

ABSTRACT

Background

Approximately 50,000,000 women who lived in malaria endemic countries throughout the world became pregnant, and more than half were from tropical areas in Africa. Out of that, an estimated 81,000 mothers and 300,000 infants died of malaria (WHO, 2012).

Concerning Uganda's situation, about 10,000 maternal deaths, 8% to 14% of children's low birth weight, and 3% to 8% of all infant deaths occurred due to the disease (MOH Uganda, 2012).

In Maruzi HSD, the disease in pregnancy accounted for 17.4% of OPD attendance, 12.9% of admissions and 9.6 % of death cases (Maruzi HSD Report,2012)

In April 2000, African leaders adopted Roll Back Malaria (RBM), a global partnership in malaria control and prevention with an objective to prevent the disease in pregnancy using IPTp among other strategies. For this therapeutic measure, SP is currently used with a minimum of two doses required during pregnancy.

The uptake of at least two doses (IPT-2) in pregnancy has been low globally, nationally and in the local area compared to IPT-1. The purpose of the study was to determine factors influencing IPT-2 uptake in Maruzi HSD.

Methodology

A cross sectional study was carried out in the HSD. 382 nursing mothers within 12 weeks of postpartum period from four main clusters were interviewed for pregnant mothers' individual and health services factors; and 35 ANC staff in 14 health facilities were also assessed for health services factors. In those facilities, IPTp practices were observed.

Data analysis

This was done by using Microsoft excel 2007 and SPSS 16.0 computer software, and summarised using mean, mode, standard deviations, frequencies and percentages. The level of association between variables were tested using logistic regression and Chi-square test methods, and association was taken to be significant at P-value less than 0.05 with 95% confidence interval.

Results

The coverage of at least one visit to ANC was 99.48% and 86.65% of this was made within 6 months of pregnancy. The uptake of IPT- 2 was 58.38% and low compared to 1 at 88.22%.

IPT-2 coverage was not influenced by any socio-demographic factors. The level of ANC staff's knowledge & availability of SP stock were very good, the staff attitude was also good. The low uptake was associated with inadequate mothers' knowledge on IPTp, cups sharing for drinking water at the ANC, low supervisory visit for the preventive treatment and poor ANC staff training on the programme.

Recommendation

The study findings call for interventions such as,ANC staff training, provision of IPTp guidelines and training manuals, strengthening of ANC-IPTp health education by ensuring that plan is in place and fully implemented. Integration of IPTp monitoring and support supervision with other programmes to reduce cost and time. Extension of community sensitisation apart from ANC education by involving community health workers and leaders.SP stock level,staff morals,and early first ANC attendance should be sustained to ensure continuity in service delivery.