

Prevalence and Determinants of Asymptomatic Malaria Among Pregnant Women Attending Primary Health Care Services in Lira District / Lira City

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Background: Asymptomatic malaria infection is a positive Rapid Diagnostic Test or blood smear for *P. falciparum* with no clinical signs or symptoms conclusive of Malaria. Most malaria infections among pregnant women in high or moderate transmission are asymptomatic, infected women may not seek treatment yet with a devastating consequences on both the mother and fetus and can progress to severe MIP by acting as reservoir of malaria infection.

Objectives To assess the prevalence and determinants of asymptomatic Malaria among pregnant women attending services in PHC facilities in Lira district/Lira City.

Methods: The study used a descriptive cross-sectional design. Data was collected using a semi-structured questionnaire administered to pregnant women tested for asymptomatic MIP at their exit points. Analysed at three levels univariate, bivariate and multivariate respectively. Variables with p-values <0.05 were considered statistically significant factors influencing Asymptomatic MIP on logistic regression. While qualitative data collected through key informant interview guide, analysed through content analysis.

Results: Of the 267 respondents, 25.5% had asymptomatic malaria, living within Lira district (aOR=0.50, $p=0.02$, 95% CI=0.276-0.895) had a 50% increased likelihood of asymptomatic MIP compared to living in Lira City, being aged 25-29 years (aOR=2.70, $p=0.04$, 95% CI=1.067-6.82) had a 2.70 odds of asymptomatic MIP compared to other age groups. Women from places where VHTs did not know their roles (aOR=0.596, $p=0.01$, 95% CI=0.322-1.10) had a 0.4% increased likelihood of asymptomatic MIP compared to others.

Conclusion: High prevalence of asymptomatic malaria in Lira district compared to Lira City. Middle age mother were more than twice more likely to have asymptomatic malaria.

Factors Associated with First Antenatal Care Attendance Within Twelve Weeks of Pregnancy Among Women in Lira City

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Introduction: The World Health Organization (WHO) recommends all pregnant women attend first Antenatal care (ANC) within 12 weeks of pregnancy. However, most pregnant women (71%) in Uganda started first ANC after 12 weeks of pregnancy. This predisposes them to pregnancy complications and outcomes which makes it hard to reduce the current high maternal mortality ratio (MMR) of 336 deaths per 100,000 live births. This study aimed to assess factors associated with first ANC attendance within 12 weeks of pregnancy among women in Lira City.

Methods: A cross-sectional study design was conducted among 368 pregnant mothers attending first ANC at Lira Regional Referral Hospital (LRRH), Pentecostal Assembly of God-Mission HC-IV, and Ober HC-IV. Data was collected using interviewer-administered structured questionnaires. In-depth interviews were used to collect qualitative data. A binary logistic regression analysis was computed to determine the association using crude and adjusted odds ratios at 95% confidence intervals. Independent variables with a p-value of less than 0.05 in the multivariable logistic regression model were considered significant

Results: Of the 368 respondents interviewed, 36.1% reported first ANC within 12 weeks of pregnancy. Risk factors associated with first ANC attendance within 12 weeks of pregnancy were not being in a marital relationship (aOR:0.40, 95% CI:0.16-0.99), taking >2hours to reach health facility (aOR:0.21, 95% CI:0.07-0.62), not being visited by VHT/HW at home (aOR:0.33, 95% CI:0.12-0.92). Protective factors associated with first ANC attendance within 12 weeks of pregnancy were not knowing that first ANC guides parents on infant and child care (aOR:2.22, 95% CI:1.06-4.67), pregnancy not consented to by spouse (aOR:4.29, 95% CI:1.75-10.55), attending ANC from private health facility (aOR:2.89, 95% CI:1.27-6.15), and having 2-3 HWs present at ANC clinic (aOR:1.79, 95% CI:1.03-3.13).

Conclusion: Majority of pregnant women initiate their first ANC visits late. Comparing this to the UDHS 2016, we can conclude that late ANC initiation is a major problem in countrywide. Therefore, Ministry of Health should improve on the staffing of midwives and nurses at all facilities, raising awareness through continues community mobilization and sensitization of the women, their husbands and the community at large about the importance of first and timely ANC attendance should be a priority through HW/VHTs.