# ASSESSMENT OF PREVALENCE OF MATERNAL MORBIDITY AND DISABILITY: A CASE OF TUMBI REGIONAL REFERRAL HOSPITAL, COAST REGION, TANZANIA

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK OF THE OPEN UNIVERSITY OF TANZANIA**

**2019**

## CERTIFICATION

The undersigned certifies that, he has read and hereby recommends for acceptance by the Open University of Tanzania a dissertation titled: "***Assessment of Prevalence of Maternal Morbidity and Disability: A Case of Tumbi Regional Referral Hospital, Coast Region, Tanzania"*** in partial fulfillment of the requirements for the degree of Master Degree of Social Work (MSW) of the Open University of Tanzania.

…….

Prof. Sylvester Kajuna

(Supervisor)

…….

Date

## COPYRIGHT

## DECLARATION

I, **Dionisia Benjamin Mlowe**, do hereby declare that, this dissertation is my own original work and that it has not been presented or submitted to any University for a similar degree or any other degree award.

…….

Signature

…….

Date

## DEDICATION

This work is lovingly dedicated to the Living God Almighty whom I serve in spirit and Truth.

## ACKNOWLEDGEMENT

I'm very grateful to the living God, whom I save in spirit and truth; then extended appreciations goes to Prof Sylvester Kajuna my Research supervisor for his constructive and tireless guidance throughout this Research. I thank Mr. Johnas Buhori the coordinator of Social Work in Master Degree for his vital contribution and support to this study.

As well as special thanks go to the Authority of Kibaha Education Center, in particular Tumbi Region Referral Hospital and the Social Welfare Department for their acceptance and willingness to let me undertake my research at Tumbi Hospital.

On the other hand, this work could not have been completed without my family, for their encouragements, supports and continuous prayers, my husband; Pastor Haleluya Beatus Buberwa, my Children, Victor and Faith Beatus Buberwa together with my lovely twins Glorious and Blessing Beatus Buberwa.

Finally, I wouldn't forget the pregnant women in the Maternity Ward, most of these women are no longer still pregnant and some have already delivered their babies. Despite their situation, they were ready to share with me their pregnancy life experiences with the researcher.

May the Almighty God bless all of you. Amen.

## ABSTRACT

Maternal morbidity and disability affect women's health and their ability of them economically as well as the wellbeing of the other children in the family. Provisions of inadequate health care which can not cover all aspects by the health care providers and the delay of the women to receive health services in any phase during pregnancy increases chance of the woman to be a risk and found to enlarge the problem. The study therefore is assessing the prevalence of maternal morbidity and disability at Tumbi Region Referral Hospital. Survey research design used to obtain both quantitative and qualitative data using a sample size of 76 (86.84) respondents out of them ,were the pregnant women admitted in the maternity ward, while 10 (13.16%) were the health care providers working in maternity ward. The pregnancy complications were found to be prevalent to the women as longer as the woman is pregnant. However, most complications are preventable if pregnant women screened in all health aspects while attending antenatal clinics and the types of care offered in the ward. The most preferred type of care was combined method, which in one way or the other treats the pregnant woman, physically, psychologically and socially. But the main challenges in this method were lack of specialists. So medical care was the type of care offered, leaving other aspects such as psychologically and socially It is recommended that, the government should allocate experts such as psychologists, nutrition officers, Social officers and other experts apart from Nurses and Doctors, to work in a team based care. New knowledge acquired on job training is crucial for refreshing mind while, reminding the workers on adhering to working ethics. Health service providers working in maternity should be given as well as motivational incentives to encourage them.

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# CHAPTER ONE

# INTRODUCTION

## 1.1 Background of the Problem

Maternal Morbidity and Disability are the pregnant complications which impacts women only, during while fulfilling the biological responsibilities of becoming pregnant. The specific and critical time for the pregnant women is during the time of bearing the child. Followed by the period of forty-two days after childbirth or termination of the pregnancy, by abortion or miscarriage the Ministry of Health and Social Welfare (2014) reported.

From the development Vision in Tanzania being cited by the health policy which was revised in 2003 Identified that, health as one of the priority sectors among the policy objectives were to reduce the burden of diseases for Maternal and infant mortality rate. While in (2013) report has found that, Africa accounts for a big chunk of Global maternal morbidity and disability with the estimate of 280,000 women Worldwide, who died during pregnancy and child birth and those deaths, 62% occurred in Sub-Saharan Africa Stated by the World Health Organization and United Nations Population Fund.

Furthermore, the World Health Organization (2014) explained on the importance of maternal services that Quality assessment and care during antenatal period is a type of preventive measure which promote health benefit to both mother and child, whereby during regular checkups that allow the woman to be treated and prevented from potential health problems throughout the course of pregnancy.

However, conditions such as anemia in pregnancy undermines the general health of the pregnant woman while increases the state of morbidity rate. In case of insufficient care during antenatal period and during the process of bearing the child, the woman is at risk of bleeding profusely and ends up with shock and collapse. After the second stage of labor as well as the third stage of labor, in this situation the woman is likely to become with disability of chronic body weakness, failing to breast feed her baby and can acquire premature aging. This complication reduce the productivity value of that woman and the quality life of that woman is permanently reduced as reported by the Population Reference Bureau (2002) cited by Lori, (2006).

Moreover, infections during pregnancy, such as infections of the urinary tract and sepsis, when this condition develop to the pregnant woman, as a complication the woman is at risk of getting pelvic inflammatory diseases which cause conceiving pregnancy outside the uterus. Furthermore, if the infections spread to the fallopian tubes, where by the woman becomes permanent with disability of infertility. Other problems, such as *S*tress incontinence, the pregnant women acquire only if, the woman was not monitored effectively in obstructed labor. Whereby there is no advance of the presenting part, despite of good contractions. This condition is caused by fault of birth canal or the fetus itself, in severe cases the uterus may rupture or the woman can develop a pregnant complications of fistula predisposing the woman to lose the baby also acquire a permanent disability in reproductive organs and urinary bladder as reported by the United National Population Fund (2016).

In referring to, National strategy for Growth and Reduction of Poverty, which, implemented starting from 2010/11 to 2014/15. His Excellency Honorable Jakaya

Mrisho Kikwete had publicly stated his strong concern on the importance of Health in particularly the pregnant women. The president appreciated the conception of the new health policy, in 2007 and the designing of a primary Health Service Development Program, 2007 to 2017. Among the major objectives of the program included were the improvement on the availability of medical equipments and medicines.

Furthermore, the second (2010) National Strategy Growth and Reduction of Poverty have showed a workable effort to promote safe motherhood and improve child survival. Additional efforts by the Government, has been declared maternal and child services to be exempted from user fees in all Government facilities because of poverty, in order to reduce needless suffering.

On the other hand, despite of the Government, adopting different strategies and efforts to promote safe motherhood, the government needs proper mechanism of assessing, preventing, and managing and follow-up on maternal morbidity and Disability. Pregnancy complications should be understood that, the woman is mostly affected physically; mentally/psychologically and socially, interventions should focus in covering all aspects of the woman's health. Apart from Medical care, which treat the woman physically the pregnant woman has to be intervened by various Health specialists Mama Ye Africa (2016).

## 1.2 Problem Statement

The global range estimates, shows that from indicate 15% of all pregnant women aged between 15-49 years have experienced maternal morbidity and disability, where by findings shows that maternal morbidity and disability in developing countries is

higher comparing to the developed countries. World Health Organization(2014) estimated the total maternal morbidity and disability in Tanzania were 7900 per birth. On the other hand, those women who survive from pregnant complications are quite fortune, as the injuries acquired have devastating health effects due to little attention offered to pregnant women for the intention of preventing and treating maternal morbidity and disability Mama Ye Africa (2016).

Within Tanzania, following the quality assessment of antenatal care (2012) with respect to Anemia in pregnancy, which was conducted in the Coast Region by the Department of Community Health and Obstetrics at Muhimbili University of Dar es Salaam, data showed that,58% of all attended women were not checked for anemia, due to lack of equipments for Anemia checkups, only 10% were clinically examined. About, 37% were checked for Anemia, while the prevalence of anemia in pregnancy were 58% of all pregnant women who was found in severe anemia, but overall only 4% of all Anemic pregnant women had specific action.

In comparing the report of 2012 with the report of 2011 by the Ministry of Health and Social Welfare, the Coast Region recorded an increased maternal morbidity and disability. Because the hospital was designated as Regional Referral Hospital increased the number of women who were referred from various low level Health Facilities.

### 1.3 Objective of this Study

The intention of this study was to assess the Prevalence of maternal morbidity and disability at Tumbi Regional Referral Hospital.

### 1.3.1 General Objective

The intention of this study was assessment of the Prevalence of maternal morbidity and disability at Tumbi Regional Referral Hospital.

### 1.3.2 Specific Objectives

(i) To identify maternal conditions which most affect the pregnant women.

(ii) To asses how they are managed while in maternity ward

(iii) To outline the deficiency from the management provided.

### 1.3.3 Research Questions.

The following Research questions guided this study;

(i) What are the conditions, which most cause pregnant complications?

(ii) How the women are managed in maternity ward?

(iii) What are the identified deficiencies from the management, which are provided?

## 1.4 Significance of the Study

The results of this empirical study, provides a crucial contributions to the Government, that further research is needed to gain deeper understanding on the scope of other hidden pregnancy complications and realize the coverage of the services offered meanwhile, more efforts being added to promote safe mother.

This study is advocating for allocation of additional health care providers such as nutrition officers, psychologists and social scientists, to work in the department of reproductive and child health apart from medical doctors and nurses.

Furthermore, this study is a suggestive tool that the Government has to adhere on offering an effective and a well designed intervention which ensures the wellbeing of the pregnant women in all health aspects utilizing the above mentioned health care providers.

In fact, this study provides an alternative and improved way, due to overstretched maternity equipments in public hospitals. That; there is a need to eradicate provision of exemption from user fees. Instead, sorting out all pregnant women according to individual ability, and identifying those in severe need and grant them with exemption. Meanwhile the rest proceed with cost sharing schedule to increase the hospitals income.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.1 Introduction

Literature review in relation with Kumar and Casey (2008) brings clarity and focus of the research problem as well as improve the methodology and broadening the knowledge base on the subject.

### 2.1.1 Maternal

According to Collins et al (2000) that maternal relates to a woman during pregnancy or short period after child birth or the relationship between a mother and her child. In this period the woman's body is accompanied with various body changes for example during pregnancy the body undergo different changes comparing with the changes of the body after delivering her baby. Together with the above, there are thousands of potential factors, which are both, physically, and emotionally that can influence the mother and the child, which is termed as the bonding process.

Furthermore, in this bonding process to some women and children are characterized by disorders, such as separation disorders, whereby a child becomes fearful and nervous when away from home or from the loved one particularly her mother or the care givers. When the child is attached to new mothers do not always experience instant love, toward their care givers but spending time with them the bonding between the mother and her child typically strengthens. Maternal bonding is gradually unfolding experience that can take hours days, weeks, or even months to develop.

### 2.1.2 Pregnancy

According to Farlex Grammar book the period from conception to birth, after the egg is fertilized by a sperm and then implanted in the lining of the uterus, it develops into the placenta and the embryo, later into a fetus, pregnancy usually lasts 40 weeks. Ballerina (2015) added on the definition of pregnancy, is the condition from conception to the expulsion of the fetus in the normal period of two hundred and eighty days or nine months.

Also, Marge et al (2013) explain more on the above, that pregnant woman adapts her life style to suit the needs of the developing infant around eighteenth to twenty five weeks into pregnancy the woman begins to feel fetus moving which can enhance bonding as the woman can see her baby during an ultrasound scan. Women who did not want pregnancy typically have a lower quality relationship, which the child more likely to suffer from post-postpartum depression or mental health problems and less likely to breast-feed the baby.

### 2.1.3 Labor

According to Marge et al (213) is an agreement that, it is a process in which the fetus is expelled out through the birth canal, whereby placenta and all membranes are expelled as well. During this stage there are regular, painful uterine contractions, dilatation of the cervix as well as the fetus is pushed down ward by the power of contractions thus allowing uterine to be opened and the baby passes.

The process of giving out the baby from the woman uterus which need a recovery period of the woman’s body organs due to various injuries or exhaustions, which were

acquired by the woman during this process. The injuries due to labor vary from minor injuries, which does not affect the general health of the woman and the recovery period is short with the normal range the woman returns into her daily undertakings, while severe injuries the woman's health is affected and the recovery period is prolonged and costly.

### 2.1.4 Breast Feeding

Marge et al (2013) has defined breast feeding, is the process of feeding the baby by using woman breast which come out after delivery of the baby due to the actions of the hormones. It is the best food for the baby because it is digestible easily comparing with normal food. Breast feeding is sterile action when milk comes straight from the woman's breast, and having the right temperature that is body temperature and a protective agent as some immunity can pass from the mother via the breast milk to the baby. Other effects of breast feeding benefit involution of the uterus and there is a less work involved as well as it is cheaper to produce.

### 2.1.5 Maternal Morbidity and disability

Kolinsky (2012) defined as any illness or injury caused by or aggravated by pregnancy or child birth. The interactions between the illnesses and the complications can cause disability, which would affect the woman beyond what would be expected in normal pregnancy and delivery.

Apart from the stated definition, maternal morbidity and disability can be defined as an overarching condition that refers to any physical or mental illness or disability directly related to pregnancy and or child birth these complications are acute may

directly cause Maternal deaths. Due to this illnesses and injuries the recovery of the woman takes place for long period and cost a lot of fund, the woman is also likely to fail breast feed her baby. Other children in the family are at risk to be affected in case the general economic level of the woman was low.

## 2.2 Theoretical Review Related to this Study

The following two theories used in this study, Cooperation and inter professionalism theory and the relevance of those two theories. Conceptual framework and research gap are also found in this part.

### 2.2.1 Foundation of the Theories

**C**ooperation theory was proposed by the early anthropologists Edward Taylor. Its evolution was in 1981 by political Robert Axel rod and biologists William D. Hamilton, this theory was expanded more in 1984 by writing in papers and popularized by various studies. Meanwhile, Inter professionalism theory originated from the study group conducted by the World Health Organization in 2010. From the above study group, they also found the importance of inter professional education and collaborative practice. In additional, the study group came up with this recommendation, that there is a need to change about education for the future health workers but tore-consider the suitable means of health care delivery now, changes are not needed on education only but a change in health care delivery system.

### 2.2.2 Introduction of Cooperation and Inter Professionalism Theory

According to Hall et al (2001), is a group of individuals from different disciplines working and communicating with other individuals, each member provide her/his

knowledge skills and attitudes to argument and support the contribution for others in improving the quality care of the patient. That multiple health workers from different professionals backgrounds provide comprehensive services including clinical and non-clinical health related works such as diagnosis, treatments, community surveillance, health communication management and including environmental sanitation engineering. Ketcherside et al., (2017) highlighted more, most participants should show positive attitudes there should be no different between and among health care providers while ability and value recommended mostly.

### 2.2.3 Relevance of Theories to the Study

The above two theories tries to influence the inter professional teamwork in provision of health care to the pregnant women for prevention of maternal morbidity and disability and treatment to pregnant women who developed maternal complication that is the focus of the study in order to improve care and coordination of services and the patient become empowered thus active in her care plan.

Hall et al (2001) indicated that the consultation of specific professional specialists to conduct interventions in the multiple challenges in this way the patient is likely to be supported accordingly. In some cases the family is involved as well as to prevent risk conditions for the motherhood, the child, other children as well as the well being of whole the family.

The need to work as inter-professional cooperation, in the health facilities provides vital support to pregnant women in all important periods, which the pregnant woman passes through. During antenatal period for example; this care will be given to the

woman immediately the woman discovers is pregnant and the next critical period of the pregnant woman is the intra natal period, the care which will be given during the process of delivering the baby.

Lastly, in postnatal period after delivering of the baby and the care post-discharge, such as home visiting, home based care particularly to women who developed pregnancy complications for the intention of preventing further pregnancy complications following the prolonged and delayed recovery. In adhering to the above theories, this study addresses on maternal morbidity and disability, and is showing the point of intervention for quality improvement in maternal care and as well as the child care.

Furthermore, suggesting a new form of cooperating in the provision of care, which is based on inter professional collaborative patient centered practice. Team based care, working with practitioners from different disciplines as well as the patient and family in a collaborative relationship to deliver coordinated health care which work in an organized system of care assisting in improved patient health outcome.

Many National organizations such as World Health Organizations (2010) recognizes the need for not only inter professional collaboration, but also inter professional education inter professional collaborative, where by the patient centered practice can reduce duplication of efforts and reduce health care coats as well as improved patients outcomes. Chan et al 2012 have been added also the effectiveness interventions collects the professionals to work closely, with constantly follow up and evaluation of progress while offering different perspective on a health care teams. Enhancing

holistic health care of the patient and the patient with chronic condition as to a woman who developed pregnancy complications as described in this study.

Reveres et al (2017) explained furthermore, that inter professional collaboration enables patients to be active in the care plan by receiving feedback and choosing among recommendation from various health professionals interdisciplinary teamwork in health care. For example; Social workers can work as part of patient clinical care team in hospital to provide and coordinate care as well as provision of education for patient and family in general.

The same contribution made by the Bureau of Labor Statistics (2016) add on the mentioned example that, Social workers can work with inter professional teams in the working settings while recognizing the significance of the team collaboration and communication relationship with other members of the team. All the team members should be directly associated with other members of the team, understanding the Social work roles.

### 2.2.4 Conceptual Framework

The conceptual frame work of this study is based on the assumption that, Maternal morbidity and disability is contributed by a delaying of the pregnant woman in receiving important supportive care, thus the pregnant woman become a victim of acquiring health problems. In line with that, early supportive care has positive impact toward the pregnancy and all different phases, which the pregnant women undergo. A delay factor as a predisposing factor, it has been categorized into the following two ways; external and internal delay factors.

The external factors are all factors, which originate from the individual ability of understanding the importance of seeking hospital care early. That, education level of the woman, encourages the woman positively. Mean while increases the chance of safety during pregnancy and decreasing the risks of pregnancy complications? Apart from education level of the pregnant woman, insufficient following the distance cost from home to hospital it is another external factor, which predispose the pregnant woman to delay in seeking care.

According to the Ministry of Health and Social Welfare (2010) Tanzania being among the developing country, 36 percent of her people live below the poverty line to a pregnant woman with poverty is at risk more than other people. Further external factor, Family and cultural norms that can negatively influence the pregnant woman by ignoring the use of modern hospital first, believing in the traditional birth attendance, following the cultural tendency which refers that, maternal complications are unfortunate and unavoidable risks.

The internal assumption is when the pregnant woman reaches to the hospital, Concerned with the general public system and the set up of the public hospitals. The procedure of handling maternal morbidity and disability cases, which can directly affect the pregnant woman, when delay to receive necessary care routinely or in emergencies. The public hospital has to ensure the health care providers are motivated, through provision of good salary and incentives, which attract and retain knowledgeable health care providers and specialists with skills and competences in handling pregnant women. The attitude of the health care providers has to be non discriminatory and communicates well to pregnant women when caring them. Good

customer care, where by the woman is encouraged to return back for care, its opposite the woman is chased away thus encouraging health seeking behavior, mean while the woman delaying an important interventions. There should be availability of all needed equipments, which prevent the pregnant woman from delaying to receive care.

#### 2.2.4.1 Analysis of the Formation of Maternal Morbidity and Disability

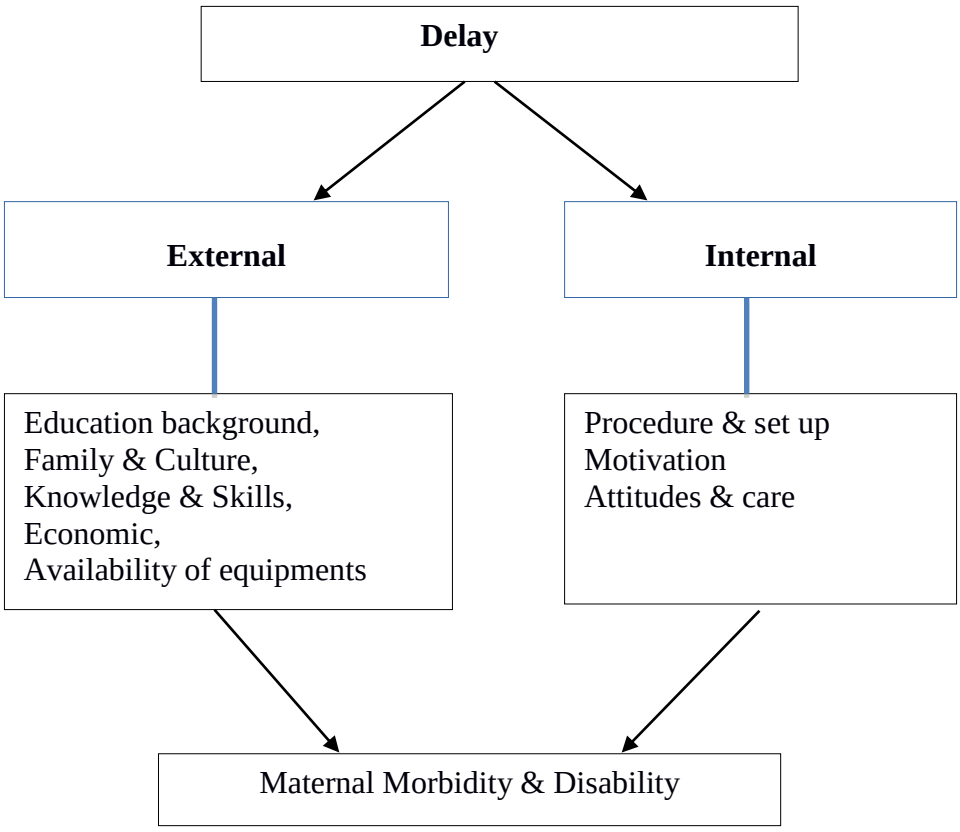


**Figure 2.1: Conceptual Framework Analyzing the Formation of Maternal Morbidity and Disability**

### 2.3 Research Gap

Lack of Integrated services which focus to the factors, which affect the health of the woman. But also, the other various consequences accompanied by the pregnant woman. In other way, maternal morbidity and disability are known to be the main obstetric complications which can terminate the life of the woman or predispose

chronic suffering to the woman, not only that, also the life of the new born baby and other children.

That means, maternal morbidity and disability can be acute or chronic suffering which extend the standard period of 40 days post natal. The identified gap pinpoint that, there is no direct and clear interventions for caring the woman on other personal aspects apart from medical care. The health care specialists are not available for attending multiple challenges, which the pregnant woman is at risk or having it. For example, anemia in pregnancy; this problem need special interventions from the specialists about Nutrition. Specialists have to Work as team based care in all phases, which the pregnant woman passes, antenatal, intranatal and postnatal period serving as preventive measures in other hand.

Also, the problem of depression, to mention only few this condition is when the woman is affected with a combination of physical and emotional problems. This study therefore, discovered that, through careful interview using the questioners formulated this problem does exist but not attended effectively. This problem originate most from women who experienced extreme sadness and anxiety meanwhile no psychological support, they are likely to victims of postnatal depression and psychosis.

# CHAPTER THREE

# RESEARCH METHODOLOGY

## 3.1 Introduction

Selltiz, et al (2014) define research design as the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with the reasons for each step, adopted by the researcher when studying a problem. This chapter explores the methodologies that informed the study while discussing survey research design, methods and data analysis.

Kothari (2014) defines research methodology, as the various sequential steps along the methodological that guide a piece of research work is imperative primary due to the fact that these research traditions provide a basis of our beliefs and values that guide the way data collected, interpreted and communicated Kuhn,(1970).Actually, these traditional provides the reference points from which truth is evaluated and reality represented.

This chapter is organized in fourteen sections with seven subsections, section two and its subsections represent research design, and study population and study location also, gives out justification for its selections. Section three shows a choice of research methods, which describes the types of approaches used in the study. Then, section four is presented by the sampling techniques with its two subsections presenting sample size and design. Section five together with its one subsection, comprises methods of data collections and the type of tools used. Data processing and analysis, together with instruments reliability and validity represented by section six and seven

followed by ethical consideration, study limitation which represented by section eight and nine.

## 3.2 Survey Research Design

This is a strategy that directs a researcher in planning and implementing a study in a way that is intended, this design was chosen because, it is convenient in selecting the sample, it is time efficient and well applicable. A group of pregnant women were, studied by collecting information from them and analyzing data for only a few people as representatives of the entire groups. The type of survey done face by face guided by structured questioners which comprised close ended questions and open ended questionnaires. For quantitative findings in this study were expressed in tables and qualitative information were analyzed in words explaining the key areas as found in the discussion.

### 3.2.1 Survey Population of the Study

This study included only pregnant women whom the researcher intended to obtain the necessary information for quantitative and qualitative data. The population of pregnant women receiving care after being referred from various health facilities comprised both, married women and the not married women. The study also, included health care provides working in maternity wards the Nurses and Doctors. These pregnant women admitted in the hospital interviewed using structured questionnaires to answer in order to get study data information from them.

## 3.3 Study Area

The proposed study area was conducted at Tumbi Region Referral Hospital found at Kibaha District, Coast Region Tanzania. The choice of this area is based on the fact

that it is a Government Health Facility in Regional Referral level, receiving pregnant women who developed or show signs of pregnancy complications from various low level Health Facilities. This Hospital is located in Kibaha town about 40 km from Dar es Salaam along Morogoro road.

### 3.4 Sampling Techniques

Employed in order for a researcher to be specific in the study, and guiding the process of selecting the members of the population who will participate in the study. Also, contribute as a source of getting data. Also for ensuring the accurate of data obtained the researcher used probability under random sampling, particularly systematic sampling was preferred to obtain the number of respondents from which the data were gathered.

#### 3.4.1 Sample Size

The researcher obtained a sample after reviewing the records of registered pregnant women per each month in a whole year, and then a month was chosen randomly and calculated that number by dividing it with four weeks of the month to get the number which eventually used as a sample size. Sample size which reflected the population was 67 respondents represented the population of 268 pregnant women which was the total admission number of pregnant women admitted in the month of June 2016.The total number of health care providers were 40 this number obtained from the duty roster schedule which was on the notice board. The researcher calculated a quarter of total number of the health care obtained a number of 10 as a sample size of health care providers and picked them randomly for interview.

For both pregnant women and the Health care providers made a total number of 76 respondents of the study from the population of 308. The size of the sample for quantitative data was obtained using the following formula.

$\underline{n=Z^2p(100-p)}$

n=minimum sample size

z=percentage point of the normal distribution of corresponding to the level of significance .For 5% level of significance z=1.96

p=proportion of affected participants in the population taken to be 20%

q=1-p

d=maximum likely error (taken to be 0.05)

Where by n=76

### 3.5 Methods of Data Collection

Data was processed, coded and entered in Statistical Package for Social Science Software version twenty for computation purposes. Study data was analyzed using Descriptive statistics and statistical tables was used to measure the characteristics of the respondents the collection of data is an important task in the research and its source of data, it is necessary to distinguish between types of data. Primary data was obtained by the method of interview guided by the structured questioners.

The interview was conducted face by to face with the pregnant women noting other non-verbal responses from the women. Mean while, ensuring the detail of the information given out and the correctness of the answers provided. While On the other

hand, secondary data, which were obtained from various printed sources relating to Maternal Morbidity and Disability used as references in this study.

### 3.5.1 Structured Questionnaires

To ensure its stability and consistence of the answers provided by the pregnancy women, the questioners were asked twice to same respondent in different time and the response were correlated. Using test-retest methods a woman was interviewed while received in the ward after being admitted in the ward before delivery, the same interview was offered on the second day.

The interview is a technique of fieldwork which is used to watch the behavior of an individuals or individual, to observe the concrete results of social or group interview. This technique was preferred most because of the researcher possess technical competence in interviewing and interpersonal skills with trust as well as confidence.

## 3.6 Data Processing and Analysis

Targeted respondents were the pregnant women who developed pregnancy complications and the response of the health care providers on the management of the pregnant women and the challenges encountered. Researcher was also used correlation statistical tool to measure the relationship between the study variables, in this proposed study relationship between primary factors and secondary factors was be measured. For qualitative information the researcher selected the major and important themes only and reduced and generalized to the get the clear picture of the pregnant complications connecting to the given conceptual framework of this study.

### 3.7 Instrument Reliability and Validity

This study was tested for both instrument reliability and validity using the measure below; to ensure the assessment tools produced stable and consistence results, this study used test-retest reliability, which obtained by administering the same test over a period of time to the same group produced the same response. For insuring the validity of this research the women were interviewed guided by the structured questioners intending to reveal the presence of pregnant complications among pregnant women the outcome of this assessment has provided the evident information, before administering the questionnaires they were reviewed and corrected the research supervisor.

### 3.8 Ethical Consideration

Research ethics focused on the ensuring the safety and welfare of the participants keeping in terms of confidentiality and privacy .The process of adhering to the ethical standards were adhered to ethical clearance was obtained prior to the study. Also, research permit was granted by the Regional Medical Officer In charge of Tumbi Region Referral Hospital, and the ward Nurse in charge of the Maternity ward.

Furthermore, informed consent was sought and obtained from the respondents specifically the pregnant women., The respondents were informed about on the objectives of the study and their participation was voluntary, absolutely free no cohesion. The participants were explained that, they are free to with draw during interview, this was clearly clarified that the information to be provided whether orally or in writing was for research purposes and will be dealt with confidentiality.

# CHAPTER FOUR

# RESEARCH FINDINGS

## 4.1 Introduction

This chapter presents data, findings and analysis.

## 4.2 Socio Demographic Characteristics

### 4.2.1 Age Group of the Participants

Where by majority of them, 87% of the pregnant women were between 15-35 years old, while 12.1% were between 36-45 years old. The largest number was occupied by the participants aged between the ages of 15-35 years old.

**Table 4.1: Age Distribution of the Participants**

| Age of the clients | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| | 15-35 | 58 | 87.9 | 87.9 | 87.9 |
| | 36-45 | 8 | 12.1 | 12.1 | 100.0 |
| | **Total** | **66** | **100.0** | **100.0** | |

Source: Field Data 2016

### 4.2.2 Participants Occupation

According to the Table 4.2 about 95.5% of the study participants were private employee, self employed in petty trade, live stock keeping and agricultural activities in the time of study and minority of the participants were reported to be Government employed during the time of data collections.

**Table 4.2: The General Economic Status of the Participants**

| Occupation of the clients | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| | Government employee | 3 | 4.5 | 4.5 | 4.5 |
| | Private employee | 63 | 95.5 | 95.5 | 100.0 |
| | **Total** | **66** | **100.0** | **100.0** | |

Source: Field Data 2016

### 4.2.3 Education Background of the Clients

The literacy background 0f the participants were as follows; 90.9% had attended primary education regardless on their level of education that they knew on how to read and write higher percentage was occupied by the educated participants. The rest small proportion of participants occupied by 9.1% of the pregnant women had not educated that they didn't know on how to read and write.

**Table 4.3: Illustrating the Literacy Background History of the Participants**

| Education status | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| | Not educated | 6 | 9.1 | 9.1 | 9.1 |
| | Educated | 60 | 90.9 | 90.9 | 100.0 |
| | **Total** | **66** | **100.0** | **100.0** | |

Source: Field Data 2016

### 4.2.4 Marital Status of the Participants

Majority of the participants about 86.6% were married, followed by few participants about 10 .6% were the cohabiting women. The rest was a very small proportion of 3% were not married women during the time of data collection.

**Table 4.4: Displaying the Marital Status of the Participants**

| Marital status of the clients | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| | Married | 57 | 86.4 | 86.4 | 86.4 |
| | Not Married | 2 | 3.0 | 3.0 | 89.4 |
| | Cohabited | 7 | 10.6 | 10.6 | 100.0 |
| | **Total** | **66** | **100.0** | **100.0** | |

Source: Field Data 2016

### 4.3 Detail on the Total Number of the other Pregnancy

The aim of this portion was to establish the relationship between the pregnancy complications with the total number of other pregnancy which the woman had, it is showing that, about 36.4% of all women involved in the study had become pregnancy only once, while 62.1% of all women had become pregnancy more than once. However the findings shows majority of the women interviewed had become pregnant more than once.

**Table 4.5: Participant's Number of other Pregnancy**

| Number of Pregnancy | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| | Once | 24 | 36.4 | 36.4 | 36.4 |
| | More than once | 41 | 62.1 | 62.1 | 98.5 |
| | | 1 | 1.5 | 1.5 | 100.0 |
| | **Total** | **66** | **100.0** | **100.0** | |

Source: Field Data 2016

### 4.4 Prevalence of Pregnancy Factors Predisposing Pregnancy Complications

Pregnancy factors predisposing complications recorded from pregnant women during field study were shown as below, findings reveals that majority of pregnant women had a pregnancy complications of Anemia where by 22.7% of all pregnancy women

had Anemia in pregnancy. According to Post partum Support International (2017) Physiological requirements of Iron in a pregnant woman are three times higher than in non pregnant woman and Iron requirements increases as the pregnancy advances. Most Anemia were caused by the Nutritional deficiency or low Iron stores resulting from previously heavy menstrual loose of blood.

Another factor was the raise of the blood pressure of the pregnant woman, displaying about 19.7% of the pregnant women had high blood pressure, where by some women had high blood pressure before pregnancy, other women developed high blood pressure during pregnant. The same factor was found to be the causes of pre eclampsia when it is not treated well or delayed treatment that when the woman is having chronic and persistent high blood pressure. Pre eclampsia is characterized by a sharp rise of blood pressure with severe frontal headache 12.1% of the interviewed pregnant women found to be affected by this pregnant complications.

Fever was another factor which cause pregnancy complications about 18.2% of the participants had fever, it was discovered that discovered that, fever to a pregnant woman particularly in early pregnancy, it is a serious problem due to its effects to the developing baby, where by the baby is at risk of congenital heart deformity and oral cleft due to suppression of immune system of the pregnant woman.

Close support and care from the health care providers to pregnant woman through thoroughly checkups and proper counseling on diet have great importance to the pregnant woman. Most fever to pregnant woman was caused by infections such as

urinary tract Infections which occupied a proportional of 18.2% the rest causes of fever was found to be malaria in pregnancy.

Apart from fevers, the next factor was depression where by 4.5% of pregnant women had ante partum depression it is a condition to pregnant women can be predisposed by various factors, in this study the following factors was revealed such as mistrust in marriage, insufficient fund, fear of death for the woman herself or her baby following bad delivery historical background.

However, this condition added by Postpartum International (2017) can develop after the woman had delivered being characterized by the woman developing a feeling of anger or the woman become not interested with her baby, does not have appetite and can't sleep. The woman may become sad and sometime cry with feeling of guilt shameful and hopelessness with possible feeling of harming the baby or herself.

As added above all risk factors and screening procedures to this factor should be discussed with the health care providers during antenatal visits of the pregnant woman such women are provided with the suitable interventions. Mode of delivery revealed as well as a predisposing factor of pregnancy complications, since 4.5% found in this study, women delivered by operation, the most reasons for delivering by Operation is when some women had a background of delivering by operation prior to this pregnant. Some women delivered by operation due to poor progress of labor. Disproportion between the baby and the pelvis through which the baby must pass during delivery, in this situation the woman is unable to deliver her baby in a channel.

**Table 4.6: Summery of Pregnancy Complications Factors**

| Complications factors | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| | Anemia | 15 | 22.7 | 22.7 | 22.7 |
| | High blood pressure | 13 | 19.7 | 19.7 | 42.4 |
| | Fever | 12 | 18.2 | 18.2 | 60.6 |
| | low blood pressure | 1 | 1.5 | 1.5 | 62.1 |
| | Depression | 3 | 4.5 | 4.5 | 66.7 |
| | Delivery by operation | 3 | 4.5 | 4.5 | 71.2 |
| | Eclampsia | 8 | 12.1 | 12.1 | 83.3 |
| | Other pregnant complications | 11 | 16.7 | 16.7 | 100.0 |
| | **Total** | **66** | **100.0** | **100.0** | |

Source: Field Data 2016

## 4.5 The Past Delivery History of the Woman

The study investigated the number of deliveries such as the background history for the intention of knowing the outcome of the other pregnancy. The data shows that 43.9% of all women had delivered once, followed by 30.3% of all women who had delivered more than once and the last group was 25.8% of all the women had not delivered.

**Table 4.7: Displaying the Participants' Deliveries Background History**

| Number of delivery | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| | None | 17 | 25.8 | 25.8 | 25.8 |
| | Once | 29 | 43.9 | 43.9 | 69.7 |
| | More than once | 20 | 30.3 | 30.3 | 100.0 |
| | **Total** | **66** | **100.0** | **100.0** | |

Source: Field Data 2016

## 4.6 The Background History Concerning with Miscarriage

## 4.7 History of Miscarriages

The problem of pregnancy miscarriage found to be a hidden complication where by the women is at to undergo unattended psychological trauma for the various reasons such as the pain caused by the tendency of losing the pregnancy and the abuse from the relatives including the annoying jokes from the husband, mother in law, sister in law and other relatives. Findings from this study showed that 30.3% of all women had a history of miscarriages. While 69.7% had no history of miscarriages as shown in the Table 4.7.

**Table 4.8: Displaying the Background History of Miscarriages**

| Had miscarriage | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| | Yes | 20 | 30.3 | 30.3 | 30.3 |
| | No | 46 | 69.7 | 69.7 | 100.0 |
| | **Total** | **66** | **100.0** | **100.0** | |

Source: Field Data 2016

## 4.8 The Characteristics of Acquired Miscarriages

Pregnancy complications comprised the assessment of how often the woman had miscarriages as a factor of pregnant complications. The result shows that 4.5% of all women had miscarriages more than once, while 22.7% of all women had pregnancy once. The rest women were about 72.7% they had pregnant complications but not relating to pregnancy miscarriages.

**Table 4.9: Number of Miscarriages Acquired by the Participants**

| Number of miscarriage | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| | Once | 15 | 22.7 | 22.7 | 22.7 |
| | More than once | 3 | 4.5 | 4.5 | 827.3 |
| | Not relating | 48 | 72.7 | 72.7 | 100.0 |
| | **Total** | **66** | **100.0** | **100.0** | |

Source: Field Data 2016

## 4.9 The Status of the Woman on the Past Pregnancy Complications

This study discovered that, as the women become pregnant they are not always presenting with the same complications the problems vary as the table showing above the investigation was about the past pregnancy complications. The results are showing that 3.0% of all women had eclampsia, 4.5% had anemia, 4.5 had Cephalic-Pelvic Disproportion,3.0% had high blood pressure,7.6% of the rest were the other problems, such as breast infections, severe morning sickness.

**Table 4.10: Background of Pregnancy Complications**

| Pregnancy Complications | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| | Eclampsia | 2 | 3.0 | 3.0 | 3.0 |
| | Anemia | 3 | 4.5 | 4.5 | 7.6 |
| | Cephalic-pelvic disproportion | 3 | 4.5 | 4.5 | 12.1 |
| | high blood pressure | 2 | 3.0 | 3.0 | 15.2 |
| | Infections | 5 | 7.6 | 7.6 | 22.7 |
| | None | 42 | 63.6 | 63.6 | 86.4 |
| | Others | 9 | 13.6 | 13.6 | 100.0 |
| | **Total** | **66** | **100.0** | **100.0** | |

Source: Field Data 2016

### 4.10 Care Given to the Pregnant Women

This was to test the health care providers how knowledgeable they are on the care given to the women with pregnancy complications. Findings showed that majority of them 80% of all the interviewed health care providers, reported to be combined care with few health care providers about 20% reported medical care as the type of the service administered.

After testing the level of understanding, on the type of care offered, by the health care providers. The researcher went further, on how combined care method was effective in managing the women who developed pregnancy complications. About 90% of all the respondents reported that it is the best method to be administered, while 10% ranked as good method. Many of the health care providers in maternity ward they were aware on the combined therapy accepting its efficiency in managing the pregnant women who developed pregnancy complications, other aspects were not.

**Table 4.11: Types of Care Offered to the Participants**

| Care provided | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| | Medical care | 2 | 20.0 | 20.0 | 20.0 |
| | Combined care | 8 | 80.0 | 80.0 | 100.0 |
| | **Total** | **10** | **100.0** | **100.0** | |

Source: Field Data 2016

### 4.11 Assessment on how Combined Care is Effective in Caring of the Pregnant

After identifying the level of understanding the type of management given the health care providers were also assessed on how the method; combined therapy method is

effective in managing the women with pregnancy complications. About 90% of all the respondents reported that it is the best method to be administered, while 10% ranked as good method. Many of the health care providers in maternity ward they were aware on the combined therapy accepting its efficiency in managing the pregnant women who developed pregnancy complications, with this results it is strongly suggesting that this type of management was administered to the patients.

**Table 4.12: Displaying Caring Methods Used**

| How combined care is suitable | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| | The best method | 9 | 90.0 | 90.0 | 90.0 |
| | Good | 1 | 10.0 | 10.0 | 100.0 |
| | **Total** | **10** | **100.0** | **100.0** | |

Source: Field Data 2016

### 4.12 Identified Challenges in Combined Care Method

In gathering data the challenges which encountered by the health care providers in combined therapy, about 50% of the findings were concerned with the lack of specialists, 30% were the other challenges such as mentioned as misconduct between the health care providers, poor team work, not motivated for the work load in maternity ward about 20% of the respondents reported that, the problem of equipments found to be a challenges which delay the women in receiving services.

**Table 4.13: Illustrating the Challenges**

| Challenges in combined care | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| | Staff | 5 | 50.0 | 50.0 | 50.0 |
| | Equipments | 2 | 20.0 | 20.0 | 70.0 |
| | Others | 3 | 30.0 | 30.0 | 100.0 |
| | **Total** | **10** | **100.0** | **100.0** | |

Source: Field Data 2016

# CHAPTER FIVE

# SUMMARY, CONCLUSION AND RECOMMENDATIONS

## 5.1 Introduction

This chapter comprises discussion, conclusion and recommendation.

## 5.2 Discussion

Lack of combined care to pregnant women has relationship with the formation of pregnancy complications, due to insufficient care. Findings from this study show that, pregnant woman is at risk of multiple pregnancy problems. For that reason, health care providers have to possess various knowledge and skills, while working as teamwork. The intention of preventing pregnancy complications by implementing combined care, which focuses to equip the general health of the pregnant woman in all aspects, should be taken seriously.

In line with that, the health care providers who are well equipped with knowledge and skills as well as the attitude of the health care providers should be of caring and teaching heart making the woman to be at easer. In assessing the knowledge on the type of care which preferred most by the health care providers to the pregnant women showed satisfying awareness and they were able to explain the benefit of the pregnant woman to be treated in all aspects such as the physical health, psychologically and the social health of the woman.

Hence, combined care found to score highly and that, it is the best type of care which treats the women in all health aspects.

Moreover, the main challenges were the availability of health care providers who posses knowledge apart from nursing and Medicine. From those challenges this study reveals out, the importance of government to utilize other professional, who possess social knowledge, psychology as well as nutrition in order to conduct various nutritional counseling, social counseling and psychological counseling for the intention of preventing or reduce maternal complications. Building strong rapport found to have great importance to make the pregnant woman at easier because some complications involve reproductive organs thus the woman may feel shy to explain it well. This study discovered that, the attitudes of the health care providers during helping the pregnant woman matters a lot.

In other hand, this study to be used as an advocate for safe motherhood through the care given at the reproductive and child health clinics, which should be provided and arranged in such way that, the women are screened for potential pregnancy complications in all health aspects. The pregnant woman has to be scheduled in proper channel, which should pass, while in clinics to ensure screening has done covering all aspects.

## 5.3 Conclusion

In considering all pregnant women complications complexities, it is clear that provision of integrated management and coordination will reduce all preventable maternal morbidity and disability and the health outcome of mothers and infants will be improved across their life. Formulation of the new way of ensuring the availability of equipment, necessary for helping the pregnant women, most of the women are instructed to bring delivery equipments, this model has shown great weakness not all

pregnant women do afford to get all needed equipments, at the same time when they reach in the health facilities the equipments are not sufficient thus the work become difficult. While thinking of the above statements; assisting a pregnant woman commitment is crucial for a health care providers, the general attitude of the health care providers should be of helping the pregnant women.

## 5.4 Recommendation

### 5.4.1 To Health Care Providers

There is a need to conduct psycho-social services such as psychological care and Support to pregnant women who unfortunately developed pregnant complications including, referral to short-term or long-term psychosocial support services. It is important that any visit or admission of the pregnant woman should be accompanied with his spouse and before being discharged from the health facility. Women with their spouse should be counseled on the pregnancy complications Such as good nutrition.

There is a need to expand community-based educational program, in order to eradicate male dictatorship, abusive language from the mothers in law and sisters in law to the women who unfortunately developed pregnancy complications, whose attitudes are negatively harming the women psychologically. Since, many women suffer in silence it is important that, the health care providers get on job training courses. Which equip them as health care providers, with knowledge for psychological screening to pregnant women, as the woman attend antenatal clinic? A community mobilization events, has to be considered and be done frequently with the Aim of discouraging male dictatorship and violence toward women who developed Pregnancy

complications. Policies and laws should be reviewed, adding clearly the penalty for abusive husbands or whether families, when they have agreed to solve the problem traditionally out of Court or like, social welfare Department. Justice for compensation should satisfy the affected woman.

This study is advising the government that should eliminate exemption from user fees in the government health facilities because of poverty. Instead, the pregnancy woman has to be sorted out during screening, those in severe poverty the health care providers has to guide them and provide social support while in hospital and conducting home visit to monitor the progress on income generation. Follow up of all challenges, which the woman might have, until the woman reached to the point of termination. The rest women have to contribute some money, which the government will be able to provide all needed equipments necessary for pregnant woman, instead of advising the women to search for delivery parks. Emergency packs have to be prepared for the pregnant woman while instructed to bring it on the day of delivery. During this study pregnant women found in trouble of searching equipments for delivery, while, some women responded and given out their comments on the challenge of high cost for delivery equipments in private pharmacy.

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# APPENDICES

## Appendix I: Informed Concert Form-English Version

Personal Consent form for conducting Interview

Full name…….…….

Age……

Village……Town…….

District……Region……

Name of cell leader……

Have, after sufficient counseling and adequate information on the purpose and importance of this study, agreed to be interview for subsequent use in this research and therefore participate in this study.

Signed

……Date……..

Witness……

**Appendix II: In-depth Interview Schedule For**

PREGNANT WOMEN, NURSES & MEDICAL DOCTORS-ENGLISH VERSION.

1. Socio- Demographic characteristics of the respondents.

1.1 Age of the respondents.

1.15-35

2.36-45

1.2 Marital status of the respondents.

1). Married

2). Not married

3). Cohabited

1.3 Education status of the respondents.

1). Educated

2).Not Educated.

1.3.1 Occupation of the respondents.

1). Government employee

2). Private employee

1.0 Investigating on the pregnancy complications

2.1 How many pregnancies have you had?

1. One

2. More than one

2.2 How many deliveries have you had?

1. None 2. One

3. More than one

2.3 Have you had miscarriage?

1. Yes

2. No

2.4 If yes how many times you had miscarriage?

1. Once

2. More than one

3. Non

2.5 Which pregnancy complications have you had for the past pregnancy?

1. Eclampsia

2. High blood pressure

3. Anemia

4. Infection

5. Gestational diabetes

6. Bleeding

7. Premature rupture of membrane

8. Others (Mention them……..)

2.0 Types of care medical doctors and nurses only.

3.1 Which type care is given?

1. Surgical care

2. Medical care

3. Psychological care

4. Combined care

3.2 How combined care is good?

1. The best method

2. The better.

3. Good

4. Not Good

3.3 What are the challenges in the combined care?

1. Staffs2. Economic

3. Equipments

4. Others……Mention

SWAHILI VERSION.

MWONGOZO WA MASWALI YA DODOSO KWA AKINA MAMA WALIOPATA MADHARA KUTOKANA NA UJAUZITO WANAOHUDUMIWA KATKA HOSPITALI YA MKOA YA RUFAA TUMBI

1. VIPENGELE VYA KIJAMII

1.1. Jinsia……..

1.2 Umri wa mteja alikuwa anahojiwa……..

1. 25-35

2.36-46

1.3. Kuhusu hali yake ya ndoa

1). Ameolewa

2) Hajaolewa

3).Anaishi kinyumba

1.4. Kuhusu kiwango chake cha Elimu yake

1).Hajasoma

2) amesoma)

1.5. Taarifa kuhusiana na kazi zake anazofanya.

1) Mwajiliwa wa Serikali

2) Amejiajiri binafsi

2.0Madhara ambayo mama mjamzito ameyapata kutokana na kuwa mjauzito.

2.1 Ni mara ngapi umesha wahi kuwa mjamzito?

1). Mara moja

2). Zaidi ya mara moja

2.2. Katika huu ujauzito ulipatwa na matatizo gani?

1). upungufu wa damu wakati wa ujauzito

2). Kupanda kwa presha

3) .kifafa cha mimba

4).Kupatwa na homa wakati wa ujauzito

5) Kujifungua kwa njia ya upasuaji

6). Matatizo mengine

7) .Hakupatwa na matatizo yeyote

2.3. Umeshajifungua mara ngapi?

1). Hajawahi kujifungua mtoto hata mara moja

2). Mara moja

3). Zaidi mara ya moja

2.4. Je! Ulishawahi kuharibikiwa na ujauzito?

1). Ndiyo

2). Hapana.

2.5. Kama ndiyo ni mara ngapi umeshawahi haribikiwa na ujauzito?

1).Mara moja

2).Zaidi ya mara moja

3).Haihusiani

2.6. Ulishapatwa na tatizo gani katika ujauzito uliopita tofauti na ujauzito kuharibika?

1).Kifafa cha mimba

.2).Upungufu wa Damu.

3) Homa.

4).Kutokwa na Damu

5) kupanda presha

6) Kushuka kwa pressure

7) hakuna

8)Tatizo lingine …….litaje.

3. Aina ya huduma inayotolewa na changamoto. ( daktari /muuguzi tu)

3.1 Ni njia gani inayotumiwa kumhudumia mama aliyepatwa na matatizo kutokana na kuwa mjamzito?

1)Kwa njia ya.Upasuaji

2).Kidaktari

3).Kiakili

4). Huduma Mchanganyiko

3.2 Ni kwa namana gani njia ya mchanganyiko wa wahudumu  inafaa kutumiwa?

1) Ni njia inayo faa sana

2) Inafaa kiasi

3) Ina faa

4) Haifai

3.3 Changamoto katika utoaji huduma kwa mchanganyiko zipo hasa upande upi?

1).Kiuchumi

2).wahudumu

3).Vifaa

.4).nyingine. ……zitaje.

FOMU YA RIDHAA

RIDHAA YA KUSHIRIKI KATIKA UTAFITI HUU

UTAFITI

Uchunguzi wa uwepo wa matatizo yatokanayo na ujauzito na aina ya huduma wanayopata.

1. Jina Kamili…….

2.Tarehe ya kuzaliwa……

3. Kijiji/Kitongoji……

4. Mji…….

5. Wilaya……

6 .Mkoa……..

7. Jina la Mjumbe……

Baada ya ushauri nasaha na maelezo ya kutosha juu ya kusudi na umuhimu wa uchunguzi huu .nimekubali kuhojiwa kwa ajili ya kufanyia utafiti,na kwa jinsi hiyo kushiriki katika mrad huu.

Imesainiwa siku hii ya tarehe…….

Sahihi au Alama ya Kidole……

Shahidi……