

The Effect of Maternal and Child Health Education Intervention on Knowledge, Attitude, and Practice in Jinja, Uganda

Seungwon (Lucy) Lee, COL 2023

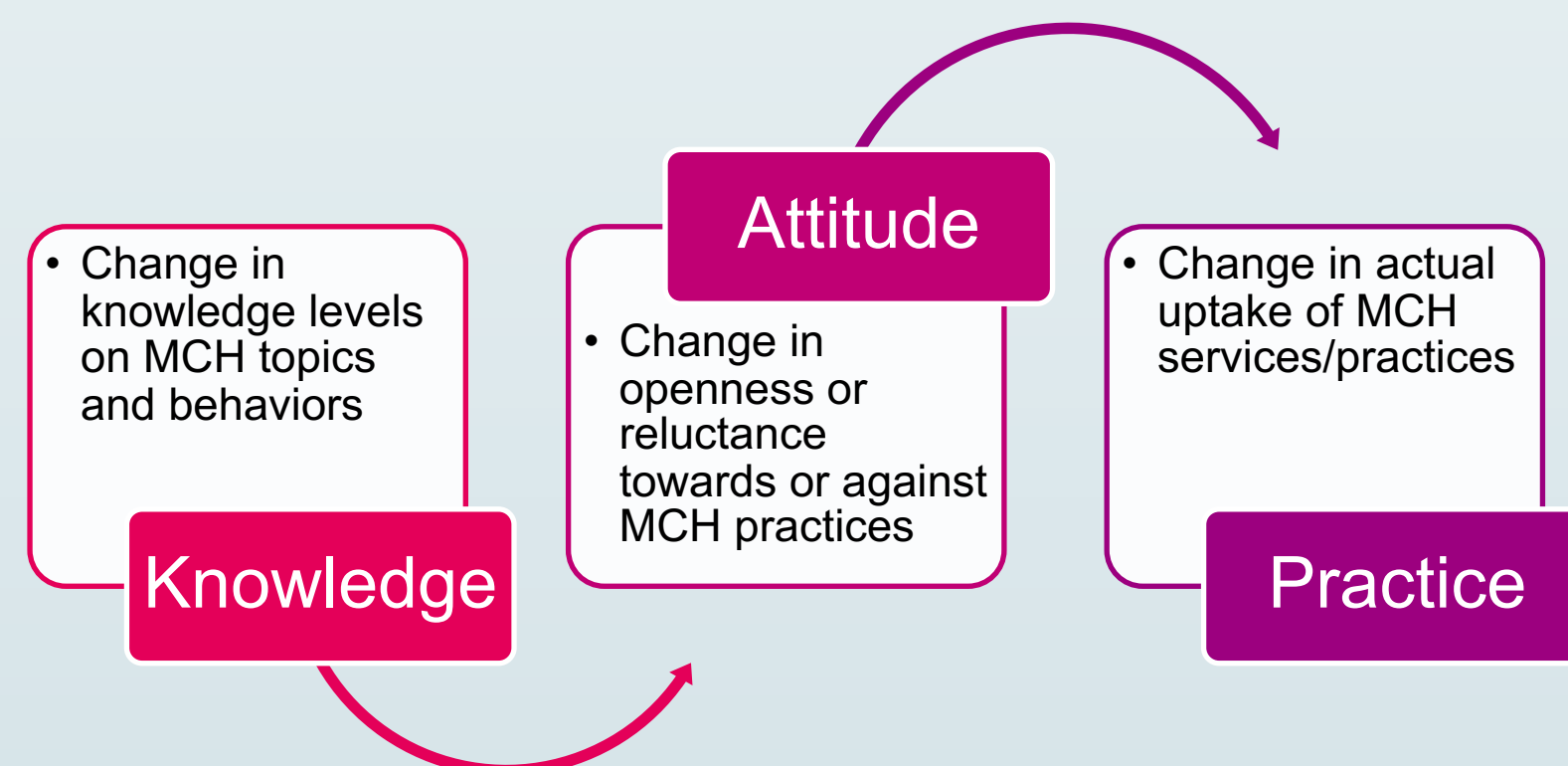
Faculty Mentor: Dr. Lisa Levine (Penn Medicine, Maternal Fetal Medicine)

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Abstract

A maternal and child health (MCH) education intervention will be piloted in Bugembe, Jinja District, Uganda, in the summer and fall of 2022. The intervention will train Ugandan village health volunteers, otherwise called as Village Health Teams (VHTs), in MCH topics. VHTs are volunteers recruited by the Ugandan Ministry of Health to conduct at-home visits and community engagement for basic overview of the village's health concerns. Once the VHTs are trained under the intervention, the VHTs will be encouraged and directed to revitalize making routine home-visits to pregnant women in their villages for sensitization and MCH education.

This study, independent of the intervention, will specifically aim to analyze the efficacy of the MCH education intervention. It will analyze changes of knowledge, attitude, and practice (KAP) in maternal and child health decisions and behaviors among pregnant women enrolled in the pilot at pre-intervention and at post-intervention, which will be conducted soon after their delivery. The KAP model will assess the change in participants' knowledge of MCH topics (Knowledge), perspective and willingness for healthy MCH practices (Attitude), and behavior towards antenatal care frequency, birth preparedness, and facility-based deliveries (Practice) in effect of the intervention.



Introduction

The sustainable development goals target to reduce the global maternal mortality ratio (MMR) to less than 70 per 100,000 live births however that of Uganda still lingers way higher at 336 maternal deaths per 100,000 live births (Babughirana et al., 2020). The case is worse for Eastern Uganda, particularly that records unacceptably high mortality rates of 390 deaths per 100,000 live births despite numerous interventions put in place to reduce it (Butambuze, 2018).

At the core of such a push for more community facilitation for MCH, there are community health workers called Village Health Teams (VHTs). However, due to the lack of government-led training and systemic management, many VHTs are unable to conduct efficient and informative home visits, especially on MCH topics even though following up with pregnant and postnatal women is conducted by a vast majority of active VHTs in Uganda (Kimbugwe, 2014). Consequently, there is very little understanding of the quantitative impacts of VHT-led Maternal and Child Health (MCH) education at the village level.

The impact of such a VHT-led education program on antenatal care compliance, preference for facility births over home births, birth preparedness, and reducing knowledge gaps remain largely unclear. Thus, this study seeks to examine the efficacy of a VHT-centered maternal health education pilot program in Bugembe, Eastern Uganda, and identify the degree and factors of change in expecting mothers' knowledge, attitude, and practice (KAP) of maternal health topics and decisions, before and after the program. We hypothesize that the MCH education pilot program will be successful in enhancing knowledge levels, increasing willingness for healthy MCH behavior, and resulting in healthier MCH practices among pregnant women in Bugembe Parish, Mafubira subcounty, Jinja District, Eastern Uganda.

Methodology

The sample size is 228 women enrolled in the pilot program.

Baseline

- 228 pregnant women (Group A)
- 228 postpartum women (Group B)

Endline (after birth)

- 228 women who were pregnant at baseline (Group A) will be follow-up
- Group B do not get follow-up

Several VHTs will be recruited and trained in data collection. They will be administering identical paper-based questionnaires at baseline and endline. Pre-testing has been done to ensure that the questionnaires are easy to ask and answer at Mbale Regional Referral Hospital, which is not included in our study scope.

Inclusion and Exclusion Criteria

1. Inclusion Criteria

- Pregnant women who are approximately less than six months into their pregnancy and enrolled in the pilot program (for Group A)
- Subjects who have recently given birth (within the last 12 months) and are not enrolled in the pilot program (for Group B)

2. Exclusion Criteria

- Subjects who are not enrolled in the pilot program or cease enrollment during the study
- Subjects who are more than approximately six months pregnant or known to be already in their third trimester at baseline
- Subjects who have already started receiving services from the pilot program at the time of study recruitment

Predicted Outcomes

If the intervention is carried out thoroughly in the communities between baseline and endline, the intervention is anticipated to bring positive change in all aspects of KAP. Considering that it is much easier to impact knowledge than attitude and practice, it is also expected that KAP will be influenced in decreasing order from knowledge > attitude > practice.

Overall Importance of the Project

This study has significance in mainly two ways: 1) for the research community and 2) personally.

First, in terms of contributing to the research community, previous literature review has shown that there are very few studies that evaluate educational MCH programs in Uganda, let alone those that go in-depth to analyze the change in Knowledge, Attitude, and Practice by the KAP model.

Then, personally, the intervention that this study is aiming to analyze is conducted by Communities for Childbirth International (CCI), an organization that I founded several months ago. I founded CCI with a passion in global health, specifically maternal and child health, and since then, I have prioritized employing an evidence-based technique in designing and implementing new interventions in communities. This research study is the first research study I have launched since the establishment of CCI. It will be my first step to building an organization that can sustainably create impact in the communities with scientifically sound evidence to share with other colleagues in MCH globally.

Contact: lswlee@sas.upenn.edu