Introduction

The research was about adherence to infection control measures among health workers in private health centres in Kampala district. Infection control was the area of interest as it is still not given too much attention in the developing countries yet causes one of the most unnoticed risk to lives of health workers as well as the clients and their care takers. The research objective was majorly to assess the level of adherence to infection control measures among health workers in private health centres in Kampala district.

Method

The sample size was calculated using the Kish and Leslie formula from which 185 respondents were to participate in the study. A questionnaire with both open-ended and closed questions was then filled by the select respondents who were randomly selected from the general cluster of health workers in private health centres in Kampala district. Data collected were entered using Epi-data and analyzed using the Statistical Package for Social Scientists; version 20. Binomial and bivariate tests were run with the level of significance of 5% that is p = 0.05.

Results

From the analysis, the level of adherence to administrative infection control measures was the highest at 81.19%. Level of adherence to environmental infection control measures was 66.85% while that for adherence to infection to personal protective infection control measures was the lowest at 60.40%. Of the factors that affected adherence to infection control measures, job satisfaction, good work environment communication and on-job CME were the most significant with a p-value of 0.000. Having attended training on infection control measures was significant

as well (p =0.003). In addition to that, staff supervision and facilities having copies of infection control guidelines were the most insignificant with a p –value of 0.659. Analysis of the descriptive factors presented minimum number of health-care staff at a given facility as the factor that would affect the average number of clients attended to within a given period of time. These two were strongly positively correlated.

Conclusions

Health-care Associated Infection is one of the least catered for risks in health-care service delivery, most especially in the under developed countries, though a potentially preventable adverse event than

an unpredictable condition. The connotation of this is it is always prevailing and can occur in any health-care setting. This calls for prompt compliance to all the infection control measures. Prompt compliance to infection control measures would not only avert association with host barrier, but transmission between and amongst individual (health-care staff, clients and care takers at the facility) as a whole.

Recommendations

Some of the suggested ways to increase adherence to infection control measures among the health workers in private health centres were facility heads being taught the benefit of credit saving societies amongst themselves for increased financial base, periodic survey of these health centres fo compliance, sensitization of populations about the necessities towards infection control while visiting the health centres and health workers embracing Continuing Medical Education to conquer evolution of ill-health disease causing organisms.