SJ General Medicine Africa
Vol.1 No.6 (2024): June 2024 Issue
https://doi.org/10.51168/c5gpmb83
Original Article

DETERMINATION OF HEALTH WORKERS, HEALTH FACILITY, AND HEALTH-RELATED FACTORS AFFECTING PROPER WOUND MANAGEMENT BY HEALTH WORKERS ATTENDING TO CAESAREAN SECTION MOTHERS SEEKING HEALTH SERVICES IN MUKONO GENERAL HOSPITAL MUKONO DISTRICT. A CROSS-SECTIONAL STUDY.

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ABSTRACT.

Background:
Wound management is a critical component of post-operative care particularly for mothers recovering from caesarean sections. Proper wound care can significantly impact recovery times, reduce infection risk, and improve maternal health outcomes. However, the effectiveness of wound management is influenced by many factors including health workers, health facilities, and health-related variables. Therefore, this study seeks to determine the health worker, health facility, and health-related factors affecting proper wound management by health workers attending cesarean section mothers seeking health services in Mukono General Hospital Mukono District.

Methodology:
A descriptive cross-sectional study was used with a purposive sampling method to select 30 study participants. Structured questionnaires were used to collect data being analyzed using Microsoft Excel and presented using tables, figures, graphs, and charts.

Results:
The study findings on health worker-related factors were that 17(56.7%) were certificate holders, 20(66.7%) rarely washed their hands during cesarean section incision site care and 24(80%) reported a shortage of time. Health facility-related factors included; 16(53.3%) reporting the absence of policies about wound care at the unit, 24(80%) never received supervision during wound care, and 28(93.3%) reporting the absence of guidelines on wound management. Patient-related factors; 21(70%) reported patients weighing above 75 kilograms, 17(56.7%) reported diabetes and 16(69.6%) reported alcohol intake was challenging with wound healing.

Conclusion:
Factors that affected proper wound management health workers, health facilities, and health-related factors consisted of low academic qualification, inconsistent hand washing, shortage of time, absence of policies, supervision, guidelines, and training, high body weight, alcohol intake, comorbidities especially diabetes, herb medicine use and absence of support from family members.

Recommendation:
Stakeholders should improve the quality of health facility management systems and sensitize mothers about appropriate cesarean wound care.

***Keywords*:** *Health workers, Cesarean section mothers, Proper wound management, Mukono General Hospital*
Submitted: 2024-03-17 Accepted: 2024-05-09

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BACKGROUND OF THE STUDY.

Cesarean section is a medical procedure that involves the delivery of a baby through an incision made on the mother's abdomen and uterus, (Tarimo, Mahande & Obure, 2020). The major indication for this procedure consists of prolonged labor, obstructed labor, fetal distress, previous cesarean sections, and breech presentation despite some mothers can voluntarily opt for it, (World Health Organisation (WHO), 2017). Nevertheless, at a time when the cesarean delivery rate has been rising globally, concern is growing about the risk of maternal mortality and morbidity that comes with it parallelly. A major complication associated with cesarean delivery is incision

site sepsis, (Zuarez–Easton, Zafran, Garmi & Salim, 2017) and the responsible factors were health workers, health facilities, and health-related.

A study carried out at Lira Regional Referral Hospital by Amito and Okello, (2022) found out that the gender of the health workers, cadre, and working experience were affecting the measures implemented to prevent surgical site infections, especially among cesarean section mothers. Among those with poor practices of wound care, 84.4% were female, 27.3% were nurses and 20% had working experience of less than one year. A cross-sectional study by Gizaw, Negawo, Bala, and Daba (2022) carried out in Ethiopia found that education level and working experience were affecting proper wound care among health workers. Most healthcare workers (82.1%) had bachelor's degrees and 36.7% had working experience of 5 – 10 years which gave them a competitive advantage to possess more knowledge regarding post-cesarean wound care.

A study by Zuarez–Easton et al, (2017) carried out in low–income countries found that a shortage of necessary logistics needed during wound care affected post-cesarean wound care. Such logistics include antibiotics and personal protective equipment. It was explained that congested and overcrowded wards could not permit healthcare workers to implement appropriate infection-prevention measures. on the other hand, a study by Surme et al, (2018) carried out in Turkey revealed that nurses were satisfied with the spacing at the postoperative wards as it could permit them to execute their duty regarding wound care.

A study done by Beraki et al, (2020) found that obesity among patients was associated with poor wound healing. The study results showed that 40% of patients with high body mass index (BMI) experience poor wound healing compared to patients with average BMI. This is because obesity delays wound healing thereby prolonging the treatment plan. A study by Kipala (2020) done in Uganda discovered that smoking and alcohol intake were associated with poor wound healing. This study revealed that 27.27% of patients with poorly healed wounds were smoking tobacco which interrupted the healing process. Furthermore, a study by Lakomkin et al, (2017) explored that patients who smoke and take alcohol and have cardio-vascular diseases were highly infected by postoperative sepsis.

METHODOLOGY.

Study design and rationale.

The researcher used a cross-sectional employing quantitative methods of data collection. This was because a specific target population was required from a specific area and in a specific time frame. It involved enrollment of a snapshot of the population, not the entire population.

Study setting and rationale.

The study was conducted in Mukono General Hospital a public district health facility, located in Mukono town in Mukono district in central Uganda, 20 kilometers east of Kampala. The facility offers antenatal care (ANC) and postnatal care (PNC), dental, maternity, maternal and child health care (MCH), in-patient services, outpatient, HIV care, laboratory and surgical management, physiotherapy, Obstetrics and gynecology department, diabetic clinic, mental health clinic. The area was chosen because it had a high number of mothers who suffer from post–cesarean sepsis, therefore, needs to conduct a study to identify the gaps.

Study population.

The study was carried out among healthcare workers at the post-operative-postnatal ward at Mukono General Hospital.

Sample size determination.

A sample size of 30 respondents was used.

Sampling procedure.

A purposive non-random sampling method was used. This involved the researcher identifying health workers who met the inclusion criteria and who were enrolled in the study until the sample size of 30 was attained. This method was chosen because health workers had busy schedules therefore requiring to involve those who were free.

Inclusion criteria.

Only health workers i.e. nurses, midwives, clinical officers, and medical officers working in the postoperative-postnatal wards and consented to the study were included in the study.

Independent variables.

These are variables that influence the outcome of the dependent variable. The independent variables of the study were health worker factors, health facility factors, and patient-related factors.

Dependent variable.

The dependent variable of the study was wound management.

Research Instrument.

The study instrument was a structured questionnaire which was used to collect information from respondents. The questionnaire was divided into four sections; demographic characteristics, health worker factors, health facility factors, and patient-related factors. The questionnaire was pretested among health workers at Naguru hospital and this helped the researcher to assess the accuracy and reliability of the tool so that adjustments and corrections are made before its application in the study.

Data Collection Procedures.

Before giving out the questionnaires, the researcher fully explained the process to the respondents. Questionnaires were used to collect data by giving a questionnaire to one-by-one individuals. Data was collected for a period of 5 days as 6 respondents taking 20 – 30 minutes for each individual.

Data Management.

The data collected in raw form was checked for accuracy, consistency, and completeness and this was done immediately before the respondents disappeared. These questionnaires were stored under lock and key to avoid alterations in the results while electronic data were secured using personal passwords.

Data Analysis.

The collected data was manually analyzed and tallied, the results were processed using Microsoft Word and Excel programs. These were presented in the form of frequency tables, figures, pie charts, graphs, and narratives.

Ethical considerations.

Upon approval of the research proposal, a letter of introduction was obtained from the Principal of Lubaga Hospital Training School. This was taken to the director of Mukono General Hospital who sought permission to conduct the study. The study commenced with the researcher introducing and explaining the topic and objectives to respondents. She informed them that participation was voluntary with an informed consent form being signed. She affirmed to the respondents that the information given was strictly confidential, and serial numbers instead of the respondent's name were provided.

RESULTS.

Demographic data of respondents.

Table 1: Demographic characteristics of respondents. n = 30

Variable	Category	Frequency (f)	Percentage (%)
Gender	Male	5	16.7
	Female	25	83.3
	Total	30	100
Age (years)	20 – 29	3	10
	30 – 39	13	43.3
	40 – 49	12	40
	>50	2	6.7
	Total	30	100
Religion	Christian	25	83.3
	Muslim	5	16.7
	Total	30	100

The majority of the respondents 25(83.3%) were female while the minority 5(16.7%) were male.
Most of the respondents 13(4ority 3.3%) were aged 30 – 39 years, 12(40%) were aged 40 – 49 years, 3(10%) were aged 20 – 29 years while the least 2(6.7%) were aged above 50 years,
The majority of the respondents 25(83.3%) were Christians while the minority 5(16.7%) were Muslims.

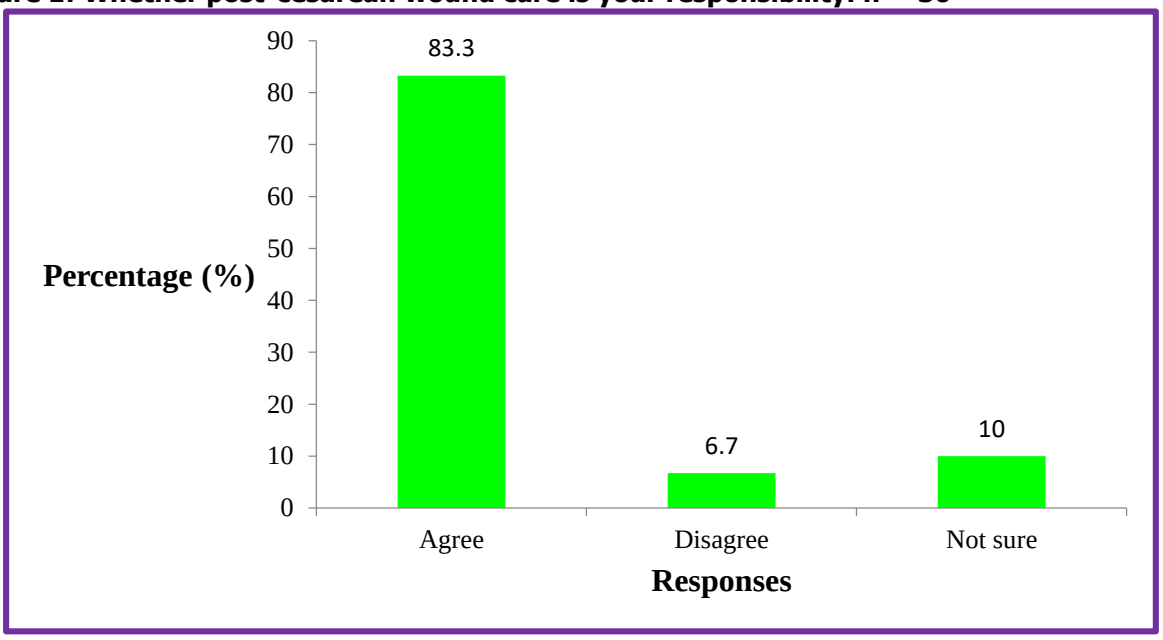
Health worker-related factors affecting proper wound management by health workers attending to cesarean-section mothers.

Table 2: Highest academic qualification, working experience, and cadre. n = 30

Variable	Category	Frequency (f)	Percentage (%)
Highest level of education	Certificate	17	56.7
	Diploma	11	33.3
	Bachelors	3	10
	Total	30	100
Working experience	<2 years	2	6.7
	2 – 5 years	5	16.7
	5 – 10 years	10	33.3
	>10 years	13	43.3
	Total	30	100
Cadre	Nurse/midwife	24	80
	Medical officer	2	6.7
	Clinical officer	4	13.3
	Total	30	100

Table 2 shows that the majority of the respondents 17(56.7%) were certificate holders, 11(33.3%) were diploma holders and a minority 3(10%) were bachelor's holders.
Most of the respondents 13(43.3%) had working experience of mother than 10 years, 10(33.3%) had experience of 5 – 10 years, 5(16.7%) had experience of 2 – 5 years while the least 2(6.7%) had working experience of less than 2 years.
Majority of the respondents 24(80%) were nurses/midwives, 4(13.3%) were clinical officers while minority 2(13.3%) were medical officers.

Figure 1: Whether post-cesarean wound care is your responsibility. n = 30



Most of the respondents 25(83.3%) agreed that it is their responsibility to care for post-cesarean wounds, 3(10%) were not sure while the least 2(6.7%) disagreed.

Table 3: Frequency of washing hands during cesarean section incision site care (n = 30)

Variable	Frequency (f)	Percentage (%)
Always	3	10
Sometimes	7	23.3
Rarely	20	66.7
Total	30	100

The majority of the respondents 20(66.7%) rarely washed their hands during cesarean section incision site care, 7(23.3%) washed their hands sometimes while the minority 3(10%) always washed their hands.

Figure 2: Time shortage while caring for cesarean section wound. n = 30

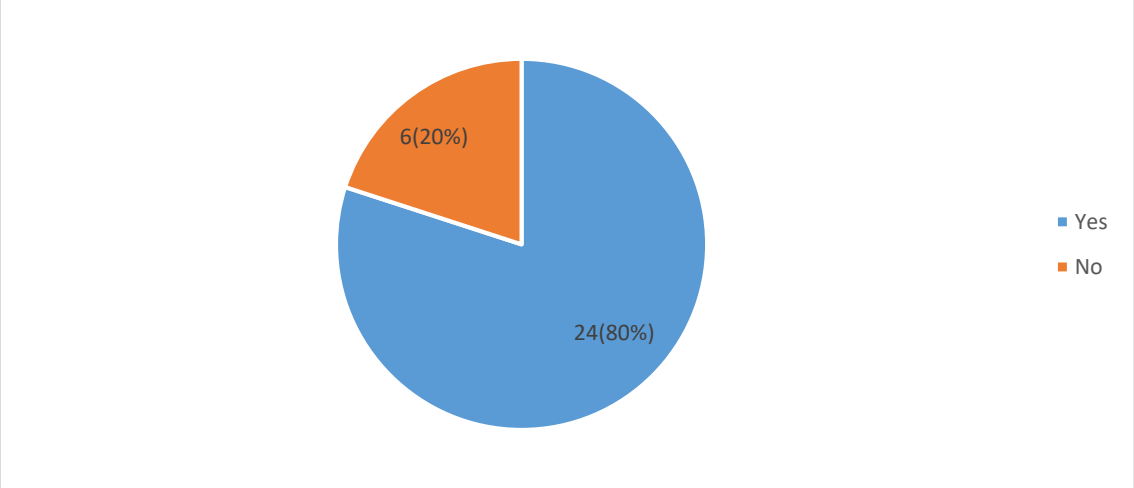


Figure 2 shows that the majority of the respondents 24(80%) reported a shortage of time while caring for cesarean wounds while the minority 6(20%) did not experience time shortages.

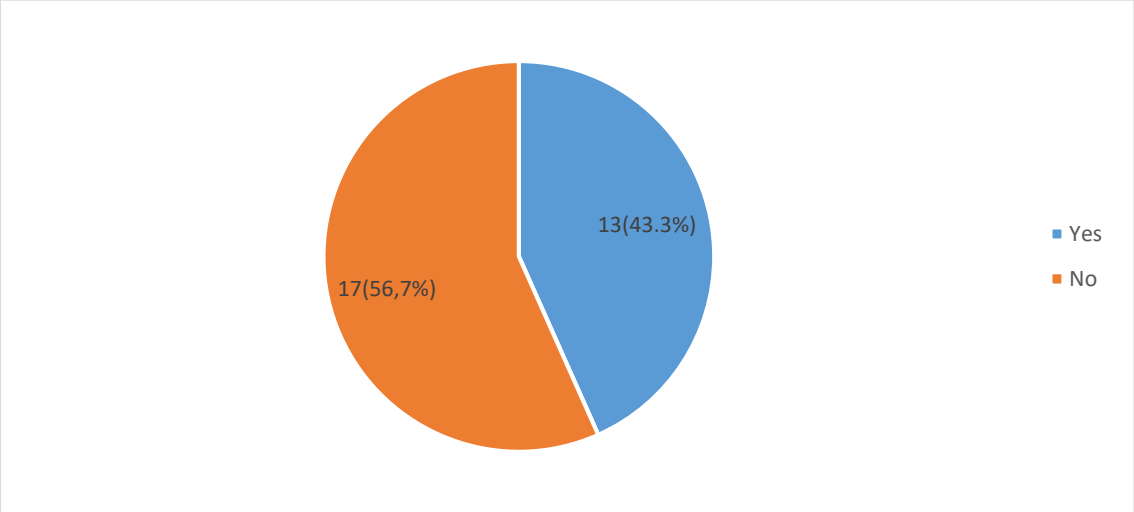
Health facility-related factors affecting proper wound management by health workers attending to cesarean-section mothers

Table 4: Availability of equipment at the facility. n = 30

Variable	Response	Frequency (f)	Percentage (%)
Rating of availability of equipment	Adequate	2	6.7
	Inadequate	28	93.3
	Total	30	100
Materials inadequate at the facility	Dressing materials	12	42.9
	PPE	15	53.6
	Antiseptics	1	3.5
	Total	28	100

The majority of the respondents 28(93.3%) reported inadequate equipment while the minority 2(6.7%) reported adequate equipment. Out of 28 who reported inadequate equipment; most 15(53.6%) reported inadequate PPE, 12(42.9%) reported inadequate dressing materials and the least 1(3.5%) reported inadequate antiseptics.

Figure 3: Ability of physical infrastructures to permit cesarean wound care. n = 30



Most of the respondents 17(56.7%) reported the inability of physical infrastructures to permit cesarean wound care while the least 13(43.3%) reported that physical infrastructures permit cesarean wound care.

Table 5: Availability of policies, supervision, and motivation towards post-cesarean wound care. n = 30

Variable	Responses	Frequency (f)	Percentage (%)
The presence of policies about wound care in the unit	Yes	11	36.7
	No	16	53.3
	Did not know	3	10
	Total	30	100
Supervision during wound care	Always	2	6.7
	Sometimes	4	13.3
	Never	24	80
	Total	30	100
Motivation for conducting regular post-cesarean wound care	Always	1	3.3
	Sometimes	9	30
	Never	20	66.7
	Total	30	100

Table 5 shows that most of the respondents 16(53.3%) reported an absence of policies about wound care at the unit, 11(36.7%) reported the presence of policies while the least 3(10%) did not know the presence of policies about wound care at the unit.

The majority of the respondents 24(80%) never received supervision during wound care, 4(13.3%) received supervision sometimes while the minority 2(6.7%) always received supervision.

Two-thirds of respondents 20(66.7%) were never motivated to conduct regular cesarean wound care, 9(30%) were sometimes motivated, while the least 1(3.3%) were not motivated.

SJ General Medicine Africa
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https://doi.org/10.51168/c5gpmb83
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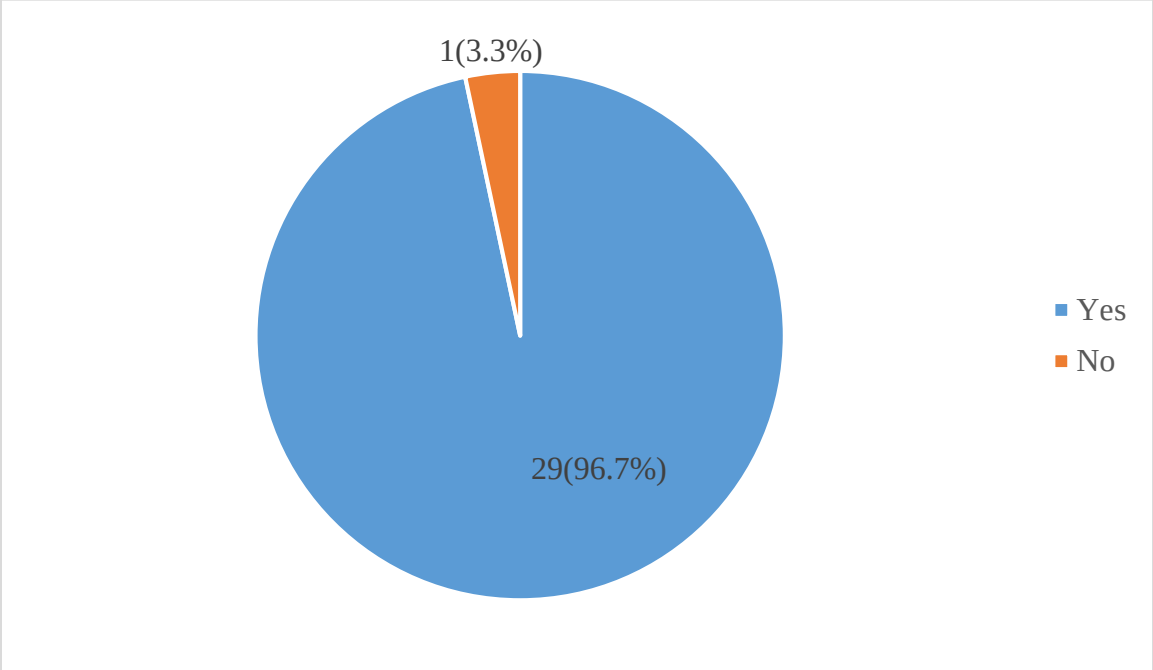
Figure 4: Workload at the post-operative ward affects wound management practices. (n = 30)



Almost all respondents 29(96.7%) reported that workload at the post-operative ward affects wound management while only 1(3.3%) reported that workload at the post-operative ward does not affect wound management.

Figure 5: Presence of guidelines and training regarding cesarean section wound care. (n = 30)

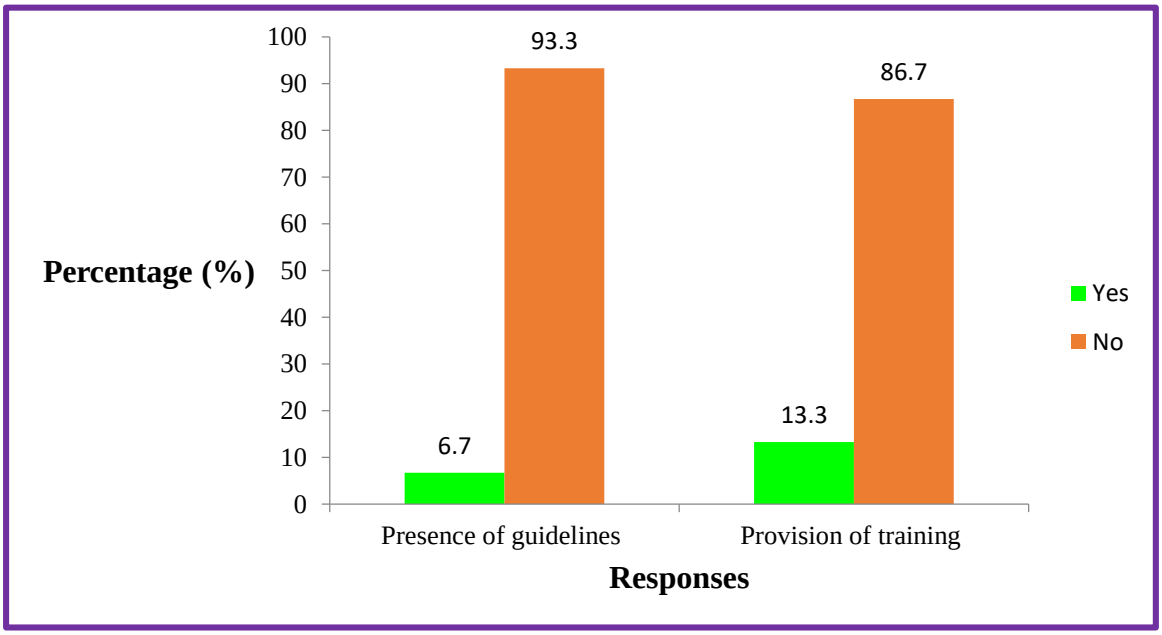


Figure 5 shows that the majority of the respondents 28(93.3%) reported the absence of guidelines on wound management while the minority 2(6.7%) reported the presence of guidelines. Most of the respondents 26(86.7%) reported the absence of training regarding cesarean wound management while the least 4(13.3% reported presence of training.

Table 6: Challenges affecting cesarean wound management. n = 30

Variable	Frequency (f)	Percentage (%)
Shortage of drugs	22	73.3
Congestion on the unit	6	20
Uncooperative patients	2	6.7
Total	30	100

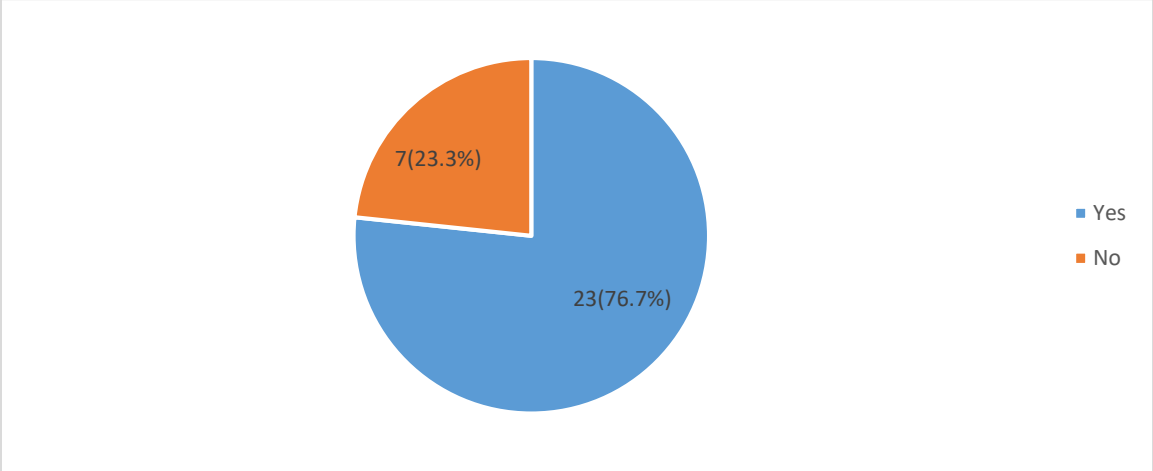
The majority of the respondents 22(73.3%) reported that the shortage of drugs affected cesarean wound management, 6(20%) reported congestion at the unit while the minority 2(6.7%) reported uncooperative patients.
Patient-related factors affecting proper wound management by health workers attending cesarean-section mothers

Table 7: Body weight of patients normally gets challenges with wound healing (n =30)

Variable	Frequency (f)	Percentage (%)
Less than 40 kilograms	5	16.7
40 – 75 kilograms	4	13.3
>75 kilograms	21	70
Total	30	100

Most of the respondents 21(70%) reported that patients weighing above 75 kilograms are challenged with wound healing, 5(16.7%) reported less than 40 kilograms while the least 4(13.3%) reported 40 – 75 kilograms.

Figure 6: Presence of social behaviors of patients associated with poor wound healing. (n= 30)



The majority of the respondents 23(76.7%) reported the presence of social behaviors of patients associated with poor wound healing while a minority 7(23.3%) reported the absence of social behaviors of patients associated with poor wound healing.

Table 8: Examples of social behaviors associated with poor wound healing among patients. (n = 23)

Variable	Frequency (f)	Percentage (%)
Alcohol intake	16	69.6
Smoking	5	21.7
Drug abuse	2	8.7
Total	23	100

Most of the respondents, 16(69.6%) reported alcohol intake, 5(21.7%) reported smoking, and the least 2(8.7%) mentioned drug abuse as the behaviors associated with poor wound healing among patients.

Figure 7: Diseases patients suffer from that delay normal wound healing. (n = 30)

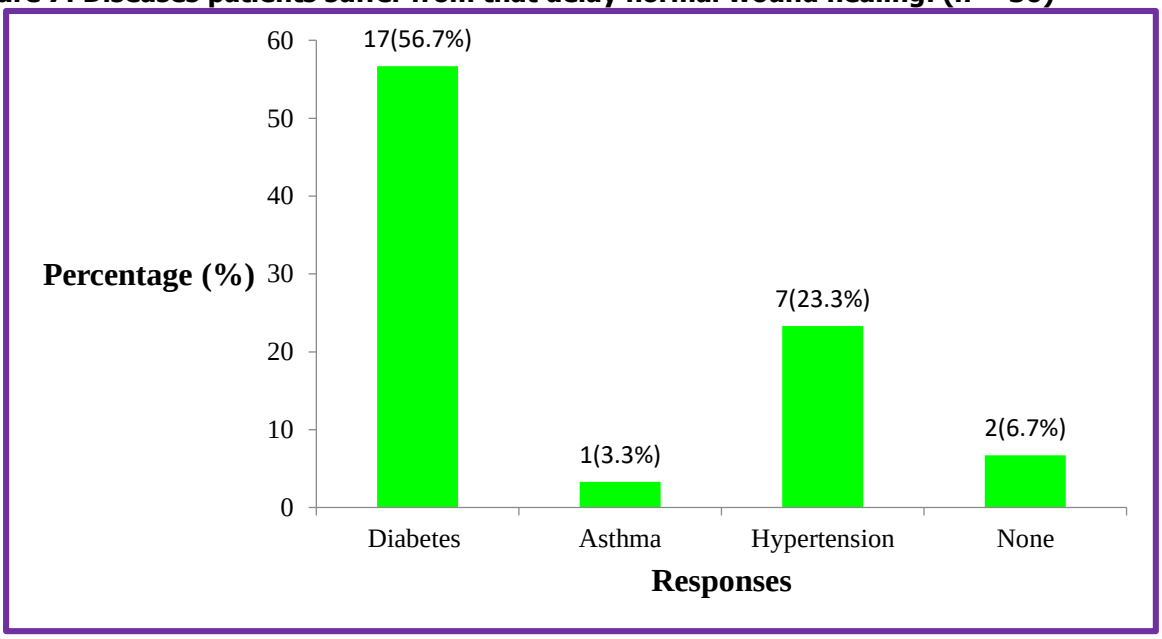


Figure 7 shows that the majority of the respondents 17(56.7%) reported diabetes as the disease commonly associated with delayed wound healing, 7(23.3%) mentioned hypertension, 2(6.7%) mentioned none while a minority 1(3.3%) reported asthma.

Table 9: Patient compliance to scheduled treatment on effect on wound health following discharge. n = 30

Variable	Responses	Frequency (f)	Percentage (%)
Patients comply with scheduled treatment on discharge	Yes	0	0
	No	30	100
	Total	30	100
Reasons why patients are non-compliant	Resort to herb medicine use	18	60
	Do not return for follow–up	12	40
	Total	30	100

Of all respondents, 30(100%) reported that patients did not comply with scheduled treatment. The majority of respondents 18(60%) reported that patients resorted to herbal medicine use while a minority 12(40%) reported that patients did not return for follow–up.

SJ General Medicine Africa
Vol.1 No.6 (2024): June 2024 Issue
https://doi.org/10.51168/f2s07a24
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Figure 8: Reception of support to patients to pay bills and receive proper feeds to aid proper wound healing. n = 30

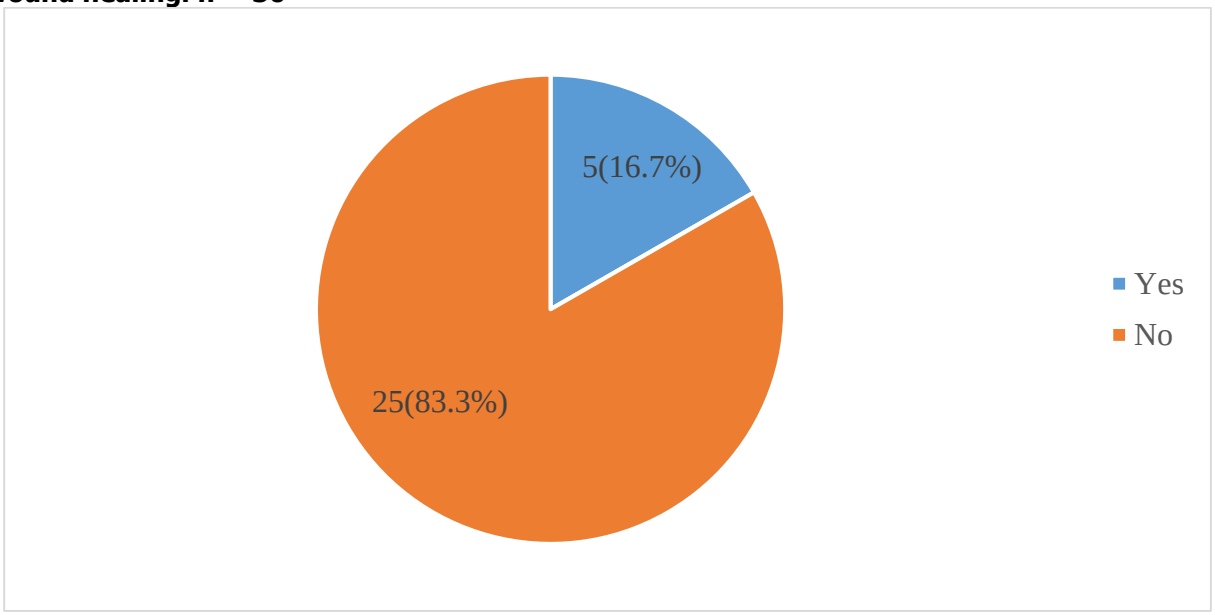

Figure 8 shows that the majority of the respondents, 25(83.3%) reported that patients were not supported in terms of paying bills and proper feeding for wound healing while the minority 5(16.7%) were supported.

DISCUSSION.

According to study findings, the majority of the respondents 17(56.7%) were certificate holders. This probably leads to limited information that has been attained from school training hence affecting their skills in the management of proper cesarean wound healing. Contrary to the findings, a study by Gizaw et al (2022) found that 82.1% of health workers with poor wound management had acquired a bachelor's degree. However, a minority 3(10%) were bachelor holders which might be because of the upgrading of some health workers which might have increased their skills in proper wound management.

Furthermore, most of the respondents 13(43.3%) had working experience of more than 10 years which could be because experienced health workers often omit some steps during patient wound care due to recurrent exposure predisposing patients to poor wound healing. This disagrees with a study by Gizaw et al (2022) who found that 36.7% had working experience of 5 – 10 years which gave them a competitive advantage to possess more knowledge regarding post-cesarean wound care. However, the least 2(6.7%) had working experience of less than 2 years which might also lead to limited skills acquired during wound care hence affecting their ability to engage in proper wound care.

The findings of the study revealed that most of the respondents 25(83.3%) agreed that it is their responsibility to care for post-cesarean wounds. This could be because their job description clearly explains that they take the core responsibility of taking care of the patients which will enhance their willingness to care for patients routinely. In support of the findings, a study by Heidari and Kohan (2015) revealed that 58.9% of health workers believed that it was their professional responsibility to conduct post-operative incision site care. Besides that, the least 2(6.7%) disagreed that it is their responsibility to care for post cesarean wound which was probably because they were medical officers responsible for assessing the state of incision site and then giving instructions to nurses on the required care.

From the study findings, the majority of the respondents 20(66.7%) rarely washed their hands during cesarean section incision site care. This could be due to the absence of a nearby hand-washing facility in the ward hence affecting routine hand washing. The findings are in line with a study by (Sengoka et al., 2019) which revealed that improper hand hygiene including hand washing practices significantly affect the cesarean section wound care at at the Kilimanjaro Christian Medical Centre (KCMC) in Tanzania. However, minority 3(10%) always washed their hands which might be because they had personal antiseptic used for hand hygiene.

The study established that the majority of the respondents 24(80%) reported a shortage of time while caring for cesarean wounds. This was probably because of the heavy workload on the unit that could not spare adequate time to engage in patient care. This was in line with a study by Horgan et al, (2023) done in Ireland revealed that time constraints experienced by healthcare workers during the management of post-cesarean mothers affected the correct practices of incision site care. Furthermore, a study by Oakley et al, (2016) revealed that lack of time was affecting the nurses' ability to implement the correct wound care for cesarean-section mothers. On the other hand, minority 6(20%) did not experience time shortages which could be due to proper planning and time management.

Study findings revealed that the majority of the respondents 28(93.3%) reported inadequate equipment. This is probably because of delayed replacement of worn-out equipment and out of logistics hence affecting ideal practices. This is in agreement with a study by Woody (2019) that revealed that the absence of necessary logistics for ensuring aseptic measures during wound dressing hurt the healing of wounds. In addition, a study by Zuarez–Easton et al, (2017) carried out in low–income countries found that a shortage of necessary logistics needed during wound care affected post-cesarean wound care. Such logistics include antibiotics and personal protective equipment. On the other side, minority 2(6.7%) reported adequate equipment which might be because some mothers had come with their PPEs such as gloves hence addressing the shortages.

According to study findings, most of the respondents 16(53.3%) reported an absence of policies about wound care at the unit. This could be due to the absence of reminders about the policies of wound management at the unit hence many do not know about their existence. This agrees with a study by Alhassan et al, (2021) which found that 96.8% of healthcare workers reported that the hospital policies were strict regarding standard care of surgical sites enhanced their correct practice. On the other hand, the least 3(10%) did not know the presence of policies about wound care at the unit which might be because they had been newly recruited to the unit.

Furthermore, the majority of the respondents 24(80%) never received supervision during wound care. This could be due to unfilled positions within the administration hence few staff are available to conduct support supervision which could lead to reckless omissions by health workers. The findings are in support of a study by Tegegne et al, (2022) conducted in South Wollo which found that weak supervision systems of health workers at post-operative units affected proper wound care. However, minority 2(6.7%) always received supervision which could be because they were working under their seniors who were supervising them.

From the study findings, almost all respondents 29(96.7%) reported that workload at the post-operative ward affects wound management. This probably did not permit the implementation of all steps involved in wound care and management hence affecting proper wound healing. Similarly, a study by Amito and Okello (2022) done at Lira Regional Referral Hospital found that the heavy workload on postoperative units was affecting the surgical site care practices many patients were not attending. Nevertheless, only 1(3.3%) reported that workload at the post-operative ward does not affect wound management which might be because of the possession of appropriate time management skills.

The study established that the majority of the respondents 28(93.3%) reported the absence of guidelines on wound management. This might be because of the uneven distribution of guidelines in the units therefore many are unable to analyze and modify their practices regarding existing guidelines. This disagrees with a study by Gabriel et al, (2018) carried out in America which found that the availability of guidelines was important in wound care. On the other hand, minority 2(6.7%) reported the presence of guidelines which might be because they had personal guidelines on their smartphones which aided their skills in cesarean wound management.

Study findings revealed that most of the respondents 26(86.7%) reported an absence of training regarding cesarean wound management. This might be due to inadequate funding for health worker refresher training hence many are not catered for affecting their knowledge acquisition regarding cesarean wound care. This agrees with a study by Feng et al, (2022) carried out in China found that the absence of specialized training on wound care among healthcare workers was affecting their practices. On the contrary, a study by Tegegne et al, (2022) revealed that the provision of formal training to 52.5% of healthcare workers regarding surgical site care for cesarean section mothers was influencing their appropriate practices and wounds were healing properly. However, the least 4(13.3% reported the presence of training which might be because the hospital selects a few individuals to represent the entire group in refresher training hence these might possess appropriate skills.

According to study findings, most of the respondents 21(70%) reported that patients weighing above 75 kilograms are challenged with wound healing. This could be because a large body mass index affects the supply of blood and nutrients to the peripheral skin tissue affecting the progress in wound healing. These findings support the results of a study by Beraki et al, (2020) that found that 40% of patients with high body mass index (BMI) experience poor wound healing compared to patients with average BMI. However, the least 4(13.3%) reported 40

– 75 kilograms have poor wound healing because they might have other underlying conditions.

The findings of the study revealed that most of the respondents, 16(69.6%) reported alcohol intake was associated with poor wound healing among patients. This might be because individuals who take alcohol often neglect the recommended wound care practices in addition to the adverse effects of alcohol on tissue growth hence affecting wound healing. The findings are in line with a study by Kipala (2020) done in Uganda discovered that smoking and alcohol intake were associated with poor wound healing. Furthermore, the least 2(6.7%) mentioned drug abuse as the behaviors associated with poor wound healing among patients which could be because substances of abuse hinder the mechanisms of antibiotics in the prevention of sepsis thereby leading to poor wound healing.

From the study findings, the majority of the respondents 17(56.7%) reported diabetes as the disease commonly associated with delayed wound healing. This could be due to the negative effect of diabetes on nutrient and blood supply as well as associated food restrictions which affect the wound healing process. This supports a study by Demisse et al (2019) which revealed that 44.5% of patients with pre-existing diabetes had poor incision site healing. On the other hand minority 1(3.3%) reported asthma as the disease commonly associated with delayed wound healing which might be because oxygen shortages caused by asthmatic attacks affect blood supply hence poor wound healing.

The study established that the majority of respondents 18(60%) reported that patients resorted to herbal medicine use. This could lead to the introduction of microorganisms at the incision site leading to infections and poor wound healing. Similarly, a study by Chibante et al, (2017) conducted in Brazil found that. patients with poor wound healing did not comply with scheduled wound cleaning routines were some applied herbal medicines that contaminated the wounds leading to infection Besides that, a minority 12(40%) reported that patients did not return for follow-up – which could affect the assessment of the progress of the wound and review of treatment strategies.

Study findings revealed that the majority of the respondents, 25(83.3%) reported that patients were not supported in terms of paying bills and proper feeding for wound healing. This is probably because of the low – socioeconomic status of communities hence affecting compliance and completion of treatment protocol. This agrees with a study by Yang et al, (2020) found that the absence of cost of cost-of-payment methods influenced the occurrence of postoperative sepsis. However, minority 5(16.7%) were supported which might be because they were from wealthy families or had sold property to take care of the post cesarean mothers.

CONCLUSION.

Health worker-related factors affecting proper wound healing were low academic qualification, inconsistent hand washing, and shortage of time while caring for cesarean wounds.

Health facility-related factors that affected proper wound healing were inadequate infrastructures, absence of policies, supervision, guidelines, and training as well as heavy workload.

Patient-related factors that affected proper wound management were high body weight, alcohol intake, comorbidities especially diabetes, herb medicine use, and absence of support from family members.

RECOMMENDATION.

The Ministry of Health should recruit more staff at the health facility to reduce the workload and increase the time availability for proper wound management.

Ministry of Health should improve on infrastructures and supply of logistics at the health facility hence improving the working conditions that facilitate proper wound care.

Routine supervision should be conducted by the hospital management to eradicate the malpractices among healthcare workers.

Refresher training should be offered to health workers to enable those with low academic qualifications to acquire new skills in cesarean wound management.

Health workers should sensitize mothers on the dangers of alcohol intake and the use of herbal medicine in cesarean wound healing.

Health workers should comply with routine hand washing and develop daily plans to spare time for proper wound management.

Mothers are encouraged to enroll in medical insurance to get a continuous support system during the post-cesarean period.

Mothers with chronic diseases like diabetes are encouraged to comply with the disease management strategies to prevent the negative consequences they have on wound healing.

ACKNOWLEDGEMENT.

The one above all creatures God the Almighty is acknowledged for the extraordinary wisdom, and providence He gave me to accomplish this research and course.

I appreciate the efforts and dedication of my supervisor Mr Kakande Nelsonfor visionary and goal-oriented supervision of the study.

Special thanks to my mother Nakibuule Rosemary, my sister Mukisa Tracy, and my husband Mr Mugere

Eliab for the spiritual, financial, and emotional support they rendered. May God bless you abundantly.
Lastly, I would like to acknowledge the respondents in my study for taking the time to fill out my questionnaires.

LIST OF ABBREVIATIONS.

CME: Continuous Medical Education
CS: Cesarean Section
HMIS: Health Management Information System
IPC: Infection Prevention and Control
KNBS: Kenya National Bureau of Statistics
MMR: Maternal Mortality Ratio
PPE: Personal Protective Equipment
SSIs: Surgical Site Infections
UNICEF: United Nations Children's Fund
UNMEB: Uganda Nurses and Midwifery Examination Board
WHO: World Health Organisation

SOURCE OF FUNDING.

This study was not funded

CONFLICT OF INTEREST.

No conflict of interest declared

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