

The contribution to mothers' health by village health team promotion practices: A case study of Kyabugimbi subcounty Bushenyi District

Maternal mortality in sub-Saharan Africa and South Asia accounts for 86% of the maternal mortality rate in the world. In Uganda, the maternal mortality ratio (MMR) is still high at 438/100,000 live births while under-five mortality is at 90/1,000 live births. In Uganda, a community health worker strategy, Village Health Teams (VHTs), was introduced in 2001 to help address maternal/child mortality challenges. VHTs are an equivalent of Health Centre I – responsible for the health of community members at the household level. VHTs serve as a community's initial point of contact for health and social services, as well as helping to build social capital and understanding of basic health services and lifestyle choices. As of 2014, over 170,000 VHTs have been trained and deployed across Uganda.

The purpose of this study was to explore the contribution of VHTs' health promotion practices to maternal health in south west Uganda.

METHODS

The study took place in Kyabugimbi subcounty of Bushenyi District, in its 9 parishes and 98 villages in December 2013. Kyabugimbi subcounty is rural and remote with limited infrastructure and lies in south west Uganda. This locale was selected since its 153 VHT members had had initial VHT and integrated community case management (iCCM) trainings and therefore were expected to be equipped to undertake community maternal health promotion activities.

An exploratory design was used and the data collection methods included in-depth interviews, focus group discussions (FGD) and key informant (KI) interviews. Purposive sampling was used to select mothers who had delivered 6 months before the study identified through VHT registers, as they were expected to readily recall experiences with VHTs. Individual in-depth interviews were carried out in each mother's home by seven trained research assistants. Incentive for the mother to participate was a full bar of soap.

VHTs were purposively sampled for inclusion in FGD with an intention to select those who were responsible for caring for mothers who participated in the in-depth interviews. Incentive for a VHT member to participate was a half bar of soap.

Four KIs were selected for in-depth interviews by virtue of their positions in the VHT structure: a) district health officer who oversees VHTs in the district, b) VHT district coordinator and c) two health centre supervisors of VHTs of Kyabugimbi subcounty.

Prepared guides were used for the in-depth interviews for mothers, the KI interviews and the VHT FGD. These focused on knowledge about VHT roles, VHT practices in promotion of the health of mothers and the effect of VHT practices on mother's health choices.

To explore the impact of VHT maternal health promotion, mothers were asked to share their experience of the past pregnancy, including antenatal clinic attendance, site of delivery and if they went, who influenced them to attend. Mothers were also asked about birth planning measures and sources of this information.

The study was approved by Uganda Christian University Research Ethics board and was funded by Healthy Child Uganda.

Informed consent was obtained prior to the interviews or focus group participation.

RESULTS

A total of 99 mothers were involved in in-depth interviews in their own homes; 49.5% of mothers were between 25 and 35 years of age. Six VHT FGDs, involving a total of 45 VHT members, were conducted at meeting points convenient for the respondents; average age of VHT member was 37.2 years, and 87% had been with a VHT for more than 5 years. Four KI interviews were completed. No mother, VHT or KI approached refused to participate.

KI interviews revealed that VHTs are expected to educate mothers about family planning, breast feeding, services offered to pregnant women during antenatal and postnatal visits, the danger signs in pregnancy and how to detect them as well as how to protect against communicable diseases. VHTs also are expected to effectively refer pregnant women to health facilities.

VHTs summarized their maternal health role as helping pregnant mothers understand the signs of danger in pregnancy and the need to seek timely professional help. The majority of VHTs identified difficulty in convincing mothers of the benefit of delivery in a health facility. They noted they lacked pictures to show this and asserted that mothers learn better when they are shown pictures rather than just using words. VHTs noted more success in conveying information about family planning.

The in-depth interviews with mothers established that out of 99 mothers, 71 (72%) were aware of the benefits of antenatal care, but high knowledge did not correlate with the level of attendance. Mothers' attendance at 4 antenatal care visits was low, only 42/99 (42%) despite interventions by VHTs. The majority (51/99; 52%) of mothers were aware of the benefits of delivering in a health facility but only 35% had done so. Mothers reported that VHTs normally concentrate on pregnant mothers, but relax after mothers have delivered. Most mothers were well informed about birth planning because of VHT interventions.

CONCLUSION

VHTs have done well in creating awareness of major indicators of maternal health among mothers. However, high awareness has not translated into practice in terms of delivery at a health facility or increased antenatal clinic attendance. Additional VHT training in behavioural change communication might make them more effective in their work.

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