SJ Obstetrics and Gynecology Africa
Vol. 1 No. 11 (2024): November 2024 Issue
https://doi.org/10.51168/8m42n863
Original Article

Knowledge, attitude, and practices among postnatal mothers towards puerperal sepsis at Kambuga Hospital, Kanungu district. A cross-sectional study.

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Abstract

Background.

The purpose of the study was to assess the knowledge, attitude, and practices among postnatal mothers towards puerperal sepsis at Kambuga Hospital, Kanungu District.

Methodology.

A descriptive cross-sectional study that utilized quantitative methods of data collection was conducted at Kambuga Hospital, Kanungu District. Postnatal women were selected randomly. A structured questionnaire was used to collect data and was analyzed using Microsoft Excel 2013 and arranged in the form of tables, pie-charts, and graphs.

Results

Results showed that 18(60%) of respondents were aged 26 to 35 years, and 27(90%) were married. All, 30(100.0%) had ever heard of puerperal sepsis, 29(96.7%) knew some of the signs and symptoms of puerperal sepsis, and 27(90%) knew how to prevent puerperal sepsis. However, all 30(100.0%) agreed that puerperal sepsis is a life-threatening condition, 21(70%) had ever been screened for puerperal sepsis, although 23(76.7%) did not attend all recommended antenatal sessions, and 19(63.3%) said they leave puerperal sepsis to heal alone after realizing they have it.

Conclusion.

The study established that there are poor practices among postnatal mothers towards puerperal sepsis, mostly due to their poor attitudes towards puerperal sepsis, despite them having good knowledge of the prevention, causes, and complications of puerperal sepsis.

Recommendation.

The management of Kambuga Hospital, Kanungu District, should provide sufficient sensitization to pregnant and post-partum mothers about the risks of puerperal sepsis, as well as conduct outreaches to the mothers in their home areas about the dangers of poor practices regarding puerperal sepsis.

Keywords: *Puerperal sepsis, Postnatal mothers, Knowledge, Kambuga Hospital, Kanungu District*
Submitted: *June 15, 2024* ***Accepted:*** *September 20, 2024* ***Published:*** *November 29, 2024*

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Background

World health organization (WHO) defines puerperal sepsis as infection of the genital tract occurring at any time between the onset of rupture of membranes or labor and 42 days (6 weeks) after delivery and presents with 2 or more of the following signs/symptoms, pelvic pain, fever, abnormal vaginal discharge, abnormal smelly discharge and delay in uterine involution (Kajeguka et al., 2020). Puerperal sepsis causes 10.7% of maternal deaths, and it is one of the 5 common causes of maternal mortality worldwide. Despite major advances in postnatal care, puerperal sepsis remains a common and potentially preventable cause of direct maternal death (Turner, 2019).

Globally, 6 million women have developed puerperal sepsis (Atlaw and Seyoum, 2019). It is estimated that about 350,000 maternal deaths occur during labor and childbirth, of which 15% are associated with puerperal sepsis every year and mostly in low-income countries, with a distribution of 11.6% in Asia, 9.7% in Africa, 7.7% in Latin America and the Caribbean compared to the 2.1% in developed countries (WHO, 2020).

The African continent is the most affected by puerperal sepsis, with most countries reporting high case fatality; for example, it was 33.3% in West Africa 56% in Sub-Saharan Africa.

Africa and 62% in South Africa, which hence affirmed that puerperal sepsis is a silent and unattended factor contributing to the high maternal mortality (Taskin et al., 2020).

In East Africa, postnatal infection is the fourth leading cause of death among mothers, and according to a recent study by Masoud and Saber (2021), also in South Eastern Kenya, only 57.9% of post-partum women avoided sex after giving birth. (Geckil et al., 2019), Puerperal Sepsis Self-Care knowledge, attitude, and practices among women were reported to be very low, indicated by 2% among the studied sample.

In Uganda, puerperal sepsis occurred in approximately 51% of women and was responsible for 8.9% of maternal deaths in 2019 (MoH, 2019). The maternal deaths remained high in Fort Portal and Hoima RRHs at 53 and 52 deaths, respectively, while Moroto, Gulu, and Kabale RRHs had the lowest maternal deaths.

Kambuga Hospital, PS, accounted for 30.9% of maternal deaths as was reported by Oscar et al., 2020, and the hospital also realized the most significant increase in maternal deaths from 30 to 45, in the same year. This rise suggests that PS was a contributing factor to the high maternal mortality in Kambuga Hospital, which therefore prompted the researcher to look into the knowledge, attitude, and practices associated with Puerperal Sepsis among Postnatal Mothers Attending Kambuga Hospital, Kanungu District (MoH, 2020). The purpose of the study was to assess the knowledge, attitude, and practices among postnatal mothers towards puerperal sepsis at Kambuga Hospital, Kanungu District.

Methodology.

Study Design.

A community-based cross-sectional study design was employed using qualitative and quantitative methods. This design is easy to carry out as the researcher would meet the respondents once and gather the required information in one encounter.

Study Area.

The study was conducted at Kambuga Hospital, which is located in Kambuga Town Council along the Ntungamo-rukungiri-Kanungu Road. This hospital provides care to Kanungu District and a portion of the northwestern and eastern DRC, which are neighboring countries. It can accommodate 120 beds and provides services such as general medicine, major and minor operations, dental care, HIV/AIDS treatment, maternity and child health care, and outpatient and inpatient care.

Study Population.

The study population included all the postnatal mothers attending Kambuga Hospital, Kanungu district, during this period of data collection.

Sample Size Determination.

The study involved a total of 30 postnatal mothers who attended Kambuga Hospital in Kanungu District. A small number were selected for easy data collection. However, this number was also the recommended number of participants as per the research guideline provided by the Uganda Nurses and Midwives Examinations Board, 2009.

Sample Techniques.

The study employed a simple random sampling technique for sampling postnatal mothers since it gave all respondents an equal chance of being picked to participate in the study.

Sampling Procedure.

Here, the patients were chosen via simple random sampling, which involves choosing the respondents at random from the research population. The letters "A" and "B" were put on two cutouts, mixed, and then asked the potential respondents to select. In this instance, a lottery system was used. Those who select option "A" will be taken into consideration, and those who select option "B" will be let go. This will be carried out again and again until the required number of respondents is attained.

Data Collection Method (s).

The questionnaire approach was utilized to gather data for the study. It was created in English based on the goals of the research and translated into the respondents' most common local language. The questionnaire approach was selected since it allowed data to be gathered all at once.

Data Collecting Tool (s)

The study's data gathering tool was a questionnaire with both closed-ended and open-ended questions. Based on the goals of the survey, it was developed in English and translated into the respondents' most common local language. Since a questionnaire is the most effective way to gather information from a large number of respondents, it will be the primary data gathering method.

Data Collecting Procedure.

Each participant received a short questionnaire separately after giving their agreement, and the questionnaire will not be excessively lengthy.

Questions were given to the participants. The researcher reads the questions, translates them into a language the responder is comfortable with, and records the responses. The questions were prepared in simple English, and the order made sense given the language used. Participants were informed of the time of questionnaire collection. A participant was removed from the sample and replaced by another respondent if they refused to consent to the study or did not complete the questionnaire. If the participant loses the questionnaire, another one will be provided at the researcher's expense.

Study Variables

There were independent and dependent variables in this study. The impacts of the dependent variable are shown by

the independent variables, which also serve as the source of influence.

Independent variables

The independent variables of this study were knowledge, attitude, and practices among postnatal mothers towards puerperal sepsis.

Dependent variable:

The dependent variable of the study was puerperal sepsis among postnatal mothers.

Based on the characteristics of each variable that was included in the questionnaires, all of these variables were measured.

Quality Control.

Closed-ended questions were pretested using the direct questioning method, which involved randomly selecting 7 respondents in Kambuga Hospital who filled out the questionnaire so as to find out if the respondents easily understood and answered the questions as required, and the mistakes identified were corrected before actual data was collected. Furthermore, the reliability and validity of the research tools were established through conducting a pilot study at Kambuga Hospital, whereby the questionnaires were given to some respondents to fill in, and the results were edited and kept. The questions that were found not to be understood were re-edited before actual data collection was done.

The research assistants were trained by the researcher on the right and correct procedure of data collection that involved probing of the respondents in line with the subject matter under investigation before they were given a go-ahead.

Data Analysis and Presentation.

Data was analyzed using manual analysis, which involved tallying the data manually and arranging it in categories. Furthermore, statistical packages used involved setting up and importing the designated variable names, variable types, titles, and value labels to MS EXCEL software, where they were analyzed and presented in pie charts, frequency distribution tables, graphs, and narratives so as to add meaning to the presented data.

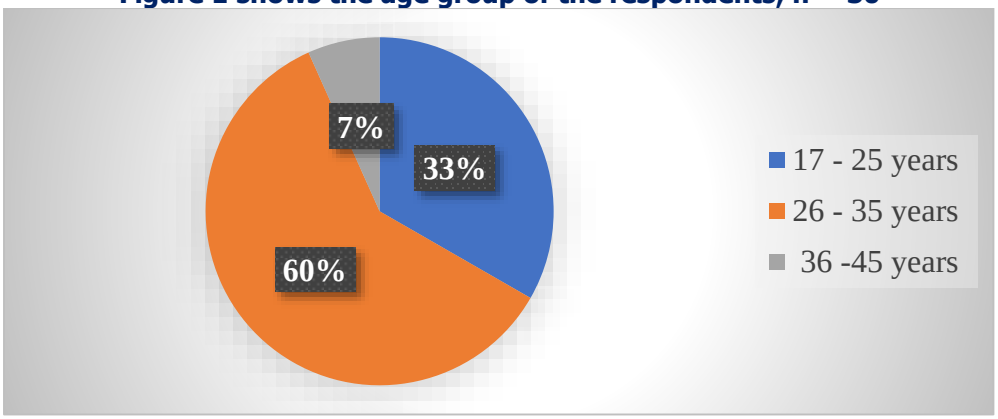
Ethical Considerations

The ethics and findings of this study were approved by the research committee of Medicare Health Professionals College. An introductory letter was written to the Hospital director, Kambuga Hospital, so as to be permitted to carry out the study. Confidentiality for participants was ensured through the use of serial numbers on the questionnaire forms and by interviewing them in areas that are not open. Informed consent from participants was obtained by giving them a consent form to sign after explaining the study to them. The researcher ensured privacy to respondents and strived to promote social good and prevent social harm.

Results

Demographic characteristics of patients

Figure 1 shows the age group of the respondents, n = 30



According to Figure 1, findings of the study show that 18(60%) of the respondents were aged 26 to 35 years, 10(33%) were aged 17 to 25 years of age and 2(7%) were aged 17 to 25 years.

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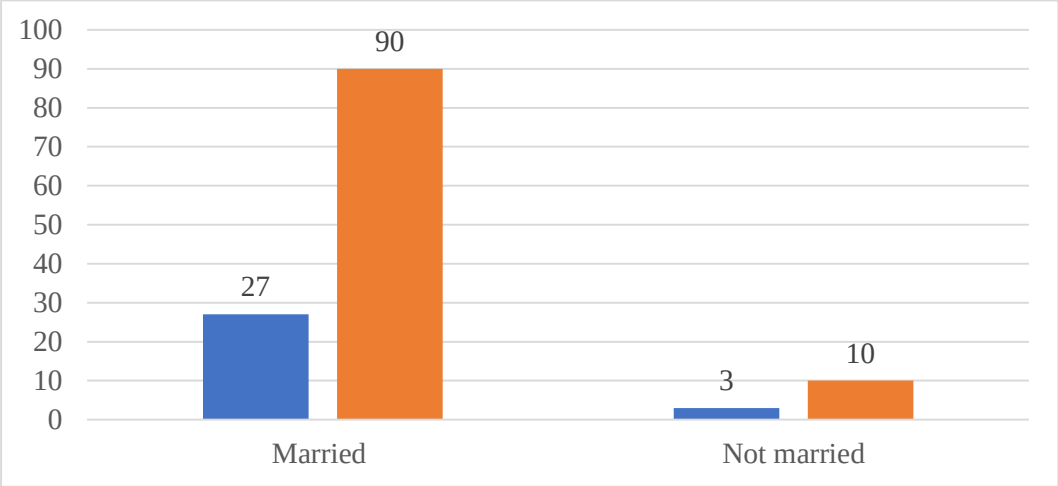
Figure 2 shows the marital status of the respondents, n = 30



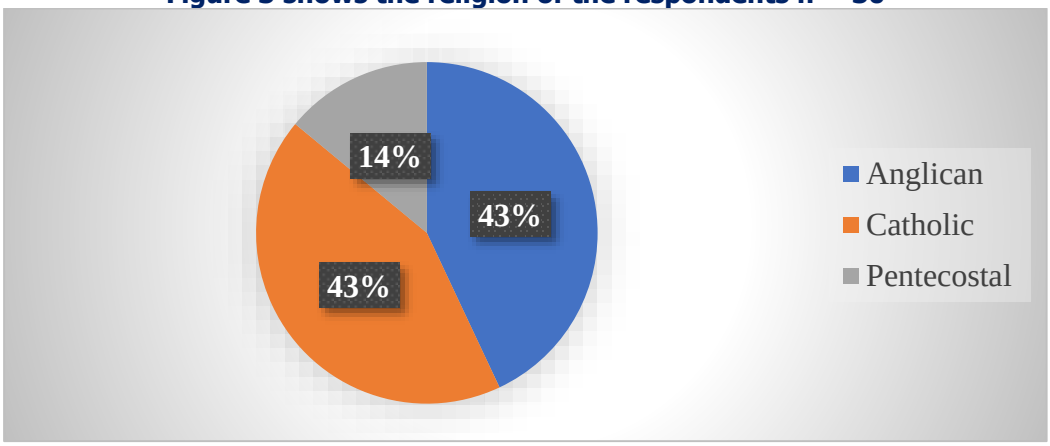
As per Figure 2 results show that 27(90%) of the respondents were married and 3(10%) were not married.

Table 1 shows the highest level of education of the respondents, n = 30

Level of education	Frequency (f)	Percentage (%)
Primary and below only	09	30.0
Secondary and above	21	70.0
Total	**30**	**100.0**

According to Table 1, findings show that 21(70.0%) of the respondents had completed secondary level of education and above, while 9(30.0%) of the respondents had primary level of education and below.

Figure 3 shows the religion of the respondents n = 30



Results from Figure 3 show that 13(43%) of the respondents were either Anglicans or Catholics, and only 4(14%) of the respondents were Pentecostals.

Knowledge among postnatal mothers towards puerperal sepsis.

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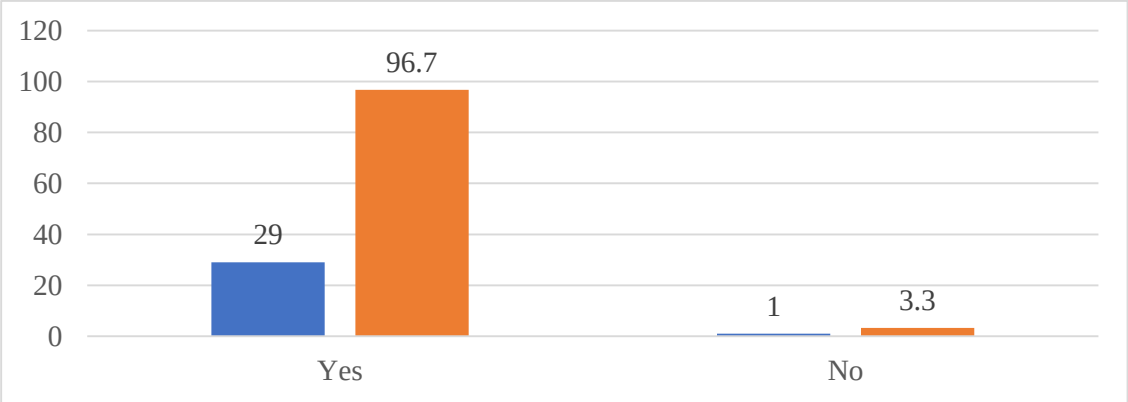
Table 2 Shows whether the respondents had ever heard of puerperal sepsis, n = 30.

Response	Frequency (f)	Percentage (%)
Yes	30	100.0
No	00	0.0
Total	**30**	**100.0**

Findings of the study from table 2 above show that all of the 30(100.0%) respondents had ever heard of puerperal sepsis

Figure 4 Shows if respondents knew the signs of puerperal sepsis, n = 30



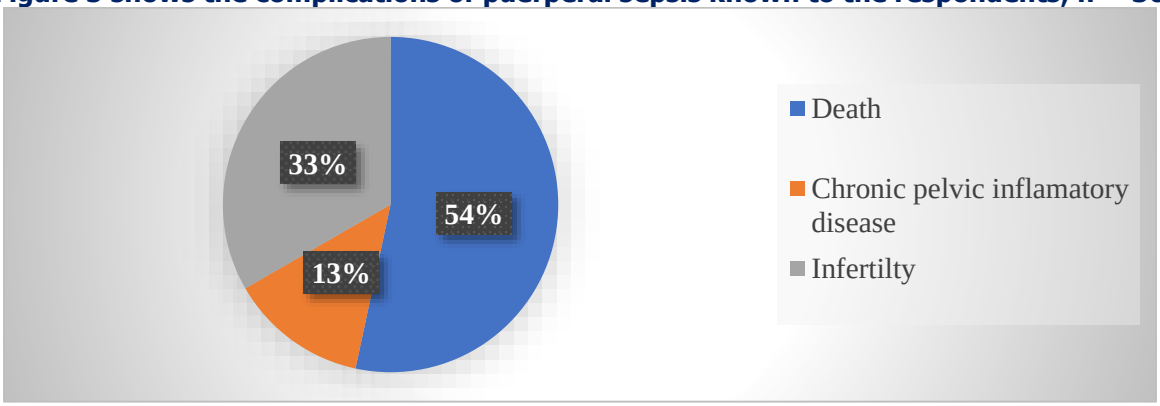
According to Figure 4, findings of the study indicate that 29(96.7%) of the respondents accepted that they knew some of the signs and symptoms of puerperal sepsis, while 1(3.3%) did not know any of the signs and symptoms of puerperal sepsis.

Table 3 shows the signs and symptoms of puerperal sepsis known to the respondents, n = 29

Sign & Symptom	Frequency (f)	Percentage (%)
Pain with urination	02	6.9
Lower abdominal and back pain	15	51.7
Foul smell	10	34.5
Abnormal discharge of mucus/blood	02	6.9
Total	**29**	**100.0**

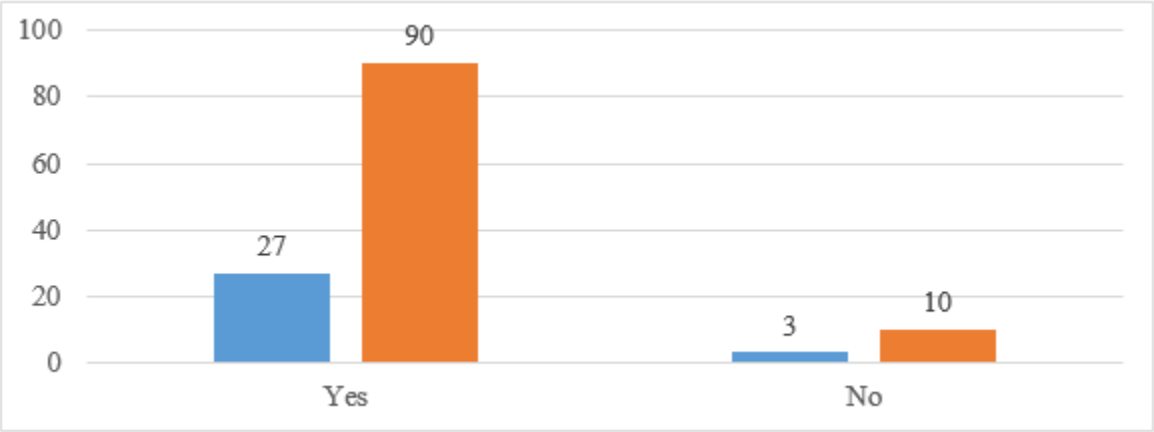
As per Table 3, results show that 15(51.7%) of the respondents experienced lower abdominal pain, 10(34.5%) foul smell, and 2(6.9%) said that they either experienced pain on urination or abnormal discharge of mucus/blood.

Figure 5 shows the complications of puerperal sepsis known to the respondents, n = 30



From Figure 5, results show that 16(54%) of the respondents mentioned death as one of the complications of puerperal sepsis, 10(33%) mentioned infertility, while 4(13%) of the respondents mentioned chronic pelvic inflammatory disease.

Figure 6 Shows if respondents knew how to prevent puerperal sepsis, n = 30



Results in Figure 6 show that 27(90%) of the respondents knew how to prevent puerperal sepsis, while only 3(10%) of the respondents reported that they didn't know how puerperal sepsis could be prevented.

Table 4 Shows the causes of puerperal sepsis known to the respondents, n = 30.

Response	Frequency (f)	Percentage (%)
Sex before the recommended time	04	13.3
Poor genital hygiene	12	40.0
Poor hand hygiene	14	46.7
Total	**30**	**100.0**

According to the results from Table 4, 14(46.7%) of the respondents said that they knew poor hand hygiene caused puerperal sepsis, 12(40.0%) of the respondents said poor genital hygiene, and only 4(13.3%) said that having sex before the recommended time can cause puerperal sepsis.

Attitudes of postnatal mothers towards puerperal sepsis.

Table 5 Shows response to whether a woman who has given birth should wash her hair immediately, n = 30

Response	Frequency (f)	Percentage (%)
Agree	03	10.0
Not sure	10	33.3
Disagree	17	56.7
Total	**30**	**100.0**

As per Table 5 results, 17(56.7%) of the respondents disagreed that a woman who has given birth should not bathe or wash hair immediately, 10(33.3%) were not sure, and 3(10%) agreed that a woman who has given birth should bathe or wash hair immediately.

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Figure 7 Shows if respondents feared moving out of the house due to fear of getting puerperal sepsis, n = 30

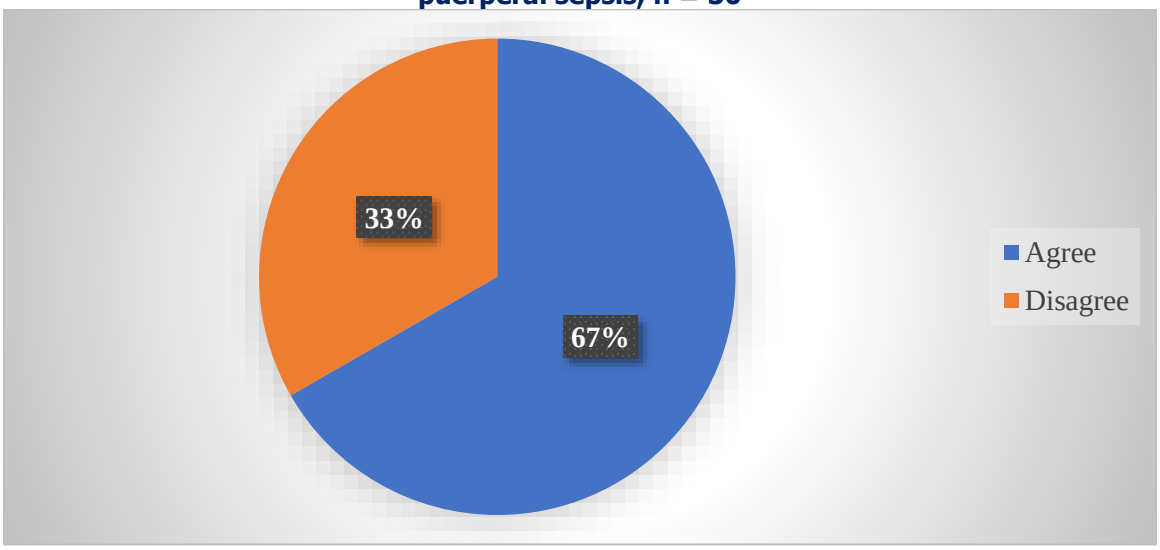
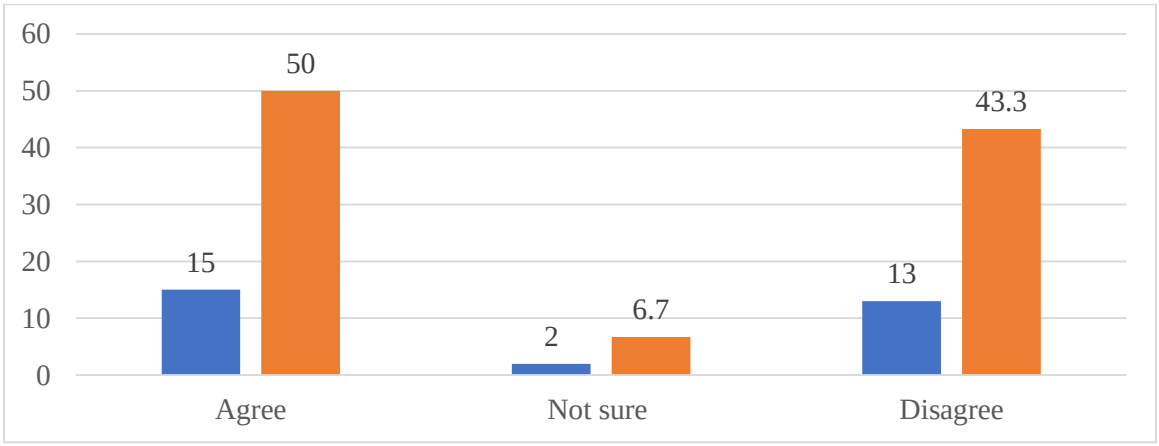


Figure 7 above, study findings indicate that 20(67%) of the respondents agreed that they feared moving out of the house, fearing getting puerperal sepsis, while 10(33%) of the respondents disagreed that they feared moving out of the house, fearing getting puerperal sepsis.

Figure 8 Shows a response to whether there is no need to screen for puerperal sepsis, n = 30.



According to figure 8 results, 15(50%) of the respondents agreed that there is no need to screen for puerperal sepsis, 13(43.3%) disagreed with it, while only 2(6.7%) were not sure screen for puerperal sepsis was necessary.

Table 6 Shows response to whether puerperal sepsis is a life-threatening condition, n = 30

Response	Frequency (f)	Percentage (%)
Agree	30	100.0
Not sure	00	0.0
Disagree	00	0.0
Total	**30**	**100.0**

From table 6, results show that all respondents 30, 100.0%) agreed that puerperal sepsis is a life-threatening condition.

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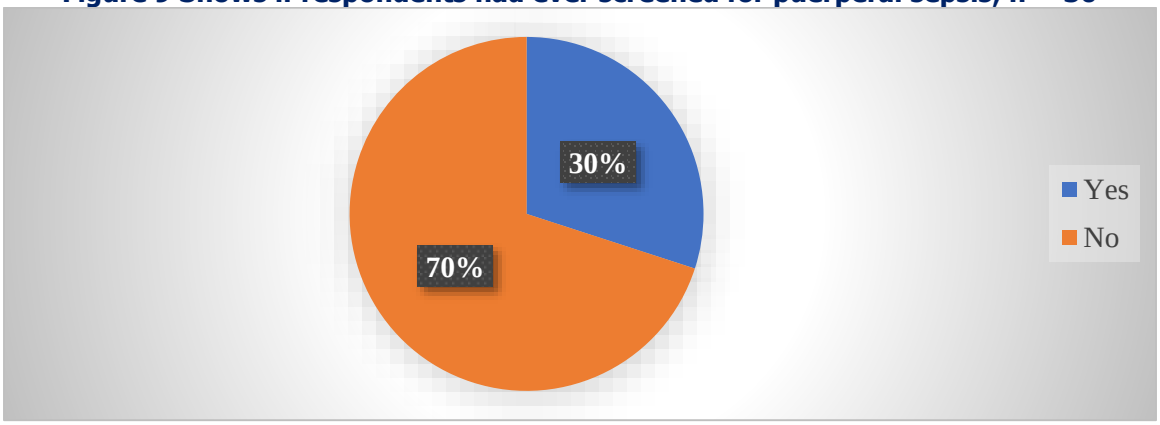
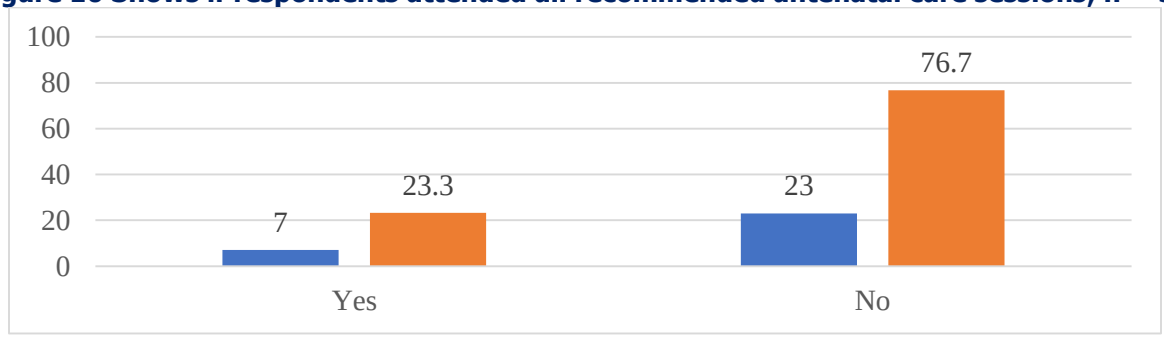
Practices among postnatal mothers towards puerperal sepsis

Figure 9 Shows if respondents had ever screened for puerperal sepsis, n = 30



As per Figure 9 findings, 21(70%) of the respondents had ever been screened for puerperal sepsis, and 9(30%) had never been screened for puerperal sepsis.

Figure 10 Shows if respondents attended all recommended antenatal care sessions, n = 30



According to Figure 10,23(76.7%) said that they did not attend all recommended antenatal sessions, while 7(23.3%) said they attended all the recommended antenatal sessions.

Table 7 shows the strategies of preventing puerperal sepsis known to the respondents, n = 30

Response	Frequency (f)	Percentage (%)
Frequent hand washing	08	26.7
Proper perinatal hygiene	17	56.7
Health facility delivery	05	16.6
Total	**30**	**100.0**

According to Table 7 findings, 17(56.7%) of the respondents said that proper perinatal hygiene can prevent puerperal sepsis, 8(26.7%) said frequent hand washing, and 5(16.6^) reported that health facility delivery prevented puerperal sepsis.

Table 8 Shows what respondents do after realizing they have puerperal sepsis, n = 30

Response	Frequency (f)	Percentage (%)
Seek medication	08	26.7
Leave it to heal alone	19	63.3

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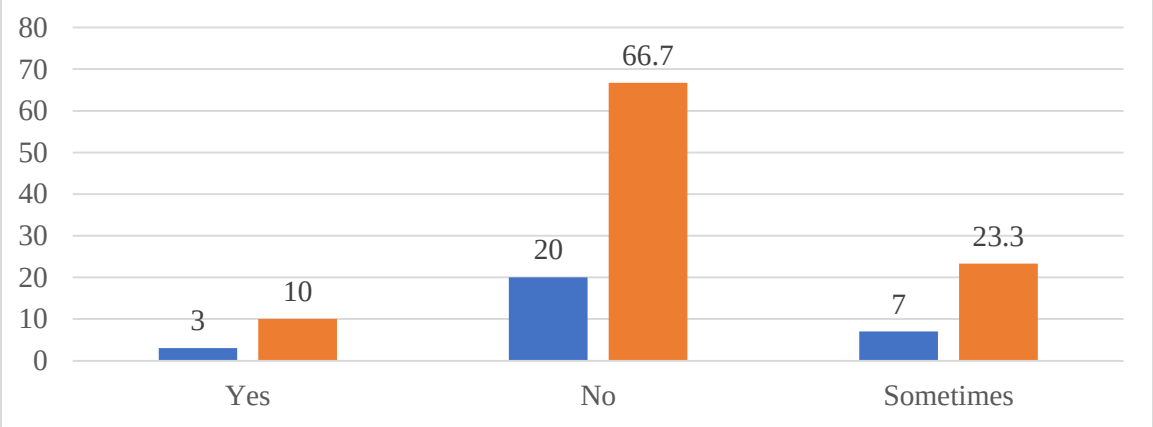
To take nutritious meals	03	10.0
Total	**30**	**100.0**

From table 8, findings of the study indicate that 19(63.3%) of the respondents said they leave puerperal sepsis to heal alone after realizing they have it, 8(26.7%) said they seek medication, and 3(10%) said they take nutritious meals in case they find they have puerperal sepsis.

Figure 11 Shows if spouses support you during the postpartum period, n = 30



Findings of the study from Figure 11 reveal that 20(6.7%) of the respondents said that their spouses do not support them during the postpartum period, 7(23.3%) said that their spouses supported them sometimes, and 3(10%) of the respondents said that their spouses supported them during the postpartum period.

Discussion of results.

Knowledge among postnatal mothers towards puerperal sepsis.

The study findings also revealed that all of the 30(100.0%) respondents had ever heard of puerperal sepsis. This could be attributed to the good knowledge acquired by the respondents, perhaps during ANC and delivery. This, however, is contrary to the findings from a study by Chepchirchir et al. (2020), in which the majority (73.5%) of the respondents had not heard of the condition.

The study findings indicated that 29(96.7%) of the respondents accepted that they knew some of the signs and symptoms of puerperal sepsis, while 1(3.3%) did not know any of the signs and symptoms of puerperal sepsis. This could be indicative of the good knowledge of the respondents, perhaps acquired from the health education during hospital visits. This is contrary to a study by Nahurira and Kemigisha 2021) on the knowledge, attitudes, and practices of postnatal mothers regarding puerperal sepsis among 200 mothers in Uganda, which reported that the biggest factor influencing the prevalence of puerperal sepsis was that 54.2% of these mothers were unaware of the signs and symptoms of the condition.

The study findings also showed that 15(51.7%) of the respondents experienced lower abdominal pain, and 2(6.9%) said that they either experienced pain on urination or abnormal discharge of mucus/blood. This might be attributed to the fact that most of them had experienced it and thus had good knowledge of the condition. This is in line with a study by Alice (2019) conducted in Uganda among 150 women attending the postnatal clinic at Bwindi Hospital, in which lower abdominal and back pain were reported by 45% of mothers as one of the symptoms of puerperal sepsis.

The study results also revealed that 16(54%) of the respondents mentioned death as one of the complications of puerperal sepsis, while 4(13%) of the respondents mentioned chronic pelvic inflammatory disease. This is also indicative of the good knowledge of the respondents, most likely due to the health education received from health workers during hospital visits. This is contrary to a study by Onyango et al (2020) in which less than half (29) knew that puerperal sepsis might result in death.

The study findings revealed that 27(90%) of the respondents knew how to prevent puerperal sepsis, while only 3(10%) of the respondents reported that they didn't know how puerperal sepsis could be prevented. This could be due to the high awareness of the respondents about sepsis prevention, from hospital visits, outreaches, or even mass media. This is contrary to a study by Chepchirchir et al. (2019), which reported that more than 60% of the 225 postpartum women in the Nandi Sub- County of Kenya who participated in the study on puerperal sepsis preventive methods were found to be ignorant of the preventive activities.

When it came to the causes of puerperal sepsis, the study findings revealed that 14(46.7%) of the respondents said that they knew poor hand hygiene caused puerperal sepsis, and only 4(13.3%) said that having sex before the recommended time could cause puerperal sepsis. This knowledge of the causes of puerperal sepsis could be attributed to the increased awareness of the respondents, perhaps from ANC visits and other hospital visits. This is contrary to a study by Nahurira and Kemigisha 2021 among 200 mothers in Uganda, in which only 10% of the mothers recognized inadequate perinatal hygiene as the primary cause of sepsis.

Attitudes of postnatal mothers towards puerperal sepsis.

The study results showed that 17(56.7%) of the respondents disagreed that a woman who has given birth should not bathe or wash hair immediately, and 3(10%) agreed that a woman who has given birth should bathe or wash hair immediately. This is because they believed that washing hair and bathing could predispose them to infection, an indicator of poor attitudes towards puerperal sepsis. This is in line with a study by (Raven et al., 2019) about the knowledge and attitudes regarding puerperal sepsis prevention practices conducted in China among 800 postnatal women residing in Fujian province, which reported that the majority of the women 55.7% believed that a woman who had given birth should not bath or wash hair immediately and added wine or motherwort herb to the water because they believed that the skin was loose and hence water could enter through its pores.

The study results indicated that 20(67%) of the respondents agreed that they feared moving out of the house, fearing getting puerperal sepsis, while 10(33%) of the respondents disagreed that they feared moving out of the house, fearing getting puerperal sepsis. The fear of getting out of the house after giving birth could be attributed to the myths and misconceptions that scared the mothers that getting out of the house could make them acquire infections or bring bad luck to the newborn baby. This is in line with a study by Lamadah (2019) on the risk factors for puerperal sepsis among 150 postpartum mothers in Egypt, which revealed that most of the mothers, 54.2% feared getting infections if they left the house.

The study findings also showed that 15(50%) of the respondents agreed that there is no need to screen for puerperal sepsis, while only 2(6.7%) were not sure whether screening for puerperal sepsis was necessary. This could be as a result of the poor attitudes towards puerperal sepsis, as the belief that there is no need to screen for puerperal sepsis could result in the increased prevalence of the condition. This is in agreement with a study in Kenya by Lalitha et al. (2019) about the influence of knowledge and attitude on puerperal sepsis among 200 postnatal mothers, which reported that nearly all respondents, 92% women, reported that there was no need to screen for puerperal sepsis. In this study, most of the respondents 65% felt that they were not at risk for contracting puerperal sepsis.

The study results showed that all respondents 30, 100.0%) agreed that puerperal sepsis is a life-threatening condition. This could be attributed to the good knowledge of the respondents regarding the complications of puerperal sepsis. This is in line with a study by Lalitha et al. (Lalitha et al., 2020) about the perceptions of puerperal sepsis conducted among 600 postpartum women in India, which reported that 67% of the participants regarded puerperal sepsis as a life-threatening condition of the postpartum period.

Practices among postnatal mothers towards puerperal sepsis.

Pertaining to whether they had been screened for puerperal sepsis, the findings of the study showed that 21(70%) of the respondents had ever been screened for puerperal sepsis, and 9(30%) had never been screened for puerperal sepsis. This good practice of getting screened for PS could be a result of the high levels of awareness among the respondents and the quest to prevent the condition. This is in agreement with a study (Kuo Chin Huang, 2020) on the practices and knowledge of preventing puerperal sepsis among 650 postpartum mothers conducted in China, which found that 67% of these mothers sought out screening and treatment services for puerperal sepsis.

The findings of the study showed that 23(76.7%) said that they did not attend all recommended antenatal sessions, while 7(23.3%) said they attended all the recommended antenatal sessions. This could have been due to the lack of time for attending ANC sessions, owing to their busy schedules at their businesses and other income-generating activities. This could pose them the risk of getting PS, as they might not have acquired the necessary preventive tactics. This is in line with a study in Nigeria by Momoh et al. (2020), which revealed that 58.3% of the mothers did not attend all of the recommended antenatal visits and were therefore more at risk of puerperal sepsis than those who attended ANC because they were not taught how to prevent puerperal sepsis.

The study results showed that 17(56.7%) of the respondents said that proper perinatal hygiene could prevent puerperal sepsis, and 5(16.6^) reported that health facility delivery prevented puerperal sepsis. This good practice could be a result of the awareness of the respondents, perhaps from ANC visits and other hospital visits. This is contrary to a study by (Achanna et al., 2020) on the preventive measures of puerperal sepsis among 500 mothers in Malaysia, which found that while implementing hygienic practices in routine health care is one way to prevent puerperal sepsis, the majority of the mothers studied-56 percent did not frequently wash their hands, another 52 percent had poor perinatal hygiene, and 60 percent gave birth at home—had poor perinatal hygiene, which was linked to more than 70 percent of sepsis cases.

When it came to the health-seeking behavior, the findings of the study indicated that 19(63.3%) of the respondents said they leave puerperal sepsis to heal alone after realizing they have it, and 3(10%) said they prefer to take nutritious meals in case they find they have puerperal sepsis. This could be a result of their low economic status, which makes it challenging for them to seek medical care once they acquire PS. This resonates with a study by (Kuo Chin Huang, 2020) on the practices and knowledge of preventing puerperal sepsis among 650 postpartum mothers conducted in China, which found that 67% of these mothers sought out screening and treatment services for puerperal sepsis; however, the rate of sepsis services seeking was higher among subjects who had "more than enough" income (71.4%), nearly twice as high as the rate among those with "just enough" income (35%).

Finally, the findings of the study showed that 20(6.7%) of the respondents said that their spouses do not support them during the postpartum period, while 3(10%) of the respondents accepted that their spouses supported them during the postpartum period. This could be due to the rampant domestic violence and disagreements in families, which result in the poor health-seeking behavior of the mothers, predisposing them to high risks of PS. This is in agreement with a study by (Ngonzi et al., 2019) on the management of puerperal sepsis among 700 postpartum mothers in Uganda, which reported that the majority of the mothers (51.2%) did not receive financial support from their spouses, which drove 67% of them to turn to inexpensive treatment and 57.6% to conceal their infection from them, both of which increased the risk of complications.

Conclusion

The study established that there are poor practices among postnatal mothers towards puerperal sepsis, mostly due to their poor attitudes towards puerperal sepsis, despite them having good knowledge of the prevention, causes and complications of puerperal sepsis; and there is need for both the administration of Kambuga Hospital, Kanungu District, and the mothers themselves to take action to reduce on the high rates of puerperal sepsis, with its accompanying risks and complications.

Recommendations.

Based on the study findings, it's strongly recommended that the Kambuga Hospital, Kanungu District, should provide sufficient sensitization to pregnant and post-partum mothers about the risks of puerperal sepsis. This will help the mothers to effectively prevent the cases of puerperal sepsis, reducing the number of mothers getting it following delivery from either hospital or home.

Acknowledgement.

First of all, let me thank the Almighty God for granting me the strength and perseverance even during times when I thought it was impossible. Completing this course could not have been done without a tremendous amount of support and encouragement from many people. During the pursuit of these courses, I have experienced some personal challenges, and I have made sacrifices along the way; however, I am of the belief that all things truly happen for a reason. I hope that I may continue to give back to the field of nursing and pursue new paths on the journey of my career.

I would like to acknowledge several people who have guided and supported this work to completion; without the help of my supervisor, Ms. Mbubi Joiner Stella, this work could not have been done. I also wish to express my sincere appreciation to the school administration, especially my tutors and students' fraternity, for their cooperation and for granting me a conducive environment during my course, without which this study could not have been possible. Specifically, I thank my sister, KinconcoAurah, and Linda Lowell for their academic support and advice rendered to me in preparation for this research report. My God richly bless them all.

I also recognize the support of my classmates, who contributed either directly or indirectly to the success of my research report. I am grateful for your constant encouragement throughout the research study.

List of Abbreviations

ANC: Antenatal Care
DHO: District Health Officer
MOH: Ministry Of Health
NGO: Non-Governmental Organization
PS: Puerperal Sepsis
SPSS: Statistical Package for Social Sciences
WHO: World Health Organization
UNMEB Uganda nurses and midwifery examination board
HMIS: Health Management Information Systems
RRHs: Regional referral hospitals

Source of funding.

The study was not funded.

Conflict of interest.

There is no conflict of interest.

Availability of data.

Data used in this study are available upon request from the corresponding author.

Author's contribution.

AB designed the study, conducted data collection, cleaned and analyzed data, drafted the manuscript, and JSM supervised all stages of the study from conceptualization of the topic to manuscript writing and submission.

Author's biography.

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References

1. Achanna, A., Rahman, N., & Lim, S. (2020). *Preventive measures and hygienic practices associated with puerperal sepsis among postpartum mothers in Malaysia*. Journal of Maternal Health, 12(3), 44–52.
2. Alice, N. (2019). *Knowledge and symptoms of puerperal sepsis among postnatal mothers attending Bwindi Hospital, Uganda*. Uganda Journal of Health Sciences, 17(2), 55–63.
3. Chepchirchir, R., Koech, J., & Cherop, J. (2019). *Knowledge and preventive practices towards puerperal sepsis among postpartum women in Nandi Sub-County, Kenya*. East African Medical Journal, 96(4), 210–217.
4. Chepchirchir, R., Cherop, J., & Barsulai, S. (2020). *Awareness of puerperal sepsis among postnatal mothers in Kenya*. International Journal of Reproductive Health, 14(1), 22–29.
5. Huang, K. C. (2020). *Knowledge and practices regarding prevention of puerperal sepsis among postpartum mothers in China*. Asian Journal of Nursing Research, 8(1), 33–41. https://doi.org/10.21608/msnj.2021.188066
6. Lalitha, D., Mwangi, P., & Day, L. (2019). *Influence of knowledge and attitude on puerperal sepsis among postnatal mothers in Kenya*. African Journal of Midwifery, 7(2), 60–69.
7. Lalitha, D., Singh, R., & Kumari, P. (2020). *Perceptions of puerperal sepsis among postpartum women in India*. International Journal of Obstetric Nursing, 6(1), 15–23.
8. Lamadah, S. M. (2019). *Risk factors for puerperal sepsis among postpartum mothers in Egypt*. Journal of Women's Health Care, 8(2), 100–107.
9. Momoh, M. A., Adeyemi, O., & Ibrahim, A. (2020). *Antenatal care attendance and risk of puerperal sepsis among postpartum mothers in Nigeria*. Nigerian Journal of Obstetrics and Gynecology, 37(1), 19–26.
10. Nahurira, V., & Kemigisha, E. (2021). *Knowledge, attitudes, and practices regarding puerperal sepsis among postnatal mothers in Uganda*. BMC Pregnancy and Childbirth, 21(1), 112–119.
11. Ngonzi, J., Muhindo, R., & Atwine, D. (2019). *Management practices and outcomes of puerperal sepsis among postpartum mothers in Uganda*. African Health Sciences, 19(3), 2600–2609.
12. Onyango, S., Mwololo, D., & Achieng, J. (2020). *Complications of puerperal sepsis among postpartum women in Kenya*. Journal of Public Health and Epidemiology, 12(5), 301–309.
13. Raven, J., Chen, Y., & Zhang, Q. (2019). *Knowledge and attitudes regarding puerperal sepsis prevention practices among postnatal women in Fujian Province, China*. Asian Pacific Journal of Reproductive Health, 3(4), 45–53.
14. Atlaw, D., & Seyoum, B. (2019). *Global burden and trends of puerperal sepsis among postnatal women*. International Journal of Gynecology & Obstetrics, 145(3), 322–328.
15. Geckil, E., Yildiz, D., & Erdal, N. (2019). *Self-care knowledge, attitudes, and practices regarding puerperal sepsis among postpartum women*. Journal of Maternal Health, 11(2), 65–73.
16. Kajeguka, D. C., Akya, A., & Mwakalinga, V. (2020). *Prevalence and clinical presentation of puerperal sepsis: A WHO-defined overview*. African Journal of Reproductive Health, 24(2), 77–84.
17. Masoud, F., & Saber, A. (2021). *Postpartum sexual practices and associated risk factors for puerperal infections in South Eastern Kenya*. East African Medical Journal, 98(4), 190–198.
18. Ministry of Health (MoH). (2019). *Annual health sector performance report: Maternal and child health outcomes in Uganda*. Ministry of Health, Uganda.
19. Ministry of Health (MoH). (2020). *Hospital mortality review report: Trends in maternal mortality in Uganda*. Ministry of Health, Uganda.
20. Oscar, L., Byamugisha, A., & Twinomujuni, D. (2020). *Maternal death audits and causes of mortality at Kambuga Hospital, Kanungu District*. Uganda Journal of Public Health, 18(1), 55–63.
21. Taskin, S., Ibrahim, A., & Mohammed, H. (2020). *Case fatality and epidemiology of puerperal sepsis in Sub-Saharan Africa*. African Health Sciences, 20(1), 101–109.
22. Turner, A. (2019). *Puerperal sepsis: A preventable cause of maternal mortality*. The Lancet Global Health, 7(9), e1152–e1153. https://doi.org/10.1016/S2214-109X(19)30322-5
23. World Health Organization (WHO). (2020). *Maternal sepsis and maternal mortality: Global statistics and trends*. WHO Press.

SJ Obstetrics and Gynecology Africa
Vol. 1 No. 11 (2024): November 2024 Issue
https://doi.org/10.51168/8m42n863
Original Article

PUBLISHER DETAILS:

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