

ASSESSMENT OF THE EFFECTS OF SHORT MESSAGES COMMUNICATIONS TO PREGNANT WOMEN'S MALE PARTNERS ON THE INSTITUTIONAL CHILD DELIVERIES IN TABORA MUNICIPALITY, TANZANIA

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ABSTRACT

Maternal mortality remains to be a global public health problem, especially in Sub Saharan Africa especially in Tanzania where maternal mortality ratio is 556 per 100,000 live births. This is far away from the strategic development goal targeting 70 per 100,000 live birth by 2030. The major contribution is low health facilities deliveries which are partly contributed by individual factors, policies and health systems. This study aimed at increasing health facilities deliveries to prevent the direct cause of maternal death and indirect through accessing preventive interventions such as PMTCT.

Methodology: The study involved 314 pregnant women's partners and 364 pregnant women enrolled in Ante-Natal Clinics (ANC) receiving Prevention of Mother- To -Child Transmission (PMTCT) of HIV services in Tabora Municipality. All participants were blindly randomly assigned to control and study groups from which the study group was communicated by short message services on weekly basis for a period of 1 to 8 months on the main advantages of institutional (health facilities) deliveries.

Results: The study found out before intervention, the planned deliveries of pregnant women were lower (77.3%) than in the control group (83.6%), p-value of 0.1608 and Chi-square of 1.966. Again, following the intervention, the planned deliveries for intervention rose to 94.3% while the control increased to 92.3%, p-value of 0.4963 and Chi-square value of 0.463. However, in using a double in difference impact evaluation between the intervention and control group, the impact factor 1.896 is generated.

Conclusion: The study indicated there is an impact of increased health planned health facilities delivery (1.896 times more for the study group) by SMS communication to pregnant mother's partners. The variability between the intervention and control groups was observed before intervention by Chi-square was insignificant after intervention.

KEYWORDS: Institutional Deliveries, Health Facilities Deliveries, Maternal Mortality, Short Message Services, Tanzania

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