead to women risk for complication during pregnancy and childbirth caused by anemia diabetes malaria which are due to poor medical services.

Conclusions

The study made the following 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 Mulago 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 Mulago Hospital and surrounding Hospital in Kampala 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 Mulago 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.

Bibliography

Asiimwe, D. Ezati. (2019). Decentralization and Human Resource Demand Assessment from the Perspective of the District. Kampala: Makerere University.

Larrea C.and Kawachi . (2005). Does economic inequality affect child malnutrition the case of Ecuator, Social science and Medicine. 165-178.

Allen J. (1990). Cultivating the Grassroots: Why Local Government Matters, The Hague: international Union of Local Governments.

Cascio (1986). Managing Human Resources: Productivity, Quality of work Life, Profits. Singapore: McGraw-Hill Book Co.

Child Health and Development Centre (1999). A Situation Analysis of Women, Adolescents and Children in Uganda: An Analysis for the Health Programme. Unpublished, Kampala: UNICEF.

Decentralization" in Nsibambi Apolo Decentralization and Civil Society in Uganda: The Quest for Good Governance. Kampala: Fountain Publishers.