Effect of Mother-Child Health Improvement Education for the Community of Luwero District in Uganda

Myung Suk Koh¹, Suk Jung Han²

¹ Department of Nursing, Sahmyook University
815, Hwaraing-ro, Nowon-gu, Seoul, 01795, Korea
kohms@syu.ac.kr

² Department of Nursing, Sahmyook University
815, Hwaraing-ro, Nowon-gu, Seoul, 01795, Korea
Corresponding Author: hansj@syu.ac.kr

Abstract. This study aimed to define the effect of mother-child health improvement education on knowledge, attitude, behavior of family planning and reproductive health. One group pretest-posttest design was used to find the effect of education. Subjects were 720 women who were in their reproductive age between 15 and 49 years and lived in 7 sub-counties in Luwero district in Uganda. The result showed that education was effective on subject’s knowledge (t=29.58, \(p<.001\)), attitude (t=25.16, \(p<.001\)), and behavior (t=12.98, \(p<.001\)) about family-planning and reproductive health.

Keywords: Health Education, Family Planning

1 Introduction

Globally more than 287,000 women die every year due to pregnancy and child birth related causes [1]. A rapid population growth often due to high fertility rate associated with low contraceptive prevalence impedes economic growth [2]. Access to and utilization of family planning services in Uganda remain a challenge to the achievement of the United Nation’s Millennium Development Goals (MDGs) by the 2015 target date [3]. It is estimated that if all women in need of contraceptives in Uganda were using them, the number of maternal deaths would be reduced by 40% [4].

Despite an increase in the use of modern contraceptives in the past two decades, unmet need for family planning remains a concern in many developing countries, including Uganda. Unmet need for family planning in the country remains high at about 34.3% and unmet need is higher among rural women (37%), and in hard-to-reach areas with limited access to health facilities [5]. Unwanted pregnancies in Uganda impact many areas of health. Identifying and addressing unmet need for contraception is the responsibility of all health workers [6]. Planning of better and high-quality family planning services needs actual participation of the society and is associated with the level of social recognition and knowledge of the necessity to conduct such programs and apply appropriate contraceptive methods [7].
1.1 Purpose of the study

This study aimed to examine effects of mother-child health improvement education on knowledge, attitude, behavior of family planning and reproductive health.
1) To identify the subjects general and reproductive characteristics.
2) To determine the effect of mother-child health improvement education.

2 Method

2.1 Study Design

One group pretest-posttest design was used in this research to find the effect of mother-child health improvement education.

2.2 Study Sample and Setting

The subjects were 720 lived in sub counties, that is Bamunanika, Kamira, Katikamu, Kikyuusa, Makulubita, Nyimbwa, Zirobwe in Luwero district in Uganda.

Sampling procedure for selecting households in villages for questionnaire filling, a systematic random sampling was used. Chairman’s home was used as a start point. Two houses were counted and from the 3rd household, a participant was chosen. This sampling was done in all directions from the chairman's home to avoid bias. Only 20 households were chosen from each village.

2.3 Intervention

Maternal-child health improvement education is consisted of maternal and child health which include family planning, preconception care, antenatal care, labor and delivery care, postnatal care, nutrition, breastfeeding, immunization, elimination of mother-to-child transmission, HIV/AIDS, and childhood illness. Subjects participated in this 2 hours a day, over 4 days from trainees who trained by nursing professions.

2.4 Measurements

To examine the effects of health education for the community, the instrument were developed by researchers. The instrument contained total 40 items: 20 for checking their knowledge, 10 for attitude, and 10 for behavior.
2.5 Data Analysis

The data were analyzed using SPSS version 21. The variables were described using the frequency and percentage or the means and standard deviation. Paired t-test was used to determine whether there was a difference in knowledge, attitude, and behavior at baseline and after the intervention.

3 Results

3.1 General and Reproductive Characteristics of the Subjects

The study sample consisted of 720 participants who were in their reproductive age (15~49). More than half of them were between 26~49 years (58.9%, n=424) and married (77.1%). Only 9.2% (n=66) had no formal education, most of them (73.9%, n=532) were farmers. More than half of them (63.3%, n=456) were engaged in family planning and less than half of them (41.1%, n=296) received family planning education. The vast majority (94.2%, n=678) had pregnancy and child birth experience, 19% (n=137) of them were current pregnancy status and among them 74.8% (n=101) were pregnant intentionally. More than half (62.9%, n=453) of them had experience of contraceptive use and 47.2% (n=339) of women preferred Depo-Provera implant among the various contraceptive methods. About 21.1% (n=152) of women experienced abortion predominantly in hospital (49.3%, n=75), followed by the family residence (35.5%, n=54).

3.2 The Effect of Mother-Child Health Improvement Education

Dependent t-test showed a significant difference in knowledge, attitude and behavior score before and after intervention (p<.001). Therefore this study showed intervention was effective on the subjects’ knowledge, attitude, and behavior on family-planning and reproductive health (Table 1).

Table 1. Comparison of Knowledge, Attitude, and Behavior of the Participants between Pre and Post Intervention (n=720)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Pre-test Mean ± SD</th>
<th>Post-test Mean ± SD</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>13.04 ± 2.62</td>
<td>16.43 ± 1.91</td>
<td>29.58</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Attitude</td>
<td>20.96 ± 3.79</td>
<td>25.09 ± 3.67</td>
<td>25.16</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Behavior</td>
<td>25.39 ± 4.57</td>
<td>27.61 ± 1.90</td>
<td>12.98</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>
4 Discussion

This study analyzed demographic factors associated with family planning and reproductive health in 720 childbearing women in Luwero district in Uganda. Results showed that maternal-child health improvement education was effective on improving the subjects’ knowledge, attitude, and behavior related to family planning and reproductive health.

Knowledge of contraceptive methods is an important precursor to their use and devote to the ability to recognize a family planning method. Therefore, to promote ideal maternal-child health, there is need to encourage target women with childbearing-age, low education, and poor economic status.

The various stakeholders involved in the implementation of family planning programmers should therefore intensify awareness education on specific methods of contraception and the management of side-effects, and improve public, private and outreach family planning service provision to improve uptake and reproductive health outcome [8].

References