

ABSTRACT

Introduction

Preconception care ultimate aim is to improve maternal and child health, in both the short and long term. However, preconception attendance is affected demographic, facility and policy factors. This study was done to determine how above factors affect preconception care among pregnant women aged 15-45 years attending Arua Hospital.

Methodology

A self-administered questionnaire based on cross sectional study was used to identify factors affecting contraception care among pregnant women aged 15-45 years attending Arua Regional Referral Hospital in Arua District.

Results

The statistical analysis of prevalence of PCC was (28.8%) but demographic factors such as age, religion, level of education, occupation, distance from hospital and average monthly income were found statistically significant ($p < 0.05$). However, marital status and medical insurance status were found not statistically significant ($p > 0.05$). Facility factors such as; provision of PCC services, preconception care service points, preconception care mentioning by health workers, report of where PCC was first heard, friendliness of workers, knowledge on allocated space for PCC, availability of posters or materials for PCC and discussion of PCC issues with same sex health workers were statistically significant ($p < 0.05$) but referral to the PCC service point was not significant ($p > 0.05$). Policy factors such as; awareness, source of information and presence of organizations involved in PCC advocacy were found significant ($p < 0.05$), while provision of guidelines for PCC by MOH, free education, health insurance, equal employment opportunities, nutritional teaching and family planning were not significant ($p > 0.05$).

Conclusion

Preconception care is still a non-prioritized maternal neonatal and child health promotion strategy in Uganda and worldwide yet it mitigates maternal neonatal and child morbidity and mortality. This revealed the prevalence of PCC was unacceptably low (28.8%).

Recommendations

Given above findings reveal developing policy and guidelines, integrating PCC in curriculum of all healthcare courses, health creation of PCC point preferably ANC, use of media to reach wider audience finally a funded PCC research while considering the experience of Arua hospital.