

## Abstract

### Introduction

While the Ministry of Health since 1998 embraced Intermittent Preventive Treatment (IPT) strategy, its utilization has remained low in Uganda fluctuating between 42% and 39.6% against Health Sector Strategic Plan (HSSP) II target of 80%. In Mpigi District and Mawokota South HSD the study site utilization of IPT was estimated at 35% lower than the national coverage.

The main objective of the study was to investigate factors influencing IPT utilization for malaria among pregnant women in Mawokota South Health Sub-District-Mpigi District.

The specific objectives of the study were: To determine community knowledge and perceptions about IPT and level of utilization; To determine the relationship between social demographic factors of pregnant women and utilization of IPT; To determine the relationship between the economic status of pregnant women and utilization of IPT; To describe health facility related factors affecting IPT utilization.

**Methodology:** A cross-sectional descriptive study design was adopted and both quantitative and qualitative data collection methods were used. Data was collected from 99 respondents and these included; 68 pregnant women receiving ANC services at four health facilities, 23 women participated in focus group discussions, the key informants included; 5 In-Charges of ANC clinics/maternity wards at the selected four health facilities, and 3 village health team members/community resource person.

**Results:** The study found out that majority of pregnant women attending ANC clinics (86%) and those in FGDs had heard about IPT. Although IPT service was generally well perceived in the community with 20.6% of mothers attending ANC clinics rating it as excellent and the majority (66.7%) rating it as good, this did not translate into its timely utilization. Out of 57 pregnant mothers attending ANC clinics, only 24.6% can be categorized as good IPT utilization practice compared to a majority 75.4% which represent poor IPT utilization practice. Like earlier studies, background characteristics of respondents were found to impact on IPT utilization. The study found that younger pregnant women (16-25 years) had a good IPT utilization practice estimated at 14% compared to 8.8% for older women (26-35 years). A mix of service delivery factors such as rudeness of health workers, costs involved to obtain IPT, limitations at health facilities in delivery of IPT and gaps in information about IPT by health workers plus community barriers such as poor perceptions and limited access contributed to low utilization of IPT. These findings imply that if factors contributing to low utilization of IPT are not addressed, Uganda is not likely to meet MDG goal of reducing the unacceptably high maternal mortality rate (435 deaths per 100,000 live births). Malaria is a major cause of illness and death among pregnant women.

**Recommendations:** The study recommends that government should build on the good DOTs for IPT strategy to bridge the information gaps and overcome unfounded community fears by refreshing health workers' knowledge and skills and intensifying community awareness and their involvement in IPT service delivery. This is expected to enhance utilization and contribute to the realization of set IPT targets. It is also recommended that further research be carried out about the influence of social economic factors on utilization of IPT. Research should also be conducted about the extent to which the fear of taking HIV test as part of ANC has affected IPT uptake and utilization.