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Original Article

INDIVIDUAL AND SOCIO-ECONOMIC FACTORS ASSOCIATED WITH HERBAL MEDICINE USE AMONG PREGNANT WOMEN DURING THE ANTEPARTUM PERIOD AT WALUKUBA HEALTH CENTRE IV, JINJA DISTRICT. A CROSS-SECTIONAL STUDY.

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Abstract

Background

This study investigated the individual and socio-economic factors associated with pregnant women using herbal medicine during the antepartum period at Walukuba Health Center IV, Jinja district.

Methodology

The study employed a descriptive cross-sectional study design involving the quantitative method of data collection using a simple random sampling technique in which 30 participants were selected

Results

majority of the respondents were aged between (31 – 45) years, 85% of the respondents were coming from urban areas, the majority of respondents 19 (63%) were employed, and 17 (57%) had attained a tertiary level of education.
The majority of the respondents 17 (57%) had ever used herbal medicine before, most respondents 25 (83%) used herbal medicine when they became ill during pregnancy, and about 24 (80%) said they normally self-prescribed themselves medication during pregnancy. (80%) believed that using herbal medication in pregnancy promotes culture and norms, the biggest number of respondents 21 (70%) mentioned that herbal medicine is abundantly available in their communities.
majority of respondents 22 (73%) were living in communities that did not encourage them to use herbal medicine during pregnancy and a greater number of respondents 19 (63%) reported that they were encouraged by friends to use herbal medicine during pregnancy.

Conclusion

The established socio-economic factors from the study included culture promotion, rural residence of pregnant mothers availability of herbal medicine in societies, and influence of friends to use herbal medicine; individual-related factors included self-prescription during pregnancy, previous history of herbal medicine use, maternal illness during pregnancy

Recommendation

MOH should Strengthen the knowledge of pregnant mothers about the dangers of herbal medicine use in pregnancy
The MOH conducts campaigns targeting the communities to discourage the use of herbal medicine during pregnancy.

Keyword: *Antepartum, Herbal medicine, Walukuba Health Center IV, socio-economic factors.*
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Background

Herbal medicines are defined as plant-derived materials or preparations which thought to have therapeutic benefits; they are considered to be part of traditional medicines and they often contain raw or processed ingredients from one or more plants (Rahman et al., 2019). Globally, an estimate of about 7–55% of pregnant women use herbal remedies during pregnancy depending on the region and ethnicity (WHO, 2019). Additionally, a systematic review of publications in the Middle East reported a prevalence of herbal medicine use amongst pregnant women to be 22.3 to 82.3% (WHO, 2019). In Africa, 3 out of 5 pregnant women use herbal remedies to treat pregnancy-related problems due to the cost-effectiveness of therapy and easy access to these products, regardless of the inadequate knowledge and evidence about their safety (WHO, 2019).

In sub-Saharan African countries (SSA) the prevalence of traditional medicine utilization among pregnant mothers was reported to be between 25% and 65% (WHO, 2019). The prevalence of herbal medicine used in Uganda during pregnancy and delivery is reported to be > 80% in Western Uganda and about 20% in Northern Uganda (Nyeko et al., 2019). Pregnant women should be concerned about all medication taken during pregnancy including herbal medicines, because some of them might affect the mother, and fetus leading to poor pregnancy outcomes (Nelson, 2016). Most pregnant women believe that herbal medicines are 'natural' and 'safe' compared to conventional medicines (Vickers et al., 2016), despite it

being considered illegal and unhealthy in other countries. It's upon this background that this research was carried out to determine the individual and socio-economic factors associated with herbal medicine among pregnant women during the antepartum period at Walukuba Health Center IV, Jinja district.

Methodology

Study design

The study was descriptive and cross-sectional and involved quantitative data collection techniques.

Study setting

The study was conducted at Walukuba Health Center IV which is found in in Jinja district. Walukuba Health Centre IV (clinic) is located in Uganda nearby to Walukuba East, Walukuba West, and Babu. It is also near Masese and Masese Health Center II. Pregnant mothers with herbal medicine had been registered at the health center. The study setting was selected because it was within the reach of the researcher's area of operation and it was where the investigator had noted the research problem.

Study Population

The study included pregnant mothers using herbal medicine while attending ANC from Walukuba Health Center IV. The target population was considered because the subject content under investigation directly applied to them.

Sample Size Determination

The sample size of pregnant mothers using herbal medicine attending ANC from Walukuba Health Center IV who participated in this study was determined by the statistical formula by Keish and Leslie (1965) n = Z2p (l-P)/d2 Where n is the sample size was the standard normal deviation at 95% confidence level (i.e. 1.96) P was the proportion of target population (which is 50% or 0.5) d was the acceptable degree of error (in this case 5% or 0.05) n= (1.96)2 x 0.5 x 0.5/0.052 = 384.16 = 384 Since the total population of respondents involved will be less than 10,000 (33), the following formulae was applied. n/1+n/N Sample size estimation (nf) will be calculated as follows; nf = the desired sample size (when the population was less than 10,000) n = the desired sample size (when the population was more than 10,000) N = the estimate of the population size nf =n N = 33 (pregnant mothers using herbal medicine attending ANC from Walukuba Health Center IV)

nf = n = 384 384

1 + n 1 + 384 1 + 12

N 33

= 384

13 = 29.5 ≈ 30

Therefore, the sample size was 30 respondents

Sampling Procedure

A simple random type of sampling procedure was used to select the respondents for the study. Selected pregnant mothers using herbal medicine according to the ANC list were selected at random from which at least one participant was given a chance to participate in the study. This was achieved by getting pieces of papers on which the word "inclusion" meaning included in the study and "exclusion" meaning excluded from the study were written for the respondents to pick. Whoever picked the "inclusion" paper was given a questionnaire to fill whereas those that picked the "exclusion" paper were exempted from the study.

Inclusion Criteria

The study included all pregnant mothers using herbal medicine attending ANC from Walukuba Health Center IV who had voluntarily consented to participate in the study.

Dependent Variable: were pregnant women during the antepartum period at Walukuba Health Centre IV, Jinja District.

Independent variable: were factors associated with the use of herbal medicine by pregnant women during the antepartum period at Walukuba Health Centre IV, Jinja District.

Research Instruments

Data was collected using a semi-structured questionnaire which consisted of open and closed-ended questions. The questionnaire was used because it enabled the respondents to respond efficiently to the questions that were asked.

Data collection Procedure

After the approval of the research proposal by the supervisor, an introduction letter was obtained from St Michael Lubaga hospital training schools and research committee that was presented to the In-Charge of Walukuba Health Center IV seeking permission to carry out the study among pregnant mothers using herbal medicine. After securing permission from the Principal Nursing Officer, the researcher sampled 10 respondents per day and distributed the questionnaires to individual respondents for filling. The same procedure was done for 3 days until a sample size of 30 respondents was realized.

Data management

Filled questionnaires during data collection were collected, checked, coded, and edited for accuracy and completeness before losing contact with the particular respondent. The filled questionnaires were sorted and then kept in separate envelopes from those that were not yet filled to avoid losing them before data analysis.

Data analysis

Data was analyzed manually using pen and paper. Frequency distributions of characteristics of the respondents were obtained. Summarized results were used

to formulate or make recommendations. The analyzed data was presented in tables, figures, pie charts, bar charts, and text representing the frequencies and percentages.

Ethical Consideration

Ethical approval was obtained and an introductory letter from St Michael Lubaga Hospital training schools seeking permission from the charge of Walukuba Health Center IV to be allowed to conduct the study. Once permission was granted, the in-charge introduced the researcher to, the in-charge introduced the researcher to the respondents. Respondents were assured of maximum confidentiality for all the information that was given. The study only commenced after the study objectives were clearly explained. Participants were asked to voluntarily consent to the study and were told about free entry and free exit when the need arose. Questionnaires were then administered to participants and were filled and then later returned to the researcher who kept them in the file.

Results.

Socio-demographic characteristics of the participants.

Table: shows participants' age. (n=30)

Response	Frequency(n=30)	Percentages (%)
20-30years	8	27
31-45years	18	60
46 and above years	4	13
Total.	30	**100**

Table 1 shows that the majority of the respondents were aged between 31 – 45 years (60%), 20-30 years were 8(27%), and the least were 46 and above were 4(13%).

Table 2: shows participants' residence. (n=30)

Response	Frequency(n=30)	Percentage (%)
Urban	5	15
Rural	25	85
Total	30	100

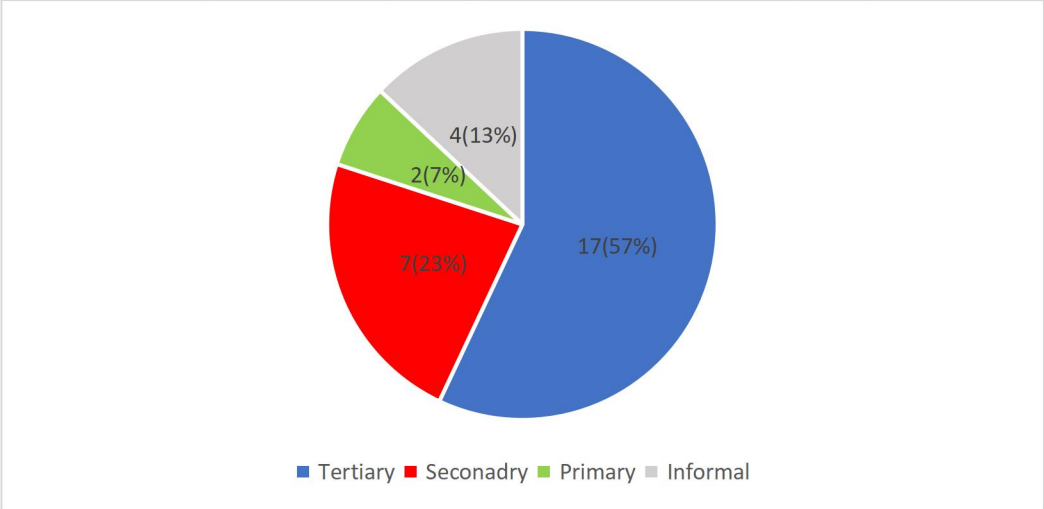
The majority of respondents were from Rural 25(85%) and the minority were from urban 5(15%)

Table 3: shows participants marital status. (n=30)

Response	Frequency	Percentages (%)
Married	21	70
Single	5	13
Divorced	4	17
Total	30	100

The majority of the respondents 21 (70%) were married, 5(17%) were divorced, whereas a minority of 4 (13%) were single.

Figure 1: shows participants' education level. (n=30)



The majority of the respondents 17 (57%) had attained a tertiary level of education, followed by 7 (23%) who attained secondary education, 4(13 %) attained primary education whereas the minority 2 (7%) had not attained any level of education.

Figure 2: shows participants employment status. (n=30).

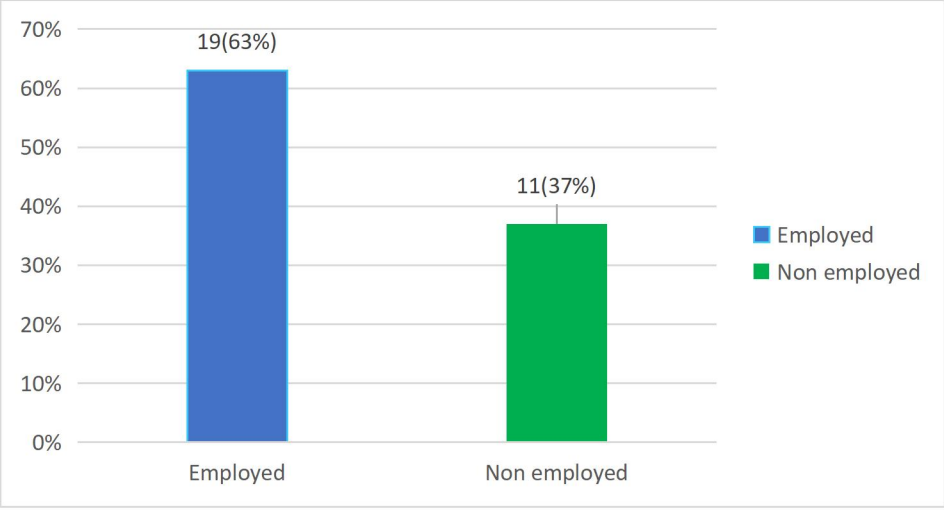


Figure 2 indicates that the majority of respondents 19 (63%) were employed whereas a minority of 11(37%) were not employed.

Established socio-economic factors associated with herbal medicine use.

Table 4: Belief in Herbal Medicines to promote culture and norms. n=30

Response	Frequency	Percentage (%)
Agree	24	80
Disagree	6	20
Total	30	100

Table 4 indicates that the biggest number of respondents 24 (80%) believed that using herbal medication in pregnancy promotes culture and norms whereas the minority of the respondents 6(20%) did not believe that using herbal medication in pregnancy promotes culture and norms.

Table 5: Herbal drugs are abundantly available in their communities. n=30

Response	Frequency	Percentage (%)
Yes	21	70
No	9	30
Total	30	100

The table, reveals that the biggest number of respondents 21 (70%) had herbal medicine abundantly available in their communities whereas the smallest number of the respondents 9 (30%) had herbal medicine not abundantly available in their communities.

Figure 3: Shows preference for use of herbal medicine because of being cheap n=30

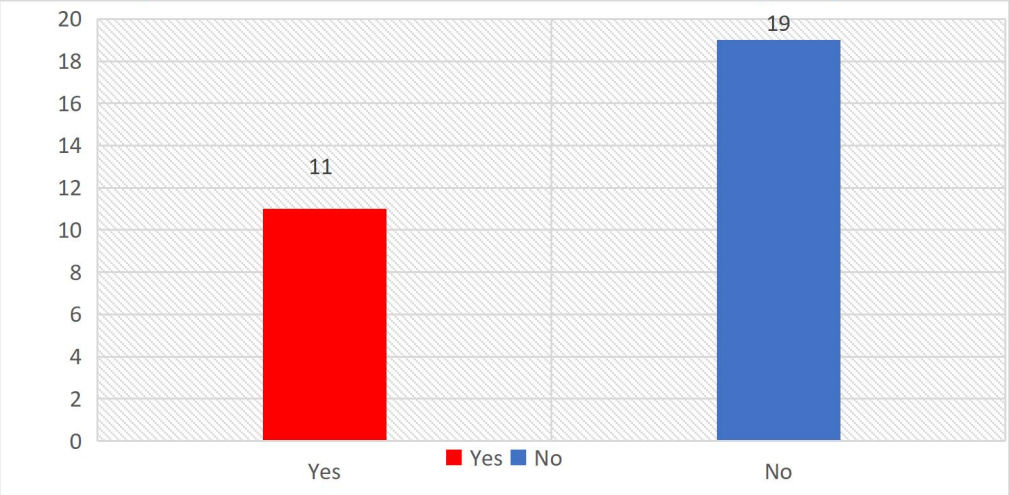


Figure 3 reveals that the majority of the respondents 19 (63%) did not prefer using herbal medicine because it was cheap whereas a minority of 11 (37%) preferred using herbal medicine. After all, it was cheap.

Table 6: Indicates where respondents had planned to deliver. (n=30)

Response	Frequency	Percentage (%)
Health facility	27	90
Traditional places	3	10
Total	30	100

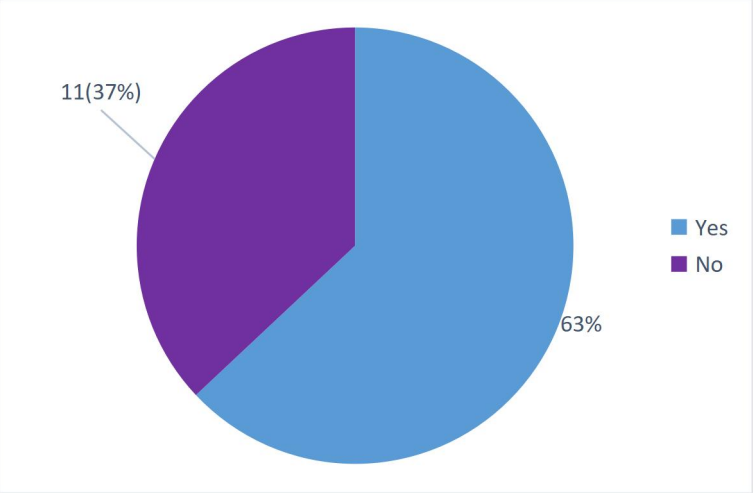
Table 6 indicates that the majority of the respondents 27 (90%) planned to deliver from health facilities whereas a minority of the respondents 3 (10%) had planned to deliver from traditional places.

Table 7: Revealed whether communities encouraged the use of herbal medicine. n =30

Response	Frequency	Percentage (%)
Yes	8	27
No	22	73
Total	30	100

Table 7 indicates that the majority of respondents 22 (73%) were living in communities that did not encourage them to use herbal medicine in pregnancy whereas a minority of respondents lived in communities that encouraged them to use herbal medicine during pregnancy

Figure 4: On if respondent's friends encouraged them to use herbal medicine. n=30.



The majority of respondents 19 (63%) reported that they were encouraged by friends to use herbal medicine during pregnancy whereas a minority of 11 (37%) were not encouraged by friends to use herbal medicine during pregnancy

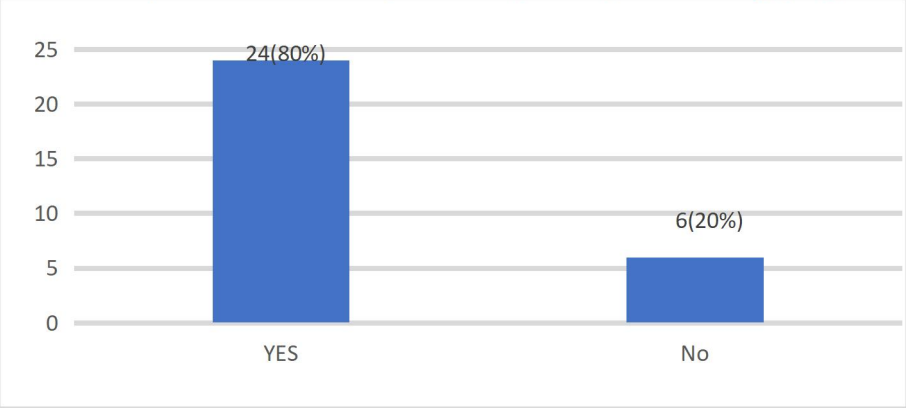
Individual-related factors associated with the use of herbal medicine by pregnant women during antepartum period

Table 8: Respondents were using herbal medicine during pregnancy. n=30

Response	Frequency	Percentages (%)
Yes	30	100
No	00	00
Total	30	100

All respondents were using herbal medicine during pregnancy.

Figure 5: Whether respondents normally did self-prescription during pregnancy. n=30



The majority of the respondents 24 (80%) normally self-prescribed themselves medication during pregnancy whereas a minority of 6 (20%) didn't self-prescribe themselves medication during pregnancy.

Table 9: Indicates whether respondents had ever used herbal medicine before. n=30.

Response	Frequency	Percentage (%)
Yes	17	57
No	13	43
Total	30	100

Table 9 indicates that the majority of the respondents 17 (57%) had ever used herbal medicine before whereas the minority of the respondents 13 (43%) had never used herbal medicine before.

Table 10: Shows the respondents had ever delivered before=30

Response	Frequency	Percentage (%)
Yes	5	17
No	25	83
Total	30	100

Table 10 shows that the majority of the respondents 25 (83%) had never delivered before whereas the minority of the respondents 5 (17%) had never delivered before

Table 11: If respondents used herbal medicine when they became ill. n=30

Response	Frequency	Percentage (%)
Yes	5	17
No	25	83
Total	30	100

The majority of respondents 25 (83%) used herbal medicine when they became ill during pregnancy whereas the minority of respondents 5 (17%) did not use herbal medicine when they became ill during pregnancy.

Discussion

Individual and Socio-economic factors associated with the use of herbal medicine by pregnant women during the antepartum period

According to the results of this study, the majority of the respondents comprising 80% believed that using herbal medication in pregnancy promotes culture and norms. This indicates that the majority of pregnant mothers use herbal medicines during the pregnancy period based on cultural beliefs and knowledge concerning the local herbal medicines. These findings were in line with the findings of Tamuno et al., (2016) who conducted a study that revealed that 57% of the pregnant mothers who used herbal medicine in the area of Northern Nigeria had a thought of promoting their culture. In the same study, a minority of the respondents (20%) denied that mothers use herbal medicine purposely to promote their culture and norms which implies that these respondents don't consider the utilization of herbal medicine during pregnancy as a matter concerned with the promotion of their traditional cultures. Though findings expressed that in most cases mothers take herbal medicine based on their culture, the minority of the respondents contended that some mothers don't consider the usage of herbal medicine under the influence or attribution to cultural values and norms which is also supported by the findings of Mothupi et al., (2020) who conducted a study in Kenya that revealed the aspects of several mothers who weren't considering herbal medicine usage to be based as a cultural practice encouraging them to do neither a value to emphasize during pregnancy.

The results of this study revealed that the majority of the respondents (83%) were residing in rural areas. This means that mothers who live in rural areas are more prone to the usage of herbal medicines compared to those residing in urban areas based on the fact that herbal medicines are more easily accessed in rural areas than urban areas due to the abundant grasslands and gardens where they can be attained from. This was in line with Tamuno et al., (2016), in Northern Nigeria who revealed that pregnant mothers residing in rural areas had utilized herbal medicine more than pregnant mothers residing in urban areas. The study also revealed that a minority of the respondents comprising 17% were from urban areas which are well-known for limited access to herbal medicine especially those that are easily accessed from the grassy areas or farmlands which is

believed to be an inhibiting factor towards the utilization of local herbs as the pregnant mothers can't access these drugs from the urban areas where they reside. This is in line with the findings attained by James et al., (2018) who conducted their study in Serra Leone where they found that accessibility to local herbs by pregnant mothers is a critical factor in their utilization and justified to be more common among women in the villages where bushes, forests, and gardens are the major sources easily accessed whenever they need it. According to the findings of the study, the majority of the respondents (70%) agreed about the availability of herbal medicine in their communities abundantly. The availability of herbal medicine to pregnant mothers creates more chances of usage by mothers compared to the incidence of scarcity of such medicine. This study revealed that pregnant mothers have herbal medicine in abundance in the communities which is in line with findings attained in the study of Bayisa et al. (2018) that was conducted in the area of Western Ethiopia where 56% of the pregnant were using herbal medicine because it was widely available in their communities. The findings also revealed that only 30% of the respondents disagreed about the presence of herbal medicine in their communities are herein regarded as the minority and this means that some pregnant mothers don't observe the presence of herbal medicine in communities to be abundant as they don't access them. However, this is contrary to the arguments of Nikolajsen et al., (2019) who found out that the herbal medicine trade in different cities around the world has increased the abundance of medicine to pregnant mothers. Findings also revealed that the majority of the respondents (63%) were encouraged or recommended by their friends to use herbal medicine during pregnancy. This indicates that pregnant mothers are always encouraged and recommended by their friends to use herbal medicine. This was in line with Mukasa et al., (2016), in Mbarara Western Uganda, who revealed that 65% of pregnant mothers who used herbal medicines were encouraged by friends and families who used them before. It was revealed that a minority of the respondents (37%) were not encouraged by their friends to use herbal medicine during pregnancy who believe such drugs could be of great importance to them. This was in line with the arguments of Vickers et al., (2016) who contended that pregnant mothers who take advice from their friends about herbal medicine usage end up taking such drugs and those who don't take such advice from their colleagues and friends can't take the herbal medicine. Therefore, the uptake of herbal medicine among pregnant mothers stands on the decision made by mothers to follow the advice of their friends as justified in the context above.

The findings of the study revealed that the majority of the respondents (80%) normally self-prescribed themselves during pregnancy while taking herbal medicine. These results indicate that the majority of the pregnant mothers who used herbal medicine during pregnancy normally self-prescribed medication during pregnancy. This was in line with the findings of Rahman et al., (2019) which revealed that 70% of mothers who were considered in her study were prescribing medication for themselves. It was established that a minority of the respondents (20%) weren't taking the charge to prescribe medication for themselves when they were facing an illness or medical condition that required treatment. Self-medication done by any patient is not advisable at all as the wrong drug or dosage can be administered thus resulting in further complications and critical conditions. This is in line with the arguments of Odalovic et al., (2014) who proclaim that pregnant mothers are fond of taking some drugs by themselves with limited knowledge of how they can affect their health and the life of the unborn baby. This is a risky matter and deserves more efforts to end the vice of self-medication among pregnant mothers and the general population. The study findings also revealed that the majority of the respondents (57%) had never used herbal medicine before. These indicate that the majority of the pregnant mothers who used herbal medicine during pregnancy had a previous history of herbal medicine utilization. This was in line with the findings of Bayisa et al., (2018) who conducted a study that revealed 67% of pregnant mothers who used herbal medicine had a history of previous herbal medicine use in pregnancy. Findings also revealed that a minority of the respondents (43%) didn't have any history previously concerning the usage of herbal medicine as they didn't consider it helpful to be used. Treatment of illnesses among pregnant mothers with herbal medicine is not advisable due to its unknown composition. quantities and curing abilities which may be mistakenly administered to such mothers in critical medical situations. This is in line with the arguments of Nikolojsen et al., (2019) who proclaim that herbal medicines are prone to improper dosages that cause a non-responding condition of diseases especially those caused by bacteria and viruses. According to the results of this study, the majority of the respondents (83%) of the respondents used herbal medicine when they became ill during pregnancy. These results indicate that the majority of the pregnant mothers who used herbal medicine used it because of the illness attained during pregnancy. This was in line with the arguments of Nikolajsen et al., (2019) who conducted a study in Tanzania and revealed that 86% of pregnant mothers who used herbal medicine were attributed to maternal illnesses caused by the pregnancy such as nausea vomiting, and anorexia. From the same findings, a minority of the respondents (17%) didn't use herbal medicine with illness during pregnancy as they sought other treatment methods including physiotherapy and modern medical treatment. Findings are in line with the arguments of Peprahetal (2019) who conducted a study in Ghana where he found out that some mothers are fond of using herbs to treat illnesses during pregnancies despite their associated side effects which put them at the stake of abnormalities and worsened ill conditions

Conclusion

This study specifically sought to determine the individual and socio-economic factors associated with pregnant women using herbal medicine during the antepartum period at Walukuba Health Centre IV, Jinja District. The study established that the socio-economic factors included culture promotion, rural residence of pregnant mothers and availability of herbal medicine in societies, influence of friends to use herbal medicine; individual related factors included self-prescription during pregnancy, previous history of herbal medicine use, and maternal illness during pregnancy.

Recommendation

Strengthen the knowledge of pregnant mothers about the dangers of herbal medicine use in pregnancy Conduct campaigns targeting the communities to discourage the use of herbal medicine during pregnancy.

Health workers should provide follow-up services during pregnancy.

Further research should be done to establish Knowledge, attitudes, and practices toward the utilization of herbal medicine during pregnancy among pregnant mothers

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List of abbreviations

ANC: Antenatal Care
HMIS: Health Management Information system
MOH: Ministry of Health
SSA: Sub-Saharan African
UNMEB: Uganda Nurses and Midwives Examinations Board
UTIs: Urinary Tract Infections,
WHO: World Health Organization

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Conflict of interest

The authors declare no competing interest.

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Naigaga Leticia Faith is a student of diploma in midwifery at St Michael Lubaga Hospital Training school

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