Level of and Factors Associated With Birth Preparedness and Complication Readiness among Teenage Mothers in Kisoro District, Uganda

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Abstract

Background: Uganda is one of the Sub-Saharan countries with a high maternal mortality ratio estimated at 189 deaths per 100,000 live births. Birth preparedness and Complication readiness (BPCR) is an effective strategy for reducing maternal and neonatal mortality yet there is limited information on the level and factors associated with BPCR. The study determined the level of Birth BPCR and associated factors among teenage mothers in Kisoro district, Uganda.

Methods: A community-based cross-sectional study was conducted among 568 pregnant teenagers aged 13–18 years of age and in their third trimester in Kisoro District. A multistage sampling was used, and data was collected through interviewer-administered questionnaires based on the John Hopkins BPCR tool. The sample size was determined using Kish Leslie formula of 1965. Birth Preparedness and complication readiness was categorized as well-prepared (≥4 BPCR indicators) or poorly prepared (<4). Data were analyzed using Stata version 18, applying modified Poisson regression for associations.

Results: Only 202 (35.6%) teenage mothers were well-prepared for birth; 64.4% were poorly prepared. Multivariate analysis showed Muslim teenagers were significantly more likely to be well-prepared compared to Catholics (Adjusted PR=1.11; 95% CI: 1.02–1.22; p=0.021). Poor health worker attitudes (Adjusted PR=0.93; p=0.022) and limited-service availability (Adjusted PR=0.94; p=0.027) were negatively associated with BPCR.

Conclusion: BPCR among teenage mothers in Kisoro District is alarmingly low. Religion, health worker attitudes, and service availability significantly influenced preparedness. Interventions should focus on respectful, adolescent-friendly maternity care and equitable health service provision, while engaging religious and community leaders to address socio-cultural barriers.