THE EFFECT OF A HEALTH EDUCATION –BASED INTERVENTION ON KNOWLEDGE OF PREGNANT WOMEN REGARDING PREGNANCY INDUCED HYPERTENSION IN A RURAL COMMUNITY, SOUTH WESTERN UGANDA- BY Ms Nabulo Harriet

Background: A history of pre-eclampsia, one of the deadliest hypertensive complications of pregnancy, increases cardiovascular disease (CVD) risk by four times. Pregnancy-related hypertensive complications are associated with a predisposition to chronic hypertension, premature heart attacks, strokes, and renal complications. A history of pre-eclampsia/eclampsia is one gender-specific CVD risk factor that is often overlooked. (Chen, Jaffe, & Karumanchi, 2014). Eclampsia contributes 19% to maternal mortality in sub-Saharan Africa (Moodley, 2011). Many women with preeclampsia/ eclampsia never reach the formal health care system, or arrive too late to be saved because they associate it with witchcraft (Boene et al., 2016; von Dadelszen et al., 2013). Uganda's maternal mortality rate stands at 368 deaths per 100,000 live births with pre-eclampsia/eclampsia being the third leading direct cause (UDHS, 2016).

Aims: Eclampsia caused 14.4% of the maternal deaths and was the 4th leading direct cause at a busy regional referral hospital in South Western Uganda (Ngonzi et al., 2016). Most of these deaths hailed from a given rural community. So we set out to explore the perception of women regarding the manifestation of pre-eclampsia/eclampsia and establish their knowledge regarding its recognition and management in this community.

Methods: This was a mixed methods mini quasi experimental study. 20 Key informant (KI) interviews were conducted and a researcher-administered questionnaire administered to 300 pregnant women. These provided our baseline data that informed the need for implementation of an ongoing health-education based intervention employing pictorial Information, Education and communication (IEC) materials to increase awareness about the condition in this rural community. Qualitative data was analyzed thematically by N-Vivo II and quantitative data analyzed using stata version 13.

Baseline Results: KIs included women outside child-bearing age, Village Health Team members (VHTs) and traditional birth attendants (TBAs). The disease has no local name and no specific suggested local remedy. Most KIs associate whole body swelling to having little blood (anaemia) and convulsion/fits to meningitis and headache to stressful marital relationships .They state that the condition can be managed through eating a well-balanced diet, seeking medical care and counseling respectively. From the quantitative arm of the study, there is a knowledge mix up. For example, 62% think it presents with severe headache, 55% blurred vision, 55% with high blood pressure and 42% with fits yet from the same sample,58% believe that history of pre-eclampsia is a risk factor for recurrence in subsequent pregnancies and 57% contend that it can be a result of witchcraft.

Conclusion: Knowledge of the manifestation of preeclampsia/eclampsia in this community is limited/poor. There is a mix up between the true manifestation of the disease and its causes.

Recommendation: A country- wide education campaign to increase awareness about pre-eclampsia/ eclampsia is vital to demystify misconceptions, promote timely care seeking for the condition; to eventually lower the associated maternal mortality**.**

Key words: preeclampsia/eclampsia, pregnancy -induced hypertension, health education-based intervention and IEC materials.