

**FACTORS CONTRIBUTING TO INCREASED CASES OF URINARY TRACT INFECTIONS AMONG PREGNANT WOMEN AGED 18-45 YEARS IN KACHUMBALA HEALTH CENTRE III, BUKEDEA DISTRICT. A CROSS-SECTIONAL STUDY.**

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**Abstract.**

**Background.**

The purpose of this study was to determine the factors contributing to the increased prevalence of urinary tract infections among pregnant mothers aged 18-45 years in Kachumbala Health Center III, Bukedea district.

**Methodology.**

The study employed a descriptive cross-sectional study design with a simple random sampling technique. Data was collected from 50 sampled respondents using a semi-structured questionnaire with open and closed-ended questions, analysis was done, and results were presented in tables and figures, and then interpreted.

**Results.**

From the study, about (58%) of the respondents were aged between 25-34 years of age, of that (76%) of were Itesots with close to (78%) of the respondents being peasants' farmers, and at least (42%) of them had attained a primary level of education. It was also noticed that (86%) of the respondents don't void before or after sex, while (68%) of the respondents reported that they changed their undergarments only once a day. Most of the respondents (78%) had unstable income, and 54% of the respondents reported that they had more than two sexual partners. Herbal medicine use during pregnancy was reported to be at 24%, and nearly 54% of the respondents had ever used public toilets during pregnancy. (18%) Of the respondents reported having used indwelling catheters during pregnancy, and 72% of the respondents reported that they did not receive appropriate treatment for their UTI.

**Conclusion.**

The researcher generally cited that the use of public toilets, multiple sexual partners, low level of income, and lack of adequate treatment were some of the most common causes of increased cases of UTIs during pregnancy.

**Recommendation.**

The MOH should equip the health facilities with screening equipment for UTIs for regular screening of pregnant women in all their antenatal care visits to reduce the cases of UTIs.

**Keywords:** Kachumbala Health Center III, UTI, Pregnant women, Bukedea.

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**Background.**

Pregnancy is known to lower women's immunity and therefore, most pregnant women experience a lot of infections during pregnancy, inclusive of UTI, and it always comes along with a lot of morbidity during pregnancy, predominantly reported in developing countries. The etiological agents include Escherichia coli, Klebsiella species, Staphylococcus aureus, coagulase-negative Staphylococci, Proteus mirabilis, Enterococcus species, Pseudomonas aeruginosa, Enterobacter species, non-hemolytic streptococci, Citrobacter species, and others (Belete & Saravanan, 2020). The Proportion of culture-positive UTI was 35% (140/400) from a study done in Uganda in which six different bacteria were isolated, the majority of the isolates (76.43%) being Gram-negative

Klebsiella pneumonia and was found to be the most frequent Gram-negative isolate (37.41%), followed by E. coli (28.78%), Pseudomonas aeruginosa and Proteus mirabilis each (5.04%) and Citrobacter freundii (1%). Staphylococcus aureus was the only Gram-positive bacterium isolated (23.57%). (Johnson et al., 2021)

According to R. Ezeigbo et al. (2019), the prevalence of UTIs by age showed that the age bracket (26-30) years had the highest rate of infection, with 88(89.8%) infected. This is followed by the age bracket 21-25 years with 68(71.6%). The least infected was in the age bracket (18- 20) years, with a 36.7% rate of infection. The study revealed that women with lower education levels had the highest rate of infection with UTIs (87.9%) when compared to those with

secondary education levels (55.3%) and tertiary education levels (40.1%).

Martin Odokiet al. (2019) in their study showed that the prevalence of bacterial UTI was highest in the age group 20–29 at (32.6%) as compared to the lowest value of (1.2%) in the adolescent age group of 10–19 years. Urinary tract infection was highest in females (37.5%) as compared to 22.0% in men. *Escherichia coli* was the most prevalent bacterial uropathogen with 41.9%), followed by *Staphylococcus aureus* (31.4%), *Klebsiella pneumoniae* (11.6%), *Klebsiella oxytoca* (7.0%), *Proteus mirabilis* (3.5%), *Enterococcus faecalis* (3.5%), and *Proteus vulgaris* (1.2%). Therefore, this study aimed to investigate the factors contributing to increased cases of urinary tract infections among pregnant women aged 18-45 years in Kachumbari Health Centre III, Bukedea district.

## Methodology.

### Study design.

A cross-sectional study design was employed in this study. This was because relevant information was collected from the study participants at once, and no follow-up for some time was done.

### Study setting.

The study was conducted in Kachumbala Health Centre III, Kachumbala County, Bukedea district. Kachumbala Health Centre III is a government-aided health facility; thus, all services are free of charge. The facility had an outpatient department (OPD) and a well-stocked maternity department. All these are fully stocked with equipment and personnel to diagnose and treat UTIs.

### Study population.

The study population included all pregnant mothers aged 18-45 years diagnosed with UTIs at antenatal and maternity in Kachumbala Health Center III, Bukedea district.

#### Sample size determination

The sample was determined using the formula below;  $N = \frac{a^2bc}{x^2}$  (Kish and Lisle, 1967) Where;

$N$  = desired sample size.

A standard deviation is usually at 1.96, which corresponds to a 95% confidence Level. (CI)

$b$  = proportion of survey population with particulars under investigation, and where it is Unknown, 50% is used.

$C$  = probability that the researcher will get a certain amount of error. 50% is considered to cater for that.

$X$  = degree of accuracy, which ranges from 0.01-0.1

Therefore, it's:  $(1.96)^2 \times 0.5 \times 0.5 / (0.09)^2$

118.57

~119 respondents.

The target population would therefore be 119 respondents, but due to financial and time constraints, 50 respondents were sampled.

### Sampling technique.

A simple random sampling procedure was employed in this study. This is because it minimizes and eliminates biases. Simple random sampling was chosen because it gave an equal and known chance for everyone in the target population to participate in the study.

### Sampling procedure.

The respondents were randomly selected from all mothers who came to the hospital for medical checkups in Kachumbala Health Center III, Bukedea district, and respondents were given questionnaires under my supervision.

### Inclusion criteria.

Pregnant mothers aged 18-45 years were included in the study. Patients attending the maternity and antenatal care services were subjected to the sampling procedure upon consent, and those not willing to participate in the study had their opinions respected.

### Definition of variables.

The dependent variable was the pregnant mothers aged 18-45 years diagnosed with UTIs attending Kachumbala Health Center III.

The Independent variable was the factors contributing to increased cases of UTIs in Kachumbala Health Center III.

### Data collection method.

The data was collected using the questionnaire method, and the questionnaire was written in English.

### Data collection tool.

The tool that was used in data collection was a questionnaire.

### Data collection procedure.

A letter that introduced the researcher to Kachumbala Health Center III was received from the Kampala School of Health Sciences and was taken to the research coordinator at the facility. The researcher went ahead and got permission to conduct the study, and when granted permission, he was assisted by health workers and other members of the staff to collect data using a questionnaire. To ensure confidentiality, a private room within the hospital was identified where all those who met the inclusion criteria were interviewed. The researcher recruited two research assistants to the study who translated the information and filled it directly on the questionnaires in English since they were knowledgeable enough. The researcher checked the data filled in before respondents left the study site.

### Data management.

Collected data was checked for correctness and accuracy, and that which was inaccurate was discarded. Correct data

was safely secured under a key and lock to ensure confidentiality.

**Data analysis.**

Data was counted by tallying using a pen and sheets of paper. The results were entered into a computer and analyzed using Microsoft Excel, a Windows program to generate tables and figures.

**Ethical considerations.**

A letter that introduced the researcher to Kachumbala Health Center III was received from the Kampala School

of Health Sciences and was taken by the researcher to the health center. The researcher seeks permission from the health center to carry out research in Kachumbala Health Center III. When he was permitted, the research began with the participants, who signed or thumb-printed a consent form. Each participant who consented was interviewed separately in a private place within the facility, and any information collected was treated with sufficient confidentiality.

**Results.**

**Table 1: Shows the distribution of respondents according to demographic data. N=50**

Response	Frequency (f)	Percentage (%)
<b>Age</b>		
15-24	10	20
25-34	29	58
35-44	11	22
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Tribe</b>		
Itesot	38	76
Bagwere	08	16
Bagishu	04	08
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Occupation</b>		
Peasant	39	78
Health worker	01	02
Religious leader	06	12
Engineer	04	08
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Education level</b>		
Never went to school	18	36
Primary	21	42
Secondary	09	18
University	02	04
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Religion</b>		
Catholic	12	24
Protestant	21	42
Pentecostal	15	30
Muslim	02	04
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Marital status</b>		
Single	16	32
Married	18	36
Widowed	09	18
Never married	07	14
<b>Total</b>	<b>50</b>	<b>100</b>

Table 1: Indicates that more than half (58%) of the respondents were aged between 25-34 years of age, whereas the least (20%) were aged between 15-24 years. In

regard to tribe, most (76%) of the respondents were Itesots, whereas the least (8%) were Bagishu. Regarding occupation, most (78%) of the respondents were peasants,

whereas the least (2%) were health workers. According to education level, the highest number (42%) of the respondents attained primary level, whereas the lowest (4%) attained university level. Regarding religion, most (42%) of the respondents were protestants, whereas the least (4%) were Muslims. The findings further showed that the highest (36%) of the respondents were married, whereas the lowest (14%) were never married.

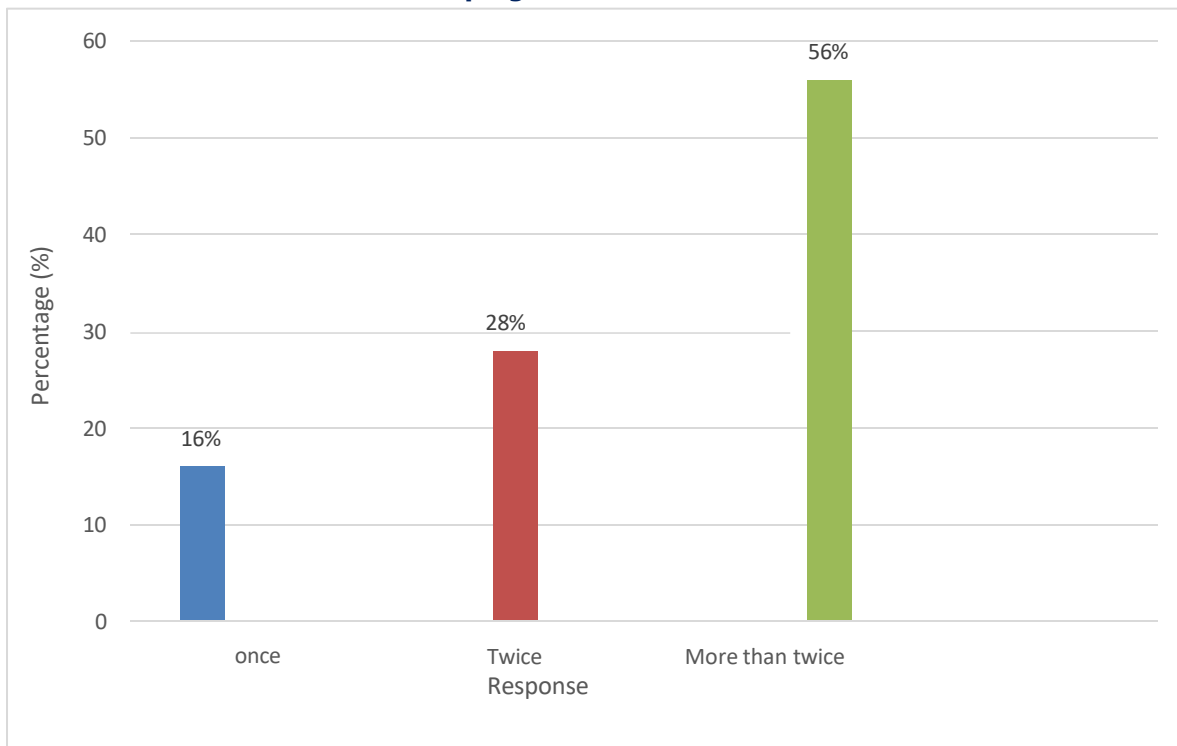
**Individual factors contribute to increased cases of UTIs among pregnant women.**

**Table 2: Shows the distribution of respondents about the trimester they were in. N=50**

Response	Frequency (f)	Percentage (%)
First	10	20
Second	14	28
Third	26	52
<b>Total</b>	<b>50</b>	<b>100</b>

Table 2: Shows that more than half (52%) of the respondents were in the third trimester, whereas the least (20%) were in the first trimester.

**Figure 1: Shows the distribution of respondents about how many times they have gotten pregnant. N=50**



From the figure above, more than half (56%) of the respondents had more than two pregnancies, whereas the least (16%) had only one pregnancy.

**Figure 2: Shows the distribution of respondents about the nature of their income, N=50**

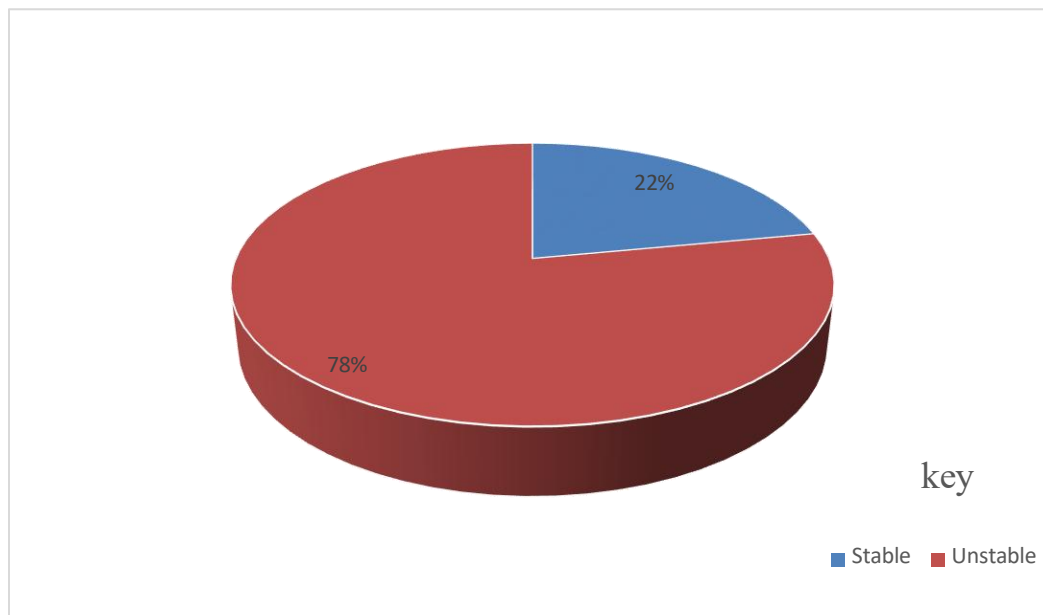


Figure: shows that most (78%) of the respondents had unstable income, whereas the least 22% had stable income sources.

**Table 3: Shows the distribution of respondents about the number of sexual partners they had. N=50**

Response	Frequency (f)	Percentage (%)
One	11	21
Two	12	22
More than two	27	54
<b>Total</b>	<b>50</b>	<b>100</b>

Table 3: Shows that more than half (54%) of the respondents had more than two sexual partners, whereas the least (21%) had only one sexual partner.

**Figure 3: Shows the distribution of respondents about the number of times they changed their games. (N=50)**

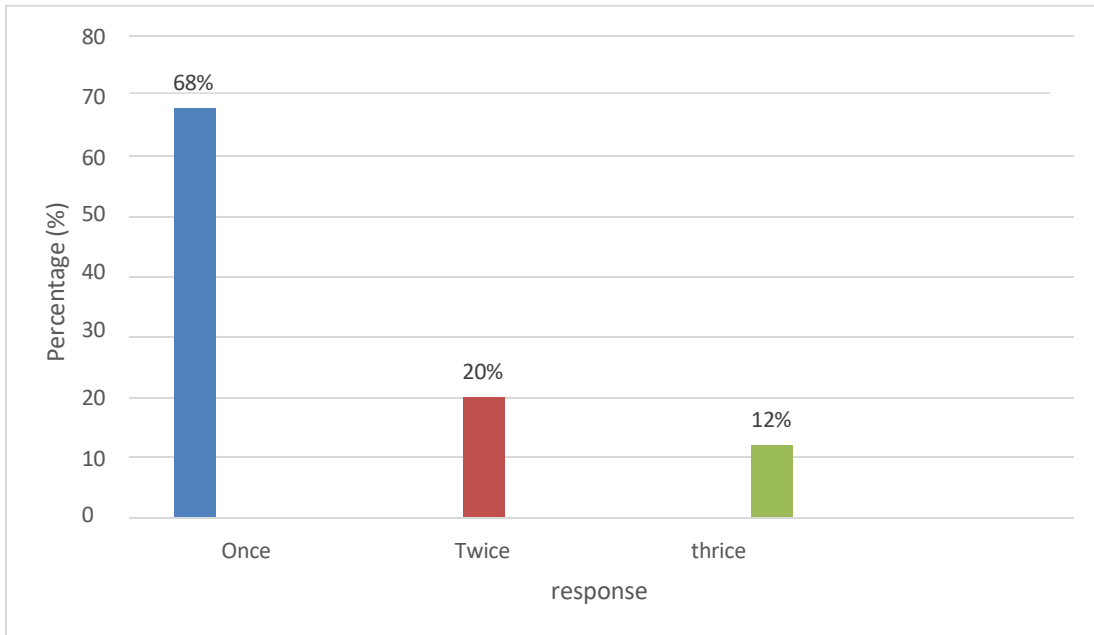


Figure 3: Indicates that most (68%) of the respondents changed their undergametes only once a day, whereas the least (12%) of the respondents changed their undergametes at least three times in a day.

**Figure 4: Shows the distribution of respondents about whether they void before or after sex. (N=50)**

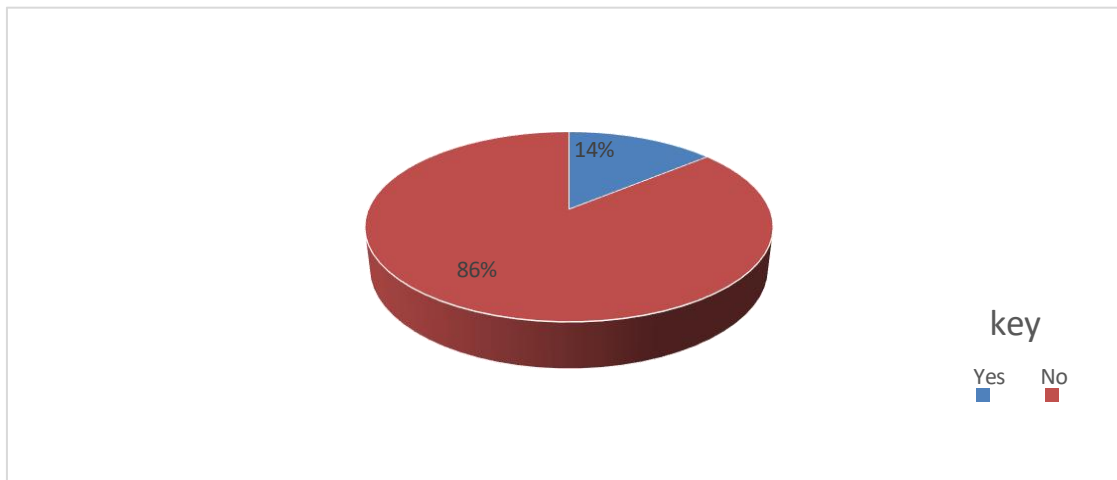


Figure: shows that the majority (86%) of the respondents don't void before or after sex, whereas the least (14%) void before or after sex.

**Community-related factors contributing to increased cases of UTIs among pregnant women.**

**Table 4: Shows the distribution of respondents about whether they used herbal medicine during pregnancy. N=50**

Response	Frequency (f)	Percentage (%)
Yes	12	24
No	38	76
<b>Total</b>	<b>50</b>	<b>100</b>

Table 4: Indicates that most (76%) of the respondents didn't use herbal medicine during pregnancy, whereas the least (24%) used herbal medicine during pregnancy.

**Figure 5: Shows the distribution of respondents by whether they used public toilets during pregnancy (N=50)**

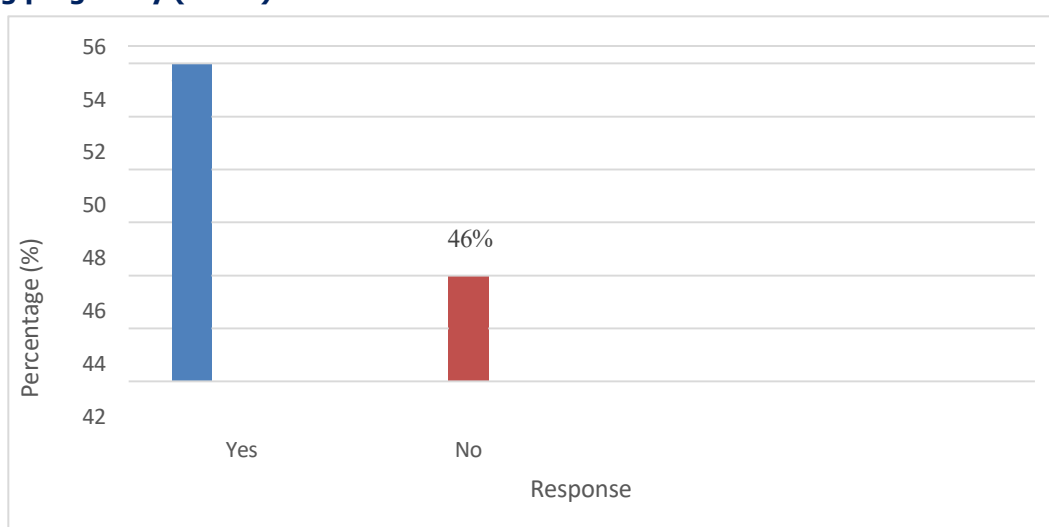


Figure 5: Indicates that more than half (54%) of the respondents had used public toilets during pregnancy, whereas the least (46%) didn't use public toilets during pregnancy.

**Table 5: Shows the distribution of respondents about the type of family they live in. (N=50)**

Response	Frequency (f)	Percentage (%)
Monogamous	32	64
Polygamous	18	36
<b>Total</b>	<b>50</b>	<b>100</b>

Table 5: Indicates that most (64%) of the respondents lived in monogamous families, whereas the least (36%) lived in polygamous families.

**Health facility-related factors contribute to increased cases of UTIs among pregnant women.**

**Figure 6: Shows the distribution of respondents about whether they use in-dwelling catheters in the hospital during pregnancy (N=50)**

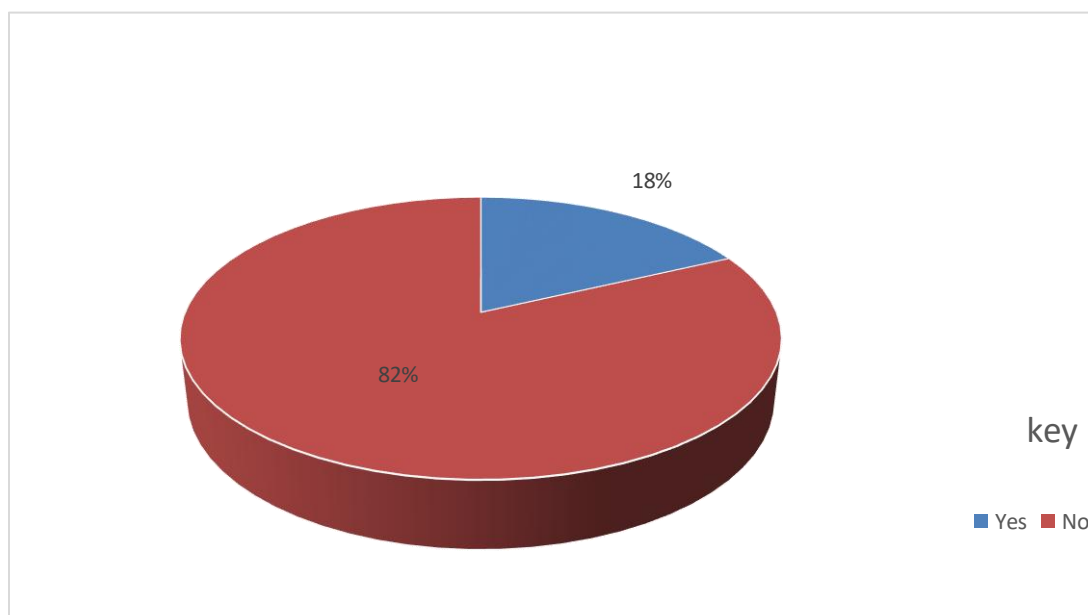


Figure 6: Indicates that the majority (82%) of the respondents weren't using indwelling catheters during pregnancy, whereas the least (18%) were using indwelling catheters.

**Table 6: Shows the distribution of respondents about whether they received appropriate treatment for their UTI infection. (N=50)**

Response	Frequency (%)	Percentage (%)
Yes	14	28
No	36	72
<b>Total</b>	<b>50</b>	<b>100</b>

Table 6 shows that most (72%) of the respondents didn't receive appropriate treatment for their UTI infection, whereas the least (28%) received appropriate treatment.

**Figure 7: Shows the distribution of respondents about whether the hospital has adequate kits for testing UTIs. (N=50)**

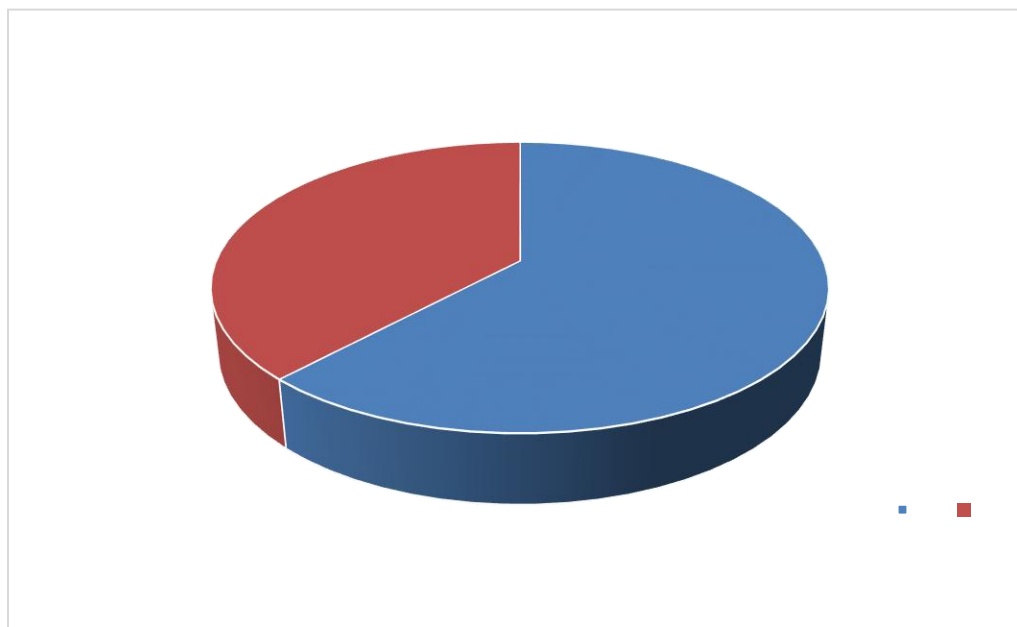


Figure 7 shows that most (62%) responded that the facility had adequate testing kits, whereas the least (38%) responded that the facility didn't have adequate testing kits.

**Table 7: Shows the distribution of respondents about the type of delivery they underwent before. (N=50)**

Response	Frequency (f)	Percentage (%)
Caesarian Section	21	42
Normal delivery	29	58
<b>Total</b>	<b>50</b>	<b>100</b>

From Table 7: More than half 58% of the respondents underwent normal delivery, whereas the least (42%) delivered through cesarean section.

### Discussion.

#### Individual factors contribute to increased cases of UTIs among pregnant women.

Findings from the study showed that more than half (52%) of the respondents were in the third trimester. This is probably due to the rapid anatomical changes women undergo during the third trimester. This is in disagreement with a study carried out by Hellen et al 2020 on Urinary Tract Infection among Pregnant Women at Pumwani Maternity Hospital, Nairobi, Kenya which revealed that the prevalence of UTIs is high in the second trimester and the high prevalence of UTIs in the second trimester can partially be attributed to the rapid changes in the physiology and immunology of pregnant women and due to the frequency of UTI tests during this phase. Findings obtained from the study revealed that more than half (56%) of the respondents had more than two pregnancies. This

indicates that multi-parity is associated with an increased prevalence of UTIs during pregnancy. This is in agreement with a study carried out by Hellen et al 2020 on Urinary Tract Infection among Pregnant Women at Pumwani Maternity Hospital, Nairobi, Kenya, which revealed that most (65%) of the women were multiparous, and this indicates that multiparity is one of the predisposing factors for UTIs among pregnant women. Findings from the study revealed that most (78%) of the respondents had unstable income, probably due to the low socioeconomic status of individuals in the community and the lack of self-sustaining jobs in the community. This is in agreement with a study carried out by Mohammedaman Mama et al. (2018) on the prevalence and associated factors of urinary tract infections among patients in Arba Minch Hospital, Arba Minch province, South Ethiopia, and findings revealed that most of the respondents (68%) had low-income earnings and had low socioeconomic status. Study findings revealed that more than half (54%) of the respondents had more than two sexual partners. This is due to the type of community they live in and may also be

attributed to low socioeconomic status, so they have sex to get money. This is in disagreement with a study conducted by Dues Kabugo et al. (2016) on factors associated with community-acquired urinary tract infections among women attending the assessment center, Mulago Hospital, Uganda, which revealed that 11.11% had multiple sexual partners.

Additionally, study findings revealed that the majority (86%) of the respondents don't void before or after sex; this may be because of a lack of knowledge about voiding before and after sex. This is in disagreement with a study carried out by Hellen et al 2020 on Urinary Tract Infection among Pregnant Women at Pumwani Maternity Hospital, Nairobi, Kenya, which showed that 45% of women don't void before and after sex.

### **Community-based factors contribute to increased cases of UTIs among pregnant women.**

Study findings revealed that a minority (24%) of the respondents used an herbal medicine during pregnancy this is probably because of the availability of health facilities this is in agreement with the study carried out by Hellen et al 2020 on Urinary Tract Infection among Pregnant Women at Pumwani Maternity Hospital, Nairobi, Kenya which Study findings revealed that high.

Prevalence of UTIs is associated with to use of herbal medicines during pregnancy, as 36% of pregnant women visited the native doctors for herbal medicine. Findings from the study revealed that more than half (54%) of the respondents had used public toilets during pregnancy. This is in agreement with a study that was conducted by Deus Kabugo et al. (2016) on Factors associated with community-acquired urinary tract infections among women attending the assessment center, Mulago Hospital, Uganda, which showed that 84.06% were using public toilets. Findings from the study revealed that most (64%) of the respondents lived in monogamous families. Most (65%) of the women who lived in polygamous families were most likely to get UTIs because most of the facilities were being shared, but most of the family members were not.

### **Health facility factors contribute to increased cases of UTIs among pregnant women.**

Findings from the study revealed that more than half (18%) of the respondents used indwelling catheters during pregnancy. This was in agreement with a study that was conducted by Anuli S. John et al. (2016) on the prevalence and predisposing factors responsible for urinary tract infection among adults, which revealed that bacteria develop in at least 10%-15% of hospitalized patients with indwelling urethral catheters. Findings from the study revealed that most (72%) of the respondents didn't receive appropriate treatment for their UTI infection. This may be due to a knowledge gap among health workers and this was in disagreement with a study carried out by John L Brusich et al (2019) in the United States of America on risk factors

of UTIs which revealed that inappropriate prescription of antibiotics was observed in 33% of the patients who had persistent UTIs these show a correlation between inappropriate antibiotic use and the prevalence of UTIs among pregnant women Findings from the study showed that a greater number (42%) delivered through caesarian section this may be due increasing cases of obstructed labor.

### **Limitations of the study.**

This study was limited by time constraints, which didn't allow the study to be carried out on a large number of participants.

Some participants also didn't have enough time to fill out the entire questionnaire; hence, incomplete data were collected. Others gave inaccurate information, yet others were absent at the time they needed to be interviewed.

### **Conclusion.**

Given the findings obtained from 50 respondents, the following conclusions were made.

Regarding individual factors, more than half of the respondents were in the third trimester, more than half of the respondents had had more than two pregnancies, most of the respondents had unstable income, more than half of the respondents had more than two sexual partners, and the majority of the respondents didn't void before or after sex. Regarding community-based factors, a minority of the respondents used herbal medicine during pregnancy, more than half of the respondents had used public toilets during pregnancy, and most of the respondents lived in monogamous families Regarding health facility factors findings from the study revealed that more than half of the respondents used indwelling catheters during pregnancy, most of the respondents didn't receive appropriate treatment for their UTI, Findings from the study showed that a greater number delivered through caesarian section.

### **Recommendations.**

The Ministry of Health (MoH) should equip the health facilities with screening equipment for UTIs for regular screening of pregnant women in all their antenatal care visits to reduce the cases of UTIs.

The Ministry of Health, through Kachumbala HCIII management, should carry out regular sensitization community that will ensure that the information regarding UTIs is perceived accordingly by pregnant women.

Kachumbala HCIII administrators must engage in supporting and encouraging health workers to continue providing quality medical services to all pregnant women who attend antenatal care to reduce the cases of mothers suffering from UTIs during their sensitive period of pregnancy.

Health workers in Kachumbala Health Center III should continuously sensitize patients on UTIs in terms of the ways it is spread, signs and symptoms, and advise them to seek health services early in case of any sign of UTI.

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### List of abbreviations.

E. coli: Escherichia coli  
UTI: Urinary Tract Infection  
WHO: World Health Organization  
OPD: Outpatient Department

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### Conflict of interest.

The authors declare no competing interests.

### Authors' biography.

Olupot Simon is a student with a diploma in clinical medicine and community health at Kampala School of Health Sciences.

Mr. Katwe Alex is a tutor and research supervisor at the Kampala School of Health Sciences.

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