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The role of community health nursing in identifying needs of women and children under five in Katete, Mbarara-Uganda

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ABSTRACT

Background: Globally, women and children are vulnerable to life-threatening conditions that are preventable. Although, Uganda has over the years recorded a steady decline in under- five and maternal mortality, little progress is observed. Community health nursing is key in improving the well-being of women and children in communities.

The aim of this study was to describe the role of community health nursing in identifying the health needs of women and children under-five years in Katete, Mbarara. Under this aim, we identified factors that contribute to morbidity and mortality of women and children under five years, described the barriers that prevent women from getting timely health care for themselves or their children and determined the strategies that can be used to address the health needs of children and women.

Methodology: This was a qualitative descriptive study. We purposively sampled women with children under -5 years. Data were collected from six (6) FGDs and six (6) key informants. We thematically analyzed data in six phases; themes were searched, reviewed, defined, and named. Informed consent for participation was sought and ethical clearance obtained from relevant bodies.

Results: Five themes emerged; Lack of basic needs, Women overburdened, Lack of drugs in public health facilities, Negative attitude towards health care and Strategies that can be used to address the health needs.

Conclusions: Our findings confirmed that potentially, women & children are at a high risk of diseases. Therefore, community health nursing should promote positive attitudes of women towards health seeking behavior. Additionally, helping them to meet their unmet basic needs coupled with their husbands' support can have positive spillover effects that could improve their health and productivity.

1. Introduction

1.1. Background

Globally, women and children are vulnerable to life-threatening conditions that are preventable which range from unsafe childbirth, HIV and AIDs, malaria, tuberculosis, pneumonia, malnutrition, and other neglected diseases (Bellamy et al., 2011). Community health nursing targets social, political, and economic environments as key determinants of health for populations, as well as for individuals. Over the years, this practice has improved to meet the changing needs and demands of communities focusing on quality health services (Cooper et al., 2009). Improving the well-being of women and children is an important public health goal for Uganda. The quality of life determines the health of the next generation and might predict future public health challenges for families, communities, and the health care system (Mwaura, 2002). Many challenges influence the overall health of communities especially the children who are threatened by preventable diseases. The mothers take this as a normal trend in life despite the bad outcomes that include death. Emphasizing health education may increase knowledge that will empower women by influencing their attitudes to be responsible for their children's' health and well-being. Therefore, the role of community health nursing in provision of health care services to the community and vulnerable populations like women and children is undeniable (Kara, 2016).

Studies of preventive and curative services have often found that utilization of health services is complex because it is related to the availability, social structure, quality, cost of services, and health-seeking

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behaviors of individuals (Chakraborty et al., 2003). These interventions aim at enhancing health care utilization to decrease mortality and morbidity from preventable diseases.

Uganda has seen the implementation of many programs intended to improve access to health care since the early 1990 s. Chandler et al. (2013) reported that interventions can attribute to the alignment between programs and local priorities to create intervention plans to correct or prevent the health challenges. Despite these initiatives, the community has persistently increased the use of the informal sector like the use of traditional birth attendants, herbalists, and self-medication using over counter drugs. This is due to a lack of awareness, inaccessibility to modern drugs, low economy, and low satisfaction in health personnel (Mengistu & Misganaw, 2006). Understanding local aspirations into which health care programs are introduced and enacted provides insights for better approaches to improving health care. These include; extended services, promotion of self – reliance and creating a sense of responsibility, and reducing dependency on technical personnel to build the community's capacity to deal with problems by choosing correct strategies.

The study focused on assessing the health needs of women and their children and ways of improving the uptake of health promotion and prevention programs that can lead to better outcomes

2. Aim of the study

The aim of study was to describe the role of community health nursing in identifying the health needs of women and children under-five years in Katete, Mbarara. The aim of this study was to assess the health needs of women and children under- five years in Katete, Uganda

Under this aim 1) we identified factors that contribute to morbidity and mortality of women and children under five years, 2) described the barriers that prevent women from getting timely health care for themselves or their children and; 3) determined the strategies that can be used to address the health needs of children and women.

3. Methods

3.1. Design, setting, participants and data collection

A qualitative descriptive design using focus group discussions (FGDs) and key informant (KIs) interviews were employed to generate data from mothers, elders and local leaders. The FGDs encouraged discussion in the group dynamics which produced new thinking that resulted in much more in-depth information about the phenomenon under study. Six (6) FGDs were held and each comprised (5–15) participants that provided information, ideas, and insights on the health needs of women and children under five.

Participants for focus group discussions were purposively selected by the researchers with help of local leaders. The sample included women that had children under 5 years of age from Katete cell that comprise of six zones. Participants were from all the six zones for better representative and had the needed knowledge about the community activities done by community nursing. Numbers were used as identifiers for confidentiality. The school premises was used as a venue for the FGDs because of its neutrality. The participants sat in a semi-circle to be able to see each other which also allowed the moderator and note-taker to see everyone. This allowed members to interact freely and were able to provide detailed information about the subject under discussion (Krueger & Casey, 2014). Each Focus Group Discussion (FGD) lasted between 1 and 2 h.

The key informants were community members that had influence and these included; the local council chairpersons and opinion leaders (religious and elders). The sample size for focus group discussion and interviews was determined when there was no more new information from the participants.

We approached the key informants in their offices and homes for interviews. We requested permission and sought their consent to participate in the study and be audio recorded during the interviews. The participants were informed that the interviews would take 45 min to 1 h. This ensured that all the questions in the interview guide were fully addressed during the interview process (Polit & Beck, 2009). Data were collected using a pre-tested interview guide face to face which kept the participants focused. We collected data between June and July 2017. Each session lasted for 45 min to 1 h in a neutral, agreeable, and convenient place without interruption. At the end of the interview, the participants were appreciated for their cooperation and time.

Local leaders were recruited because these are members of the community who have appropriate knowledge on the needs of every member in the community. They always visit homes regularly and make quarterly reports to high authorities to know the health indices of the community. Additionally the local leaders have authority to enforce policies that allow any activity to take place in their communities. This helps in understanding community challenges that can easily influence life changes resulting into improvement of health of the people. Therefore the local leaders provided the needed information on the health needs of women and children.

3.2. Analysis plan

We analyzed data using thematic analysis. Braun & Clarke (2014) defined thematic analysis as a method for identifying, analyzing and reporting patterns within data. The analysis was carried out in six phases: familiarization with the data, generating initial codes, searching for sub-categories among the codes, reviewing the merged sub-categories, defining and naming the categories to generate themes. As the first step, we transcribed verbatim of all the audio recordings. We listened and re-listened to the audiotapes, read and re-read notes and became immersed in the data. This helped to identify the views and narratives from the participants. Descriptions and interpretations of the data were made based on the recurring themes that gave meaning of the findings (Ritchie & Spencer, 2002).

3.3. Trustworthiness/rigors

Rigors of research refers to the process of ensuring trustworthiness of the data obtained in the study using credibility, confirmability, dependability, and transferability criteria (Polit & Beck, 2009). These were ensured in the study as put below:

3.4. Credibility

According to Polit & Beck, (2009) credibility refers to confidence in the truth value of the data and in the researcher's interpretations. We achieved this by pre testing the interview guide to ensure that it was easily understood and was addressing the research questions. We pre-tested the interview guides for better understanding and clarity. All the questions were clear to the participants, so there was nothing to revise

We translated the interview guide in the local language and back into English. We had a prolonged engagement with study participants for 45mins to 1 h and this ensured sufficient data was obtained.

3.5. Dependability

Accordingly, Polit & Beck, (2009) dependability as the stability of data and how it would yield similar findings overtime and over different conditions. We achieved this through carefully listening to the recorded responses of the participants that captured all the relevant information about the phenomenon under study.

3.6. Confirmability

Confirmability refers to the neutrality of the data or analysis and its

interpretation(Polit & Beck, 2009). We achieved this by including narrative quotes from the interviews which ensured genuine views of the participants.

3.7. Transferability

Lincon & Guba, (1985) defined transferability as the degree to which the results of the study can be generalized or transferred to other context or settings. We established this by a detailed description of the participants, the setting and data collection tools that were used. This would give readers enough information to judge the applicability of the study findings to other study settings.

Ethical Consideration

Ethical clearance was obtained from Mbarara University of Science and Technology Research Ethics Committee (MUST-REC) (No. 7/06-1.) and approved by Uganda National Council for Science and Technology (UNCST) (No. SS 4273). Written informed consent was taken from all the participants. They were informed about the purpose of the study prior to administering the data collection tools and were assured of their rights either to participate or to withdraw from the study at any point. They were informed that there were no any financial benefits; participants would be given information that could help them to understand and manage their health needs in future.

Participants were assured of confidentiality by masking their identities. They remained anonymous throughout the study. All information and data collection were kept confidential under key and lock. The principal investigator was the only one to access raw data. The laptop that was used for data entry was password protected.

We shall store the data for the period of the project and add at least five years after final publication because we may need to re-analyze data and publish again.

Basing on the findings of the study, we shall give participants information regarding health needs of women and children and strategies that can be used to address these health needs. The findings will be summarized in layman's terms so that they can be understood better.

4. Results

4.1. Characteristics of the study participants

We conducted a total of 6 Focus Group Discussions (FGDs). Each group had 8 participants (Total n = 48) and the age ranged from 19 to 45 years. The participants had different levels of education from primary to ordinary level. Within each group, there was representation for each level of education (n = 30 for primary level and N = 18 for Ordinary -level). Similarly, the level of education for all key informants was ordinary level. The key informants comprised of 2 local leaders, 1elder and 3 religious leaders and all these were males.

There were five themes that emerged from this study; Lack of basic needs, Women overburdened, Lack of drugs in public health facilities, Negative attitude towards health care and strategies that can be used to address the health needs.

We established the credibility of the study through audit trails. This was an in-depth approach that illustrated the findings based on participants' narratives including quotes as put below under different themes.

4.2. Lack of basic needs

Lack of basic needs came out strongly as one of the themes as stated below by participants

….lack of food, clothing and medical care in public facilities put our children at risk of contracting diseases…… (G1, P3).

————our children lack what to eat because the parents can't afford to buy food for them due to failure of the income generating projects (G4, P6).

4.3. Women overburdened

Other participants stated that husbands had neglected their sole responsibilities for the families as reported: ….our husbands have neglected the families and transferred the responsibilities to us like buying food at home, school uniform & paying fees for the children…. (G1, P1).

…have lost a sense of responsibility as men and the whole burden now rests on us as women (G4, P1).

——he does not pay school fees for the children…the responsibility to buy food rests on the woman who is moreover in a rented premise, she has to meet medical expenses for the child…..(G4, P1).

…so you find that the woman is carrying the family alone…everything depends on them…and they end up not looking after themselves as women(G1, P5).

4.4. Lack of drugs in public health facilities

This theme merged when different participants reported that: "When a child falls sick and is taken to a health facility they tell you that the required medicine is not available" (G1, P4).

—when we go to public health centers we don't find medicine…so that becomes challenging in a way. (G2, P1).

"As my colleague has said…you can take a very sick child to a health facility…you find there are no drugs…and instead you are referred to a private clinic to buy the drugs, you didn't have money" (G2, P6).

————there is a problem of taking children to health facilities and we don't find there medicine (G3, P1).

———child is taken back home with no treatment and we are forced to go to clinics to buy drugs (G3, P1).

"When a child falls sick and is taken to a health facility they tell you that the required medicine is not available…." (G3, P2).

4.5. Negative attitude towards health care

Having negative attitude towards health care services such as, family planning & immunization was another theme. Participants reported as in the following quotes:

———on my side, as parents we end up producing very many children and we end up regretting… we don't embrace family planning… (G4, P2)

"As result we tend to have unplanned children yet some women refuse to take them for immunization which sometimes result into untimely deaths" (G4.P8).

4.6. Strategies that can be used to address the health needs

————men need to be sensitized on their roles at home. This can be by way of conducting home visits or congregating them in a forum of this nature (G2, P3).

————there is need for education forums for men such that they can be able to change their attitudes towards their families and to be able to appreciate their roles and responsibilities at home (G2.P6).

————————another thing, if you could also support women groups financially like it happens else where it would also save the situation since women will be self-reliant and able to cater for the health needs of their children (G3.P4).

5. Discussion

Our study findings identified five themes in order of priority in

assessing the health needs of women and their children and ways of improving the uptake of health promotion and prevention programs. Themes include; lack of basic needs, women overburdened, and lack of drugs in public health facilities, negative attitude towards health care and strategies that could be used to address the health needs. The insights gained from this qualitative study are important for shaping the future of community health nursing in relation to the needs of women and children. The health and well-being of individuals, families, and communities must be the driving force in the health care system. These findings were based on six focus group discussion and six key informant interviews that generated five themes as already mentioned.

5.1. Lack of basic needs

Young children and their parents are healthier when they are able to afford basic needs, such as food, utilities, medical care, clothing, and shelter. This influences the ability to achieve their well-being (Khan, 2009). Nearly half of the parents interviewed in this study reported that they were struggling to put food on the table. Given the magnitude of these problems and the interventions available, much has not been done (Chakraborty et al., 2003). Most of these problems are silent. They remain, to a large extent, uncounted and unreported (Mengistu & Misganaw, 2006). Potentially, this puts women and children at a high risk of life-threatening illnesses. Yet, they do not have money to take their children to a health facility ending up administering herbal medicine. The community has persistently increased the use of the informal sectors such as traditional birth attendants, herbalists, and self-medications with over counter drugs despite limited knowledge on the dosage and side effects of these drugs. Community health nursing makes efforts to form women groups where they are sensitized on benefits of using formal health care rather than using informal sectors.

5.2. Women overburdened

Despite progress in recent decades to bring about gender equality in the families and workplaces, women still bear a heavier load than men in balancing work and family (Blackstock et al., 2015). This is a mental load where they spend two-thirds of their time doing unpaid work. This double workload overburdens women's health and affects their physical and psychological well-being. The dual roles, both as an earning members as well as taking care of children and family members overburden them (Tasnim, 2020). Similarly, in this study, being the primary breadwinners' women were doing more at home than their male counterparts because of traditional norms and beliefs. Although women had no formal jobs they were the family's major source of income while their husbands enjoyed social events rather than taking care of their families. With so much on their plates, it was surprising to learn that women were committed to fulfill their responsibilities by working much harder. This does not only affect women in Uganda but it is noted in some studies that in all parts of the world, women are facing threats to their lives, health, and well- being as a result of being overburdened with work and lack of power and influence (UNICEF, 2011). In sub Saharan Africa, it was reported that women generate household income that can be used to provide school fees for their children and buy medicines and clothing for their families (Wofford et al., 2016). Correspondingly, Holzemer & Klainberg (2014) reported that looking after families' wellbeing and health was a responsibility of women. This means that women have less time and energy for developing their capabilities and suffer from reduced level of well-being as they cannot cope with the family burden leading to the reproduction of poverty.

5.3. Lack of drugs in public health facilities

Lack of drugs sometimes called drug shortage is a global problem that interferes with all levels of care, both public and private (Rosa et al., 2016). The consequences of lack drugs jeopardize quality of health care and patients' safety which creates a serious public health problem. Importantly, substitution when there is drug shortage increase patient care costs given that the alternative treatments are also expensive and sometimes may cause adverse drug reactions (De Weerdt et al., 2015).

Over the years, health service delivery in Uganda has been affected by a number of challenges including non-availability or stock-outs of medical supplies in public health facilities. In this study, women reported that when they take a sick child to a health facility, they rarely get the needed medicine as per prescriptions because of stock outs. This is challenging for them because of their socio-economic status where they are the breadwinners. In most cases, these women end by buying drugs over the counter, do self-medication or resort to informal sector which puts their children at high risk of adverse effects of certain drugs.

5.4. Negative attitude towards health care

The attitudes of women play an important role in their health care seeking behavior for themselves and their children. Perceived negative attitudes of women can be a major deterrent for those seeking care (Chilton et al., 2012). These attitudes can have an impact on the acquisition of quality care services by themselves and their children in the communities. According to Chakraborty et al., (2003), utilization of health services is complex because it is related to the availability, social structure, quality, cost of services, and health-seeking behaviors of individuals.

In this study, it was observed that women had a negative attitude towards health care because of economic factors, sociocultural factors, environmental factors, location, educational, traditional beliefs, religion, and level of knowledge. Raising awareness of women health care seeking behavior may improve uptake of health care services. Similarly, Kaddour et al. (2005) reported that women's understanding of own health and their children contribute to acceptance on utilization of available community health services. Overall, negative attitudes and behaviors undermine health care seeking and can affect the well-being of individuals, families and communities.

5.5. Strategies that can be used to address the health needs

Community health nursing interventions can achieve greater impact when changing the social and environmental context, so that women can easily take healthy actions in the normal course of their lives. Employing this approach can attain greater effect on the health needs of women, children and community.

In this study women felt that there was need to strive to seek early treatment for themselves as well as for their children. This would help health workers make early diagnosis to start on intervention that would prevent untimely death. Male involvement especially husbands, was also critical in increasing service uptake. This would provide potential support and maintenance of healthy seeking behaviors making healthy choice the easy choice.

Additionally, equipping health facilities with enough medicines and prevent stock outs would encourage mothers bring their children to the health facilities instead of using alternative methods. There was need for educative sessions and trainings where both men and women would be sensitized in order to change their attitudes towards health seeking behavior. According to (UNICEF, 2011) promoting positive attitudes towards health seeking behavior and taking responsibility for their own lives are important strategies of health promotion and disease prevention. Strategically, if women in the community are to be encouraged to access family planning this would help to bear the number of children by choice.

Similarly, local leaders in the community should ensure that these women's health needs are addressed in policy and respected in practice.

6. Conclusion

Our findings confirmed that potentially, women and children are at a high risk of diseases due to limited resources. Understanding approaches to improving the well-being of women and children in Uganda will be the best strategy to address the unmet basic needs.

CRediT authorship contribution statement

Esther Beebwa: Conceptualization, Data collection, Formal analysis, Funding acquisition, Resources, and Writing – original draft, Writing – Reviewing and editing the manuscript. **Jane Kasozi Namagga:** Conceptualization, Data analysis, Methodology, Writing – original Draft, Writing – review and Editing. **Scholastic Ashaba:** Formal analysis, Methodology, Supervision, Writing – review and editing. All authors read and approved the final manuscript.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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References

Bellamy, G. R., Bolin, J. N., & Gamm, L. D. (2011). Rural Healthy People 2010, 2020, and beyond: The need goes on. *Family & Community Health, 34*, 182–188.

Blackstock, O. J., Frew, P., Bota, D., Vo-Green, L., Parker, K., Franks, J., … Mannheimer, S. B. (2015). Perceptions of community HIV/STI risk among US women living in areas with high poverty and HIV prevalence rates. *Journal of Health Care for the Poor and Underserved, 26*(3), 811–823.

Braun, V. & Clarke, V. (2014). What can "thematic analysis" offer health and wellbeing researchers? International Journal of Qualitative Studies on Health and Well-Being, 9.

Chakraborty, N., Islam, M. A., Chowdhury, R. I., Bari, W., & Akhter, H. H. (2003). Determinants of the use of maternal health services in rural Bangladesh. *Health Promotion International, 18*, 327–337.

Chandler, C. I., Kizito, J., Taaka, L., Nabirye, C., Kayendeke, M., Diliberto, D., & Staedke, S. G. (2013). Aspirations for quality health care in Uganda: How do we get there? *Human Resources for Health, 11*, 1–12.

Chilton, S., Bain, H., Clarridge, A., & Melling, K. (2012). *A textbook of community nursing.* CRC Press.

Cooper, C. E., Mclanahan, S. S., Meadows, S. O. & Brooks-Gunn, J. (2009). Family structure transitions and maternal parenting stress. Journal of Marriage and Family, 71, 558-574.

De Weerdt, E., Simoens, S., Hombroeckx, L., Casteels, M., & Huys, I. (2015). Causes of drug shortages in the legal pharmaceutical framework. *Regulatory Toxicology and Pharmacology, 71*(2), 251–258.

Holzemer, S. P. & Klainberg, M. (2014). Community Health Nursing. Jones & Bartlett Publishers.

Kaddour, A., Hafez, R., & Zurayk, H. (2005). Women's perceptions of reproductive health in three communities around Beirut, Lebanon. *Reproductive Health Matters, 13*(25), 34–42.

Kara, D. (2016). Innovation in nursing practices: New Trends and Issues Proceedings on Advances in Pure and Applied Sciences, 170-174.

Khan, F. (2009). Towards developing an understanding of factors influencing care giving provided to children between birth and 6 years within the Groblershoop community.

Krueger, R. A., & Casey, M. A. (2014). *Focus groups: A practical guide for applied research.* Sage publications.

Lincon, Y., & Guba, E. G. (1985). *Naturalistic inquiry. Beverly Hills.* CA: Sage Publications.

Mengistu, D. & Misganaw, E. (2006). Community Health Nursing.

Mwaura, M. W. (2002). Empowering Women for Better Maternal And Child Health in Arid Areas-Kenya.

Polit, D. F. & Beck, C. T. (2009). Essentials of nursing research: Appraising evidence for nursing practice. Lippincott Williams & Wilkins.

Ritchie, J., & Spencer, L. (2002). *Qualitative data analysis for applied policy research.* Routledge: Analyzing qualitative data.

Rosa, M. B., Reis, A. M. M. & Perini, E. (2016). Drug shortage: a public health problem: Cadernos de saude publica, 32, e00086916.

Tasnim, G. (2020). Making Women's Unpaid Care Work Visible in India: Importance and Challenges. *Journal of International Women's Studies, 21*, 28–35.

UNICEF, (2011). UNICEF Annual Report 2010. Unicef.

Wofford, D., Macdonald, S., & Rodehau, C. (2016). A call to action on women's health: Putting corporate CSR standards for workplace health on the global health agenda. *Globalization and Health, 12*, 1–12.