

**ATTITUDES AND PRACTICES OF MOTHERS TOWARDS NEONATAL
UMBILICAL CORD SEPSIS IN MATERNITY WARD OF
KITAGATA HOSPITAL, SHEEMA DISTRICT**

**A RESEARCH REPORT SUBMITTED TO UGANDA NURSES
AND MIDWIVES EXAMINATIONS BOARD**

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AWARD OF THE DIPLOMA IN NURSING SCIENCES**

BY

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ABSTRACT

Globally, it is estimated that over four million newborns die annually from serious neonatal infections. The World Health Organization 2007 estimated that 85% of newborn deaths are due to infections including sepsis (50%), pneumonia (15%) and tetanus (20%). Of the infants identified with sepsis, 40% die and the biggest toll is noted in developing countries. Neonatal umbilical septicemia continues to be a major health problem with up to 323 of every 1000 neonates seen in clinics presenting with clinical symptoms.

In particular, cord sepsis and neonatal tetanus contribute significantly to high neonatal mortality in settings where clean delivery, cord care and maternal immunization against tetanus are not guaranteed. Cord sepsis poses a significant risk for mortality in resource limited countries, especially in government hospitals. The study was carried to find out the attitudes and practices of mothers towards neonatal umbilical cord sepsis in maternity ward of Kitagata Hospital, basing on the following study objectives; the factors associated with neonatal umbilical cord sepsis and the prevalence of umbilical cord sepsis among neonates in maternity ward of Kitagata Hospital.

The study was conducted at Kitagata Hospital, in Sheema district, employing a cross sectional descriptive design and enrolled all mothers whose neonates were found admitted in the maternity ward and ready to freely participate in the study. A sample size of 96 respondents who were selected using a simple random sampling technique was used in the study. A pretested, self-administered questionnaire was used as a primary data collection tool which was filled by the respondents after getting informed consent. All the data collected was kept confidential by the researcher and was analyzed by the Statistical Package for Social Science 17.0 program after which it was presented using tables, pie charts and graphs. Cross-tabulations were also drawn.

Neonatal cord sepsis is still one of the causes of neonatal morbidity and mortality in Kitagata Hospital with prevalence rate of 29%. Most mother still have cultural attitudes and practices with 51% traditional medicines used to care for neonate umbilical cord care.

Uganda MOH should increase on health awareness campaigns so that many of our newborns do not fall victim of cord sepsis, routine evaluation of neonates and encourage ANC visits.

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AUTHORIZATION

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DEDICATION

This research report is dedicated to my dearest husband Pr. Baingana Kenneth who stood by my side during the course of my study and completion of this report.

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I first give thanks to the almighty God who by His love, care and grace I got encouragement to complete this report. I also extend my sincere gratitude to everyone who played part in the accomplishment of this project.

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TABLE OF CONTENTS

ABSTRACT.....	I
COPYRIGHT.....	II
AUTHORIZATION.....	III
DEDICATION.....	IV
ACKNOWLEDGEMENT	V
TABLE OF CONTENTS.....	VI
LIST OF FIGURES	IX
LIST OF TABLES.....	X
ABBREVIATIONS	XI
OPERATIONAL DEFINITIONS.....	XII
CHAPTER ONE: INTRODUCTION.....	1
1.0 Introduction.....	1
1.1 Background of study	1
1.2 Problem Statement.....	2
1.3 Purpose of the study.....	3
1.4 Study objectives	3
1.4.1 Broad objective	3
1.4.2 Specific objectives	3
1.5 Research questions.....	3
1.6 Justification of the study	3
CHAPTER TWO: LITERATURE REVIEW.....	5
2.1 Introduction.....	5
2.2 Attitudes and factors associated with neonatal umbilical cord sepsis.	5
2.3 The prevalence of umbilical cord sepsis among neonates	6
CHAPTER THREE: RESEARCH METHODOLOGY	8
3.1 Introduction.....	8
3.2 Study area and Location.....	8
3.3 Study design.....	8
3.4 Study population	8
3.5 Sample size estimation.....	8

3.6 Sampling procedure	9
3.7 Eligibility Criteria	9
3.7.1 Inclusion criteria	9
3.7.2 Exclusion criteria	9
3.8 Data collection tools.	10
3.8.1 Pretest questionnaire	10
3.9 Data collection procedures.....	10
3.9.1 Data management.....	10
3.10 Data analysis and presentation.....	10
3.11 Ethical considerations	11
3.12 Limitations of the study	11
3.13 Dissemination of the results.....	12
CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS	13
4.1 Introduction.....	13
4.2 Socio-demographic characteristics	13
4.3 Delivery background of the respondents	16
4.4 Number of neonates with umbilical cord sepsis	23
4.5 Specific information about respondents whose babies had umbilical cord sepsis as obtained from the questionnaires.....	24
CHAPTER FIVE: DISCUSSION, CONCLUSION AND RECOMMENDATIONS.....	26
5.1 Introduction.....	26
5.2 Discussion	26
5.2.1 Attitudes and associated factors with neonatal umbilical cord sepsis in the maternity ward of Kitagata Hospital	26
5.2.2 The prevalence of umbilical cord sepsis among neonates at Kitagata Hospital	27
5.3 Conclusion	27
5.4 Recommendations.....	27
5.5 Implications to Nursing Practice.....	28
5.6 Topics for further study	28
REFERENCES	29
APPENDICES	33

Appendix I: Consent Form.....	33
Appendix II: Questionnaire.....	34
Appendix III: Work Plan for the research study	39
Appendix IV: Budget.....	40
Appendix V: Letter of Authorization.....	41
Appendix VI: Map of Uganda showing location of Sheema District.....	42
Appendix VII: Map of Sheema District showing location of Kitagata Hospital.....	43

LIST OF FIGURES

Figure 1: A bar graph showing distribution of neonates according to age	13
Figure 2: A pie chart showing number of wives a respondent's husband had	14
Figure 3: A bar graph showing the religion of the respondents.....	15
Figure 4: A pie chart showing whether respondents receive mama kit prior to delivery	17
Figure 5: A bar graph showing respondent's place of delivery	18
Figure 6: A pie chart showing whether the respondent's knowledge about the care of the neonatal umbilical cord	20
Figure 7: A bar graph showing the time taken for the respondents to wash their babies for the first time after birth.....	20
Figure 8: A bar graph showing respondents apply on the neonatal umbilical cord stumps	21
Figure 9: A pie chart showing respondents' cultural beliefs regarding neonatal umbilical cord care	22
Figure 10: A bar graph showing neonate have umbilical sepsis.....	24

LIST OF TABLES

Table 1: Showing gender of the neonates	13
Table 2: Show the cross-tabulation according to age and marital of the respondent	14
Table 3: Show the distribution according to educational background of respondents	15
Table 4: Show the distribution of respondent according to their tribe	16
Table 5: Show the cross-tabulation according to occupation and ANC attendance of the respondent	17
Table 6: Show the distribution of place where respondent's mama kit was given.....	18
Table 7: Show distribution of respondent according to observed cutting of neonate's umbilical cord and instrument used to cut.	19
Table 8: Show how often the respondents wash their babies in a day.....	21
Table 9: Show whether the respondent's husbands were supportive during birth preparations and after birth.....	22
Table 10: Show respondents' comparison in caring of neonatal umbilical cord using modern and traditional medicines	23

ABBREVIATIONS

ANC	Antenatal care
AWHONN	Association of Women`s Health, obstetrics and Neonatal Nurses
et al	and others
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
KIU	Kampala International University
LAD	Leukocyte Adhesion Deficiency
MDG	Millennium Development Goals
MOH	Ministry of Health
NMR	Neonatal Mortality Rate
OPD	Out Patient Department
SVD	Spontaneous Vaginal Delivery
TBAs	Traditional Birth Attendants
U5MR	Under Five Mortality Rate
UDHS	Uganda Demographics and Health Survey
WHO	World Health Organization

OPERATIONAL DEFINITIONS

Attitude: is the way you think and feel about someone or something.

Cord care practice: is any method used medically or traditionally to keep the cord clean.

Cord sepsis: is the infection of the cord stump.

Neonatal period: is the first four weeks of a child's life.

Neonate: is a newborn of less than four weeks old.

Preterm: child born between 28 and 37 weeks of gestation.

Research assistants: These are people selected by the researcher to assist him in the process of collecting data from respondents.

Respondents: means mothers to the neonates.

Sepsis: is the presence in tissue of harmful bacteria and their toxins, typically through infection of a wound, it is a potentially life-threatening complication of an infection.

Septicemia: is the presence and multiplication of pathogens in the circulating blood stream.

Umbilical cord: is a tubular structure that connects the fetus at the abdomen to the placenta.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This section described the background of study, problem statement, and purpose of the study, specific objectives, research questions and justification of the study.

1.1 Background of study

Globally, it is estimated that over four million newborns die annually from serious neonatal infections (Lawn & Zupan, 2010). The World Health Organization (2007), report estimated that 85% of newborn deaths are due to infections like sepsis (50%), pneumonia (15%) and tetanus (20%). Of the infants identified with sepsis, 40% die and the biggest toll is noted in developing countries. Neonatal umbilical sepsis continues to be a major health problem with up to 323 of every 1000 neonates seen in clinics presenting with clinical symptoms (Mullany et al., 2011). In low income countries, about 60% of births occur without skilled attendants, and most of these at home. Worldwide, 60 million births happen outside facilities and even for some facilities birth hygienic practices may be sub-optimal. The unhealed umbilical cord is a major entry point for local and invasive infections during the neonatal period and is rapidly colonized by bacteria from the environment.

Sub-Saharan Africa contributes 67% to the global under-five mortality and it is also affirmed that the prevalence is even higher in communities that practice application of non-sterile home remedies to the cord (Wallace & Frisch, 2009). In Pemba Island, Zanzibar and Tanzania, omphalitis occurred in 954 (5.5%) out of 17,198 infants within seven days of age (Mullany et al., 2011). In a study establishing the prevalence of neonatal umbilical cord sepsis in five African countries; Egypt, Nigeria, Democratic Republic of Congo, Libya and Malawi, picked at random (Mullany et al., 2013), it was revealed that of the 25.37 million neonates enrolled in their study, 6.785(26.7%) neonates had umbilical sepsis and 0.521(7.7%) of them died.

In Uganda, neonatal cord sepsis contributes 45.0% to infant mortality rate. In 2013 the status was 27 per 1,000 live births and the target for 2015 was 20 per 1000 live births Annual Health Sector Performance Report for Financial Year 2013/2014. The death toll per day due to neonatal sepsis

stands at 120 (UDHS, 2011). The ministry of health 2014 report states that one of the major causes of newborn mortality is sepsis (MOH, 2014). A study conducted in the two Western Ugandan districts of Kasese and Kabarole on assessment of maternal and neonatal health within the first four weeks after birth revealed that poor neonatal cord care caused neonatal cord sepsis and tetanus to 398 (5.0%) and 113 (1.4%) neonates respectively, out of the 7895 neonates investigated (DeStegiter and Streeter, 2011).

At Kitagata government hospital in Sheema district, it was noted that there was high prevalence of neonatal sepsis. In a period of three months, 79/1000 live births were admitted at the hospital with neonatal sepsis in their first week of life (Inpatient Registers and Health Management Information System (HMIS, 2014), almost more than the level of national prevalence rate of neonatal sepsis in Uganda which was at 27/1000 live births (UDHS, 2013). Thus the adoption of a broader concept to highlight the burden and far reaching implications of neonatal sepsis is paramount for advocacy for resources to support innovative programs. This was the impetus for the creation of the World Sepsis Declaration and subsequently World Sepsis Day which is usually celebrated on 13th September of every year (www.world-sepsis-day.org).

1.2 Problem Statement

Kitagata Hospital is the major government health facility in the rural Sheema district, attending to patients with different health complaints, performing a variety of diagnostic investigations and both minor and major surgeries. Due to its location and status, the hospital has high numbers of patients in the OPD and in wards and most of its patients are from deep rural areas of the neighboring districts, most of which experience harsh economic crisis.

The hospital is managed by well qualified and experienced service providers of all cadres such as: Nurses, Midwives, Clinical Officers, Medical Officers, Medical Consultants and other supporting non-medical staffs, thus able to provide quality health services to its clients. Ever since its establishment, Kitagata hospital has encountered and is still encountering some challenges with case managements one of which being neonatal cord sepsis despite the presence of well qualified personnel.

The prevalence of neonatal umbilical cord sepsis at this hospital is almost constant for some years despite the precautions taken by the service providers to prevent neonatal sepsis. It is against this background that the researcher sought it vital to do a study titled “attitudes and practices of mothers towards neonatal umbilical cord sepsis in maternity ward of Kitagata Hospital”.

1.3 Purpose of the study

The purpose of the study was to find out the attitudes and practices of mothers towards neonatal umbilical cord sepsis in maternity ward of Kitagata Hospital.

1.4 Study objectives

1.4.1 Broad objective

To establish the Attitudes and Practices of Mothers towards Neonatal Umbilical Cord Sepsis in the maternity ward of Kitagata Hospital.

1.4.2 Specific objectives

- i. To assess the attitudes and factors associated with neonatal umbilical cord sepsis in the maternity ward of Kitagata Hospital.
- ii. To determine the prevalence of umbilical cord sepsis among neonates at Kitagata Hospital.

1.5 Research questions

- i. What are the attitudes and factors associated with neonatal umbilical cord sepsis in the maternity ward of Kitagata Hospital?
- ii. What is the prevalence of umbilical cord sepsis among neonates at Kitagata Hospital?

1.6 Justification of the study

Preventing both maternal and newborn deaths is a priority particularly in Ugandan medical service provision and globally in general. Neonatal sepsis being the major cause of neonatal deaths in Uganda, there are a number of guidelines and practices that have been “singled out” to reduce this killer condition among the neonates. Despite all that, neonatal cord sepsis is still at a rise. The findings of this study shall thus provide a platform for both the medical personnel and mothers to

curb down neonatal cord sepsis at Kitagata Hospital in particular and Uganda as a whole. This shall help improve on health education in a way of curbing cord sepsis in the maternity wards.

The findings shall also help in highlighting the gaps in the newborn cord care policy and help tailor community sensitization programs for newborn cord care practices. Prevention of cord sepsis and proper care management may significantly help in the reduction of neonatal mortality and morbidity rates.

In the absence of supplies in hospital facilities, cord cutting is done by the help of mainly razor blades whose sterility is for sure not known. This is a dangerous practice to the newborn especially that tetanus is still a problem in this area. More so, mothers apply substances like powder, lizard droppings, herbs, etc. to the cord stump. Therefore the findings of this study shall hopefully help bring change in such harmful practices.

The study shall help the Ministry of Health in Uganda, Sheema District and Kitagata Hospital authority to provide more information regarding proper care of neonatal umbilical cord to prevent cord sepsis. Basing on the findings, other researchers shall carry out further studies related to this topic. Thus the findings shall be point of references.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This section presents the ideas and views of different scholars relating to the attitudes and practices of mothers towards neonatal umbilical cord sepsis. It reviewed the study objectives, which include; assessing the attitudes and factors associated with neonatal umbilical cord sepsis in the maternity ward of Kitagata Hospital and to determine the prevalence of umbilical cord sepsis among neonates at Kitagata Hospital.

2.2 Attitudes and factors associated with neonatal umbilical cord sepsis.

In a community based study done in Uganda found that 46% of the newborns had a facility delivery and only 38% were judged to have had good cord care (Waiswa et al., 2010). Mothers were putting powder on the cord. Multiparous mothers were likely to have safe cord practices as were mothers who had attained secondary education and above. In their study, it was further noted that Traditional Birth Attendants are perceived as effective care-givers since they provide herbal medicine, and as more mature providers with 'better' personalized care compared to health workers (Waiswa et al., 2010). Furthermore, TBAs are easily accessible to the community day and night. In addition, it was believed that herbs from TBAs give magical effects which modern medicine may not be able to provide.

Tanzanian study of 3262 pregnant women who received health education based on the principles of the "six cleans" recognized by WHO (clean hands, clean perineum, clean delivery surface, clean cord cutting and tying instruments, clean cutting surface) and also used clean delivery kits found that the newborns whose mothers used the delivery kit were 13.1 times less likely to develop cord sepsis than infants whose mothers did not use the kit (Mosha et al., 2008). Furthermore, infants of women who bathed before delivery were 3.9 times less likely to develop cord sepsis (Mosha et al., 2008).

Lawn, Wilczynska and Cousens (2008), in their study to find out the reasons for high neonatal deaths in one of the hospitals in rural Algeria, it was noticed that few mothers could make the recommended four ANC visits where they are taught on birth preparedness and care of baby/neonate after birth among others. As a result, most mothers stick on their cultural and

traditional practices on neonatal cord care, most of which are not so effective in preventing pathogens from entering via the neonate's cord stump and hence causing sepsis. These scholars also found out that most of their respondents were not aware of the need for postnatal health care attendance except for immunization of children.

The reasons for the high incidence of neonatal sepsis in developing countries are high incidence of home deliveries, unhygienic cord cutting, application of unclean substances to the stump and covering the stump with unclean fabric (Mullany et al., 2011).

Currently and throughout history many different substances have been used on the umbilical stump to help hasten the drying process and lessen the chance of infection. These substances include; local herbs, animal droppings and chemical solutions (Leundon et al., 2009).

Polygamous practices, financial constraints, deep rooted cultural beliefs on neonatal cord practices, peer influence on choice of care especially for PGs, poor attitudes and communication skills of health workers like ignoring clients & rudeness were among the factors associated with high prevalence of neonatal cord sepsis (Waiswa et al., 2010).

2.3 The prevalence of umbilical cord sepsis among neonates

Diagnosis of cord sepsis is mainly based on clinical signs; Therefore, large variations in diagnosis can result from the adoption of different diagnostic criteria (WHO, 2008). The prevalence can be as high as 15% in the low income countries when large diagnostic criteria like the presence of moderate or severe redness around the cord are used and about 1% if more strict criteria like severe redness with pus around the cord are used (Mullany et al., 2011).

Due to the paucity of data and unclear diagnostic criteria, the prevalence of this condition is not well established and there is a wide variation in rates of cord sepsis among neonates in various developing countries. Cord sepsis is not common in the high income countries. However, in the low income countries evidence shows that cord infections are more common (Vural & Kisa, 2008). In a Nepal community-based, study evaluated newborns for umbilical cord infection (pus, redness, and swelling) and found cord sepsis in 14.9% (2575 of 17,198) newborns (Kerber et al., 2007). The prospective observational study done in a Special Care Baby Unit of a regional referral hospital in

Oman, it was found that cases of cord sepsis were 16.9% (1902 among 11260 births) (Sawardekar, 2007).

Furthermore, in a retrospective study done in Kenyatta National Hospital-Nairobi on general paediatric ward it was found that out of the total of 308 neonatal cases, cord sepsis accounted for 28% of neonatal admissions (Simuyu, 2008).

In Uganda, the postnatal period illustrates a critical policy gap, especially around the crucial first week of life. Health programs have traditionally focused on either safe motherhood or older child interventions and have not effectively captured important newborn health interventions. Most newborns delivered in health facilities are discharged without being seen and routine postnatal visits are scheduled six weeks after delivery, long after the riskiest time for mothers and the babies (MOH, 2007).

Consequently, little newborn-specific data has been collected. However infections alone contribute 31% of all the neonatal deaths in Uganda (MOH, 2007). An estimated prevalence of neonatal septicemia of 37% was obtained with a mortality of 18.1% in Mulago Hospital (Mugalu et al., 2007). In the same study, umbilical pus discharge was found to be significantly associated with neonatal septicemia, with 34% of the neonates who had suspected septicemia also found to have umbilical pus discharge.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter described the study area in geographical terms, study design, population, sample size determination, sampling procedure, inclusion and exclusion criteria, pretest of questionnaire, data collection tools and data collection procedures. It further describes data management, data analysis and presentation, ethical considerations, dissemination of findings, study limitations and quality assurance.

3.2 Study area and Location

The study was conducted at Kitagata Hospital, located in Kitagata business town of Sheema district in Ankole sub-region, western Uganda. The hospital is about 62km south west of Mbarara and about 17km south of Ishaka town, Ishaka – Bushenyi municipality. Kitagata hospital is a government, public institute with a bed capacity of about 120 (www.Globefeed.com). The study area was selected because of its strategic location and status, in a rural district and being a government facility where many patients are believed to be getting health services from.

3.3 Study design

The study used a cross sectional descriptive design which allowed the analysis of multiple variables and also data was collected at a particular point in time.

3.4 Study population

The study enrolled all mothers that had their neonates admitted in the maternity ward of Kitagata Hospital during the period of this study.

3.5 Sample size estimation

A sample size of 96 respondents was calculated using the formula by Wayne Daniel (1986), stated as below. This sample size was a clear representation of the population under study.

$$n = \left(\frac{Z^2 P Q}{D^2} \right)$$

Where; n =desired sample size,

Z = Standard normal deviation taken at 1.96 at confidence level of 95%.

P = Proportion of mothers who had better attitudes and practices towards neonatal umbilical cord sepsis (Considered to be 50% of the targeted population). Therefore the $p = 0.5$

Q = Standardize, $1.0 - P = 0.5$

D = Degree of accuracy desired using 10%, or 0.1

In this case, 95% confidence level has 5% error.

$$n = \left(\frac{1.96^2 \times 0.5 \times 0.5}{0.1^2} \right)$$

$$n = 96.04$$

Therefore, $n = 96$ respondents.

3.6 Sampling procedure

The researcher used simple random sampling technique in which respondents were chosen from the population with equal chances of selection. The advantage with this technique is that it was easy to administer, the analysis of data obtained from it was straight forward.

3.7 Eligibility Criteria

3.7.1 Inclusion criteria

All the respondents whose neonates were admitted in the maternity ward of Kitagata Hospital during the study period and were willing to participate freely, those who signed the consent form.

3.7.2 Exclusion criteria

All respondents whose neonates were not admitted in the maternity ward of Kitagata Hospital during the time of study despite their willingness to freely take part in the study. Neonates with congenital malformations.

3.8 Data collection tools.

A self-administered questionnaire prepared in English with both open and closed ended questions was designed by the researcher and given to the respondents. The questionnaire was designed in an appropriate way so as to solicit the opinions of the respondents

3.8.1 Pretest questionnaire

The questionnaire was pretested at Kasana Health Center II in Sheema district, about 7 kilo meters from Kitagata Hospital.

3.9 Data collection procedures

Data was collected using the pretested questionnaires. Before the actual data collection, research assistants were trained on how the questionnaires were to be filled. Then the researcher and research assistants met the registered respondents that took part in the study, after obtaining permission for data collection from the hospital administration. Each respondent had to give an informed consent before enrolling in the study and was allowed to participate only once. The researcher and research assistants then assisted the respondents in filling the questionnaires and explained to them where necessary for any clarifications. The properly filled questionnaires were then collected and data was taken for analysis.

3.9.1 Data management

The collected data was kept confidential between the researcher and the respondents. All data obtained was analyzed and after the analysis, the questionnaires were kept properly to avoid access by unauthorized personnel and losses

3.10 Data analysis and presentation

The quantitative data collected was edited, coded and entered into the Statistical Package for Social Science (SPSS) program 17.0 for analysis of variables. Descriptive statistics in form of frequencies, percentages and means was employed to describe the respondents' perceptions regarding the variables in the study.

Analysed data was then presented using tables, pie charts and graphs. Cross-tabulations were also drawn. Descriptive statistics enabled the researcher to meaningfully describe the distribution of scores.

3.11 Ethical considerations

Permission to conduct the study in form of an introductory letter from Kampala International University, western campus was given to the researcher who then presented it to the Hospital Administrator of Kitagata Hospital for approval, after which the actual data collection commenced. During data collection process, the researcher and her assistants introduced themselves to the respondents and explained to them the purpose of the study so as to obtain their informed consent. The respondents signed the consent forms thereafter.

Confidentiality and privacy during the study were ensured to enable participants give information with ease. The respondents were assured that the information they were to give would only be used for research purposes and they would freely withdraw from the study in case they could be uncomfortable to continue and that in any way this would not affect their treatment and care.

3.12 Limitations of the study

Language barrier, the research study was carried out among people of different language backgrounds, the majority of whom were illiterate. It thus required another person familiar with the language to translate for the respondents.

Limited literature about the subject, In this case the available data in books was not enough to access current materials and at times would not be specific to the subject.

The researcher thus had to compare old data and current situations relating them to the variables under study and compiling adequate data from the internet.

The researcher also met a challenge of some respondents not disclosing the right information.

However, the following strategies were employed to overcome the above limitations.

The inaccessibility of data and respondents not disclosing the right information challenges were solved by sending the questionnaires at once and collecting them after a minimum given time elapsed.

Literature on the subject matter was improved by using the library and employing various material sections like the internet which had plenty of the information.

3.13 Dissemination of the results

The approved copies of the study report were sent to;

- i. Uganda Nurses and Midwives Examination Board as partial fulfillment of the award of Diploma in Nursing Sciences
- ii. Kampala International University-Western Campus School of Nursing Sciences
- iii. Library of Kampala International University-Western Campus

CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter presents the analyzed data according to the following objectives; Social demographic characteristics of respondents, Delivery background of respondents and Number of neonates with umbilical cord sepsis.

Ninety six(96) respondents consented to participate in this study and their responses were collected and presented as mentioned in the above form.

4.2 Socio-demographic characteristics

This describes the demographic characteristics of respondents that participated in the study.

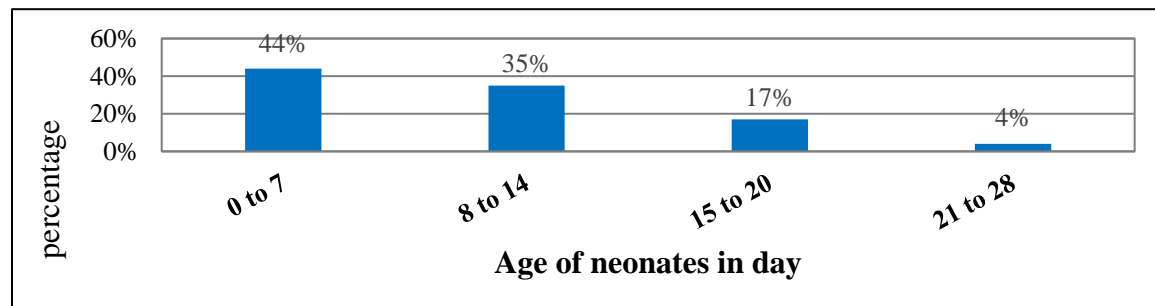
Table 1: Showing gender of the neonates

Gender of neonates	Frequency	Percentage
Male	40	42%
Female	56	58%
Total	96	100%

Source: field data August/September 2016

The table above showed that majority were female neonates with 58% and few male neonates with 42% involved in the study.

Figure 1: A bar graph showing distribution of neonates according to age n=96



Source: field data August/September 2016

Majority (0 to 7 days) age-group had the highest 44% (42) neonates, followed by age group (8 to 14 days) who had 35% (34) neonates meanwhile age-group 15 to 20 days had 17% (16) neonates and few were age-group 21 to 28 days with 4% (4) neonates.

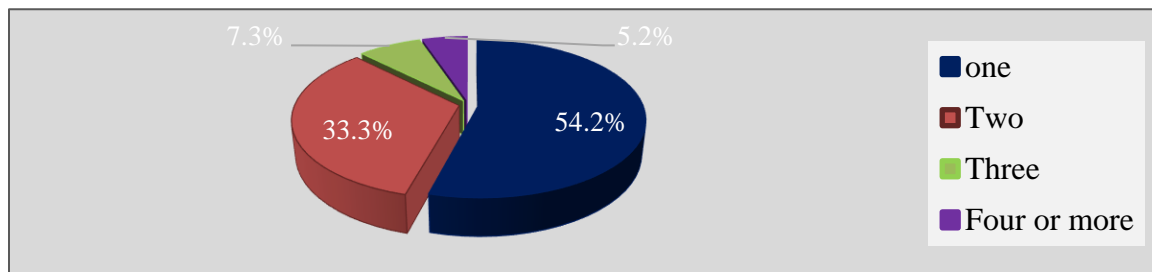
Table 2: Show the cross-tabulation according to age and marital of the respondent

Age group of respondents (years)	Marital status of respondents				Total
	Married	Widow	Cohabiting	Separated	
15-24	22	0	9	4	35 (36.5%)
25-34	22	0	7	4	33 (34.4%)
35-44	12	0	5	5	22 (22.9%)
45 & above	3	0	3	0	6 (6.2%)
Total	59 (61.5%)	0 (0%)	23 (25%)	13 (13.5%)	96 (100.0%)

Source: field data August/September 2016

The ages and marital status of respondents were cross-tabulated and it was revealed that majority 59 (61.5%) of them were married and none of them was widowed. 23 (25%) were cohabiting and 13 (13.5%) had separated. The age-group of (15-24) years had the majority of Respondents 35 (36.5%) followed by that of 25-34 years 33 (34.3%) and (35-44) years had 22 (22.9%). The 45 years and above age group had the least 6 (6.2%) respondents.

Figure 2: A pie chart showing number of wives a respondent's husband had n=96



Source: field data August/September 2016

Majority 52 (54.2%) of the respondents did not have co-wives while 32 (33.3%) respondents were two co-wives, 7 (7.3%) of the respondents said they were three co-wives and few 5 (5.2%) were four and above co-wives.

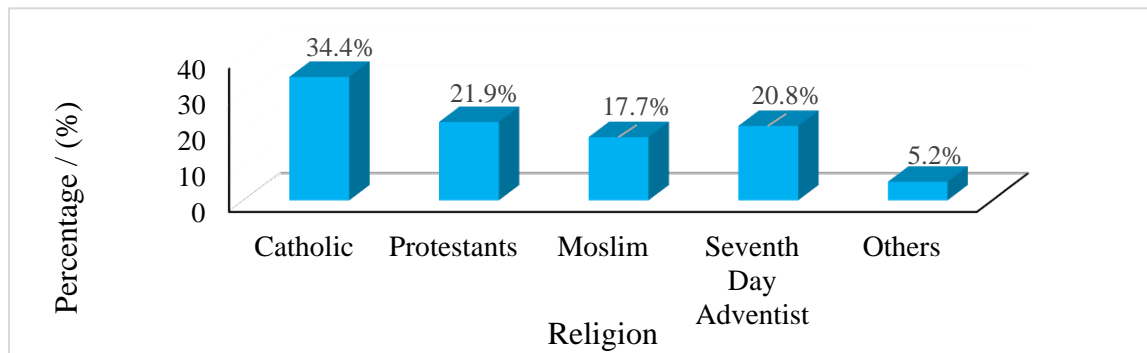
Table 3: Show the distribution according to educational background of respondents

Educational background	Frequency	Percentage
Primary	36	37.5%
‘O’ level	26	27.1%
‘A’ level	7	7.3%
University	9	9.4%
College	10	10.4%
None	8	8.3%
Total	96	100.0%

Source: field data August/September 2016

As shown in the table 3 above, the study revealed that 36 (37.5%) of the respondents had gone through primary level, 26 (27.1%) through ‘O’ level, 7 (7.3%) through ‘A’ level, 9 (9.4%) through University and 10 (10.4%) had gone through College meanwhile only 8 (8.3%) respondents had not gone through formal education.

Figure 3: A bar graph showing the religion of the respondents n=96



Source: field data August/September 2016

The results showed, majority 34.4% (33) of the respondents were Catholics, Protestants were 21.9% (21), 17.7% (17) were Moslems, 20.8% (20) were Seventh Day Adventists (SDAs) and only 5.2% (5) respondents were in other religions.

Table 4: Show the distribution of respondent according to their tribe

Tribe of the respondents	Frequency	Percentage
Banyankole	39	40.6%
Bakiga	26	27.1%
Bakonjo	10	10.4%
Baganda	8	8.3%
Banyarwanda	7	7.3%
Batoro	6	6.3%
Total	96	100.0%

Source: field data August/September 2016

Most 39 (40.6%) of the respondents were Banyankole. Followed by Bakiga 26 (27.1%), Bakonjo were 10 (10.4%), Baganda were 8 (8.3%), Banyarwanda were 7 (7.3%) and very few were Batooro, 6 (6.3%).

4.3 Delivery background of the respondents

It was noted in the study that most 63 (65.6%) of the respondents were multiparous and only 33 (34.4%) respondents were having their first born.

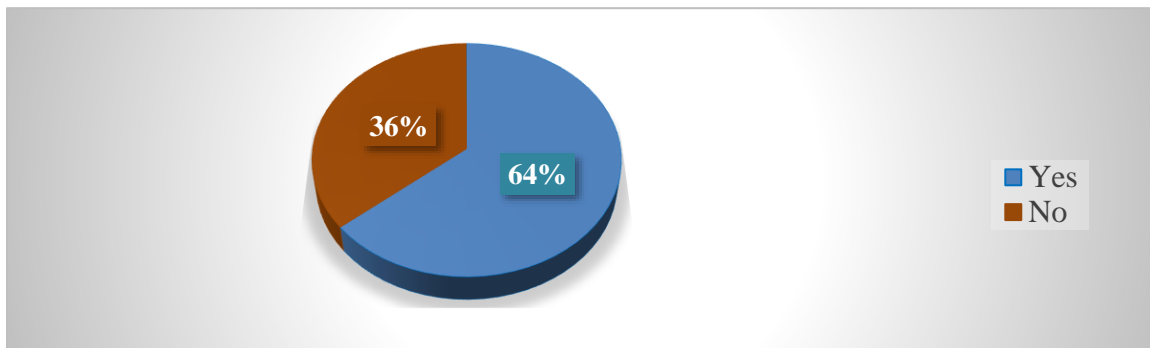
Table 5: Show the cross-tabulation according to occupation and ANC attendance of the respondent

Occupation	ANC visit attended					Total
	Once	Twice	Thrice	Four times	Never	
Peasant	3	4	8	21	7	43 (44.8%)
Teacher	3	3	4	2	3	15 (15.6%)
Business	2	1	2	16	11	32 (33.3%)
Medical person	1	2	0	1	1	6 (6.3%)
Total	9(9.4%)	10(10.4%)	14(14.6%)	41(42.7%)	22 (22.9%)	96 (100%)

Source: field data August/September 2016

The distribution according to the occupation and ANC attendance of respondents were cross-tabulated. The majority 43 (44.8%) of respondents were peasants, 32 (33.3%) of respondents were Business people, followed by Teachers 15 (15.6%) and least 6 (6.3%) were Medical persons. Those who attended ANC visit four times were many 41 (42.7%), followed by those who never attended ANC visit were 22 (22.9%) meanwhile 14 (14.6%) attended thrice, 10 (10.4%) attended ANC twice and few respondents attended ANC once, 9 (9.4%).

Figure 4: A pie chart showing whether respondents receive mama kit prior to delivery n=96



Source: field data August/September 2016

The analyzed results showed that majority 64% (61) “Yes” of respondents received mama kits and 36% (35) “No” did not.

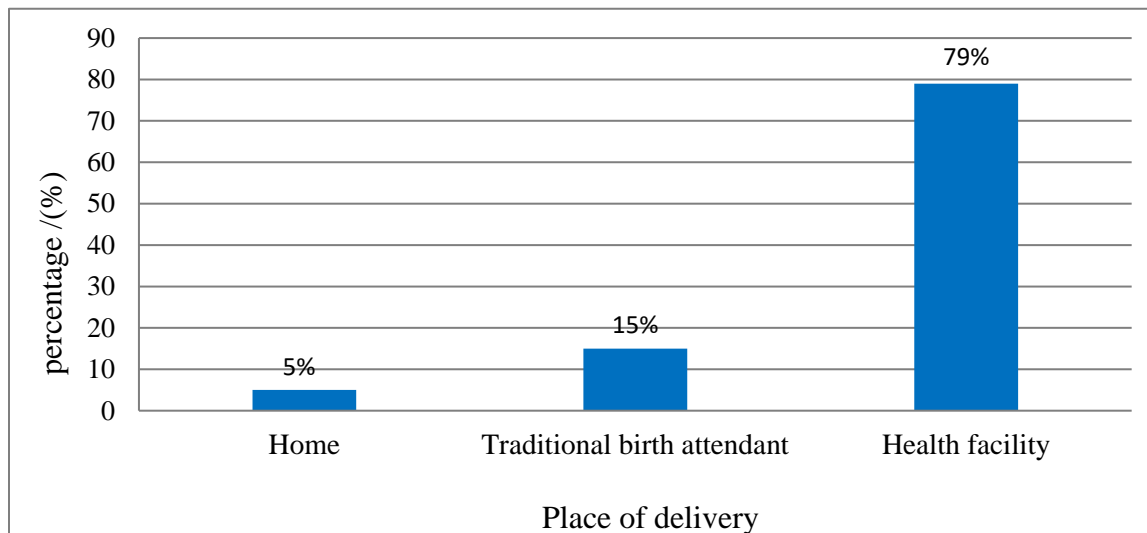
Table 6: Show the distribution of place where respondent’s mama kit was given

Description of place	Frequency	Percentage
Bought it from a friend	5	8.2%
Bought it from a medical persons	13	21.3%
Given during ANC visits	43	70.5%
Total	61	100%

Source: field data August/September 2016

The study finding revealed that out of 64% (61) of respondents who received mama kits, 70.5% (43) respondents were given mama kits during ANC visits, 21.3% (13) bought them from medical personnel and 8.2% (5) bought them from their friends.

Figure 5: A bar graph showing respondent’s place of delivery n=96



Source: field data August/September 2016

As shown in figure 5 above, it was noted that 79% (76) respondents delivered from a health facility. 16% (15) respondents were delivered by TBA (Traditional birth attendants) and only 5% (5) respondents delivered from their homes by their own assistance.

Table 7: Show distribution of respondent according to observed cutting of neonate's umbilical cord and instrument used to cut.

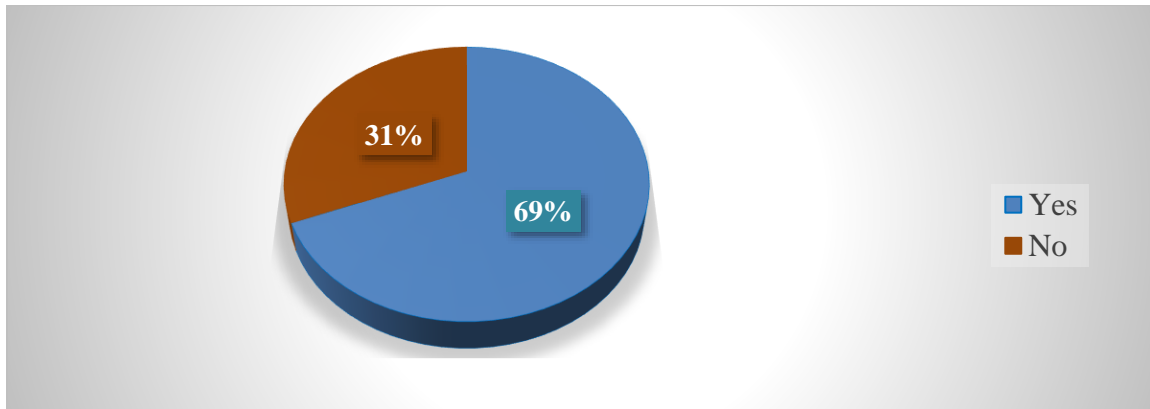
Variable	Description	Frequency	Percentage
Observed cutting of neonate's umbilical cord	Yes	75	78%
	No	21	22%
	Total	96	100%
Instrument used to cut neonate's umbilical cord	Razorblade	15	20%
	Pair of scissors	58	77%
	Knife	0	0%
	others	2	3%
	Total	75	100%

Source: field data August/September 2016

Results showed that 75 (78%) “Yes” respondents observed the cords of their babies being cut and only 21 (22%) “No” respondents did not.

Out of 75 (78%) of the respondents who observed the cords of their babies being cut, majority 58 (77%) respondents said that the cords of their babies were cut using a pair of scissors, 15 (20%) said razorblades were used meanwhile only 2 (3%) of respondents said that the cords of their babies were cut using other instruments and none reported that the babies cord were cut using a knife.

Figure 6: A pie chart showing whether the respondent's knowledge about the care of the neonatal umbilical cord n=96

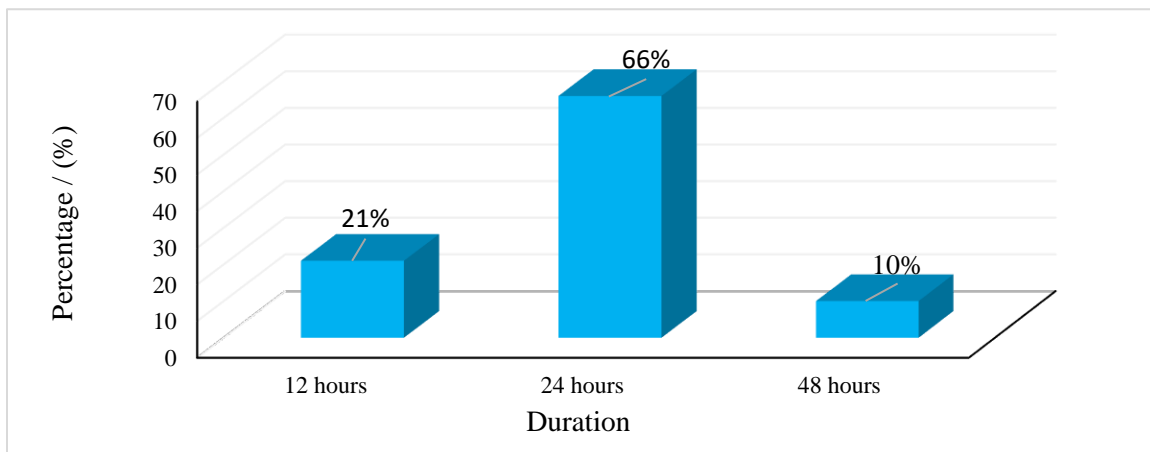


Source: field data August/September 2016

The study results showed that 69% (66) 'Yes' respondents knew or were told how to care for the neonatal cord whereas 30 (31%) had no idea or were not told

Figure 7: A bar graph showing the time taken for the respondents to wash their babies for the first time after birth

n=96



Source: field data August/September 2016

Majority 69% (66) respondents washed their babies in the first time 24 hours after birth, 21% (20) washed them in 12 hours after birth and least 10%(10) washed theirs in 48 hours after birth.

Table 8: Show how often the respondents wash their babies in a day

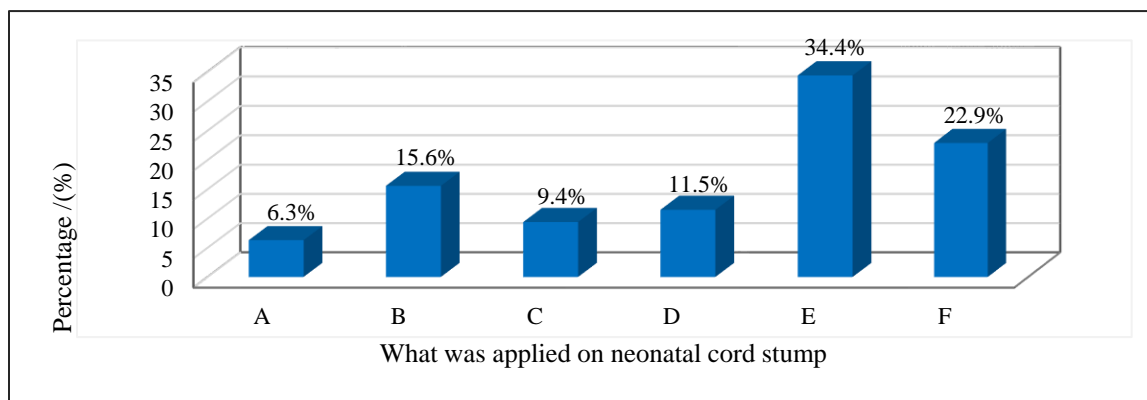
How often to wash babies in a day	Frequency	Percentage
Once	23	24%
Twice	60	63%
Thrice	11	11%
Four times and more	2	2%
Total	96	100%

Source: field data August/September 2016

The finding revealed, Majority 60 (63%) respondents' babies were being washed twice, followed by 23 (24%) babies were being washed once meanwhile 11 (11%) babies were being washed thrice and very few 2 (2%) babies were being washed four times and more in a day.

Figure 8: A bar graph showing respondents apply on the neonatal umbilical cord stumps

n=96



Source: field data August/September 2016

The study findings showed that 34.4% (33) of the respondents used salty, cold, boiled water (E). 22.9% (22) respondents applied the saliva of the babies' mothers or grandmothers mixed with ash

from burnt papyrus rids (F), 15.6% (15) applied Spirit (B), 11.5% (11) applied Sap from back tree and lizards` faeces (D), 9.4% (9) applied Castor oil (C) and 6.3% (6) applied only Lizards` faeces (A) on the neonates` cord stumps.

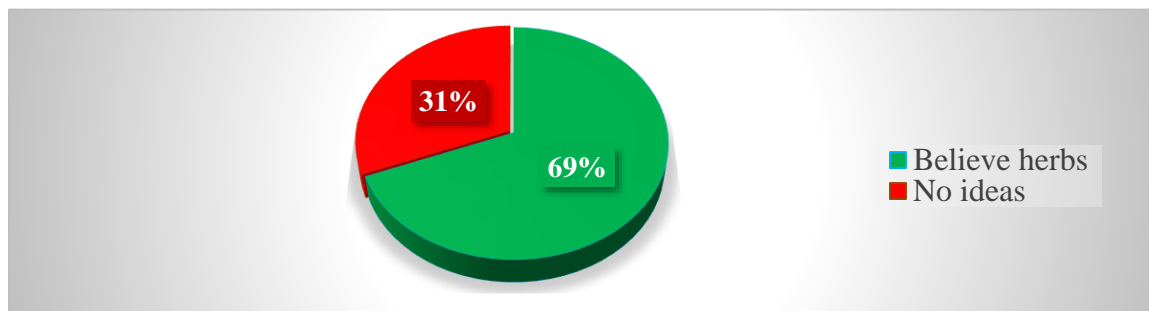
Table 9: Show whether the respondent`s husbands were supportive during birth preparations and after birth

Description	Frequency	Percentage
Yes	75	78.1%
No	21	21.9%
Total	96	100.0%

Source: field data August/September 2016

Majority, 75 (78.1%) “Yes” respondents revealed that their husband were very supportive before and after delivery while only 21 (21.9%) “No” said their husbands were not supportive at all.

Figure 9: A pie chart showing respondents` cultural beliefs regarding neonatal umbilical cord care n=96



Source: field data August/September 2016

Most of the respondents 69% (66) believed that the herbs have natural power to heal the neonatal cord stumps quickly and that they have blessings of the great grandparents. About 31% (30) of the respondents did not have any idea about what was being asked.

Table 10: Show respondents' comparison in caring of neonatal umbilical cord using modern and traditional medicines

Comparison of medicines	Frequency	Percentage
Modern medicines	17	18%
Traditional medicines	49	51%
Both	30	31%
Total	96	100%

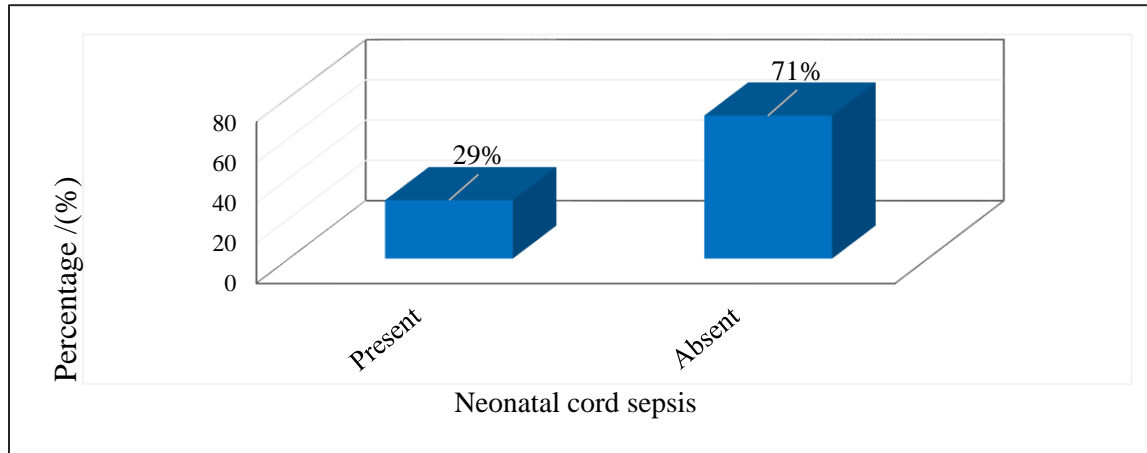
Source: field data August/September 2016

Study results found that 49 (51%) of the respondents said that it is cheaper to use traditional herbs than using modern medicine because herbs are obtained at no cost while 30 (31%) respondents agreed that both modern and traditional medicine are useful. Only 17 (18%) of the respondents said that treating neonatal umbilical cord using modern medicines is cheaper than using traditional medicine prevent harmful germs from entering the cord stump there by quickening healing.

4.4 Number of neonates with umbilical cord sepsis

The researcher examined and observed the neonates under the study, read through their medical files and determined the number of neonates who had umbilical cord sepsis. The clinical signs observed were umbilical pus, redness and swelling.

Figure 10: A bar graph showing neonate have umbilical sepsis n=96



Source: field data August/September 2016

Study results from the figure 10 above, out of 96 neonates enrolled under the study, 28 (29%) of them had umbilical cord sepsis and majority 68 (71%) did not have umbilical cord sepsis.

4.5 Specific information about respondents whose babies had umbilical cord sepsis as obtained from the questionnaires

The researcher sorted out the questionnaires of those respondents whose babies had umbilical cord sepsis and looked for specific information. The following were obtained:

Majority 13 of respondents had gone through primary, 9 through 'O' level, 3 through 'A' level, 2 through College and 1 never did formal education.

16 respondents were multiparous while 12 were having first born. 27 respondents attended ANC and only 1 never attended. 21 respondents received mama kits and 7 did not. 25 respondents delivered from a health facility, 1 from home by herself and 2 delivered by TBAs.

10 respondents were told or knew how to care for neonatal cord and 18 were not told or did not know anything regarding neonatal cord care.

13 respondents washed their babies 24 hours for the first time after birth, 12 washed theirs after 48 hours and only 3 after 12 hours.

15 respondents could wash their babies twice in a day, 12 could wash theirs once and only 1 washed her baby thrice in a day. Fifteen

15 respondents applied saliva mixed with ash from burnt papyrus rids on the cords of their babies, 8 applied sap from back tree mixed with lizard`s feaces, 3 applied salty water and 2 applied only lizard`s feaces on the cords of their babies.

CHAPTER FIVE: DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter discusses, conclude and recommend the findings and implications of f Attitudes and Practices of Mothers towards Neonatal Umbilical Cord Sepsis in Maternity Ward of Kitagata Hospital, Sheema District

5.2 Discussion

5.2.1 Attitudes and associated factors with neonatal umbilical cord sepsis in the maternity ward of Kitagata Hospital

The findings of this study showed that 36 (37.5%) of the respondents had finished primary level, 13 of whom had babies with cord sepsis, and 26 (27.1%) finished 'O' level, 9 Of whom had babies with cord sepsis. 76 (79%) respondents delivered from a hospital facility, 25 of whom had babies with cord sepsis while 15 (16%) respondents were delivered by TBAs and 2 of them had babies with cord sepsis. 63 (65.6%) of the respondents were multiparous 16 of whom had babies with cord sepsis, and 33 (34.4%) were having their first born (Para 1)12 of whom had cord sepsis. 61 (64%) respondents were told or knew how to care for neonatal cord, 10 of whom had babies with cord sepsis and 35 (36%) respondents were not told or did not know anything regarding neonatal cord care, 18 of whose babies had cord sepsis. 66 (69%) respondents washed their babies 24 hours for the first time after birth 13 of whom had babies with cord sepsis, 20 (21%) washed theirs after 12 hours of whom 12 respondent had their babies with cord sepsis, and 10 (10%) respondents washed their babies after 48 hours of whom 3 had babies with septic cords. 60 (63%) respondents could wash their babies twice in a day 15 of whom their babies had cord sepsis, 23 (24%) could wash their babies once in a day 12 of whom their babies had cord sepsis and only 11 (11%) respondents washed their babies thrice in a day 1 of whom her baby had cord sepsis. 49 (51%) respondents applied traditional medicine on the cords of their babies 28 of whom their babies had umbilical cord sepsis while only 17(18%) respondents applied modern medicine on their babies` cords and none of their babies had cord sepsis.

The above findings are in agreement with those of other scholars. Lawn, Wilczynska and Cousens (2008), who in their study found out that most mothers stick on their cultural and traditional

practices on neonatal cord care, most of which are not so effective in preventing pathogens from entering via the neonate's cord stump and hence causing sepsis. These scholars also found out that most of their respondents were not aware of the need for postnatal health care attendance except for immunization of children. Mullany et al. (2011), revealed that application of unclean substances and unhygienic handling of neonates increase neonatal cord sepsis in developing countries. Poor communication skills of health workers and deep-rooted cultural beliefs are some of factors that lead to increased neonatal cord sepsis (Waiswa et al., 2010).

5.2.2 The prevalence of umbilical cord sepsis among neonates at Kitagata Hospital

This study revealed that of the 96 neonates enrolled under the study, 28 (29%) of them had umbilical cord sepsis. These results were based on clinical signs like umbilical cord pus, redness and swelling. These findings are consistent with those of Kerber et al. (2007), whose study established that 14.9% of their study sample size (17198) who had cord sepsis had umbilical cord pus, redness and swelling. Sawardekar (2007), report findings agreed with the prospective observational study in a Special Care Baby Unit in a regional referral hospital in Oman who found that 16.9% of his study sample size (11260) had umbilical cord sepsis.

5.3 Conclusion

Despite Government's efforts to reduce on neonatal mortality and morbidity in the country, neonatal cord sepsis is still one of the causes of neonatal morbidity and mortality in Kitagata Hospital with prevalence rate of 29%. Most mother still have cultural attitudes and practices with 51% traditional medicines used to care for neonate umbilical cord care.

5.4 Recommendations

Through the Ministry of Health, the government of Uganda should increase on health awareness campaigns so that many of our newborns do not fall victim of cord sepsis.

Medical personnel should improve on their communication skills to deliver and provide routine evaluation of neonates in the post natal wards should be carried out.

More efforts should be put on health education as mothers come for ANC visits and mothers should always be encouraged to finish all the four recommended ANC visits.

5.5 Implications to Nursing Practice

Mothers should be educated about newborn danger signs, this education should be given during ANC visits as well as after delivery.

Routine evaluation of neonates in the post natal wards should be carried out.

Sensitizing Mothers on different risk factors that leads to neonatal umbilical cord sepsis.

Nurses should emphasize on outreaches to identify the risk groups in the community.

5.6 Topics for further study

The researcher suggest the following topics to be further researched on;

To identify the preventive methods of neonatal umbilical cord sepsis.

Community based study should be carried out to assess mothers knowledge of newborn danger signs.

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APPENDICES

Appendix I: Consent Form

Study Topic: Attitudes and practices of mothers towards neonatal umbilical cord sepsis at Kitagata Hospital, Sheema District.

Investigator: Namuddu Rebecca

You are invited to participate in this study to assist determine mothers` attitudes and practices towards neonatal umbilical cord sepsis in the maternity ward of Kitagata Hospital. The appointed people and the review board at Kitagata hospital have approved the study and its procedures. If you are to participate in the study, you will be requested to do the following;

1. Sign this consent form and to
2. Answer the questions in the questionnaire.

There is no risk associated with the study, and participation will only take approximately 15 minutes of your time. You are free to ask any question about the study. Your names shall not be included in this study, instead codes shall be used.

Your participation is absolutely voluntary; you have the right to with draw at any time you wish to quit. Whatever is discussed will be kept confidential between you and the investigator/research assistant. The hospital and university authority have been informed about this study for purpose of ethical considerations and they have granted permission for the study.

Participant Declaration

I have read this consent/ this consent has been read and clearly translated to me, and I voluntarily consent to participate in the study.

Participant:..... Investigator/research assistant

Date Date

Appendix II: Questionnaire

Topic: Attitudes and practices of mothers towards neonatal umbilical cord sepsis at Kitagata Hospital.

Introduction

I am **Namuddu Rebecca**, a finalist student for a Diploma in Nursing of Kampala International University, western campus, conducting a research on “Attitudes and practices of mothers towards neonatal umbilical cord sepsis at Kitagata Hospital”. The purpose of this research is to collect information on the above stated topic.

Your participation is voluntary and I assure you that your answers will be private and confidential and shall be used solely for research purposes. I really appreciate your participation.

Thank you for your assistance

Instructions

- i. Put a tick in the space provided for an appropriate answer
- ii. Fill in the blank space where alternative answers are not provided
- iii. Name of the respondent not needed

Section A: Social Demographic Data of the respondent

1. Gender of neonates

a) Male ☐ b) Female ☐

2. Age (days) of neonates:

a) 0-7 ☐ b) 8-14 ☐

c) 15-20 ☐ d) 21-28 ☐

3. Age (years) of mother:

- a) 15-24 b) 25-34
c) 35-44 d) 45 and above

4. Marital status:

- a) Married b) Widow
c) Cohabiting d) Separated

5. How many wives does your husband have? \

- a) One b) Two
c) Three Four or more

6. Education background:

- a) Primary b) 'O' level c) University
d) 'A' level e) College f) None

7. Occupation:

- a) Peasant [farmer] b) Teacher c) Business
d) Medical person e) Others

8. Religion:

- a) Catholic b) Protestant
c) Muslim d) DA e) Others

9. Tribe:

.....

Section B: Delivery background:

10. Is this your first born baby?

a) Yes ☐ b) No, specify

11. Did you attend ANC?

a) No ☐ b) Yes ☐

12. If yes, how many times did you attend (ANC)?

a) Once ☐ twice ☐ Thrice ☐ d, ☐ r times ☐

13. Did you get a mama kit before delivery?

a) Yes ☐ b) No, why

14. If you got a mama kit, from where did you get it?

a) I bought it from a friend ☐ bought it from a medical person ☐

c) I was given it during ANC visits ☐

15. Where did you deliver from?

a) Home, by myself ☐ b) By a traditional birth attendant ☐

c) From a health facility ☐

16. Did you observe the cord (s) of your baby (ies) being cut?

a) Yes ☐ b) No ☐

17. If you observed the cord(s) of your baby (ies) being cut, what instrument was used to cut it?

a) Razorblade b ☐ of scissors c ☐ e ☐ ers ☐

18. Did you know or did the nurse/doctor/TBA who attended /is attending to you tell you what you are supposed to do regarding the care of the neonatal umbilical cord?

a) Yes ☐ b) No ☐

19. After how long did you wash your baby for the first time after birth?

.....

20. How often do you wash your baby a day?

a) Once ☐ b) Twice ☐

c) Thrice ☐ d) Four and more ☐

21. What are you applying on the umbilical stump of your baby?

.....

.....

22. Is your husband supportive to you during birth preparations and after birth?

a) Yes ☐

b) No, why do you think he does not support you?

.....

23. Briefly may you tell me what your culture says regarding neonatal umbilical cord care?

.....

.....

.....

.....

.....

24. How do you compare caring of neonatal umbilical cord using modern and traditional medicines?.....

.....

.....

.....

.....

.....

Section C: Number of neonates with sepsis.

25. The researcher shall examine and observe the neonates under the study, read through their medical charts and determine whether they have umbilical cord sepsis.

a) Neonatal cord sepsis present ☐ b) Neonatal cord sepsis absent ☐

THANKS A LOT FOR YOUR VALUABLE TIME

Appendix III: Work Plan for the research study

The study was carried out in a period of six months as summarized below.

ACTIVITY	TIME FRAME	RESPONSIBLE PERSON
Formulating research topic	1 st week of April 2016	Researcher & Supervisor
Soliciting funds	2 nd week of April – 3 rd week of May 2016	Researcher
Proposal writing and approval	2 nd week of June – 3 rd week of July 2016	Researcher, Supervisor and KIU Research Committee
-Training of Research assistant - Data collection	3 rd week of August 2016 to 3 rd week of September 2016	Researcher Research assistant
Data analysis and Report writing	4 th week of September 2016 to 1 st week of October 2016	Researcher and supervisor
Submission of Research report/project	2 nd week of October 2016	Researcher

Appendix IV: Budget

Below is a table summarizing estimated budget for the research study.

ITEM	QUANTITY	UNIT COST	TOTAL COST
Stationary	3 copies	20,000/=	100,000/=
Internet data	-	10,000/=	10,000/=
Research Assistant	1 person	70,000/=	70,000/=
Transport and meals	2 people	60,000/=	120,000/=
Airtime	-	9,000/=	9,000/=
Miscellaneous	-	20,000/=	20,000/=
Grand Total			329,000/=

Appendix V: Letter of Authorization



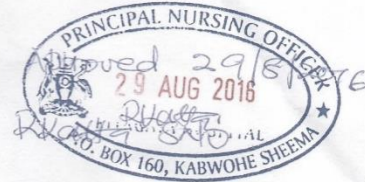
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OFFICE OF THE DEAN SCHOOL OF NURSING SCIENCE

TO WHOM IT MAY CONCERN

Dear sir/madam,



RE: NAMUDDU REBECCA DNS/E/0021/152/DU.

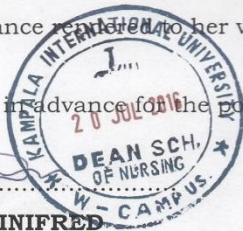
The above mentioned is a student of Kampala International University undertaking Diploma in nursing sciences Extension program and she is in her final academic year.

She is recommended to carry out her data collection as a partial fulfillment for the award of the diploma in nursing.

Her topic is **ATTITUDES AND PRACTICES OF MOTHERS TOWARDS NEONATAL UMBILICAL CORD SEPSIS.**

Any assistance rendered to her will be highly appreciated

Thank you in advance for the positive response



APONDI WINIFRED

ADMINISTRATOR SCHOOL OF NURSING SCIENCES.

"Exploring the Heights"

Appendix VI: Map of Uganda showing location of Sheema District



Appendix VII: Map of Sheema District showing location of Kitagata Hospital

