

Barriers to Uptake of Intermittent Preventive Treatment (Ipt) with Sulphadoxine- Pyrimethamine to Prevent Malaria in Pregnancy in the Kumasi Metropolis

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Abstract

Focused on both quantitative and qualitative results; Experiences and feelings may explain the quantitative data Subjectivity as much as necessary is not frequently discussed: work processes at the health facilities, interpersonal relationships, feelings, etc. Malaria is a major cause of morbidity and mortality in Ghana, particularly among children and pregnant women (MOH, 2009). In 2006, malaria accounted for 38.6% of all outpatient illnesses and 36.9% of all admissions. 2,835 malaria attributable deaths (all ages) representing 19% of all deaths was reported in 2006. As many as 13.7% of all admissions of pregnant women in 2006 were as a result of malaria and 9.0% of them died from the disease IPT policy in place and being implemented by all facilities.

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Introduction

Background

Malaria is a major cause of morbidity and mortality in Ghana, particularly among children and pregnant women (MOH, 2009). In 2006, malaria accounted for 38.6% of all outpatient illnesses and 36.9% of all admissions. 2,835 malaria attributable deaths (all ages) representing 19% of all deaths was reported in 2006. As many as 13.7% of all admissions of pregnant women in 2006 were as a result of malaria and 9.0% of them died from the disease IPT policy in place and being implemented by all facilities.

Table 1 ANC visits and IPTp utilization in Kumasi Metropolis, 2007-2009

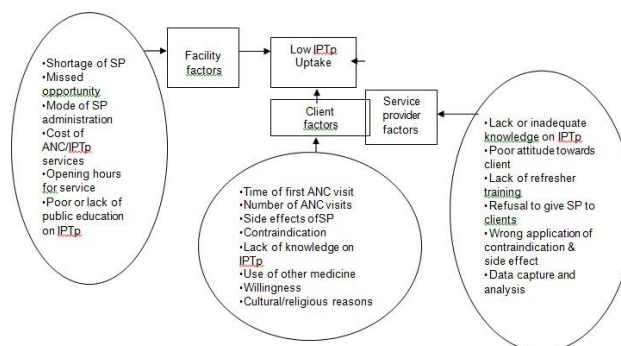
Indicator	Period		
	2007	2008	2009
ANC Registrants	40,273	45,732	48,819
ANC Visits	155,910	184,733	197,780

IPTp1	28,332 (70.3%)	44,787 (97.9%)	24,105 (49.4%)
IPTp2	20,935 (51.1%)	34,451 (75.8%)	18,864 (38.6%)
IPTp3	15,738 (39.1%)	22,456 (49.1%)	12,641 (26.0%)

Table 2. Events that might have been associated with malaria in pregnancy, Kumasi Metropolis, 2007-2009

Indicator	Period		
	2007	2008	2009
Maternal deaths	108	112	120
Spontaneous abortions	1167	1,400	918
Still births	640	465	652
Anaemia in Pregnancy (at 36wks)	3,415	3,490	4,058
BW < 2.5kg	2,651	3,450	4,712

The conceptual framework



Study objectives

- Cross-sectional survey in Kumasi Metropolis
- Sampling: Cluster and convenient sampling
- Cluster sampling for 300mothers at the Household level

- Convenient for Health workers (22) and ANC clients at the facility level
- Data Collection:
- Interviews, Clients card review, Observation, Facility records
- Quality assurance-
- Training, Pre-testing, Field supervision, Double data entry, series of seminars on proposals presentation.

Discussion

Data Analysis:

Descriptive statistics-median and simple proportions were used to describe the data.

Inferential Stats: Pearson's Chi-square test, logistics regression All analyses were performed at 5% level of significance.

EPI Info was used for data entry and the data were imported into SPSS for analysis.

Conclusion

- The level of IPTp utilization in the Kumasi Metropolis was low the national target of 80% (IPTp1, IPTp2 and IPTp3 by card is 40%, 33.7% and 21.0% respectively)
- The barriers to the uptake of IPTp were:
 - Which are periodic shortage of SP in the various health facilities,
 - Poor knowledge of mothers,
 - Fear of side effects of the drug,
 - Use of traditional medicine,
 - Health workers' adherence to IPTp protocol (contraindication- malaria, G6PD defect factor, late enrollment of ANC -teenage pregnant girls).

Side Effects

"The complaints vary but they commonly complain of rashes, itching, headache, vomiting, general weakness, dizziness after

taking the SP". (Maternity In-Charge at a District hospital "I treated the minor side effects and continue with the treatment". (A midwife from a maternity home). "I referred the client to the appropriate level for further assessment". (A midwife from a Maternity home). "I would discontinue SP use if the reaction is severe". (A Medical Superintendent from a District hospital). "I advised mothers to eat before they take the SP". (A midwife from a District hospital). "I would stop giving the SP when a mother insists that it was not good for her" (A midwife from a District hospital).

Recommendations

- Integration of IPT in NHIS or part of the free service package
- Full implementation of the IPT services in the private hospitals
- Step public education –more focus on teenage pregnant girls

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