Factors Associated with Maternal Death among Women of Child Bearing Age on the community Perspectives; A Case Study of Kisemvule Village in Mkuranga District, Tanzania 2019

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Abstract

Objective: In the world, 303,000 women lose their life due to the complications related to pregnancy and childbirth. Tanzania is ranked 6th and 4th among the countries with high maternal mortality globally and Africa respectively. About 23 women in Tanzania are dying daily due to preventable causes, related to pregnancy and childbirth that is approximately one woman every hour. The objective of this study was assessment of risk factors on community setting associated with maternal death among women of child bearing age.

Methods: During the study both quantitative and qualitative design was employed in which under quantitative cross-sectional descriptive study was undertaken.

Results: We enrolled 124 women of child bearing age. The mean age was 17.7. (37%) mentioned preeclampsia as the most risk factor leading to maternal death, 21% reported abortion, 13.7% mentioned anemia, and 12.1% reported postpartum hemorrhage, and 10.5% pregnancy induced hypertension (PIH), 3.2% ante partum hemorrhage and 2.4% early pregnancy. Other risk factors that seemed to cause maternal death included; delay to seek health facility to pregnant mother (8.9%), long distance from health facility to people's residents (57.%), poor transport system in the village to reach the present health care facility (4.8%), negligence from health workers was also reported by the women as contributing factor (13.7%), economic condition-poverty (7.3%) absence of emergency blood bank in the health facility(4.8%), and poor nutrients to pregnant mother (3.2%). More studies are needed in the community so as to explore more understanding on the risk factors among women of child bearing age.

Introduction

Mothers health refers to women's health during pregnancy , infancy, and the postpartum period[1]. Even though most maternal deaths are preventable, 800 women die every day from preventable causes linked to pregnancy and childbirth[1]. Hemorrhage, cancer , high blood pressure, unsafe abortion, and obstructed labor are primary causal causes of maternal morbidity and mortality[1]. In low-income countries almost all maternal deaths (99 per cent) occur. The MMR was 230 per 100,000 live births in developing countries in 2013, while 16 per 100,000 live births in developed countries were in high income countries.

A study conducted by Christian et al, in Nepal found that maternal age and parity were contributing risk factors for maternal mortality; maternal age greater than 35 years was associated with a three- to four-fold increase in mortality, whereas increased parity conferred increasing protection. Jahromi et al also found that maternal complications increased in women over 40 years of age, while Garenne et al considered inequality, lack of antenatal visit, low maternal education and marital status to be the risk factors associated with maternal mortality.

The causes of maternal death are various and differ according to predominant factors from one location to another. Work conducted by Ramos et al in Argentina found abortion complications, hemorrhage, sepsis and hypertensive disorders were the most common causes of maternal death. The reasons for the southern part of Africa where Kongnyuy et al found that the leading causes of maternal death in Malawi were postpartum hemorrhage, postpartum sepsis and HIV / AIDS responsible for direct and indirect maternal causes, were not the same. Study at Muhimbili National Hospital found that hypertensive pregnancy conditions, postpartum hemorrhage and anaemia are the leading causes of maternal death in this institution.

Niveaus of health care facilities leading to maternal death[2].

In the year 2015, the maternal mortality ratio in the country was estimated to be 398 maternal per 100,000 live births. Tanzania is ranked 6th and 4th among the countries with high maternal mortality globally and Africa respectively. About 23 women in Tanzania are dying daily due to preventable causes, related to pregnancy and childbirth that is approximately one woman every hour [3].

In Tanzania, several studies have been conducted to assess risk factors for maternal deaths in which many of them based on clinical setting. The aim of this study was to assess the knowledge of women on the community setting about maternal death, causes and risk factors associated with maternal death.

Methodology

Description of Study Area

Mkuranga is one of the six districts in the Tanzanian Pwani

Region. It is bounded by Dares Salaam to the north, the Indian Ocean to the east, the Rufiji District to the south and the Kisarawe District to the west. Bupu, Kimanzichana, Kisiju, Kitomondo, Lukanga, Magawa, Mbezi, Mkamba, Mkuranga, Mwalusembe, Nyamato, Panzuo, Shungubweni, Tambani, Vikindu, Kiparang'anda, Njianne and Vianzi are administratively divided into 18 wards. According to census conducted in 2012, the population of mkuranga district was 222, 921.

Study Design

During the study both quantitative and qualitative was employed in which under quantitative cross-sectional descriptive study was undertaken to assess the risk factors associated with maternal death among pregnant women and child bearing age women at mkuranga district.

Data Collection

Data was collected through the household and some of the working places like market. Each woman was provided with questionnaire, interview focused group discussion selected woman or volunteered woman was instructed on how to fill the questionnaire. An interview was also involved in the data collection, and then the tools were collected from the respective women as per instructions for analysis. A multistage technique was used in sampling through which four stages were involved Simple random sampling technique was used and the following strategies followed, simple random sampling to obtain one ward from eighteen wards, simple random sampling to obtain suburb in kisemvule village and hence different household and families were involved and 124 women were recruited during the study

Data Analysis

Data collected were coded, entered into computer, cleaned and analyzed using SPSS 16.0 version computer software. Frequency tables and cross tabulations were produced for each of the study variables. Data analysis was carried out by running descriptive statistics and cross tabulations.

Ethical Consideration

Permission to conduct the study at mkurangau district, Pwani region was obtained from the District medical Officer (DMO). All information obtained from the participants were treated confidentially.

Results

Demographic Information

The mean age of the women under the study was 17.7 years (range: 15 to 49). The age group 20–29 years constituted almost a half of them. Majority had primary education (50%) and were married (56.5%). And about 44(35.5%) women were homemakers as shown in the table 4.1.