Abstract

This study was to determine factors influencing implementation of infection control (IC) measures in health facilities in Kayunga district.

The main objective of the study was to assess factors influencing implementation of IC measures in health facilities in Kayunga district in order to generate information useful to the Kayunga district health team and other stakeholders to design appropriate strategies to improve implementation of IC measures.

And the specific objectives were: To determine the level of knowledge on IC measures by health care workers (HCW); to determine the attitude of HCW towards implementation of IC measures; to assess the extent to which HCW practice implementation of IC measures; to assess the availability of supplies required in implementation IC.

Methodology: This was a cross-section study with a sample size of 197. A semi-structured questionnaire and an observational check list were used to collect data. The study population was health facilities and HCW who were sampled from the health facilities in the district. Data was collected on the level of knowledge on IC measures, attitude of HCW towards implementation of IC measures, extent to which HCW practice implementation of IC measures in and availability of supplies required in implementation IC measures. Bivariate analysis was conducted using Epi Info 2002 version computer programmes.

Results Factors favouring implementation of IC measures were: being able to explain the term IC (odds ratio [OR] = 2.12, 95% Cl 1.02-4.42), having knowledge of the importance IC (OR=3.63 Cl, 1.74-7.70), being knowledge about components of IC, being knowledge about common infection from unsafe needle, having heard of IC guidelines (OR=5.94 Cl, 2.38-14.84), having a copy of IC guidelines in the health facility (OR=2.49 Cl, 1.00-6.11), always following IC guidelines (OR=4.16.07 Cl, 1.65-10.5), having received in-service training on IC (OR=2307 Cl, 1.12-5.00), always using soap when washing hand (OR=3.84 Cl, 1.86-7.96) and always wearing protective gear when handling patients (OR=2.09 Cl, 1.03-4.23), availability of supplies needed for infection control.

Conclusions and Recommendations

A good proportion of the HCW had substantial knowledge about most of the IC measures. Most HCW workers showed favourable attitude towards implementation of IC measures and therefore could not be regarded as a factor that significantly influenced compliance with the measures. Despite good knowledge and favourable attitude towards implementation of IC measures, some of the IC practices were not adequately adhered to. Inadequate availability of supplies had a significant negative impact on compliance with IC measures. Absence of IC committees had a negative impact on compliance with IC measures.

This study recommends that in order to improve compliance with IC measures there is need for the District Health Team to: ensure that HCW get refresher training throughout their careers in the basics of IC in order to increase compliance with IC measures; make initiatives geared toward IC by focusing on availability of resources, equipment and supplies; ensure health facility administration form or revive IC committees and are functional; ensure Ministry of Health supplies sufficient copies of IC guidelines in all health facilities in the district.

The study recommends that a similar study be carried out in a setting (private health facilities or regional referral hospital) that differs from the study area. Further areas of study include establishing the role of the patients and their attendants in implementation of IC measures in health facilities.