



Articles

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Factors Associated with Foetal Mortality in Severe Preeclampsia and Eclampsia at Mzuzu Central Hospital, Malawi

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Abstract ID: 1

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Introduction

Severe preeclampsia/eclampsia is one of the most common maternal problems. Poor outcomes for the foetus can result from complications in addition to maternal morbidity and mortality. Although the main focus of controlling the disease is the mother's survival, for the majority of mothers, the health of the foetus becomes a significant issue. This study aimed to evaluate the factors that contributed to foetal survival in women with severe preeclampsia/eclampsia at Mzuzu Central Hospital in Malawi to those that led to foetal mortality. The findings may be used to develop practical management plans for women who have the condition mentioned above to lessen the consequences for foetuses.

Methods

Secondary data from women who had severe preeclampsia or eclampsia were used in a case-control methodology. Utilizing stratified random selection, the case and control samples were selected, and the Statistical Package for the Social Sciences was used to compute the odds ratio and the chi-squared test.

Results

The factors that were significantly associated with fetal mortality were rural residence (OR=2.96), gravida 2-4

(OR=3.10), induction (OR=3.79), and delivery after 72 hours of admission (OR=6.50), whereas gestation age >37 weeks (OR=0.32) and delivery within 24 hours of admission (OR=0.24) were protective factors.

Conclusions

The findings identify the risk and protective factors linked to foetal outcome in severe preeclampsia/eclampsia. This implies that following severe preeclampsia/eclampsia guidelines is crucial for enhancing the results for the fetuses.

Keywords: Eclampsia, Foetal mortality, Preeclampsia

Nursing Documentation in Clinical Practices

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Abstract ID: 2

Topic: Advancing innovation and technology in nursing and midwifery

Introduction

It is widely accepted that if the care provided by the nurse is not documented, then that care was not provided. Unfortunately, this principle has not been well applied by nurses, especially in many African countries. It is common to find nurses working for extended hours without documenting the care provided or related healthcare activities such as resuscitation, procedures, investigations, dressings, or changes in patients' conditions. Patient files often lack nursing documentation despite care being delivered from admission to disposition. Literature and articles support that



nursing documentation remains a significant challenge in Africa.

Methods

This initiative involved developing a book titled *Nursing Documentation in Clinical Practices*, authored by Kaleb D. Kiula, with contributions from a team of nurse specialists from Muhimbili National Hospital-Mloganzila and Kairuki School of Nursing. The book aims to emphasize the importance of nursing documentation and its role in communication, continuity of care, legal compliance, and financial accountability.

Results

The book provides insights and guidelines to remind nurses of this crucial professional skill. It addresses gaps in nursing documentation, offers practical steps for improvement, and highlights the implications of inadequate documentation for patient outcomes and professional accountability.

Conclusions

Adequate and proper nursing documentation is essential for effective communication among healthcare providers, ensuring continuity of care, meeting legal and financial requirements, and improving patient outcomes. The book aims to foster a culture where nurses consistently document all healthcare activities, thereby meeting regulatory and professional standards.

Keywords: Nursing documentation

Developing a Clinical Learning Network to Maintain and Improve Essential Health Services in Tanzania Health Facilities

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Abstract ID: 3

Topic: Nursing and midwifery, research and implementation effectiveness

Introduction

From June 2021 to May 2022, the Pediatric Association of Tanzania, in collaboration with the Ministry of Health and the President's Office Regional Administrative and Local Government, supported health facilities in Mwanza to establish a Clinical Learning Network. The initiative aimed to maintain and improve essential health services amidst the COVID-19 pandemic. Eight health facilities participated: Bugando Medical Center (Zonal hospital), Sekou Toure (Regional hospital), Nyamagana (District hospital), three

health centers (Makongoro, Igoma, and Karume), and one dispensary (Kirumba).

Methods

Key pillars of the network included stakeholder engagement workshops, didactic training for healthcare providers, management skills workshops, clinical skills mentorship for frontline workers, clinical audit and feedback cycles, provision of guidelines and SOPs, grand round presentations, and quarterly network-wide learning sessions.

Results

The initiative led to significant improvements in service delivery. Facilities achieved better diagnosis accuracy, increasing from 37% to 75%. Correct prescribing practices improved from 23% to 71%, while documentation of adequate clinical notes rose from 37% to 63%. The network fostered peer-to-peer shared learning through mentorship, grand rounds, and bedside teaching, creating a culture of collaboration. Additionally, it established efficient and standardized patient transfer protocols with clear and respectful communication and standardized documentation. Performance feedback and quality improvement efforts based on data utilization also enhanced service delivery.

Conclusions

The project highlighted the importance of mentorship by pediatricians and intensive supervision to improve the use of guidelines and job aids. Despite challenges like electronic medical record system breakdowns and reliance on paper-based systems, the Clinical Learning Network proved effective in enhancing essential health services. Balancing clinicians' work schedules and mentoring responsibilities remains a critical consideration for sustainability.

Keywords: Clinical learning network

Undergraduate E-learning Programmes in the Health Professions: An Integrative Review of Evaluation Standards in Low- and Middle-Income Countries

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Abstract ID: 5

Topic: Advancing innovation and technology in nursing and midwifery

Introduction

Before the COVID-19 pandemic, universities offered blended learning as a mode of study. However, with the closure of all educational institutions due to the pandemic, most institutions were required to transition to e-learning to support continuous student learning. This transition was challenging to many institutions, as there were no standards to ensure the quality of e-learning. This literature review aims to explore relevant literature and provide insight into the standards for evaluating undergraduate e-learning programmes in the health professions.

Methods

This study conducted an integrative review of literature, utilizing online databases such as MEDLINE, CINAHL, APA PsycInfo, ERIC, and others. Studies pertaining to low- and middle-income countries (LMICs) on standards in evaluating undergraduate e-learning programmes in health professions, published between January 2010 and June 2023, were considered. A two-step process involving three reviewers guided by inclusion criteria focused on the evaluation of undergraduate e-learning programmes in the health professions was followed. A total of 610 articles were initially reviewed, and eight articles meeting the inclusion criteria were included in the study.

Results

From the eight selected articles, eight key themes related to LMIC standards emerged. These included curriculum planning, proficiency of educators, learner proficiency and attitude, infrastructure for learning, support systems, and evaluation.

Conclusions

This review synthesizes the standards used for evaluating undergraduate e-learning programmes in health professions in LMICs. A gap in standards related to clinical teaching and learning in undergraduate e-learning programmes in health professions was identified across all the included articles. The eight standards identified in this review could guide the development of contextually appropriate, quality e-learning programmes in health professions.

Quality of Life in Children After Cardiac Surgery for Congenital Heart Disease at Jakaya Kikwete Cardiac Institute

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Abstract ID: 7

Topic: Nursing and Midwifery, Research and Implementa-

tion Effectiveness

Keywords: Jakaya Kikwete Cardiac Institute, Quality of Life, Pediatric Cardiac Surgery

Background

Patients with congenital heart diseases (CHDs) have been increasing in recent years worldwide, with varying distribution. However, there have been major improvements in the treatment of children with CHD, especially with surgical interventions, which can affect different aspects of their life and be reflected in their quality of life.

Objective

This study evaluated the quality of life (QoL) in children after cardiac surgery for congenital heart disease.

Methods

A cross-sectional study was conducted involving children aged 2 to 18 years. The case group consisted of 72 children who had undergone corrective heart surgery within the 6 months prior to the study. The control group included 45 healthy children, age-matched to the case group. The QoL of both groups was assessed using the Pediatric Quality of Life Inventory (PedsQL) Generic Core Scales. Data were analyzed using T-tests with a significance level of $P < 0.05$.

Results

The quality of life in children aged 2-4 years was low in physical and emotional functioning. Children aged 5-7 years in the case group reported low QoL in physical function, emotional function, and school function, according to both parent and child assessments. In children aged 8-12 years, low health-related QoL was reported in emotional function, but there was no significant difference in social, school, and physical functions when compared to healthy children. Children aged 13-18 years showed a low quality of life in emotional function.

Conclusion

The results of our study indicate that children who undergo cardiac surgery for CHD, as assessed by both self-report and parent report, have a lower quality of life compared to healthy children. Therefore, it is essential to monitor the quality of life of children after surgery for CHD, both immediately after surgery and throughout their later growth and development.

Medication Administration Errors for Patients Admitted at Jakaya Kikwete Cardiac Institute, Dar es Salaam, Tanzania

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Abstract ID: 8

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

Medication administration errors are among the most common types of medication errors. They are the most frequent health-threatening mistakes that affect patient health and safety. These errors are considered a global problem, contributing to increased mortality rates, longer hospital stays, and other related costs.

Methods

This descriptive cross-sectional study was conducted on 75 nurses randomly selected from Jakaya Kikwete Cardiac Institute, working in wards and intensive care units. A four-part questionnaire was used: the first part covered participant demographic characteristics, the second part included 15 questions about why medication errors occur, the third part consisted of 8 items on reasons why medication errors are not reported, and the fourth part comprised 9 items on the estimated percentage of each type of error reported. Data were analyzed using SPSS software version 20, and a p-value of less than 0.05 was considered significant.

Results

Most participants were female (72%), and male (28%). The mean age was 34.5 ± 1.93 years. Most participants had a diploma (65.4%), followed by a bachelor's degree (29.3%), and a master's degree (5.3%). The most reported errors were wrong time of administration and omission errors. The most likely causes of errors were fatigue due to excess work, a low nurse-to-patient ratio, and heavy workloads in the wards. The most common reasons for not reporting medication errors were the absence of an incident report book for medication errors, lack of protocols or guidelines for medication errors, and fear of staff being fired after reporting errors.

Conclusions

Since many medication errors go unreported by nurses, nursing leaders must encourage and respond positively to nurses who report medication errors in order to improve patient safety. It is also important to increase the number of qualified staff in each working shift, as heavy workloads,

fatigue, and insufficient staffing are the most significant factors contributing to medication errors.

Keywords: Admitted Patients, Cardiac Institute, Medication Administration Errors

Evaluation of a Pediatric High-Flow Nasal Cannula Training Session for Providers at Moi Teaching and Referral Hospital in Eldoret, Kenya

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Abstract ID: 10

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Introduction

High-flow nasal cannula (HFNC) is a relatively safe, effective, and well-tolerated form of non-invasive ventilation for children with respiratory distress and is regularly used in resource-rich settings. Pediatric HFNC has been successfully implemented in resource-limited settings, however little is known about the training process required to integrate HFNC into care. The present study evaluates a pediatric HFNC training program conducted at Moi Teaching and Referral Hospital (MTRH) in Eldoret, Kenya prior to HFNC implementation at Shoe4Africa Children's Hospital.

Methods

This study took place within the Academic Model Providing Access to Healthcare (AMPATH) program, a partnership among MTRH, Moi University, and a consortium of North American universities led by Indiana University. The training program curriculum included information about HFNC and respiratory distress; demonstration and hands-on practice with HFNC machines; a locally adapted protocol for pediatric HFNC implementation; and a sample patient case. Participants completed pre-tests and post-tests (immediate and 3-month follow-up) containing six open-ended questions to assess HFNC knowledge and various 5-point Likert scale questions to assess HFNC comfort and attitudes. Data were analyzed using descriptive statistics and two-proportion Z-tests.

Results

In total, 59 providers participated in training. Average knowledge assessment scores significantly increased from pre-test (2.19/6) to post-test (5.59/6; $p < 0.001$). While scores decreased slightly at the 3-month follow-up, they

remained increased from pre-test levels (4.53/6; $p < 0.001$). All six knowledge assessment questions showed a significant increase in percent answered correctly for both the post-test and 3-month follow-up. Participant comfort using HFNC was also increased on both the post-test ($p < 0.001$) and 3-month follow-up tests ($p = 0.038$).

Conclusions

This program implemented at MTRH was successful in training acute care providers in pediatric HFNC use and could therefore be used to inform training in similar settings. Future studies should evaluate pediatric outcomes at Shoe4Africa after HFNC implementation.

Keywords: High Flow Nasal Cannula Ventilation

Exploring the Experiences of Adolescent Girls in Rural South African Villages Regarding Teenage Pregnancy

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Abstract ID: 11

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

Every year, approximately 7.3 million girls experience pregnancy before reaching the age of 18. The occurrence of teenage pregnancy is influenced by the denial of girls' rights to make decisions regarding their sexual health and overall well-being, highlighting the issue of gender inequality. Various challenges related to gender equality contribute to this problem, including societal expectations regarding girls and early motherhood, instances of sexual violence and rape. Another significant challenge is the prevalence of early marriages between young girls and older men, which exposes these girls to unique risks during pregnancy. These risks include the disruption of their education, health hazards like HIV, premature birth, and an increased likelihood of maternal mortality. Consequently, these circumstances deprive girls of the right to lead a healthy life.

Methods

The aim of this study was to investigate the experiences of adolescent girls concerning teenage pregnancy in the rural villages of the Mopani District, Limpopo. The researchers employed a descriptive, exploratory, and qualitative research design to gather data from 20 pregnant teenagers aged between 13 and 19 years old. Nonprobability purposive sampling was used to select the partici-

pants from three villages within the Mopani District. The researchers conducted in-depth individual interviews to collect the data, and Tesch's eight-step data analysis method was employed.

Results

The findings of the study shed light on several factors that contribute to the high rates of teenage pregnancy in rural Limpopo. These factors include socioeconomic and cultural elements that predispose teenagers to becoming pregnant. The consequences of teenage pregnancy were expressed by the participants in terms of regret and negative impacts on their health.

Conclusions

The study highlights the need for targeted interventions and programs that address gender inequality, provide better sexual health education, and support teenage girls in rural areas to prevent teenage pregnancies and mitigate their consequences.

Keywords: Rural Communities, Teenage Pregnancy, Gender Inequality, Adolescent Girls

Technological Innovation (Vacuum Assisted Closure) Versus Secondary Suturing in Abdominal Wound Dehiscence to Improve Care

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Abstract ID: 12

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Introduction

Wound dehiscence is described as partial or complete disruption of abdominal wound closure with or without protrusion of abdominal contents. It is among the most dreaded complications faced by surgeons and regarded as a severe postoperative complication, with mortality rates reported as high as 45%. In literature, the incidence of abdominal wound dehiscence ranges from 0.4% to 3.5%. Several studies have reported promising results with the use of vacuum-assisted closure (VAC) therapy in other wounds, unlike with abdominal wound dehiscence. VAC therapy has been successful, either as a single-line therapy or as a procedure for providing optimal conditions for delayed wound closure. This case study aimed at exploring the use of VAC versus secondary suturing in reducing the length of stay and providing safe, fast wound healing.

Methods

This was a case study approach on patients with abdominal wound dehiscence, comparing the outcomes following the use of VAC and secondary suturing.

Results

Patients who underwent secondary suturing mostly had leakage leading to peritonitis, whereas the introduction of VAC therapy improved outcomes. There was reduced contamination, better containment of exudate, enhanced tissue granulation, leading to faster wound closure and reduced length of stay. Secondary suturing had longer operating times and a higher risk of intraoperative and postoperative complications such as leaks, wound infections, and hemorrhages.

Conclusions

VAC systems are considered an expensive treatment compared to other conventionally used measures, so their application is very limited. However, it reduces the length of hospital stay and the costs incurred by patients, while also reducing the consumption of material and professional resources. Therefore, it is crucial to employ other technological interventions, such as the use of negative pressure wound therapy (NPWT), to reduce the risks.

Keywords: Vacuum Assisted Closure, Secondary Suturing in Abdominal Wound, Wound Dehiscence

Antimicrobial Stewardship: The Nurses' Perspective in a Tertiary Hospital in Western Kenya

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Abstract ID: 13

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

Accelerated emergence and spread of drug-resistant pathogens is a global health threat. In 2019, there were 8,500 deaths attributable to and 37,300 deaths associated with antimicrobial resistance in Kenya. Nurses are the first point of contact for patients and are responsible for monitoring, reporting signs of infection, and administering antimicrobials. Therefore, they have a key role in antimicrobial stewardship.

Methods

In-depth interviews were conducted among a purposive sample of nurses using semi-structured interview guides.

Results

The majority of the interviewed nurses emphasized the great value of antimicrobials when appropriately used in the control of infections and reduction of mortality. Participants reported that their major role involved antimicrobial administration, patient education, and infection prevention and control. Quoted drivers of misuse included unnecessary prophylactic use. All participants felt that there were many instances where the prescribed antimicrobial was not suitable. Nurses are highly involved in reporting and seeking solutions when prescribed antimicrobials were not available. Various factors influenced the administration of antimicrobials, such as lack of multidisciplinary consensus on what to prescribe, opinions from fellow nurses, personal factors, availability of prescribed drugs, and patients. The majority reported no prior training and inadequate knowledge on antimicrobial stewardship, which contributed to limited advocacy roles.

Conclusions

Adequate continuing education is necessary for nurses to fully adapt to their roles in antimicrobial stewardship.

Keywords: Antimicrobial Stewardship, Antimicrobials, Barriers, Facilitators, Nurse

Nursing Education Relevancy: A Comprehensive Review of the Bachelor of Science in Nursing and Midwifery (BSNM) Curriculum at the Southern Africa Nazarene University (SANU) Using the CIPP Model of Curriculum Review in 2024

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Abstract ID: 14

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

Changes in nursing education require continuous innovations to ensure that programs meet their intended outcomes of ensuring educational quality. Educational institutions need confidence that their products meet stakeholders' ex-

pectations. Additionally, the expectations of professional statutory and regulatory bodies require constant review of programs. Educational institutions are challenged to develop innovative strategies in teaching, hence the need for Southern Africa Nazarene University (SANU) to conduct a comprehensive curriculum review for their Bachelor of Science in Nursing and Midwifery (BSNM) program. The review was necessitated for four reasons: the Eswatini Higher Education Council (ESHEC) requirement, the Eswatini Nursing Council (ENC) competency requirement, SANU's strategic plan (2020-2025), and the Eswatini Education Sector Strategic Plan (2022-2034).

Methods

A total of 16 Faculty of Health Sciences lecturers participated in the BSNM curriculum review, which was a systematic and comprehensive process conducted using the CIPP model of curriculum review. The review was guided by the Eswatini Qualifications Framework (ESQF), Eswatini Higher Education Council (ESHEC) standards for program accreditation, and the Eswatini Nursing Council (ESNC) competency framework. The CIPP model was chosen because it provides a holistic view of the curriculum by evaluating its context, input, process, and output. The BSNM curriculum, developed in 2012, was reviewed to ensure it aligns with the Eswatini Nursing Council competencies, which were developed in 2014. The review process unfolded in five phases: Phase 1 involved an overview of the entire curriculum; Phases 2 and 3 consisted of individual presentations by course lecturers, scrutinizing credit allocation, hour allocation, course aims and outcomes, content relevancy through mapping with ENC competencies and program competencies, and identifying unnecessary content duplication; Phase 4 included a review by ESHEC, using program review standards and benchmarking with similar institutions; and Phase 5 involved compiling the final structure with all recommended changes, including ESHEC's curriculum improvement recommendations.

Results

After Phase 5, the revised curriculum and related tools were submitted to the relevant bodies for approval: the Faculty Curriculum Development Committee, Faculty Board, University Curriculum Development Committee, Dean's Committee, University Senate, and ESHEC. The revised curriculum is awaiting final approval from the Nursing Council before implementation.

Conclusions

The comprehensive review of the BSNM curriculum using the CIPP model ensures that the program meets the evolving needs of the healthcare sector in Eswatini, aligns with regulatory bodies' requirements, and incorporates innovative teaching methods to improve the quality of nursing and

midwifery education.

Keywords: Bachelor of Science in Nursing and Midwifery Curriculum, CIPP Model of Curriculum Review, Eswatini Higher Education Council (ESHEC), Eswatini Nursing Council, Eswatini Qualifications Framework

Knowledge, Attitudes, Barriers, and Factors Associated with Practice of Antenatal Exercises Among Expectant Mothers in Two Primary Level Health Facilities in Eswatini

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Abstract ID: 15

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Introduction

Pregnancy is an ideal time for adopting and maintaining a healthy lifestyle, including engaging in antenatal exercises, for the prospective health benefits of pregnant women and their developing foetuses. However, there is a scarcity of studies investigating the knowledge, attitudes, barriers, and factors related to the practice of antenatal exercises by expectant mothers in Sub-Saharan Africa, including in Eswatini.

Methods

This study employed a cross-sectional design and collected data using a researcher-administered questionnaire from 414 pregnant women sampled using systematic random sampling at the Mbabane and King Sobhuza (KS) II Public Health Units in Eswatini. All expectant women (> 18 years) in any trimester of pregnancy were eligible to participate. We fitted a multivariable modified Poisson regression model and examined factors associated with adequate (> 7.00 score) practice of antenatal exercises.

Results

Most participants were aged 25-35 (46.6%), were employed (56.8%), had adequate knowledge about antenatal exercises (56.3%), had a positive attitude towards antenatal exercises (73.4%), and 56.3% adequately practiced antenatal exercises. Major barriers to exercising during pregnancy included feeling tired (30%) and lack of training (24.3%) on antenatal exercises. Controlling for other covariates, those who were married/cohabiting (ARR=1.24, 95% CI: 1.01-1.52), employed (ARR=1.36, 95% CI: 1.06-1.76), and had adequate knowledge (ARR=1.20, 95% CI: 1.01 - 1.43),

were more likely to practice antenatal exercises compared to their counterparts.

Conclusions

Although more than half of the participants had adequate knowledge about antenatal exercises, they reported insufficient information regarding antenatal exercises. Therefore, midwives should be encouraged to integrate antenatal exercise programs into hospital clinic days and distribute informative materials at antenatal care centres to educate expectant mothers.

Keywords: Eswatini, Antenatal Care Exercises, Attitudes, Expectant Mothers, Knowledge, Practice

Exploring Midwifery Competence and Confidence Based on Midwives' Experiences and Stakeholders' Insights in Kenya: A Descriptive Phenomenological Approach

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Abstract ID: 16

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Abstract

Background

Midwives who are educated and regulated to international standards can provide ninety percent of the needed essential care for women and newborns, thereby reducing preventable maternal and child mortalities. However, inadequacies in midwifery care, especially in low- and middle-income countries, often lead to a lack of competence and confidence among midwives to achieve their full potential.

Objective

The study aimed to explore midwives' experiences and stakeholder insights into midwives' competence and confidence across the four International Confederation of Midwives (ICM) domains: general competence, pre-pregnancy and antenatal care, labour and childbirth, and ongoing care of the woman and the baby.

Methods

A descriptive phenomenological approach was used to explore these experiences. Ten midwives were purposively selected from sub-county, county, and tertiary referral hos-

pitals. In addition, stakeholders including nine County Chief Nursing Officers and one Chief Executive Officer from the tertiary hospital in Kenya were included. Interview guide questions were developed based on the midwives' self-perceived competence and confidence. Interviews were recorded, translated, and transcribed verbatim. Thematic analysis was conducted using the Colaizzi framework, with Atlas.ti 9 software utilized for coding, categorization, and theme creation.

Findings

Four main themes emerged from the analysis: qualification categories, clinical practice experience, clinical practice environment, and the need to optimize midwifery. Additionally, multidisciplinary support and standardization of midwifery practice were identified as key factors for enhancing midwives' confidence and competence.

Conclusions

Midwives exhibited disparities in competence and confidence during clinical practice, largely based on their different qualifications. A supportive environment was found to be essential for gaining appropriate clinical experience, fostering confidence, and promoting competence. The standardization of midwifery qualifications was shown to contribute to improving competence, which, in turn, enhances the confidence of midwives in the clinical setting.

Keywords: Competence, Competency, Confidence, Experiences, Midwifery

Evaluate Customer Care in Health Industry in Northern Tanzania Kizito Koinet Kileu Mollel

Abstract ID: 17

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Abstract

Introduction

Customer care service in the health industry refers to the provision of high-quality, patient-centered care that meets the needs and expectations of patients and their families. It encompasses various aspects of the healthcare experience, including communication, empathy, responsiveness, and support. Customer care service involves treating patients with dignity, respect, and compassion, ensuring that their concerns and preferences are acknowledged and addressed effectively. This includes providing clear and understandable information about medical conditions, treat-

ment options, and procedures, as well as involving patients in decision-making processes related to their care. Additionally, customer care extends to aspects such as scheduling appointments, managing wait times, handling complaints and feedback, and ensuring a comfortable and welcoming environment for patients. This abstract provides an overview of efforts to enhance customer care in five hospitals in Northern Tanzania: Mawenzi Regional Referral Hospital, FAME Hospital, Karatu District Hospital, Arusha Lutheran Medical Centre, and Mt. Meru Hospital. The abstract outlines the objectives, methodology, results, and conclusions of these efforts.

Objective

The objective of this study is to evaluate the effectiveness of customer care initiatives in Northern Tanzania in improving patient satisfaction and enhancing the overall healthcare experience.

Methodology

A comprehensive approach was adopted to assess customer care initiatives in Kilimanjaro and Arusha regions. Data collection methods included patient surveys, staff interviews, and analysis of customer service protocols and practices. Surveys were administered to patients to gather feedback on their experiences and satisfaction levels with customer care. Staff interviews were conducted to assess their perceptions of customer care practices and identify areas for improvement, with 20 staff members interviewed in each of the five hospitals.

Results

Analysis of patient surveys revealed positive feedback regarding customer care initiatives in some hospitals. Patients reported feeling valued, respected, and well-supported by healthcare providers and staff. Staff interviews also highlighted improvements in communication, empathy, and responsiveness to patient needs. However, challenges such as workload constraints and resource limitations were identified as barriers to providing optimal customer care, with staffing-to-patient ratios being a significant issue.

Conclusion

The findings of this study underscore the importance of customer care initiatives and training, not only for healthcare providers but also for hospital administration. The study revealed that staff who received good support from their managers were more likely to deliver exceptional customer care. Among 56 healthcare providers interviewed, 42 reported that customer care training improved their relationships at work, while 14 emphasized the need for training customers as well. While progress has been made, ongoing efforts are needed to address challenges and sustain im-

provements in customer care delivery. By prioritizing customer needs and preferences, hospitals in Tanzania remain committed to providing compassionate, patient-centered care to their communities in line with their missions and visions.

Keywords: Customer Care, Northern Tanzania, Health Industry, Healthcare Providers, Hospitals, Patients

The Role of Mentor Mothers in Prevention of Mother-to-Child Transmission in Sio Port SCH, Busia County, Kenya

Prudence Yawtsi

Abstract ID: 18

Topic: Midwifery and Women's Health Nursing as an Outcome for Maternal and Infant Health

Abstract

Introduction

Since the introduction of the Prevention of Mother-to-Child Transmission (PMTCT) program in Kenya in 2002, over 5,000 facilities now offer PMTCT services. Numerous strategies have been implemented in high-prevalence areas to increase PMTCT uptake, yet there was no standardized peer approach until the integration of mentor mothers into the system. Women living with HIV in Sub-Saharan Africa have remained at 50% to 59%, and in 2010, 87,000 HIV-positive mothers required PMTCT services in Kenya. Without intervention, the risk of HIV transmission to infants stands at 25-45%. However, with appropriate interventions and intensive psychosocial support, this risk is reduced to 2-5%. PMTCT is a program that requires mothers and their babies to receive antenatal services, HIV testing during pregnancy, antiretroviral treatment, and appropriate infant feeding. The integration of mentor mothers into PMTCT care allows women living with HIV to contribute to elimination of mother-to-child transmission (eMTCT) efforts, combat stigma, and address high levels of knowledge and awareness gaps within communities (Rollins N, et al., 2014).

Methodology

This study was a cross-sectional design using purposive sampling, targeting 831 clients with a sample size of 426. Data was collected from the Integrated Register, analyzed using descriptive statistics, and presented in tables.

Results

The study found that from June 2017 to June 2022, the proportion of clients current on PMTCT care increased from 86% to 95%, and the proportion of clients with suppressed viral loads improved from 74.4% to 100%. These improvements were largely attributed to the role of mentor mothers in providing psychosocial support, educating the community, and encouraging adherence to PMTCT services.

Conclusion

Mentor mothers play a vital role in preparing women from the community through family planning, antenatal care (ANC), labor and delivery, and postnatal clinics. Their involvement has led to sustained improvements in PMTCT care adherence and maternal health outcomes.

Keywords: PMTCT, Mentor Mothers, HIV, Mother-to-Child Transmission, Healthcare Services, Kenya

Midwife Led Maternity Care Models: A Scoping Review

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Abstract ID: 19

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Abstract

Introduction

Midwife led maternity care models focus on normality, continuity of care, and being cared for by trusted midwives from preconception throughout pregnancy, labour, and the postnatal period. The aim of this model is to provide care either in community or hospital settings, normally to healthy women with uncomplicated pregnancies. It has been noted that midwife led maternity care is not being distinctly implemented in public institutions in most LMICs except for some unclear applications in the primary health settings in urban and rural centers where the model is being practiced silently and overshadowed by the obstetrician led model.

Methods

The scoping review used search terms for the PICO components with synonyms, related terms, and specialist terms

harvested from the Medical Subject Headings (MeSH)[©] and Embase[©] using Rayyan. Database searches were from PubMed, EBSCO-CINAHL, Dimensions, Web of Science, SCOPUS, the Cochrane Library of Systematic Reviews, and African Journals Online (AJOL). A total of 17,058 citations were identified. Two phases were used to screen and select the articles: the first phase screened the title and abstract, resulting in 16,792 exclusions. The second phase involved screening the remaining 266 articles, with distribution among the seven reviewers. A criteria was used to ensure proper inclusion of articles, and 69 articles remained for analysis after removing duplicates and unsuitable ones.

Results

Of the 69 included studies, 14 were qualitative, 34 were quantitative, 19 were RCTs, and 2 were mixed methods. Only 13% of the studies were from Africa, and the rest were from the developed world. Six themes emerged: reduced interventions in labour; positive birth outcomes; satisfaction with care; cost-effectiveness of services; autonomous practice and quality midwifery services; good woman-midwife relationship, with several subthemes.

Conclusions

Midwife-led care had a significant positive effect on physiological outcomes for women when compared to physician-led care. It resulted in reduced surgical interventions and augmentation, as well as less usage of pharmacological analgesia. This may also assist in the acceptability, accessibility, and availability of such a model in all maternity care units and community settings in LMICs. Findings align well with the International Confederation of Midwives' position statement, which supports normal childbirth, since for the majority of women, pregnancy and childbirth are physiological life events (ICM, 2018). Positive birth outcomes and quality indicators are clear evidence of preferred options for low-risk women, as they bring about attributes such as positive birth experiences and satisfaction with care outcomes, as well as autonomy.

Keywords: Low and Middle-Income Countries; Midwife Led Maternity Care; Obstetrician Led Model of Care; Continuity of Midwife Care; Respectful Maternity Care

The Role of ICT in Combating Emerging and Re-emerging Pandemics in Deborah Retief Memorial Hospital, Kgatleng DHMT, Botswana

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Abstract ID: 20

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Abstract

Introduction

To advance innovation means proactively looking for ways to improve processes or products, thinking outside the box, and being willing to take risks (C. Brooke, 2018). During the COVID-19 era, technology became vital and proved to be very important in addressing health challenges. Nurses and midwives have been trained to become familiar with technological innovations that pervade every aspect of their profession. The use of innovation in nursing and midwifery must focus on advancing quality outcomes. Most health facilities in Botswana are still undergoing COHSASA assessments, making the advanced use of technology to provide evidence-based practice essential. Embracing innovation as a profession can significantly help meet the healthcare needs across the globe, bringing about positive change.

Methods

The purpose of this study is to discuss and identify gaps in innovative initiatives that can be implemented or used during emerging pandemics. Botswana, like other countries, has introduced several technological innovations over the years, though their implementation encountered failures. Currently, ICT use in Botswana includes the Integrated Patient Management System (IPMS), which is installed but incomplete, with only a few modules in use. Other systems in place include the Central Medical Stores Warehouse System (CMSWS) and the District Health Information System (DHIS). Despite the importance of ICT in healthcare, there are still gaps in its use to combat emerging and re-emerging pandemics. A review method was adopted, utilizing relevant literature and non-probability sampling. The study focused on experts in health employed by the Ministry of Health of Botswana, with data gathered using Survey Monkey.

Results

The study revealed several initiatives to enhance ICT and implement ICT policies in Botswana. However, barriers such as human resource shortages, congestion, and overcrowding were identified. Proposed solutions included the use of robotics, simulation, telehealth (including telemedicine), a health professional help desk, teleconsultations, and specialist referral apps. Participants also emphasized the importance of training, mentoring, and continuing professional development through eLearning. The study highlighted the current needs and challenges professionals face when interacting with ICT.

Conclusion

More research is needed to effectively integrate ICT in nursing and midwifery, particularly in the modern global public health context. The study provided insights into the challenges and opportunities for ICT in combating emerging pandemics and improving healthcare in Botswana.

Keywords: Advancing, Innovation, ICT, Emerging Pandemics, Health Systems

Success Stories in Optimizing Maternal and Newborn Health: Insights from Malawi's Implementation of Emergency Obstetric and Neonatal Care Signal Functions

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Abstract ID: 21

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Abstract

Introduction

Malawi continues to struggle with a high maternal mortality rate of 439/100,000 live births, surpassing the Sustainable Development Goal target of less than 70/100,000 live births. However, the country has made steady progress since 2004, when the rate was 984/100,000. Preventable complications, including excessive bleeding, preeclampsia/eclampsia, retained products of conception, sepsis, and prolonged labour, contribute significantly to the maternal deaths. To address these issues, Malawi, alongside other low- and middle-income countries, adopted the 1997 Guidelines for monitoring obstetric services, emphasizing emergency obstetric and neonatal care (EmONC) indicators. In 2023, an evaluation of the EmONC framework in collaboration with Senegal and Bangladesh was conducted which aimed to improve planning and monitoring for high-quality and equitable health services. Specifically, the evaluation focused on key EmONC signal functions, including administering anticonvulsants for pre/eclampsia, performance of assisted vaginal delivery (vacuum extraction), manual removal of the placenta, and administration of uterotonics for bleeding prevention/management, as well as care during referral. This analysis explores success stories, practices, and approaches that have positively impacted maternal and newborn health within Malawi's evolving healthcare system.

Methods

Using qualitative and human-centered design methods, the study engaged 64 participants in 10 workshops and conducted 10 key informant interviews with health workers, district leadership, and policy makers at the central level. Ethical approval was sought from the College of Medicine Ethical and Regulatory Committee. All health facilities and participants agreed and consented to participate in this study.

Results

Enabling factors for the successful administration of uterotonics and anticonvulsants, performance of assisted vaginal delivery, manual removal of the placenta, and provision of care during referral included capacity of the health workforce, resource availability, and effective coordination and communication within and across care levels. Health professionals demonstrated the necessary knowledge, skills, and experience to identify and manage obstetric and neonatal complications. Essential resources, including qualified personnel and medications such as oxytocin and magnesium sulfate, were identified as crucial. Moreover, adherence to guidelines, availability of equipment, and effective communication systems, exemplified by phone calls and WhatsApp messaging, contributed to the effective management of emergency obstetric and neonatal complications.

Conclusions

This qualitative study used human-centered design methods to explore factors influencing the successful management of EmONC signal functions in Malawi. The findings highlight the importance of the health workforce's capacity, resource availability, and efficient coordination and communication within and across care levels. Recognizing the expertise of health professionals and addressing essential resource needs are critical components for enhancing EmONC effectiveness. The study's insights provide valuable opportunities to refine existing interventions and introduce innovative solutions within the context of maternal and neonatal healthcare in Malawi.

Keywords: EmONC, HCD, Midwifery, Qualitative, Signal Functions

Enhancing Uptake of Kangaroo Mother Care (KMC) in Kenya: Strategies, Successes, and Challenges

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Abstract ID: 22

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Abstract

Introduction

Neonatal mortality remains a significant public health challenge in Kenya, with neonatal deaths accounting for 66% of infant mortality and more than half of under-five deaths, according to the Kenya Demographic and Health Survey 2022. Despite notable reductions in under-five and infant mortality rates over the years, neonatal mortality has seen minimal decline, highlighting the urgent need for effective interventions. Globally, 85% of preterm births occur between 32 and 37 weeks of gestation, where survival is often possible with appropriate care, emphasizing the importance of accessible and effective neonatal care interventions like Kangaroo Mother Care (KMC).

Objective

This abstract aims to delve into the factors influencing the uptake of KMC in Kenya, emphasizing successful strategies, identifying barriers, and proposing solutions to enhance KMC adoption and implementation.

Methods

Synthesizing data from existing literature, program evaluations, and qualitative studies conducted in Kenya regarding KMC & IKMC uptake, this presentation examines successful initiatives, challenges encountered, and lessons learned to provide insights into optimizing KMC implementation strategies.

Results

In Kenya, efforts to boost KMC uptake have shown promising results. Comprehensive training programs for health-care providers on KMC protocols and practices have led to improved knowledge and skills, resulting in increased KMC provision in healthcare facilities. Engaging communities through awareness campaigns, community health workers, and peer support groups has fostered KMC acceptance and encouraged early initiation among mothers. Additionally, integrating KMC into existing maternal and newborn care services has streamlined its adoption as standard practice, ensuring seamless continuity of care from facility to community settings. The implementation of supportive policies and guidelines at national and regional levels has provided a structured framework for KMC implementation and quality assurance.

KMC and IKMC programs in Kenya have shown significant positive impacts on neonatal outcomes. These include a reduction in neonatal mortality, particularly among low birth weight and preterm infants. Skin-to-skin contact

through KMC and IKMC helps regulate the newborn's body temperature, reducing the risk of hypothermia and related complications. KMC and IKMC also promote early initiation and exclusive breastfeeding, leading to improved nutrition and reduced susceptibility to infections. Furthermore, KMC and IKMC foster strong maternal-infant bonding and provide emotional support to mothers, which is crucial for infant development and well-being.

Despite these successes, challenges persist. Limited availability of essential resources such as KMC units, supportive equipment, and trained staff poses barriers to scaling up KMC services. Addressing cultural misconceptions and promoting understanding of the benefits of KMC among families and communities remains a formidable challenge. Additionally, bolstering health systems, including infrastructure, staffing, and data management, is imperative for sustaining KMC implementation efforts.

Conclusions

Enhancing KMC uptake in Kenya necessitates a comprehensive approach addressing barriers at individual, community, and health system levels. By leveraging successful strategies, addressing challenges, and fostering collaboration among stakeholders, Kenya can make significant strides in improving neonatal health outcomes and reducing mortality rates through widespread adoption of KMC.

Keywords: KMC, Kangaroo Mother Care, IKMC, Immediate Kangaroo Mother Care

Perceptions of Lesotho Nurse Midwives Regarding Postpartum Depression Education

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Abstract ID: 23

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Abstract

Introduction

Effective postpartum maternal care is crucial for the well-being of both mothers and their children. Postpartum depression (PPD), a significant mental health concern, affects many new mothers and can lead to long-term consequences for maternal and child health. However, despite its profound implications, there remains a notable research gap regarding the perspectives of nurse-midwives on PPD, especially within resource-limited settings like Lesotho. Nurse-midwives are at the forefront of maternal care, and

their understanding, attitudes, and perceptions toward PPD education can greatly impact how this issue is addressed in clinical practice. In Lesotho, where healthcare resources are often constrained, the education and support for postpartum mental health may be insufficient, making it vital to explore how nurse-midwives perceive their role in managing PPD.

Methods

This study employed a constructivist paradigm, which focuses on understanding the experiences and perceptions of individuals within their specific contexts. The research utilized qualitative, exploratory, descriptive, and contextual approaches to gather rich, detailed data. Nine nurse midwives working at Quthing Hospital, a government-funded healthcare facility in the southernmost district of Lesotho, participated in the study through individual interviews. These interviews were designed to provide an in-depth understanding of their perceptions about PPD education and the challenges they face in addressing mental health issues during the postpartum period.

Results

Thematic analysis of the interview data revealed three key themes related to nurse-midwives' perceptions of PPD education: (1) lack of nurse-midwifery empowerment, (2) inadequate human and material resources, and (3) stigma. Nurse midwives felt that they were not adequately trained or empowered to address mental health issues such as PPD in the postpartum period. They highlighted that the lack of specialized training in maternal mental health and insufficient resources, both in terms of staffing and material support, hindered their ability to effectively manage PPD cases. Additionally, there was a strong perception of stigma surrounding mental health, with PPD often being downplayed or misunderstood. These factors contributed to negative perceptions among the nurse midwives regarding PPD and its management, which impacted their ability to provide comprehensive care for mothers at risk.

Conclusions

Nurse midwives at Quthing Hospital perceive PPD as a complex and multifaceted issue that requires greater attention and education. The findings underscore the need for more focused training and empowerment of nurse-midwives, along with a better allocation of resources, to effectively manage postpartum mental health. Additionally, there is a need to address the stigma surrounding PPD and encourage open discussions to improve maternal mental health care.

“We Have Forgotten About Our Humanity”: A Qualitative Meta-synthesis on Ubuntu in Nursing - Implications for Nursing Education

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Abstract ID: 24

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Abstract

Introduction

Ubuntu, an ancient philosophy rooted in African communities, embodies the essence of humanness through communal responsibility and interconnectedness. It shapes moral values and culture that can be implemented in nursing to improve patient care. However, colonial and Western-centric education systems have marginalized Ubuntu philosophy, resulting in a disconnect from its core principles. It is imperative that the Ubuntu philosophy be integrated into formal nursing education to align with patients' expectations and enhance care quality.

Methods

This research aims to synthesise qualitative literature on Ubuntu philosophy in nursing to identify key aspects of the philosophy/insights that can be integrated into nursing education. The study population was qualitative research papers on Ubuntu philosophy in nursing, which were published in English, with no chronological restrictions, ensuring a comprehensive review. A systematic search strategy utilizing keywords related to Ubuntu in nursing and nursing education was employed to identify relevant qualitative research studies in databases. A thematic analysis was undertaken, followed by data synthesis using Noblit and Hare's seven-step meta-ethnography techniques to categorize findings.

Results

A total of 16 articles were included. The meta-synthesis revealed eight categories, which generated three synthesized themes: “Ubuntu in Nursing Practice”; “Ubuntu Philosophy and the Nursing Curriculum”; and “Cultivating a Culture of Ubuntu”. Across all identified themes was the cross-cutting theme of Facilitating Humaneness and Holistic Nursing Care through Ubuntu.

Conclusions

The meta-synthesis highlights both strong alignments and gaps in the integration of Ubuntu principles with current nursing practices, emphasising the need for deeper curriculum integration to address ethical and practical disparities. Findings suggest that Ubuntu can significantly enhance holistic and humane nursing care, contributing to more effective nursing education and patient-centered practices.

Keywords: Holistic Nursing, Humanness, Meta-synthesis, Nursing Education, Patient-Centered Care, Ubuntu Philosophy

Attitudes and Practices Contributing to Vaginal Stenosis in Women with Cervical Cancer Following Brachytherapy at Cancer Diseases Hospital in Lusaka, Zambia: A Cross-Sectional Study

Royda Matipa

Abstract ID: 25

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Abstract

Introduction

Vaginal stenosis is an important adverse effect of brachytherapy for cervical cancer. This study aimed to determine attitudes and practices contributing to vaginal stenosis following brachytherapy at the Cancer Diseases Hospital in Lusaka, Zambia.

Methods

A descriptive cross-sectional study design was employed, where 163 respondents were randomly selected after meeting inclusion criteria. A researcher-administered questionnaire was used to collect data, and SPSS version 25 was used for data analysis.

Results

Out of the 163 women enrolled in this study, 42.3% had developed vaginal stenosis, while 57.7% did not, with the age range of 15–60+ years. 76% exhibited good practices to prevent vaginal stenosis, while the majority (93.9%) of the respondents demonstrated poor attitudes towards measures to prevent the condition. However, these increasing effects in odds of vaginal stenosis were not significant at the 5% level of significance. Although length of brachyther-

apy showed no significant effect at univariable analysis, the odds of having vaginal stenosis were 2.45 times higher for women who had been on brachytherapy for between 6 and 12 months compared to those on brachytherapy for less than 6 months (OR=2.45, CI=1.03 - 5.82, P=0.042).

Conclusions

Failure to practice recommended measures and poor attitudes towards therapy contribute to vaginal stenosis. Efforts should be channeled toward overcoming religious, traditional, cultural, and personal impediments contributing to vaginal stenosis in women with cervical cancer receiving brachytherapy.

Keywords: Cervical Cancer, Attitude, Practices, Brachytherapy

Contribution of Nurses in Research: A Systematic Review

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Abstract ID: 27

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

Advancement and trends in nursing education and the nursing profession demand the integration of research as a central domain of the nurse's role. The theme of the 16th Biennial Scientific ECSACON Conference, "The Role of Evidence-Based Practice and Innovations in Nursing and Midwifery in Combating Emerging and Re-emerging Pandemics," recognizes the important contribution of nurses in research. Nurses play a pivotal role in supporting the delivery of research, contributing to evidence generation for the improvement of care quality, patient experiences, and health outcomes. However, there is limited documentation of nurses' contributions to research and the challenges they face.

Methods

This study aimed to examine the contribution of nurses in research and determine the challenges they face in research delivery. A systematic review was conducted on studies published between 2000 and December 2023 from key electronic databases. Major online databases utilized were PubMed Central, Google Scholar, Science Direct, and Scopus. Data extraction and quality appraisal were performed simultaneously, and thematic analysis was used to analyze the data.

Results

Key findings from the review revealed the following themes: (1) Motivations for Engagement in Research; (2) Research Priorities for Nurses; (3) Research Capacity of Nurses; (4) Utilization of Research Findings; and (5) Barriers to Participation in Research.

Conclusions

The study concludes that the contribution of nurses in research is integral to the delivery of research studies. Many nurses are hesitant to participate in research due to limited research capacity. Nurses require training in research design, data collection tools development, data analysis, and the interpretation and application of research findings in practice settings. The study recommends that nurses should be supported through mentorship in research methods, implementation, and translating research findings into practice.

Keywords: Challenges in Research, Contribution/Role of Nurses in Research, Healthcare Research, Nursing Research, Utilization of Research

Factors that Influenced Health Literacy in Women Diagnosed with Breast Cancer in Kenya: A Qualitative Exploration Using a Journey Model

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Abstract ID: 28

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Abstract

Introduction

Breast cancer (BC) is a significant public health issue and a leading cause of death worldwide. In Kenya, there are approximately 6,000 new cases annually, with 2,550 deaths, and around 80% of patients are diagnosed at advanced stages (III-IV), contributing to a high mortality rate. Timely detection of BC is crucial for successful treatment, which requires the dissemination of high-quality health information to enhance public awareness. Health literacy (HL)—the ability to obtain, communicate, process, and understand health information—is a key factor in making appropriate health decisions. There is limited knowledge about the health literacy experiences of Kenyan women

with breast cancer, many of whom perceive the disease as a 'death sentence.' Improving health literacy is a low-cost intervention that can promote positive health behaviors and improve outcomes. This study explores the social-ecological factors that impact how BC patients acquire, comprehend, and utilize health information during their cancer journey.

Methods

Eleven purposively selected breast cancer survivors participated in the study. Six were from Aga Khan University Hospital (a private tertiary hospital), and five were from Kenyatta National Hospital (a public tertiary hospital) in Nairobi, Kenya. Participants took part in two or three longitudinal interviews conducted in Swahili or English, which were audio-recorded, transcribed verbatim, and thematically analyzed using Colaizzi's technique.

Results

The analysis revealed that the women expressed dissatisfaction with the way healthcare professionals (HCPs) communicated information. Participants emphasized the need for individualized information about breast cancer, treatment modalities, side effects, and coping strategies, as well as information about follow-up care. They criticized the use of medical jargon and expressed a desire to learn from fellow patients. BC patients trust information from HCPs and supportive interventions that help them understand the disease, its symptoms, and treatments.

Conclusion

This study provides novel insights into the evolving health literacy needs of breast cancer patients. It emphasizes the need for clear, understandable, and timely information to improve health literacy and enhance the treatment experience. The study highlights specific informational needs and demonstrates how socio-ecological factors influence health literacy. The findings can be used to develop more effective communication strategies for delivering breast cancer-related health information and improving healthcare education, practice, and policy, ultimately benefiting BC patients' health literacy and treatment experiences.

Keywords: Breast cancer, Cancer journey, Health literacy, Kenya, Socio-ecological

Nursing Interventions and Challenges During the COVID-19 Era in Zimbabwe

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Abstract ID: 29

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Abstract

Introduction

The coronavirus disease 2019 (COVID-19) pandemic has posed significant challenges for healthcare systems globally. In addition, the pandemic placed additional stress on the already fragile and overstretched healthcare system in Zimbabwe. Nurses constitute the largest group of health professionals who are at the forefront and play a pivotal role in the fight against pandemics. The emergence of COVID-19 has had a negative impact on the psychological and mental wellbeing of nurses. This study explored the nursing interventions and challenges experienced by nurses who were in the forefront during the COVID-19 pandemic.

Methods

An interpretative phenomenological analysis (IPA) design was employed to gain insights into the lived experiences of nurses who provided nursing care during the pandemic. The study participants were nurses in healthcare facilities in Bulawayo Metropolitan Province in Zimbabwe who implemented COVID-19 response activities. These either provided nursing care to COVID-19 patients and or conducted COVID-19 contact tracing activities. Data were collected through in-depth interviews that were audio recorded and transcribed verbatim into written text. A sample size of twenty was reached based on data saturation. Data analysis was done using the IPA framework. The study was approved by the Medical Research Council of Zimbabwe.

Results

Nurses experienced increased workloads emanating from the implementation of COVID-19 response activities exacerbated by the already existing shortages of manpower. Psychological distress related to fear, anxiety, and uncertainty regarding COVID-19 overwhelmed the nurses. The shortage of personal protective equipment was also a major challenge particularly during the first days of the pandemic. This made it difficult to implement or adhere to infection prevention and control principles and policies.

Despite the negative experiences and challenges experienced by nurses during the COVID-19 pandemic, resilience was noted, and the pandemic acted as an opportunity for some nurses to pioneer and implement comprehensive innovative nursing interventions. During a crisis such as this pandemic, innovative practices and interventions are pivotal in pioneering comprehensive implementation strategies in the nursing field. There was pooling of resources, re-

assignment of nurses to different stations to actively participate in COVID-19 response activities. To do this, the nursing fraternity had to adapt (modifications in care) and implement innovative approaches in the delivery of nursing services. These included training and capacity building, formulation of different nursing teams to cater for contact tracing, provision of nursing care services to suspected and confirmed COVID-19 cases. Another critical innovation for nurse managers included networking and stakeholder engagement particularly in resource mobilisation (vehicles and personal protective equipment). Nurses also had to work under difficult and stressful conditions for example working in quarantine centres and conducting mass testing for COVID-19.

Conclusions

The COVID-19 pandemic was most devastating, in many respects, particularly to nurses. The learnings from the COVID-19 pandemic demonstrated the crucial importance of pandemic preparedness to enhance efficiency in the healthcare system. The COVID-19 pandemic highlighted the need for adequate emergency preparedness, support, and collaborative teamwork in the healthcare system. The insights gained from this study would be critical in informing healthcare policy and practice to facilitate planning preparedness for pandemics and contribute to a more resilient nursing care practice. Whilst nurses demonstrated resilience and continued to participate in COVID-19 response activities, integrated multifaceted support is necessary for nurses to cope with such challenges during a crisis.

Keywords: Challenges; COVID-19; Innovations; Nursing Interventions; Resilience

Faithfully Transcending Conventional Nursing Roles, "We Are Not Mere Nurses..." A Phenomenological Exploration of Nurses' Insights in Managing Critically Ill Patients across Four Intensive Care Units in Uganda

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Abstract ID: 30

Topic: Policy Making, Leadership and Advocacy in Nursing and Midwifery

Introduction

Every day, 2.5 million individuals globally require critical care, highlighting the vital role of preparedness and nursing

quality. In Uganda, limited critical care accessibility and variability in operational characteristics stress the need for standardized care. Nurses face challenges beyond traditional roles, compounded by persistent staff shortages, impacting care quality. Our study explores the nuanced dimensions of critical care in four Ugandan ICUs.

Methods

Results

Qualitative analysis uncovered several significant themes. Nurses emphasized the critical role of structured training and mentorship programs in improving their skills. They underscored the need for enhanced communication and collaboration within healthcare teams. Challenges included inadequate resources, notably inconsistent access to soap for infection control, and concerns about patient outcomes, particularly related to pressure sores. Importantly, qualitative findings revealed nurses' dedication to their profession and their unwavering commitment to continuous improvement.

Recommendations

Initiating structured training and mentorship, a cornerstone for skill enhancement, sets the stage. Ensuring resource adequacy, especially the availability of essentials like soap, follows as a crucial step for infection control. Promoting inter-professional collaboration is another key stride for efficient healthcare teams. Lastly, reinforcing feedback mechanisms and strict admission criteria seals the strategy, promising enhanced patient outcomes and reduced preventable deaths. This sequential approach offers a concise yet comprehensive path to elevate healthcare quality.

Conclusions

This phenomenological study sheds light on the multifaceted nature of critical care nursing practice. By implementing the suggested policy recommendations, Uganda can work towards strengthening critical care nursing, ultimately leading to improved patient outcomes, enhanced healthcare delivery, and better healthcare policies nationwide.

Keywords: Global Preparedness, Nursing Practice, Quality of Critical Care Nursing Practice, Resource Accessibility, Staff Shortages

Prevalence of Post-Acute COVID-19 Sequelae and Average Time to Diagnosis Among Persons Living With HIV

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Abstract ID: 31

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

The aims of this meta-analysis were to assess: the prevalence of Post-Acute COVID-19 sequelae in HIV-positive patients; the average time of diagnosis; and meta-regression for possible moderators of PACS.

Methods

A standard search strategy was used in PubMed, and then later modified according to each specific database to get the best relevant results. These included Medline indexed journals; PubMed Central; NCBI Bookshelf; and publishers' websites in line with the Preferred Reporting Items for Systematic Review and Meta-Analysis statement. Search terms included "long COVID-19 or post-acute COVID-19 syndrome/sequelae", "persons living with HIV or HIV". The criteria for inclusion were published clinical articles reporting HIV in association with long COVID-19. Additionally, the average time to an event of post-acute COVID-19 sequelae among primary infected patients with COVID-19 was considered. Random-effects model was used. Rank Correlation and Egger's tests were used to ascertain publication bias. Sub-group, sensitivity, and meta-regression analysis were conducted. A 95% confidence interval was presented, and a p-value < 0.05 was considered statistically significant. Review Manager 5.4 and Comprehensive Meta-Analysis version 4 (CMA V4) were used for the analysis. The review/trial was PROSPERO registered (CRD42022328509).

Results

A total of 43 studies reported post-acute COVID-19 syndrome. Of those, five reported post-acute COVID-19 sequelae in PLHIV. Prevalence of post-acute COVID-19 sequelae was 43.1% (95% CI 20.5% to 68.9%) in persons living with HIV (PLWH). The average time to PACS diagnosis was 4 months at 64% [0.64 (95% CI 0.230, 0.913) ($P < 0.0000$), $I^2 = 93\%$] and at one year to PACS diagnosis was at 70%, however with non-significant correlation ($P > 0.05$). On comorbidities, asthenia was associated with PACS at 17.6% [0.176 (95% CI 0.067, 0.385) ($P = 0.008$), $I^2 = 86\%$], while fatigue at 82% was not related to PACS event incidence ($P < 0.05$). Americas, Asian, and European regions showed PACS event rates of 82%, 43%, and 19% respectively ($P < 0.05$) relative to HIV infection.

Conclusions

PACS prevalence in PLWH was 43%, occurring at an average time of 4 months at 64%, and 70% at 12 months, though non-significant with PACS. Asthenia was significantly associated with PACS at 17.6%, while fatigue at 82% was

not related to PACS event incidence. Americas recorded the highest PACS event rates in PLWH.

Keywords: Covariates, HIV, Meta-analysis, Post COVID-19, Sequelae

Incidence and Demographic Indicators of Immune Reconstitution Inflammatory Syndrome, Survival-Time to, and its Prediction of Adverse Pregnancy Outcomes

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Abstract ID: 32

Topic: Midwifery and Women's Health Nursing as an Outcome for Maternal and Infant Health

Introduction

There are persistent concerns regarding the potential adverse effects of in utero ART exposure. While the association between untreated, advanced HIV disease and adverse pregnancy outcomes (APOs) is well documented in pregnancy, few studies have focused on APOs subject to immune reconstitution inflammatory syndrome (IRIS) as a predictor, without differentiating between paradoxical or unmasking IRIS. The current study sought to investigate the incidence and demographic indicators of IRIS, IRIS type, survival time to, and its prediction of APOs.

Methods

An active records study was conducted between June 2019 and March 2020 among ART-naive pregnant women attending the antenatal care units (ANCu) at the Kenyatta National and Mbagathi Hospitals in Nairobi, Kenya. Participants were aged between 20 and 49 years and had a confirmed HIV-positive test. IRIS diagnosis was adjudicated for accuracy and consistency by an independent review committee. Baseline demographic characteristics, including age, education level, religion, marital status, residence, occupation, and economic status, were recorded. IRIS incidence was assessed using the International Network for Studies Against HIV-Associated IRIS (INSHI) during the first three months after ART initiation. Bivariate analysis was performed using Pearson's test for demographics relative to IRIS type. The association and strength between the IRIS type and APOs were further established through Pearson Chi-Square test and Phi and Cramer's V tests, respectively. Kaplan-Meier analysis estimated the survival time to APOs using the log-rank test statistic. Multivariate Cox-regression analysis for Pre-ART demographics on IRIS type

incidence was performed using the survival package in SPSS.

Results

The incidence of IRIS was 25% (n=133) among the 532 ART-naive pregnant women, with 97 (72.9%) presenting with unmasking IRIS, significantly associated with APOs [$\chi^2(1) = 4.911$, $p = 0.027$]. Maternal age, between 40-49 years, had a positive coefficient with unmasking IRIS [$p=0.329$, Wald test ($p\sim$) = 1.011, (HR = 1.389, 95% C.I 0.732 - 2.638, $p = 0.325$]. The cumulative survival function evaluating all demographic characteristics (covariates) indicated that over 80% of the ART-naive pregnant women survived IRIS diagnosis for six weeks, with half of them diagnosed at approximately two months. Kaplan-Meier survival analysis showed that women diagnosed with unmasking IRIS compared to paradoxical IRIS survived longer before experiencing an APO ($\chi^2 = 5.292$, Log Rank test = 0.021), cumulative hazard, [HR = 0.18 and 0.4] respectively. Decision tree analysis demonstrated that women aged 30-39 had the most APOs ($p = 0.688$).

Conclusions

Unmasking IRIS was the most common and was highly associated with APOs that were experienced much later compared to those predicted by paradoxical IRIS, with older age being a plausible predictor. The survival time to experiencing an APO was longer for women presenting with unmasking IRIS compared to those with paradoxical IRIS, supporting the need for a greater focus on possible APOs due to paradoxical IRIS.

Keywords: Adverse Pregnancy Outcomes, Immune Reconstitution Inflammatory Syndrome, Survival-Time

Need Assessment for Implementation of m-mama Referral Systems Improvement Initiative in Tanzania

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Abstract ID: 34

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Introduction

The inability of most women to access timely Emergency Obstetric and Newborn Care (EmONC) remains a major challenge in addressing the burden of maternal mortality

worldwide. Access to appropriate healthcare, including skilled birth attendance at delivery and timely referrals to emergency obstetric care services, can greatly reduce maternal and neonatal deaths and disabilities. M-mama is a centralized digital Emergency Transportation System (EmTS) that improves communication, management, and supply of emergency transport. The m-mama program aims to reduce maternal and newborn mortality and morbidity by addressing one of the delays known to impact the outcome of birth-related emergencies—delays in reaching care. Clinical and program assessments are crucial steps in the setup of an emergency transportation system as they help to inform the situation of health facilities expected to receive emergency referrals and guide the patient referral pathway. The activity aimed to identify gaps and provide recommendations for service delivery improvement, infrastructure, equipment, human resources, and capacity building in readiness for receiving referrals through m-mama.

Methods

A total of 168 councils and 433 CEmONC facilities were assessed from all 26 regions of Tanzania mainland and highlands. The clinical assessment team visited all earmarked CEmONC facilities using a simplified checklist to verify the available resources in those facilities. The team shared comprehensive feedback with the visited facility, council, and regional teams, and recommendations guided the development of action plans for improvement.

Results

Most visited facilities had relatively stable leadership but minimal specific leadership and management training. The assessment team noted that in most facilities, staff are motivated despite working with constrained supplies and increased workload. Across the region, there are few health-care workers trained in emergency care services. Theatre management procedures need strengthening in all the assessed facilities to maintain 5S, safety practices, cleanliness, and functionality of equipment, including air conditioners, operating lights, anesthesia machines, and autoclaves. Some assessed facilities had incomplete emergency trays. Most facilities reported delays in receiving blood sample test results from the Zonal NBTS, with results coming one or two weeks after submission. Essential drugs were available, except for Hydralazine injection, which had significant stock-out reports in almost all the facilities.

Conclusions

Initiatives to improve facility readiness, communication, and transportation for obstetric and newborn referrals are vital to ensuring patients' timely access to life-saving care. Clinical and program needs assessments are mandatory to ensure the relevant preparation of infrastructure and operationalization systems are ready for implementation.

Keywords: m-mama Referral System

Mobile Phones Accessibility, Health Information Needs and Willingness to Receive Maternal Health Information via Mobile Applications Among Pregnant Women Attending Antenatal Care in Oshana Region, Namibia

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Abstract ID: 35

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Introduction

Maternal health improvement is crucial for each country; however, maternal mortality and morbidity remain challenges, especially in the developing world. The use of technologies, such as mobile devices, has proven to be effective in improving maternal health in some countries. The aim of the study was to assess mobile phone accessibility among pregnant women, their health information needs, and their willingness to receive health information via mobile applications.

Methods

A quantitative, cross-sectional study was conducted among 337 pregnant women attending their first antenatal care visit in Oshana Region, Namibia. Descriptive statistics were performed, and simple binary logistic regression was used to determine factors associated with willingness to receive health information using mobile applications.

Results

The study revealed that pregnant women attending antenatal care have access to mobile phones (91.7%), of which 65.1% are smartphones. The top five health information needs included daily living activities during pregnancy, the importance of antenatal care visits, emergency preparedness during pregnancy, the advantages of breastfeeding and breast care, as well as nutrition during pregnancy. Pregnant women attending antenatal care are willing to receive health information using mobile applications (97.5%). The simple binary logistic regression revealed that mobile phone ownership is significantly associated with willing-

ness to receive health information via mobile applications (p -value = 0.022).

Conclusions

Since pregnant women in Namibia have access to mobile phones and are willing to receive health information via mobile applications, there is a need to develop and share health information on mobile application platforms.

Keywords: Health Information Needs, Mobile Application, Mobile Phone Accessibility, Pregnant Women, Willingness

Factors Associated with Unplanned Pregnancy Among Youth at a Selected Hospital in Lesotho

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Abstract ID: 36

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Introduction

Unplanned pregnancies account for over half of total pregnancies in Lesotho; youth pregnancies contribute a vast percentage overall. This study aimed to assess which factors are associated with unplanned pregnancy among youths who sought antenatal and postnatal care services at a selected government hospital in Lesotho.

Methods

A descriptive cross-sectional design was used, and data was collected from a sample of 100 participants using a structured questionnaire.

Results

The results revealed that unplanned pregnancy among youths was associated with age, unemployment, lack of contraceptive use, sexual abuse, living in rural areas, and lack of unplanned pregnancy prevention campaigns.

Conclusions

The findings of this study support the socio-ecological model which postulates that a variety of factors influence health outcomes. We conclude that more needs to be done to improve access to formal education, the availability and accessibility of unplanned pregnancy prevention campaigns, and sexual and reproductive services.

Keywords: Unplanned Pregnancy, Factors, Socio-Ecological Model, Youth

Investigating the Risk of Patient Manual Handling Using the Movement and Assistance of Hospital Patients Method among Hospital Nurses in Botswana

Kagiso Kgakge

Abstract ID: 37

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

Evidence on the prevalence of lower back pain (LBP) among nurses is widespread in the literature, with several risk factors being reported. These include manual handling of patients, repetitive bending and twisting movements, and long working hours. It is reported that LBP has negative health outcomes and causes poor work performance among healthcare workers (HCWs). The magnitude of ergonomic risks associated with these healthcare activities has not been adequately investigated in Botswana. Thus, this study aimed to investigate the ergonomic risk levels associated with the manual handling of patients and its association with the prevalence of LBP among nurses in Botswana.

Methods

This was an observational cross-sectional hospital-based study conducted in a Botswana public tertiary hospital from March to April 2023. The Movement and Assistance of Hospital Patients (MAPO) tool was used to collect data on ergonomic risk levels. Data on the demographic characteristics of participants were collected using a tool adapted from the Nordic Musculoskeletal Questionnaire (NMQ). Odds ratios and 95% confidence intervals were estimated to determine the association between ergonomic risk levels and the prevalence of LBP.

Results

A total of 256 nurses participated and completed the study. The self-reported prevalence of LBP in this study was 76.6%. The risk of acquiring LBP was high (90.5%) based on the MAPO index. Although the frequencies of self-reported LBP were high among nurses, these did not show any significant association with the MAPO index data. This could be partly due to the small sample size.

Conclusions

There was a high prevalence of LBP in this study, which was corroborated by the MAPO index data. This has

demonstrated the value of the MAPO index in forecasting the risk of patient manual handling. The findings might help Botswana formulate policies intended to address ergonomic preventive measures, directed towards reducing the MAPO index score by addressing the single risk determinants.

Keywords: MAPO Index, Patient Manual Handling, Low Back Pain, Ergonomic Risk, Nurse

Exploration of Career Choices Among Undergraduate Nursing Students in Kampala, Uganda

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Abstract ID: 38

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

Understanding job preferences among undergraduate nursing students is crucial as it marks the pivotal transition from educational preparation to career initiation. In today's diverse professional landscape, selecting the right career path is paramount for students to align with their needs and interests, ensuring a focused and fulfilling career journey post-graduation. This study explores career choices among undergraduate nursing students in Kampala, acknowledging that these decisions not only reflect individual likes and dislikes but also significantly shape future professional trajectories.

Methods

The study employed a descriptive qualitative design. It was carried out at Clarke International University and Makerere University among final-year undergraduate nursing students. Participants were purposively selected into the study. Data was collected using in-depth interviews (14 interviews) and four focus group discussions (6 participants per group). Data was coded, transcribed, and analyzed using Colaizzi's approach.

Results

Fourteen students participated in the study. These were seven direct and seven top-up students. A subset of these formed the focus group discussions. Seventeen categories coalesced into four overarching themes through in-depth interviews and focus group discussions. These themes encompassed Career Preferences (e.g., Areas of specialization), Determinants Influencing Career Preferences (e.g., Career guidance by institutions), Professional Identity (Public image/view), and Channeling (e.g., First choice).

Conclusions

These findings shed light on the factors influencing nursing students' career decisions, their sense of professional identity, and the channels through which they navigate their career paths. These insights are valuable for educators, policymakers, and healthcare institutions aiming to support and guide nursing students towards fulfilling and meaningful careers aligned with their aspirations and interests.

Keywords: Career, Choices, Exploration

A Clinical Teaching Framework to Facilitate the Support and Guidance of Newly Qualified Professional Nurses

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Abstract ID: 39

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

Transitioning to a professional role is difficult for newly qualified professional nurses. Given the challenges that newly qualified professional nurses experience during the transition to practice, support is essential for them to become efficient, safe, confident, and competent in their professional roles.

Objectives

The purpose of this study was to investigate the transition experiences of newly qualified professional nurses to develop a preceptorship model.

Methods

This study employed a qualitative approach to purposively collect data. Concept analyses were conducted applying the steps suggested by Walker and Avant, and the related concepts were classified utilizing the survey list of Dickoff, James, and Wiedenbach's practice theory. Chinn and Kramer's components for theory generation were used for the development of the model and evaluation.

Results

A preceptorship model for the facilitation of guidance and support in the clinical area for newly qualified professional nurses was developed. The model consists of six components, namely, the clinical environment, the operational manager and preceptor, the newly qualified professional

nurse, the preceptorship, the assessment of learning, and the outcome.

Conclusions

The study revealed that newly qualified professional nurses face many transition challenges when entering clinical practice. They are thrown in deep, experience a reality shock, and are not ready to start performing their professional role. The participants agreed that guidance and support are needed for their independent practice role.

Keywords: Clinical environment, Guidance, Model development, Newly qualified professional nurse, Preceptor, Preceptorship, Support, Transition

Knowledge, Attitude and Practices of Healthcare Workers on Gastroschisis Pre-referral Management Interventions in Central Malawi

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Abstract ID: 40

Topic: Nursing and midwifery, research and implementation effectiveness

Introduction

Gastroschisis affects an estimated 16,000 neonates in Sub-Saharan Africa. In Malawi, a low-income country, bedside insertion of preformed silos and delayed closure for neonates with gastroschisis has been adopted in tertiary hospitals. Several challenges have been noted in Malawi, including the lack of knowledge in gastroschisis management immediately post-birth and prior to referral.

Methods

This study adopts a comprehensive mixed-methods research design and consists of three phases: 1) Data collection; 2) Bundle creation; and 3) Implementation. Data will be collected using a self-administered, structured survey. The survey will include both close-ended and open-ended questions to ensure the perspectives of healthcare professionals providing pre-referral management interventions are captured holistically. Following the results, facility-specific interventional bundles will be created by the multidisciplinary team at the tertiary hospital and delivered in referral facilities identified during the study with the highest need for intervention.

Results

This study has yet to be concluded; however, the intention is to gather critical data that will inform evidence-based interventions to improve the pre-referral management of gastroschisis in central Malawi.

Conclusions

This promissory study addresses a critical element in the management of gastroschisis in Malawi. Although significant progress has been made in the tertiary centers, improving pre-referral management of gastroschisis is necessary to reduce mortality in neonates. The results of this study are also applicable in other resource-limited settings, contributing much-needed evidence to global neonatal surgery.

Keywords: Gastroschisis, Malawi, Neonates, Abdominal Wall Defects, Global Surgery

Teaching the Integrated Management of Neonatal and Childhood Illness Strategy: The Perspectives of Nurse Educators in Lesotho

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Abstract ID: 41

Topic: Nursing and midwifery, research and implementation effectiveness

Introduction

World Health Organisation and United Nations Children's Fund developed the Integrated Management of Neonatal and Childhood Illness (IMNCI) strategy to reduce child morbidity and mortality and to enhance child growth and development in middle and low-income countries. However, there is anecdotal evidence that some children die due to poor implementation of IMNCI. The purpose of this study was to explore and describe the perspectives of nurse educators regarding the teaching of IMNCI strategy in Lesotho Nurse Training Institutions.

Methods

The study followed a qualitative, descriptive, exploratory, and contextual research design to gain a rich understanding of the perspectives of nurse educators regarding the teaching of IMNCI strategy. Face-to-face interviews were conducted to collect data. Data analysis followed thematic analysis, and ethical considerations were maintained throughout the study.

Results

Data saturation was reached after interviewing 12 nurse educators. Three themes emerged from the data analysis: the benefits of teaching IMNCI, the challenges of teaching IMNCI, and measures to improve the teaching of IMNCI. Nurse educators were not all given IMNCI strategy orientation. The IMNCI strategy is introduced into nursing programs, and most nurse educators wish for its incorporation into nursing curricula. Varying teaching approaches are employed by nurse educators while teaching IMNCI.

Conclusions

The study highlights the need for consistent training and orientation for nurse educators regarding IMNCI and suggests that its incorporation into nursing curricula would enhance its effectiveness. Improved teaching strategies are essential to ensure better implementation of the IMNCI strategy in Lesotho.

Keywords: IMNCI, Nurse Educator, Perspectives, Teaching

Analysis of Clinical Supervision in Nursing Using Walker and Avant Model

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Abstract ID: 42

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Introduction

Clinical supervision is an internationally accepted strategy for nurse managers in supporting nurses in the provision of quality nursing care. However, clinical supervision is not clearly defined. This analysis aimed to clarify the meaning of the concept "clinical supervision" in nursing.

Methods

Clinical supervision was analyzed using the 8-step Walker and Avant's method. The search in scientific databases, namely Science Direct, PubMed, and Ebscohost, was carried out using the descriptors: clinical, supervision, clinical supervision, and clinical supervision in nursing in the titles and abstracts of articles and other sources. The inclusion criteria included definitions and studies written in English and carried out between 1948 and 2023. As many as 71 articles related to the concept were analyzed.

Results

The results of the concept analysis revealed competency and a safe environment to be antecedents of clinical supervision. The phases of the clinical supervision process were identified as the establishment of relationships, reflection, and professional development. The outcomes of clinical supervision included improved performance, improved job satisfaction, patient safety, and improved quality of nursing care.

Conclusions

The concept of clinical supervision changes over time; it is defined in the current concept analysis as a structured, supportive, and professional development process where nurses reflect on their own practice within the context of safety, confidentiality, trust, and a competent supervisor.

Keywords: Clinical supervision, Concept analysis, Concept definition, Quality care, Walker and Avant

Knowledge and Practices of Primary Health Care Nurses Regarding Prescription of Antihypertensive Drugs in Mafeteng District Radebe

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Abstract ID: 43

Topic: Advancing innovation and technology in nursing and midwifery

Introduction

Hypertension is one of the leading causes of global mortality. It presents a significant challenge in developing countries, especially in Sub-Saharan Africa, with Lesotho ranked number four for the highest incidence of hypertension in the world. To assess the knowledge and practices of primary health care nurses regarding the prescription of antihypertensive drugs.

Methods

A quantitative descriptive cross-sectional study was conducted. Forty-two nurses were recruited by purposive sampling to participate in the study. The researcher used an electronic questionnaire for data collection following ethical clearance from the Institutional Review Board of the Faculty of Health Science and the Ministry of Health. Data were analyzed using descriptive statistics.

Results

Most participants were female and had attained a diploma in general nursing and midwifery. The findings revealed that only 26% fully understood the steps to be followed for diagnosing hypertension, and 23.8% felt confident to initiate patients on antihypertensive drugs. Moreover, knowledge of the mechanism of action of antihypertensive drugs was poor, and the majority of nurses do not perform laboratory tests for patients either as a baseline or to monitor drug toxicity.

Conclusions

The study identified that both the knowledge and practices of nurses were inadequate regarding the prescription of antihypertensive drugs. This suggests that nurses' knowledge and practices need further improvement through in-service training.

Keywords: Antihypertensive, Knowledge, Nurses, Prescription

Perceptions of Caregivers Towards Under five Vaccination in Roma

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Abstract ID: 44

Topic: Nursing and midwifery, research and implementation effectiveness

Introduction

Under-five vaccination has been the most effective and cost-effective way of preventing vaccine-preventable diseases, thereby limiting child mortality and morbidity. Nevertheless, children still miss their shots and often have incomplete vaccination schedules.

Methods

A quantitative cross-sectional descriptive design was adopted in this study with a convenience sample of 50 respondents. A three-part structured questionnaire was used to collect data from caregivers in Roma, Mafikeng. Data collection occurred after approval from the Ministry of Health, the IRB committee, and the authorization of the chief of Mafikeng.

Results

A significant number of caregivers had adequate knowledge of immunization. However, out of 50 respondents, 54% (27 caregivers) were still convinced that some vac-

cinations could indeed be harmful to children. All respondents knew that immunization begins at birth. Despite this knowledge, their perceptions towards vaccination were generally negative. Furthermore, 78% of respondents agreed that unpleasant service from healthcare providers discouraged them from accessing services at healthcare centers.

Conclusions

Vaccination remains the most effective and cost-effective way of preventing infectious diseases. However, many controversies about vaccines persist. Despite the trend of increasing vaccination rates worldwide, negative perceptions and attitudes still prevail, especially in developing countries like Lesotho, and these factors continue to influence caregivers' decisions.

Keywords: Caregivers, Perceptions, Roma, Vaccination

An Assessment of Practices of Midwives Regarding the Management of Postpartum Hemorrhage: A Case of Maseru, Lesotho

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Abstract ID: 45

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Introduction

Postpartum hemorrhage (PPH) remains the leading cause of maternal mortality. More than half of maternal deaths from PPH occur within 24 hours of delivery and could be prevented through midwives' compliance with guidelines and standards for clinical practice. This study aimed to assess midwives' practices regarding the management of PPH in Maseru, Lesotho.

Methods

A quantitative cross-sectional study was undertaken. Convenience sampling was used to select 220 midwives who voluntarily completed a structured self-administered questionnaire. Ethical clearance was granted by the Ministry of Health Research and Ethics Committee. Data were analyzed using the Statistical Package for Social Sciences and presented using descriptive and analytic statistics.

Results

Midwives were competent with estimation and recording of blood loss, placenta assessment, and vital signs of patients. There was a significant association between the highest education qualification and midwives who estimate and record blood loss, palpate and measure the uterine fundus, and assess the completeness of the placenta. The results revealed a significant association between work experience, uterine fundus measurement, and estimated blood loss.

Conclusions

Midwives reported practicing the management of PPH mostly based on guidelines. However, many midwives still disregard recommendations, putting patients at risk. This highlights the need to intensify supervision to ensure safe practices.

Keywords: Knowledge, midwife, postpartum hemorrhage, practice

Respectful Maternity Care in Rwandan Health Facilities: Prevalence, Insights, and Strategies from Women, Healthcare Providers, and Experts Review Through Appreciative Inquiry

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Abstract ID: 46

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Introduction

Childbirth deserves profound respect, as emphasized by the World Health Organization in 2018. Respectful Maternity Care (RMC) is pivotal for improving maternal and neonatal outcomes, while its absence constitutes a violation of women's and newborns' rights. However, ensuring RMC goes beyond merely avoiding mistreatment. Proactive advocacy, mistreatment reduction efforts, and contextually appropriate, respectful actions are essential. Previous studies on RMC in Rwanda mainly focused on negative experiences. In contrast, our study employed Appreciative Inquiry (AI) to highlight positive aspects during intrapartum care. AI, chosen for its ability to generate culturally relevant and realistic results, emphasizes strengths rather than just challenges. This study aimed to assess positive experiences among mothers and best practices among healthcare providers (HCPs) in Eastern Province hospitals of Rwanda. The goal was to develop strategies for facilitating and sus-

taining RMC during labor. Effective implementation of RMC in healthcare facilities reduces mistreatment, enhances birth outcomes, and promotes positive childbirth experiences.

Methods

We conducted this study in five hospitals in the Eastern Province of Rwanda from June 2022 to April 2023. The study was executed in four phases with five stages of AI: Define, Discover, Dream, Design, and Destiny. In the define stage, we clarified the topic and ensured it had a positive core. Phase 1 utilized a convergent parallel mixed method. The quantitative data was cross-sectional, with 610 women, utilizing a 15-item RMC scale updated by the White Ribbon Alliance in 2019. We employed descriptive logistic regression in the analysis. In-depth interviews (IDIs) were conducted on 30 subsets of women who reported being respected. This phase corresponds to the dream stage. In Phase 2, we conducted 10 focus group discussions (FGDs) with midwives and nurses, 10 IDIs with physicians, and 10 IDIs with matrons. HCPs expressed their best experiences and their thoughts on what mothers reported, corresponding with AI's dream and design stage. For all qualitative data, NVivo 12 and thematic analysis were used. In Phase 3, we developed strategies by integrating the findings, which aligns with the design stage. In Phase 4, developed strategies were validated by 10 national and international experts/stakeholders in RMC using an expert review approach. Participants rated each strategy based on its relevance, feasibility, acceptability, and context using a Likert scale questionnaire. Following the validation process, we prioritized the strategies based on the highest ranking percentage score for each one. We then developed a detailed plan of action, goals, and the proper blueprint to achieve these goals through practical implementation. This phase corresponds to the destiny stage.

Results

Women (70.2%) received RMC. Mothers reported receiving compassionate treatment, respect for preferences, and equitable care. HCPs advocated for enhanced professionalism, teamwork, and effective communication. The developed strategies focused on women-centered care, preserving community trust, professional conduct, supportive leadership, and maintaining adequate childbirth facility environments. Expert validation highlighted the relevance and feasibility of these strategies, with an overall score of 89.75%.

Conclusions

The findings of this study carry significant implications for policy and the advancement of RMC practices in Rwanda. This is especially relevant considering that Rwanda currently lacks a standalone RMC policy, with only a few com-

ponents included in the Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) policy. Embracing multifaceted strategies to promote positive childbirth experiences can effectively enhance RMC provision for women during maternity care. The ultimate outcome is to set the overall direction and goals for the implementation of the developed strategies by involving policymakers, health leaders, facility managers, communities, and individuals in the implementation thereof, thereby sensitizing the broader health system and relevant stakeholders towards the endeavor to promote and sustain RMC in Rwanda.

Keywords: Mother-friendly care, best practices, childbirth, dignified care, intrapartum, positive experience, strategies

Assessment of Prevalence of Self-Medication with Antibiotics Among Students at the National University of Lesotho

Mabisi Shoapho

Abstract ID: 47

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

Self-medication can benefit individuals and is recognized by the WHO (2018) as part of self-care. The youth, in particular, is exposed to media and the increased advertising of pharmaceuticals, which poses a larger threat to the population. While self-medication is a useful tool for treating minor ailments, improper practice may lead to adverse drug reactions, inappropriate medication choices, risk for double medication and harmful interactions, dependence, and abuse. Moreover, irrational use of antibiotics may contribute to antimicrobial resistance (Mamo, Ayele, & Dechasa, 2018).

Purpose

The purpose of this study was to investigate self-medication with antibiotics among students.

Methods

A cross-sectional quantitative study design was used. Data was collected through a self-administered questionnaire following ethical clearance.

Results

Most students (52%) were aware of what self-medication entails. 68% of students reported having engaged in self-medication previously, unaware of the potential side ef-

fects. Reasons for self-medication with antibiotics included poor health services and the increased costs of treatment.

Conclusions

Self-medication with antibiotics is a serious issue among students and requires focused intervention, especially given the alarming rate of antibiotic-resistant pathogens. The findings indicate that minor illnesses are the primary reason for self-medication, underscoring the need for better education and regulation to address this issue.

Keywords: Antibiotic, Assessment, Self-medication, Students, University

Managing COVID-19 from the Nurses' Perspectives at Selected Primary Healthcare Facilities in Maseru, Lesotho

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Abstract ID: 48

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Introduction

Nurses are in the forefront of the fight against COVID-19. The modest amount of perspectives among healthcare practitioners remained an issue, particularly in developing nations such as Lesotho. This study aimed to assess the level of perspectives of nurses working in the primary healthcare setting to manage COVID-19 in Lesotho.

Methods

A quantitative descriptive cross-sectional survey research design was used to collect data using a structured questionnaire from a conveniently selected sample of nurses. Data were analysed using SPSS, and results presented using descriptive and analytic statistics.

Results

A total of 120 nurses completed the questionnaire, with a 100% response rate. Very few proportions of nurses received formal training (52.4%) and were taught and trained on the safe and accurate ways of using PPEs (21.8%) as a preventative measure. Less than half of the participants could implement guidelines to screen (36.7%), report a suspected case (32.5%), and manage confirmed cases of COVID-19 (30.8%). The levels of knowledge and practices for the pandemic were moderate during the study. There was a significant correlation between the nurses' knowl-

edge and practices [$\chi^2(442, N=120) = 1022.6, p < .05$] in the management of COVID-19.

Conclusions

The level of perspectives of nurses in Lesotho was moderate regarding the management of COVID-19. Unsatisfactory numbers of nurses were reasonably knowledgeable and capable of implementing pandemic response measures. This study provides the information necessary for health authorities to prioritise training programmes that support nurses during COVID-19 and similar pandemics.

Keywords: COVID-19, Knowledge, Nurse, Perspectives, Practices, Primary Healthcare

Impact of Infection Prevention Care Bundles on Surgical Site Infections Post Cesarean Section at Moi Teaching and Referral Hospital in Eldoret, Kenya

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Moi Teaching & Referral Hospital

Abstract ID: 49

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

Cesarean Section (CS) delivery rate is increasing globally. CS predisposes women to adverse effects such as Surgical Site Infection (SSI). Hospital-acquired infections, for instance, SSI due to CS, are preventable with adequate compliance to SSI care bundles.

Methods

A time-series design with pre- and post-intervention periods was utilized to conduct this study at the Riley Mother and Baby Hospital in Moi Teaching and Referral Hospital. Systematic random sampling was used to select every third CS patient. The selected mothers were followed up through telephone calls on day 7, 14, and 30 post-CS to identify SSI incidence.

Results

Among the 764 mothers enrolled in the study during the pre-intervention phase, 42 developed SSI post-CS, 35 were superficial while 7 were deep SSI cases. 88% of the CS SSI cases were a result of emergency CS. 71% of the mothers developing CS SSI had a monthly income of less than Ksh. 23,000. Follow-up telephone calls allowed for early detection of superficial SSI and reported an increase in patient

satisfaction. There was a notable decrease in the baseline SSI rate from 18% to the current 5.5%.

Conclusions

Follow-up calls after discharge of CS mothers highly contributed to the early detection of SSI and reduction of the incidence rate.

Keywords: Caesarean Section, Surgical Site Infection

Perceived Demographic and Socioeconomic Factors Contributing to Poor Outcome of Neonatal Sepsis at Pediatric Unit, Kenyatta National Hospital

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Moi Teaching and Referral Hospital

Abstract ID: 50

Topic: Midwifery and Women's Health Nursing as an Outcome for Maternal and Infant Health

Abstract

Introduction

Globally, sepsis remains a significant cause of high mortality and morbidity rates among neonates. Despite advances in healthcare quality, neonatal sepsis continues to be a major concern. The World Health Organization estimates that more than 40% of deaths occurring among infants under five years of age happen during the neonatal phase, leading to 3.1 million infant deaths annually. This study aims to establish the perceived demographic and socioeconomic factors contributing to the poor outcome of neonatal sepsis.

Methods

This was a hospital-based descriptive cross-sectional study conducted in the Pediatric Unit of Kenyatta National Hospital. A total of 175 mothers of neonates with neonatal sepsis admitted to KNH were recruited using a consecutive sampling method.

Results

Maternal demographic factors associated with poor outcomes of neonatal sepsis included younger or advanced maternal age ($X^2 = 4.735$, $df = 2$, $p = 0.031$). Maternal socioeconomic factors associated with poor outcomes of neonatal sepsis included low household income level ($X^2 = 6.163$, $df = 1$, $p = 0.014$). Various maternal demographic and socioeconomic factors were significant perceived determinants of

poor outcomes of neonatal sepsis in Kenyatta National Hospital's Pediatric Unit.

Conclusions

Maternal demographic and socioeconomic factors play a significant role in the poor outcomes of neonatal sepsis in the Pediatric Unit of Kenyatta National Hospital.

Keywords: Neonate, Demographic, Poor Outcome, Sepsis, Socioeconomic Factors

Nexus Between Employee Motivation and Performance of Level Four Government Hospitals in Kenya: Moderating Effect of Stakeholder Engagement

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Abstract ID: 51

Topic: Policy Making, Leadership, and Advocacy in Nursing and Midwifery

Introduction

Employee motivation plays a crucial role in the performance of healthcare institutions. For Level Four government hospitals in Kenya, employee motivation is pivotal for achieving desired health outcomes. However, stakeholder engagement may moderate the relationship between motivation and hospital performance. This study aimed to establish the moderating effect of stakeholder engagement on the relationship between employee motivation and the performance of Level Four government hospitals in Kenya.

Methods

This study adopted a mixed-method approach with a sequential explanatory design, aimed at predicting and generalizing the moderating role of stakeholder engagement. Data were collected from 104 Level Four government hospitals using structured questionnaires for quantitative data and interview schedules for qualitative data. The study targeted senior and middle management levels as they are responsible for strategy implementation and policy formulation. Descriptive statistics were used to analyze quantitative data, while qualitative data were analyzed using content analysis.

Results

The study found that stakeholder engagement significantly moderates the relationship between employee motivation and hospital performance. The coefficient of determination

(R-Square) increased from 72.7% to 84.1% after the introduction of the interaction term (Employee Motivation * Stakeholder Engagement). The regression analysis indicated that a unit increase in employee engagement raises hospital performance by 0.804 ($t = 13.735$, $p < 0.05$). Stakeholder engagement had a significant enhancing moderation effect on hospital performance.

Conclusion

An inclusive approach to stakeholder interaction is critical for enhancing the performance of Level Four government hospitals in Kenya. Involving stakeholders in strategic planning makes it easier for them to support and implement organizational strategies. Organizations that manage stakeholder relationships effectively tend to perform better than those that do not.

Recommendations

The study recommends the development of regulations to ensure that stakeholders are involved in decision-making processes. It also suggests that top management in Level Four government hospitals foster an open communication culture and create policies that encourage interaction and collaboration among employees and stakeholders.

Keywords: Employee Motivation, Performance of Hospitals, Stakeholder Engagement

Predictors of Low Birthweight and Comparisons of Newborn Birthweights Among Different Groups of Maternal Factors at Rev. John Chilembwe Hospital in Phalombe District, Malawi: A Retrospective Record Review

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Abstract ID: 52

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Introduction

Birthweight is a crucial factor in determining the future health of newborns. Maternal factors such as age, delivery mode, HIV status, gestational age, parity, and obstetric complications (e.g., preeclampsia, antepartum hemorrhage, and sepsis) are known to contribute to low birthweight (LBW). This study aims to identify the predictors of LBW

and compare newborn birthweights between different groups of maternal factors at Rev. John Chilembwe Hospital in Phalombe District, Malawi.

Methods

This retrospective record review study analyzed data from 1244 women and their newborns admitted between October 2022 and March 2023. Maternal factors such as preeclampsia, antepartum hemorrhage, and sepsis were assessed for their impact on LBW. The median test was used to compare median birthweights, while Chi-square and Fisher's exact tests were used to compare LBW proportions. Multivariate logistic regression with a stepwise forward likelihood method was used to identify predictors of LBW.

Results

The median birthweight was 2900.00g (IQR: 2600.00g–3200.00g), and the prevalence of LBW was 16.7% ($n=208$). LBW proportions were significantly higher in women with preeclampsia (47.6%), antepartum hemorrhage/sepsis (58.3%) compared to controls (15.8%) ($p < .001$). The prevalence of LBW was lower in full-term (5.5%) and postterm (3.7%) pregnancies compared to preterm (45.1%) ($p < .001$). Multivariate logistic regression showed that the odds of LBW were significantly higher in preterm (AOR=13.76, 95%CI: 9.54–19.84, $p < .001$), women with preeclampsia (AOR=3.88, 95%CI: 1.35–11.18, $p = .012$), and those with antepartum hemorrhage/sepsis (AOR=6.25, 95%CI: 1.50–26.11, $p = .012$).

Conclusion

The prevalence of LBW was high, with prematurity, preeclampsia, antepartum hemorrhage, and sepsis identified as significant predictors. Addressing these risk factors through targeted interventions is essential for improving birthweight outcomes in this population.

Keywords: Antepartum Hemorrhage, Delivery Mode, Gestational Age, Low Birthweight, Maternal HIV Status, Maternal Age, Maternal Sepsis, Newborn Birthweight, Parity, Preeclampsia or Eclampsia

Predictors of Low Birthweight and Comparisons of Newborn Birthweights Among Different Groups of Maternal Factors at Rev. John Chilembwe Hospital in Phalombe District, Malawi: A Retrospective Record Review

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Abstract ID: 52

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Introduction

Birthweight has an impact on newborn's future health outcomes. Maternal factors, including age, delivery mode, HIV status, gestational age, parity, and obstetric complications (preeclampsia or eclampsia [PE], antepartum hemorrhage [APH], and sepsis), have been shown as risk factors for low birthweight (LBW) elsewhere. For data-guided interventions, we aimed to identify predictors of LBW and compare newborn birthweights among different groups of maternal factors at Rev. John Chilembwe Hospital, Phalombe District, Malawi.

Methods

Using a retrospective record review study design, we extracted data from maternity registers of 1244 women and their newborns (October 2022–March 2023). Data were skewed. Median test was used to compare median birthweights. Chi-square/Fisher's exact tests were used to compare LBW proportions among different groups of maternal factors. Multivariate logistic regression with a stepwise, forward likelihood method was performed to identify LBW predictors.

Results

The median birthweight was 2900.00g (interquartile range [IQR]: 2600.00g-3200.00g). The prevalence of LBW was 16.7% (n=208). LBW proportions were higher in women with PE (10 [47.6%] of 21), APH/sepsis (7 [58.3%] of 12) than controls (191 [15.8%] of 1211), $p < .001$. LBW proportions were lower in full-term (46 [5.5%] of 835) and postterm (2 [3.7%] of 54) than preterm (160 [45.1%] of 355), $p < .001$. The odds of LBW were higher in preterm than full-term (AOR=13.76, 95% CI: 9.54-19.84, $p < .001$), women with PE (AOR=3.88, 95% CI: 1.35-11.18, $p = .012$), and APH/sepsis (AOR=6.25, 95% CI: 1.50-26.11, $p = .012$) than controls.

Conclusions

Prevalence of LBW was high. Its predictors were prematurity, PE, APH, and sepsis. Interventions aimed to prevent these risk factors should be prioritized to improve birthweight outcomes.

Keywords: Antepartum Hemorrhage, Delivery Mode, Gestational Age, Low Birthweight, Maternal HIV Status, Ma-

ternal Age, Maternal Sepsis, Newborn Birthweight, Parity, Preeclampsia or Eclampsia

Experiences of Nurses in Facilitating Supportive Care to Men Diagnosed with Prostate Cancer and Their Families

Salomo Salomo¹

¹ University of Namibia

Abstract ID: 53

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

Men diagnosed with prostate cancer experience a range of unmet supportive care needs due to a lack of trained health personnel in resource-poor settings. The aim of the study was to explore and describe the experiences of nurses in facilitating supportive care to men diagnosed with prostate cancer and their families in health facilities. The study was conducted in the oncology departments of the Intermediate Hospital Oshakati, Oshana Region, Namibia.

Methods

Qualitative, exploratory, descriptive, and contextual designs were adopted. A non-probability purposive sampling method was used to select information-rich participants. Data were collected by means of individual interviews with fourteen registered nurses. Ethical clearance was obtained from the ethical review committee prior to the conduct of the study. Data were collected using an unstructured interview guide. Responses were audio taped and transcribed verbatim. Data were manually analyzed by means of content analysis, using Tesch's eight steps of open coding.

Results

Four themes emerged: (i) experiences of different interventions, (ii) shortage of resources and lack of conducive environment, (iii) lack of support systems for men, families, and the community, and (iv) barriers that hinder the facilitation of supportive care.

Conclusions

Nurses experience different interventions for supportive care, shortage of resources, and barriers that hinder the facilitation of supportive care to men diagnosed with prostate cancer and their families. The study proposed areas of improvement in oncology nursing, such as the introduction of national policies on supportive care and the development of a postgraduate specialized oncology nursing course.

Keywords: Nurses, Experiences, Diagnosis, Supportive Care, Prostate Cancer

Experiences of Nurses in Facilitating Supportive Care to Men Diagnosed with Prostate Cancer and Their Families

Salomo Salomo¹

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Conclusion

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Keywords: Nurses, experiences, diagnosis, supportive care, prostate cancer

COVID-19 Health Seeking Behavior among Slum Dwellers of Railways Slum, Mombasa County, Kenya

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Abstract ID: 55

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), commonly known as COVID-19, emerged as a novel virus when it was identified in Wuhan, China. Preventive measures, including vaccination, play a vital role in controlling the spread of the virus, while early health-seeking behavior (HSB) is essential for infection prevention and control. Slums, with their high population density, inadequate access to clean water, and poor sanitation, are particularly vulnerable during pandemics. This study investigated the COVID-19 health-seeking behavior among slum dwellers in Railways Slum, Mombasa County, Kenya.

Methods

A descriptive cross-sectional study was conducted in Railways Slum, Mombasa County, using a structured questionnaire administered to 133 participants and interviews with 3 key informants. Participants were selected using simple random and purposive sampling methods. Data were analyzed using univariate, bivariate, and binary logistic regression analysis with Statistical Package for Social Sciences (SPSS) version 26.

Results

The study revealed that the average age of participants was 35 years, with 69.2% being married and 46.6% having completed secondary education. Most participants were self-employed (51.9%) with an average monthly income of less than USD 130. About 93.2% of participants wore face masks, 59% sought physician consultation, and 76.7% underwent COVID-19 testing and vaccination. Significant associations were found between marriage and housing status with health-seeking behavior. Enabling factors such as perceived health status, access to insurance, and self-efficacy also influenced health-seeking decisions.

Conclusion

Slum dwellers showed high rates of preventive behaviors, but challenges like inadequate funds hindered the sustainability of COVID-19 control measures. The study concludes that understanding health-seeking behaviors and influencing factors during the pandemic is crucial for developing effective preventive strategies. Recommendations include mass education, awareness campaigns, and promoting adherence to preventive and control measures for future outbreaks.

Keywords: COVID-19, Health Seeking Behavior, Slum Dwellers, Slums

Village Health Workers Supporting Primary Healthcare: A Case of Butha Buthe in Lesotho

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Abstract ID: 58

Topic: Policy Making, Leadership and Advocacy in Nursing and Midwifery

Abstract

Introduction

Village health workers (VHWs) play a significant role in primary healthcare (PHC) by being closely connected to households, communities, and healthcare systems. However, several factors influence their roles in PHC provision, and these issues are often not adequately addressed in large-scale health programs. A review of their roles is essential, as few studies have explored the factors that impact their performance and the roles of the community, health facilities, and the Ministry of Health in supporting them.

Methods

This study employed an exploratory qualitative design using focus group discussions with 30 participants (28 females and 2 males) in August 2022. Written informed consent was obtained, and participants were allowed to withdraw without repercussions. The data were transcribed verbatim and analyzed using thematic analysis.

Results

The study identified that VHWs play a crucial service delivery role, including health promotion, creating demand, enhancing linkages between the community and healthcare facilities, and driving community decision-making. Their

performance was positively impacted by support from the community and healthcare facilities. Despite their dedication, issues such as inconsistent remuneration, lack of resources, and unclear roles hampered their effectiveness. VHWs emphasized the need for recognition, particularly from the Ministry of Health and its partner organizations.

Conclusion

The study concluded that adequate remuneration, availability of resources, capacity building, and recognition of VHWs are vital to improving their performance and confidence. It recommended a review of the VHW remuneration package, as outlined in the 2020 Village Health Program Policy, and called for improved service conditions through enhanced coordination among stakeholders and better resource distribution. Additionally, the study contributed to significant improvements in the Ministry of Health's community-based health service program, including the review of the VHW Policy, the development of a Community-based Health Policy, Strategy, and M&E Framework, a VHW training toolkit, a geo-referenced VHW Master List for monitoring performance and ensuring timely stipend disbursement, and the development of the Bophelo ka Mosebeletsi (BKM) application for village registry, service documentation, and reporting within the national DHIS-2 system.

Keywords: Health Workers, Primary Health Care, Roles, Village

Caregiver's Practices as a Risk of Bidirectional Diarrhea-Malnutrition Among Under-Fives in the Informal Settlements of Kisumu County, Kenya

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Abstract ID: 60

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Introduction

A child who suffers from diarrhea and later malnutrition, or malnutrition followed by diarrhea, is known to have a bidirectional diarrhea-malnutrition condition. This state is common in informal settlements, but the risk of caregiver practices associated with it is poorly understood.

Methods

A cross-sectional research design using quantitative methods was applied to collect data. The study was conducted at

two referral hospitals in Kisumu County, Kenya, focusing on children under five years who were admitted with acute or chronic malnutrition and diarrhea with signs of dehydration.

Results

Out of 105 under-fives with malnutrition and diarrhea, 31.43% had bidirectional diarrhea-malnutrition. Caregivers with a primary level of education comprised 57.58%, and 63.64% earned less than USD 92.34 monthly. Additionally, 60.0% of the children were on a family diet; however, 36.5% had bidirectional diarrhea-malnutrition. Caregivers' practices that were risks for bidirectional diarrhea-malnutrition included disposal of the child's feces in an open yard (OR = 7.48, 95% CI: 1.71–32.78, $p = 0.008$), not treating water (OR = 3.39, 95% CI: 1.15–11.25, $p = 0.028$), and shortage of water (OR = 12.14, 95% CI: 2.40–61.50, $p = 0.003$).

Conclusions

The findings show that caregiver practices related to hygiene, sanitation, and water treatment are a risk for bidirectional diarrhea-malnutrition. The study suggests that adopting strategies that improve these practices would contribute to the reduction of cases of bidirectional diarrhea-malnutrition.

Keywords: Bidirectional, Caregivers, Diarrhea, Malnutrition, Under-fives

Benefits of Innovation and Technology in Nursing

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1 Nakuru County

Abstract ID: 61
Topic: Advancing Innovation and Technology in Nursing and Midwifery

Abstract

Introduction

Nurses are naturally gifted problem solvers. Whether it involves designing and improving new products, such as more comfortable fluid drainage bags for patients, or giving a confused patient a soft toy to hug to prevent them from pulling out their IV lines, nurses are constantly innovating.

Methods

The strength of this study lies in the application of the UTAUT model to analyze the benefits of innovations by nurses in technology-intensive healthcare contexts.

Results

According to the Healthcare Information and Management Systems Society, 99% of leaders view digital transformation as a key investment, 84% of organizations require the use of digital health tools, and 79% of leaders voluntarily choose to use digital health tools.

Conclusions

The adoption of new technologies offers numerous benefits to nursing, including predictive analytics that improve patient outcomes, clinical mobility that enhances workflow, mobile robotic systems that assist with tasks like specimen and medication delivery, AI-powered clinical decision support, streamlined user interfaces that reduce eye strain, and remote patient monitoring that enables continuous care outside clinical settings. Despite challenges, these innovations significantly improve patient care, and strong nursing leadership will be essential for effectively integrating and navigating these technologies in practice.

Keywords: Artificial Intelligence, Remote Patient Monitoring, Robots, Telehealth, User Interfaces

Exploring Perceptions and Experiences of Parents and Guardians Regarding Use of Contraceptives by Adolescents to Prevent Teenage Pregnancy at a Selected Hospital in Leribe District, Lesotho

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Abstract ID: 62
Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

Sexual and reproductive health (SRH) services have drawn much attention in most African countries, with a special focus on the utilization of these services by adolescents aged 15 to 19 years. However, little is known about the role of parents and guardians in optimizing the use of SRH services by adolescents in Leribe district, Lesotho. The study aimed to explore the perceptions and experiences of parents and guardians regarding contraceptive use by adolescents to prevent teenage pregnancy in this region.

Methods

A qualitative exploratory study design was employed using one-on-one semi-structured interviews with parents and

guardians raising adolescents aged 15-19 years. Data were analyzed using thematic analysis by Braun and Clarke.

Results

Most participants had positive attitudes toward contraceptive use by adolescents, and sexual and reproductive health communication was balanced, with half of the participants agreeing to discuss it and the other half not supporting it. Parents and guardians were aware of contraceptives and their use, with many feeling that contraceptives prevented family problems. However, some believed that contraceptive use led to unfavorable behavior in adolescents. Sexual communication was seen as significant by some guardians, while others felt it was unimportant. School visits, community outreach, and health education were identified as strategies to optimize the uptake of contraceptives among adolescents.

Conclusions

Participants were aware of the teenage pregnancy situation and the majority supported contraceptive use by adolescents. However, sexual and reproductive health communication between parents/guardians and adolescents remains a challenge that needs to be addressed, as parents and guardians play a crucial role in guiding adolescents to make informed decisions about SRH services. Healthcare workers should collaborate with schools and community leaders to enhance the provision of SRH services.

Keywords: Adolescents, Contraceptives, Experiences, Lesotho, Perceptions, Teenage Pregnancy

Effect of a Health Communication Strategy on Uptake of Cervical Cancer Screening Among Women in Isiolo County, Kenya

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Abstract ID: 64

Topic: Midwifery and Women's Health Nursing as an Outcome for Maternal and Infant Health

Introduction

The global burden of cervical cancer is high, with 604,000 new cases and 342,000 deaths reported in 2018. Women in developing countries often present with advanced stages of invasive cervical cancer due to low screening rates. Many women affected by cervical cancer are young, under-educated, and live in impoverished areas. These women are frequently mothers, whose premature deaths reduce the sur-

vival chances of their children. Community strategies have been proven effective in reaching women of reproductive age, especially at the basic healthcare level, where most citizens reside. Community Health Promoters, through routine home visits, disseminated information about cervical cancer screening. This study aimed to increase cervical cancer screening uptake in Isiolo County and align with the WHO's goal of eradicating cervical cancer by 2030.

Methods

The study used a community-based cluster randomized trial design. Multi-stage sampling was employed to derive the sample size. The study was conducted in community units within Isiolo County. A total of 444 women aged 15-65 years from the community participated, with 222 women in each study arm.

Results

At baseline, only 18.2% of the respondents had ever been screened for cervical cancer. Post-intervention, the screening uptake in the intervention arm increased from 18.2% to 45.9%, while the control arm showed no change, remaining at 18%. Women in the intervention arm had 3.867 times higher chances of being screened compared to those in the control arm (OR 3.849, CI 1.802-8.223, P<0.001). The increase in screening uptake was associated with higher levels of knowledge about cervical cancer and its screening.

Conclusion

Cervical cancer screening uptake was low at baseline. However, targeted health communication strategies by Community Health Promoters effectively increased screening uptake. It is recommended that both the County and National governments incorporate tools within the community health strategy that specifically target cervical cancer screening.

Keywords: Cervical Cancer, Community Health Promoters, Screening, Uptake

Psychological Experience of Midwives Regarding Maternal Deaths at Two Referral Hospitals in Lesotho

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Abstract ID: 65

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Abstract

Introduction

Maternal deaths are a pervasive problem in developing countries, driven by socio-economic, healthcare service-related, pre-existing health conditions, health professional-related, and sociocultural issues. This paper explores the psychological experiences of midwives regarding maternal deaths at two selected public hospitals in Lesotho.

Methods

A qualitative, phenomenological inquiry was employed to collect data from a purposively selected sample of 10 midwives through face-to-face interviews. Audiotapes were used to record the interviews, which were transcribed verbatim. The qualitative content analysis method was used to analyze the data. Permission to conduct the study was granted by the Ministry of Health Lesotho (ID58-2022). Participants' identities were kept confidential, and they were allowed to withdraw from the study without any prejudice.

Results

Psychological experiences such as trauma, shock, fear, stress, depression, loss of trust, helplessness, bad dreams, and insomnia were reported by the midwives following maternal deaths. These midwives resorted to individual coping strategies, including crying, alcohol and substance use, and recreational activities. Unfortunately, these coping strategies were not guided or structured, highlighting the need for trained healthcare professionals to address the psychological and emotional challenges midwives face due to maternal deaths.

Conclusion

The study reveals significant psychological distress among midwives following maternal deaths, pointing to the urgent need for formal psychological support for healthcare workers. Properly structured support systems and training programs are necessary to help midwives manage the emotional and psychological burdens they face in their roles.

Keywords: Lesotho, Psychological, Experience, Maternal Deaths, Midwives

Technology Transfer to Prevent, Detect, and Respond to Postpartum Complications for Women Discharged Early After Childbirth in Resource-Limited Settings: Results of a Systematic Literature Review

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Abstract ID: 66

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Introduction

Postpartum complications are a potential threat to maternal well-being. Technologies applied in other health conditions can be transferred to maternal health care to improve outcomes. Research in this area is limited. This literature review explores the opportunities and challenges for technology transfer to detect, prevent, and respond to postpartum complications in resource-limited settings.

Methods

A systematic literature review was conducted using electronic databases such as PubMed, Scopus, Web of Science, and Google Scholar to identify relevant publications from 2018 to 2024. Keywords included: "postpartum complications," "technology transfer," "maternal health," and "resource-limited countries." Inclusion criteria were based on articles that discussed technology transfer initiatives aimed at preventing, detecting, and responding to postpartum complications. A PRISMA diagram was used to present the steps in the review process and the screening of relevant sources. The findings were organized in a table based on relevance to the topic, study objectives, and opportunities and challenges of technology transfer in resource-limited countries. Common themes and subthemes were synthesized narratively.

Results

Several technological systems were identified that can prevent, detect, and respond to postpartum complications to reduce morbidity and mortality in settings where infrastructure, funding, and other resources are severely limited. Technologies like m-health, in particular, are more accessible in resource-limited settings to disseminate educational information, symptom recognition, self-care tips, and alerts for emergency response.

Conclusion

Technology transfer holds significant potential to reduce maternal morbidity related to postpartum complications in resource-limited settings. However, challenges such as limited funding, infrastructure deficiencies, workforce capacity, and client and staff capabilities, especially regarding the use of m-health technologies, must be addressed. Investments in research, innovation, and policy strategies are essential for ensuring long-term sustainability and impact.

Keywords: Maternal Morbidity, Maternal Mortality, Postpartum Complications, Resource-Limited Countries, Technology Transfer

Health Belief Model in Usage of Traditional Medicines and Indigenous Practices by Childbearing Women During Pregnancy: A Case of Makoni District, Zimbabwe

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Abstract ID: 67

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Introduction

The utilization of traditional medicinal plants (TMPs) among pregnant women is a prevalent practice in many cultures, often deeply rooted in tradition and belief systems. Understanding the factors influencing the use of TMPs during pregnancy is crucial for ensuring positive maternal and fetal health outcomes. The Health Belief Model (HBM) provides a valuable framework for exploring these factors, considering individual beliefs, perceived susceptibility to illness, and perceived benefits and barriers to health behaviors. This study investigated the influence of the HBM on TMP practices among pregnant women in Makoni District, Zimbabwe, and their potential effects on maternal, fetal, labor, and infant outcomes.

Background & Aims

The HBM serves as a theoretical framework for understanding health behaviors, particularly in the context of TMP usage by childbearing women. This study explored the indigenous practices and TMP utilization among pregnant women and their potential effects on maternal, fetal, labor, and infant outcomes. The HBM constructs provided a framework for understanding these behaviors. For instance, perceived susceptibility to complications during pregnancy,

combined with the belief in the benefits of TMPs, drove women to engage in behaviors aimed at reducing risk.

Methods

This study combined a descriptive cross-sectional design with phenomenological studies. A survey of 400 postnatal mothers and five focused group discussions with 66 traditional healers (TH) were conducted. Data analysis utilized Epi Info version 7.1 and SPSS version 16.5.

Results

Quantitative data revealed that 42.0% of respondents used TMPs during pregnancy, with 23.8% also utilizing traditional practices. Ethnobotanical surveys identified 47 plant species and 13 non-plant products used as herbal, complementary, and alternative medicines. Key uses included dilation of the birth canal (55.3%) and augmentation of labor (46.8%). While some women expressed willingness to change their practices if provided with evidence-based information, others remained steadfast in their beliefs, viewing TMPs as beneficial despite potential risks.

The study underscored the importance of tailored health education interventions, involving community leaders and partners, to promote informed decision-making and mitigate potential harm associated with TMP use during pregnancy. TH cited various reasons for TMP usage, including preventing tears during delivery and speeding up labor. Factors such as age, cultural practices, and access to maternal services influenced women's perceptions and behaviors. TH played a significant role in providing information and perpetuating the use of TMPs. Women who used TMPs were less likely to experience artificially ruptured membranes but more likely to experience late decelerations during the active phase of labor.

Conclusion

This study sheds light on how the HBM influences TMP usage during pregnancy. Factors such as maternal age, cultural practices, and perceived severity of pregnancy complications shape attitudes towards TMPs. Perceptions of severity and susceptibility to pregnancy-related issues influence behaviors aimed at reducing risks. Despite potential benefits, perceived barriers to change, such as internalized knowledge and societal pressures, pose challenges to adopting new health behaviors. Cues to action, including evidence-based information on TMP safety, may facilitate behavior change. Further research is warranted to clarify the safety and efficacy of TMPs and address barriers to change in pregnant women's health behaviors.

DETERMINANTS AND ASSOCIATED RISK FACTORS OF CHRONIC KIDNEY DISEASE: THE CASE OF CENTRAL HOSPITALS AND DIALYSIS CENTERS IN MALAWI

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Abstract ID: 68

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Keywords: Chronic Kidney Disease, End-Stage Kidney Disease, Associated Risk Factors, Determinants

Background

Chronic Kidney Disease (CKD) is a leading cause of morbidity and mortality from the dual burden of communicable and non-communicable diseases worldwide. Sub-Saharan Africa has most of the global burden of CKD, with diabetes and hypertension as the main contributing factors. Malawi is among the Sub-Saharan African countries greatly affected by CKD. However, little has been studied on the determinants. The aim of the study was to investigate the determinants and associated risk factors of chronic kidney disease among patients on dialysis and conservative management in Malawi.

Methodology

This was a quantitative study employing a cross-sectional design. It was multicenter-based, where 181 patients with chronic kidney disease were recruited from three central hospitals and two private dialysis centers in Malawi. A purposive sampling technique was used to select the participants. Detailed socio-demographic data, medical history, and laboratory investigations were collected from the participants. Data was analyzed using the Statistical Package for Social Sciences (SPSS). Ethical approval was obtained from the National Health Sciences Research Committee.

Results

The majority of the study participants (57.5%) were males. The population was relatively young, with a mean age of 41.2 years, ranging from 18-90. The majority of the study participants (75.1%) had advanced CKD. The main determinants of CKD revealed in the present study were hypertension (81%), HIV infection (32.4%), recurrent urinary tract infections (23.6%), diabetes mellitus (22.4%), and congestive cardiac failure (21.3%). The results were similar across gender distribution for all the disease conditions. On associated risk factors, a thought-provoking finding was the use of traditional herbs. The present findings revealed

that 70.2% of the patients with CKD were using herbal medicine. Furthermore, the findings revealed that 62.3% of the study participants acknowledged using over-the-counter drugs, including Aspirin, Ibuprofen, Bumulo, Indocid, and different antibiotics.

Conclusion

The present study revealed that hypertension, HIV infection, urinary tract infections, diabetes, heart failure, and the use of herbal medicine and over-the-counter drugs are significant factors for CKD in Malawi. Optimizing resource allocation towards the prevention of the risk factors can slow disease progression and mitigate complications. Public awareness and regulation of the use of herbal medicines are required to eradicate this entity from the community.

Evidence-Based Practice and Critical Thinking in Nursing Education Scoping Review: Towards Integration into the BSc and MSc Nursing Curricula

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Abstract ID: 70

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Keywords: Assessment, Critical Thinking, Evidence-Based Practice Nursing, Learning, Nursing Curricula, Scoping Review, Teaching

Background

Evidence-Based Practice (EBP) in health is important for patient safety and quality care, while Critical Thinking (CT) has been acclaimed as a vital prerequisite and a key element essential to evidence-based nursing practice. Despite the importance of the two concepts, in some settings neither EBP nor CT is comprehensively taught, assessed, or implemented in practice. This scoping review was conducted to examine literature related to teaching, learning, assessment, and implementation of EBP and application of CT by nursing students and graduates to inform integration into the BSc and MSc Nursing Curricula.

Methods

Arksey and O'Malley framework was used to conduct a scoping review of literature. A number of electronic databases were searched for the review, including CINAHL, PubMed, EMBASE, and Joanna Briggs Institute EBP Data-

base for studies conducted between 2000 and 2020. Only studies written in English were included. Inclusion criteria were adapted from the Population, Intervention, Professionals and Patients, Outcomes, Healthcare Settings (PIPOH) framework. Search terms included: evidence-based practice, nursing education, nursing practice, critical thinking skills in nursing education and practice, methods, barriers, facilitators to teaching, learning, assessing, and implementing EBP and CTS.

Results

From the databases searched, 2,303 articles were retrieved, and eventually, 37 met the inclusion criteria for review. The use of non-traditional instructional methods for teaching EBP and CT has been documented, including Problem-Based Learning, concept mapping, simulation, think-aloud, critical incident technique, videos, debates, role-plays, reflective journaling, article analysis, simulation, nursing journal clubs, and participation in multidisciplinary clinical rounds. Commonly used tools for assessing EBP and CT skills include the California Critical Thinking Skills Test, Upton and Upton's 2006 EBP questionnaire, and Yoon's 2004 Critical Thinking Disposition Inventory. There are varying levels of EBP and CT application in different clinical settings, with a number of challenges and distractors.

Conclusion and Way Forward

Teaching and assessing EBP and application of CT skills has been reported to be challenging. Consequently, the lessons learned from the scoping review led to the enhancement of the BSc and MSc Nursing curricula at the University of Zambia, with the inclusion of content on EBP and CT in research and selected clinical, education, and leadership courses. Further, innovative teaching methods were adopted to promote learning. The implementation of curriculum changes will require ongoing monitoring and application of strategies to mitigate challenges and minimize detractors.

Risk Factors Associated with Bloodstream Infections Among Chronic Kidney Disease Patients Undergoing Hemodialysis in Shree Hindu Mandal Hospital-Dar-es-salaam, Tanzania

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Abstract ID: 71

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Keywords: Bloodstream Infections, Arteriovenous Fistulas, Catheters, Hemodialysis

Background

Globally, bloodstream infections (BSIs) pose a significant threat to the well-being of hemodialysis patients. In Tanzania, although treatable, BSIs remain a concern due to factors such as patient characteristics, vascular access type, and potential care deficiencies. This study aims to identify the risk factors associated with BSIs in this population.

Methodology

A retrospective study was conducted in SHM Hospital involving 160 patients with hemodialysis (80 cases with catheters-CVC, and 80 controls with fistulas-AVF). Data were systematically collected from patient files, with permission to access medical records sought from Shree Hindu Mandal. Analysis was performed using SPSS version 25. The data were encrypted anonymously, and ethical approval was obtained from the Ethics Review Committee of the University of Aga Khan.

Results

Among the 160 participants (mean age: 59.17 ± 12.284 years, 54.4% male, 45.6% female), the risk of BSIs was significantly higher in catheter (CVC) users compared to fistula (AVF) users. Regular use of antibiotics also showed a notable difference (CVC = 4.164, AVF = 0.133, $\chi^2 = 72.130$, $df = 1$, $p = 0.001$, OR 0.032, 95% CI 0.013 - 0.081), as did relative risk (CVC = 2.319, AVF = 0.383, $p = 0.001$) for albumin, (CVC = 1.686, AVF = 0.631, $p = 0.03$) for diabetes.

Conclusion

Addressing long-term catheter use, low albumin, diabetes, and improving nephrological care are crucial for preventing BSIs in hemodialysis patients. Future research should delve into the impact of BSIs on dialysis quality and adequacy, not only in Tanzania but also from a global perspective.

Conceptual Framework for the Use of the Face Legs Activity Cry Consolability (FLACC) Tool by Nurses in Paediatric Wards in Botswana

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Abstract ID: 72

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Keywords: Nurse, Pain Assessment, Pain Assessment Tool, Pediatric Patient, Quality Care

Background

Pediatric patients undergo significant pain due to various causes. For pediatric patients who are unable to express their pain verbally, the FLACC pain scale has proven to be an excellent observational pain rating instrument. This study aimed to explore and develop a conceptual framework on the use of the FLACC pain scoring tool by nurses in pediatric wards in Botswana.

Methodology

This qualitative study used semi-structured interviews. One grand tour question was asked, and follow-up questions were dependent on participants' responses. Data saturation was reached after the 12th participant. The researcher analyzed data concurrently during the data collection process.

Results

Thematic analysis revealed four themes: (1) Nursing-related factors, (2) Organizational factors, (3) Patient-related factors, and (4) Nursing school-related factors. It was found that nurses had inadequate knowledge, negative attitudes toward the use of the FLACC pain scale, and faced dilemmas when assessing younger preverbal and nonverbal patients. Additionally, organizational management did not adequately support the nurses with necessary resources to implement the use of the FLACC pain scale. The sustainability of hospital initiatives was low, and nursing schools were found to lack training for nursing students on the use of the FLACC pain scale. Participants exhibited a general sense of lack of motivation and frustration.

Conclusion

The study highlights the factors contributing to the inconsistent use of the FLACC pain scale, emphasizing the need for the training of nurses on the FLACC pain scale, managerial support, and incorporation of the FLACC pain scale into the nursing school curriculum.

Experiences of Skilled Birth Attendants with Informational Continuity During Antenatal Care at Primary Health Care

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Abstract ID: 74

Topic: Midwifery and Women's Health Nursing as an Outcome for Maternal and Infant Health

Abstract

Introduction

Informational continuity (IC) is a measure to reduce maternal mortality and is the availability of all health and psychosocial information of pregnant women at all encounters with healthcare providers to reduce duplication of services and fragmentation of care. IC also helps in the coordination of care for pregnant women. Care that is fragmented and not sufficiently coordinated between healthcare providers may not benefit clients due to conflicting care plans and duplication of services. The aim of this study was to explore the experiences of skilled birth attendants (SBAs) with IC during the antenatal period within primary health care (PHC) settings in Lesotho. The objectives were: (1) To explore the experiences of SBAs on communication with pregnant women during ANC, (2) To explore the experiences of SBAs on communication among themselves and with other healthcare providers, (3) To explore the experiences of SBAs with the use of records as a form of communication during ANC, and (4) To explore the experiences of SBAs with protocols and guidelines during ANC.

Methods

A qualitative approach with a descriptive phenomenological design was used to explore the experiences of SBAs with IC. Purposive sampling was done to choose participants from three PHC centres within Maseru district. Ethical clearance was obtained. Nine individual semi-structured interviews were conducted, transcribed, and analyzed using Colaizzi's framework.

Results

Four themes emerged from the results: 1) Skilled birth attendant-pregnant women communication, 2) Healthcare provider communication, 3) Documentation during ANC, and 4) Protocols and guidelines in ANC. Informational continuity can be obtained through communication among healthcare workers, the community, referral hospitals, documentation, and the use of protocols and guidelines. Challenges included communication among the SBAs and the pregnant women, communication among the healthcare providers, documentation, and the use and dissemination of the protocols and guidelines. Some pregnant women failed to give accurate information. Multiple documentation and work overload resulted in prolonged waiting time for the pregnant women. Errors in documentation led to errors in the transfer of information.

Conclusions

With no challenges, informational continuity is obtained through communication between SBAs, the pregnant women, other healthcare providers, and the community

through health education. Increasing the SBA human resources may assist in relieving the documentation challenges and reducing the workload.

Keywords: Informational Continuity, Antenatal Care, Primary Health

Management of Unprofessional Conduct by Nurse Practitioners - A Reflection by the South African Nursing Council (SANC)

Dr. Muswede
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Abstract ID: 75
Topic: Policy Making, Leadership and Advocacy in Nursing and Midwifery

Abstract

Introduction

Management of unprofessional conduct is a legislated process outlined in the Nursing Act, 2005 (Act No. 33 of 2005) and enabling regulations. Council, in its mandate to protect the public, established the Preliminary Investigation Committee (PIC) and the Professional Conduct Committee (PCC) to manage unprofessional conduct cases reported.

Methods

Elements of Johns' cyclical model (2000) of structured reflection guided the development of the project. Retrospective document analysis was conducted. Sources of data included applicable legislative frameworks and reports of PIC and PCC Committee meetings over a period of five years. The process involved describing the management of unprofessional conduct, reflecting on common acts and omissions by nurse practitioners, determining contributing factors, and generating lessons to inform interventions implemented by SANC to support nurses.

Results

The Nursing Act and related regulations are used to guide processes of managing unprofessional practice. Common charges include poor nursing care, failure to keep clear and accurate records, failure to advocate for patients, and operating beyond the scope of practice. Contributory factors include staff shortages, lack of resources, and systemic challenges. Lessons revealed that it is not sufficient to discipline nurses charged with unprofessional conduct without mechanisms of support, and a range of support interventions are implemented.

Conclusions

The management of unprofessional conduct is one of SANC's mandates to protect the public by ensuring that nurses conduct themselves in a manner that respects the rights and dignity of end users. Recommendations include support initiatives implemented by SANC to improve the competency of nurses in clinical practice.

Keywords: End User, Preliminary Investigation Committee, Professional Conduct Committee, Charges, Reflection, Unprofessional Conduct

Navigating the eRegister Implementation Landscape for Evidenced-Based Midwifery Practice in Lesotho: A SWOT Analysis

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Abstract ID: 76
Topic: Advancing Innovation and Technology in Nursing and Midwifery

Introduction

Electronic health registers (eRegister) are electronic devices that track patients' information during interactions with healthcare providers. The use of eRegisters is growing globally, including in African nations. However, reports suggest that national ministries of health are not fully prepared for the implementation of eRegisters. In Lesotho, the piloting of eRegisters began in 2018, but there is a lack of literature on the country's experience with this novel approach to patient information management.

Methods

A phenomenological qualitative technique was employed to collect data from 18 healthcare workers from three health institutions that piloted the program. Interviews were conducted to gather data, which was analyzed using a phenomenological approach. The data was coded, and sub-themes were grouped to yield themes. These themes were then analyzed using a SWOT analysis approach.

Results

Teamwork, management support, and commitment were identified as key strengths in the use of the eRegister, with participants highlighting the role of collaboration between facility management in promoting its adoption. However, documentation quality emerged as a notable weakness, with instances of missing information and incomplete data. Op-

opportunities for improvement were anticipated, including better patient tracking and enhanced technical proficiency among users. On the other hand, participants raised concerns about the lack of trust in eRegister governance, particularly due to minimal involvement from the Ministry of Health, which they feared could jeopardize the system's continuity after the implementation phase.

Conclusions

Lesotho faces challenges similar to those encountered by other countries implementing eRegisters. The identified strengths should be leveraged for improvement, while the weaknesses and threats should drive successful nationwide implementation.

Keywords: SWOT Analysis, eRegister, Evidenced-Based Practice, Implementation, Landscape, Midwifery Practice

Introducing Evidence-Based Practice into Nursing Care Delivery Using the Iowa Model at Kamuzu Central Hospital, Lilongwe, Malawi

Dr. Catherine Chiwaula
Ministry of Health

Abstract ID: 77

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Abstract

Introduction

Knowledge of Evidence-Based Practice (EBP) and its implementation strategies is crucial for nurses to promote the delivery of safe, effective, and quality care. This study aimed to build the capacity and support of nurses to implement an EBP change using the Iowa Model to improve the quality of care at Kamuzu Central Hospital, Lilongwe, Malawi.

Methods

A mixed research approach was employed, combining qualitative and quantitative designs. An exploratory-descriptive design and a pretest-post-test quantitative design using repeated measures were utilized. A total of eight nurses and doctors were purposively selected to participate in in-depth interviews before commencing the study, and ten nurses were interviewed at the end of the study. Twenty-six patients with fever and their guardians were conveniently recruited. Thematic analysis was performed on the qualitative data using NVivo 12.0, while quantitative data was ana-

lyzed using STATA 12.0, with paired t-tests to determine the mean difference of paired temperature observations.

Results

Using the Iowa Model, nurses' capacity was built by identifying fever as a clinical problem, selecting evidence-based fever interventions, and integrating them into routine practice. A significant mean difference in temperature reduction was observed across various interventions: tepid sponging reduced temperature by 0.60°C/hour ($t(85) = 9.8427$, $P < 0.001$), ice packs reduced it by 0.50°C/hour ($t(56) = 6.7854$, $P < 0.001$), paracetamol reduced it by 0.30°C/hour ($t(23) = 3.4371$, $P < 0.002$), and intravascular cooling reduced it by 2.40°C/hour ($t(21) = 19.8080$, $P < 0.001$). Managers' and practitioners' perspectives on EBP at the beginning of the study were reflected in four themes: optimum nursing care practices, basis of evidence for practice, status of EBP implementation, and drivers of EBP action. At the end of the study, perspectives shifted to four themes: evidence-based patient care management, effective nursing care practices, factors interplaying during EBP innovation, and competence in delivering EBP.

Conclusion

For successful EBP implementation, the study recommends: active participation of all stakeholders, supportive policies and leadership, clear communication of policies, guidelines, and job descriptions, utilization of EBP models, training for managers and providers, teamwork, and availability of resources. Scaling up EBP efforts is crucial to increasing nurses' involvement in EBP.

Keywords: Action Research, Action Research Model, EBP, EBP Process, EBP Strategies, Iowa Model of EBP

Factors That Enable Provision of Mental Health Services in People Presenting with Mental Health Problems and Human Immunodeficiency Virus at Primary Health Care

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Abstract ID: 78

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Abstract

Introduction

People with HIV frequently experience mental health problems, yet mental health services are lacking globally. Mental health problems can present a substantial barrier to adequate engagement and retention in HIV primary care. Research has established links between the presence of mental health problems and poor rates of HIV care linkage and retention. Since most patients have their initial interaction with healthcare services at the primary healthcare level, it is crucial to integrate mental health services into HIV services. The aim of this study was to explore factors that can enable the provision of mental health services in people presenting with mental health problems in people living with HIV at primary health care.

Methods

For this mixed-method descriptive study, the all-inclusive sampling method was used to select 88 health professionals in Lesotho who participated in the survey to collect quantitative data and 50 who participated in the interviews to collect qualitative data.

Results

Most (87%) respondents reported they need a competence-based framework to help them manage mental health problems (MHPs). All participants also claimed that the availability of specialists in mental health and training for health professionals would enable the provision of mental health services to people presenting with mental health problems and HIV. The study indicated that all the stakeholders involved need to implement initiatives to enable the provision of services for mental health problems in people living with HIV.

Conclusions

The study highlights an urgent need to integrate mental health services with HIV services, as mental health problems seem to be increasing, but there is a significant treatment gap for people showing signs of mental health problems and HIV.

Keywords: Mental Health, Human Immunodeficiency Virus, Primary Care

Barriers and Facilitators Towards Reporting Medication Errors Among Nurses at Jakaya Kikwete Cardiac Institute in Dar Es Salaam

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Abstract ID: 80
Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Abstract

Introduction

Medication error is among the top five medical errors worldwide. Despite the high rate of medication errors, they are still underreported. Apart from the reoccurrence of medication errors, patients are exposed to harm that could have been prevented by reporting them. In Tanzania, the rate of medication errors and reporting is unknown, which shows a gap that needs to be addressed. The study explored the barriers and facilitators of reporting medication errors among nurses at Jakaya Kikwete Cardiac Institute (JKCI).

Methods

A qualitative descriptive study was conducted in July 2020 at JKCI, involving 14 registered nurses. In-depth interviews were recorded and transcribed. Data were analyzed manually and thematized by an inductive and deductive approach.

Results

Three major themes emerged: 1) Experience of the incidence of medication errors, 2) Facilitators of reporting medication errors, and 3) Deep-rooted barriers to reporting medication errors. Participants revealed how medication errors were caused, and the disclosure rate was low due to the consequences of medication errors to patients. Perceived barriers included a poor reporting system, improper channels of communication, and the negative attitude of leaders, which made nurses fear losing their jobs, being punished by the law, and being shifted from their workplaces. Participants suggested that they could have reported medication errors if there had been a good attitude from the leader, a proper reporting system, and if they had received education on the importance of reporting medication errors.

Conclusions

Medication errors are harmful and can be dangerous to patients' health. Reporting medication errors by nurses is the first step in preventing harm to patients. Therefore, the hos-

pital should support facilitators and eliminate the barriers to reporting medication errors, such as leaders' attitudes and reporting systems, to encourage nurses to report.

Keywords: Barriers, Facilitators, Nurses, Reporting of Medication Errors

Implementation Outcomes of the Danger Assessment Tool for Intimate Partner Violence: A Systematic Review

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Abstract ID: 83

Topic: Midwifery and Women's Health Nursing as an Outcome for Maternal and Infant Health

Introduction

Violence against women is a global concern, with estimates suggesting that one in every five women experiences violence. Unlike other tools that assess the extent of physical Intimate Partner Violence (IPV), the 20-item Danger Assessment scale (DA) measures the risk of extreme consequences of IPV and is recommended for use. This review aims to gather evidence on the implementation outcomes and factors influencing the use of the DA tool when administered to pregnant women or women exposed to IPV in various global settings.

Methodology

Guided by the REAIM framework, we searched Google Scholar, Medline, PubMed, CINAHL, and the Cochrane Library for peer-reviewed articles published from 2005 to date, as this is when the predictive accuracy of the Danger Assessment was tested across multiple sites. Search terms included "Intimate Partner Violence" OR "Intimate Partner Homicide" AND "Danger Assessment tool" "Implementation" OR AND "Perinatal Care" OR "Antenatal Care."

Results

We included 13 studies in the review. Of the 13 studies, 6 were conducted in the United States, and 7 were conducted in other countries, including South Africa (2), Ireland (1), Thailand (1), Zambia (1), Kenya (1), and Taiwan (1). Nine studies reported on the "Reach" and "Effectiveness" components, with positive exposure to physical violence ranging from 0.2-85%. Higher IPV rates were recorded in general outpatient settings (16-28%) compared to antenatal care (0.2-13%). Five studies evaluated the adoption of the

DA, with the USA and parts of South Africa being the primary adopters. Implementation fidelity and maintenance were poorly explored. Factors shaping implementation included stakeholder involvement, culturally competent screening tailored to local settings, trained healthcare workers, IPV champions, safety plans, electronic gadgets, strategies tailored to social status, and strong leadership support with monitoring systems.

Conclusion

The DA tool is poorly implemented in Africa, where physical violence is highest globally and associated with negative pregnancy outcomes. Based on the evidence gathered, we propose the inclusion of the DA for physical violence in the IPV protocol for screening in all antenatal/perinatal care settings and outpatient departments, considering its effectiveness in predicting re-assault by intimate partners. Implications for practice include promoting the inclusion of a user-friendly DA in the IPV protocol, modified to suit local settings and ensuring all enablers for successful implementation are in place.

Keywords: Intimate Partner Violence, Danger Assessment Tool, Screening, Pregnancy, Antenatal, Perinatal, Implementation

Assessment of Abortion in Botswana

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Abstract ID: 84

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Keywords: Botswana, Legal Abortion, Morbidity, Mortality, Post Abortion Care, Strategic Assessment, Unsafe Abortion

Introduction

Despite the dearth of data on unsafe abortion in Botswana, the use of Cytotec from the black market and objects like feathers and straws for termination of pregnancy are reported to be common. Therefore, in 2020, the Ministry of Health and Wellness, Botswana, in collaboration with the United Nations Population Fund and the World Health Organization, conducted 'A Strategic Assessment of Unintended Pregnancies, Contraception, and Abortion in Botswana'. This abstract reports on the methodology, key findings, recommendations, and draws conclusions from the assessment on 'abortion'.

Methods

A holistic system-based framework was used, highlighting various sociocultural and economic factors. Emphasis was placed on reproductive rights, equity, gender equality, empowerment, and quality client-centred services that are responsive to community needs. The study was carried out in eight of Botswana's thirteen administrative districts across a variety of settings. 116 participants, including policymakers, service providers, and community leaders, were selected through purposive and snowball sampling methods and interviewed.

Results

The study found a high level of stigma toward abortion, which created secrecy within the community. Knowledge of the law regarding legal abortion in Botswana was limited among healthcare professionals, law enforcement officials, and community members, with a common assumption of illegality. The requirement for third-party authorization created obstacles to abortion care, even when the legal criteria were met. Additionally, there were no standardized guidelines or an up-to-date training curriculum to streamline access to safe and legal abortion. Limited training of healthcare providers on post-abortion care, including the management of post-abortion complications, was also discovered.

Conclusion

The drivers of abortion in Botswana are multifactorial, as are the barriers to the uptake of abortion services. Therefore, a multifaceted and multisectoral approach is required to comprehensively address these issues. Without action, stigma and misinformation surrounding abortion will continue to propagate, preventing timely access to safe, legal abortion services, increasing unsafe abortions, and delaying the delivery of quality post-abortion care. Prompt action is key to reducing maternal morbidity and mortality, achieving greater gender equality, and safeguarding the health and wellbeing of women, children, and families in Botswana.

Balancing Specialist with Holistic Care: Challenges for Nurses in Managing Comorbidities of Hypertension and Diabetes in Orthopaedic Wards in Tanzania

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Abstract ID: 85

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Keywords: Tanzania, Comorbidity, Diabetes, Holistic

Nursing Practice, Hypertension, Teamwork, Orthopaedic Wards

Background

Increased prevalence of hypertension and diabetes in Africa potentially creates challenges for nursing care in specialized wards. This article contributes evidence from qualitative research in orthopaedic wards in Tanzania on nurses' experiences in managing comorbidities of these non-communicable diseases and their views on how to improve care.

Objective

To investigate the experiences of nurses in public orthopaedic wards in Tanzania in balancing specialist care with addressing diabetic and hypertensive comorbidities, including the challenges faced by nurses and recommendations for more holistic care.

Methodology

A qualitative exploratory research design was used. Semi-structured in-depth interviews were conducted with ten registered nurses in orthopaedic wards to explore their experiences of caring for in-patients with comorbid hypertension or diabetes. Purposive sampling was used to recruit nurses from both male and female public wards. An in-depth reading of the English language transcripts led to open coding of responses to each question, generating an initial set of codes, which were grouped systematically into broader themes. These themes presented evidence on the nature and sources of nursing challenges, implications for patients, and nurses' proposals for improvement.

Results

Key themes identified include poor teamwork and communication between healthcare workers, deficiencies in essential equipment and consumables, lack of training for managing comorbidities, and patients' unawareness and limited knowledge about their conditions and medications. These challenges were found to reinforce each other, increasing work pressure on nurses by constraining the nursing practice environment. The consequences of these negative interactions manifested in poor health outcomes, delayed surgeries, prolonged wound healing, extended hospital stays, and increased mortality rates among patients with comorbidities.

Conclusions and Recommendations

This study concludes that moving from specialist to more holistic care requires a systemic change at the hospital level toward more effective teamwork and collaboration in information sharing between doctors, nurses, and patients. This

includes changes in the nursing process itself as well as a shift in the overall approach to patient care.

Trend Analysis of Investigated Cases of Nursing and Midwifery Unprofessional Conduct by the South African Nursing Council (SANC) 2018-2023

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The South African Nursing Council

Abstract ID: 86
Topic: Policy Making, Leadership, and Advocacy in Nursing and Midwifery
Keywords: Trend Analysis, Attitudes, Unprofessional Conduct

Introduction

The South African Nursing Council (SANC) is a statutory body established under the Nursing Act 50 of 1978, now operating under the Nursing Act 33 of 2005, to regulate the professional conduct of nurses and midwifery practitioners. The SANC is also mandated to protect the public in matters involving nursing and midwifery service delivery in South Africa.

Objectives

The objectives of this study are to present a trend analysis of investigated allegations of nursing and midwifery unprofessional conduct from 2018 to 2023 as done by the South African Nursing Council. The study also aims to share the decisions made by the committee against practitioners found guilty of unprofessional conduct and to make recommendations to address these issues. Furthermore, it seeks to emphasize the importance of socialization in professional practice and the ethical aspects of care.

Method

A retrospective document analysis was conducted on investigated and finalized cases of unprofessional conduct, using quantitative data. The analysis focused on the data extracted from these cases, ensuring that principles of anonymity, confidentiality, and privacy were maintained throughout the process.

Findings

The most common instances of unprofessional conduct arose from failure to comply with the Scope of Practice, failure to adhere to the Code of Ethics, practitioners' bad attitudes, poor communication, and incompetence.

Conclusion

The study concludes that the nursing profession needs to revisit the basics of socializing nurses entering the profession. Strengthening the professional practice and ethical components, which are fundamental elements of nursing care, is essential. The application of ethical principles in all aspects of care should be emphasized to ensure that nurses and midwives are reminded of the nobility of their profession in the care of humanity. The SANC is also working on onboarding Continuous Professional Development programs to address issues of incompetence.

Assessment of Unintended Pregnancies and Contraception in Botswana

Tshepo Mokganedi Rakereng
Ministry of Health, Botswana

Abstract ID: 87

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Abstract

Introduction

In 2020, the Ministry of Health and Wellness in Botswana, in collaboration with the United Nations Population Fund and the World Health Organization, conducted a strategic assessment of unintended pregnancies, contraception, and abortion in Botswana. This abstract reports on the methodology, key findings, recommendations, and conclusions derived from the assessment on unintended pregnancies and contraception.

Methods

A holistic system-based framework was used, addressing various sociocultural and economic factors. Emphasis was placed on reproductive rights, equity, gender equality, empowerment, and quality client-centered services responsive to community needs. The study was carried out in eight of Botswana's thirteen administrative districts across various settings. A total of 116 participants, including policy-makers, service providers, and community leaders, were selected through purposive and snowball sampling methods and interviewed.

Results

The study established that contraception is viewed as a private topic that is not widely discussed. There is limited understanding of available contraceptive methods, their expected adverse effects, and how to manage them.

Long-Acting Reversible Contraceptive (LARC) methods, though highly effective, are underutilized in Botswana. Barriers to accessing LARCs include the limited number of trained providers and geographical inequity, favoring urban areas. The centralized nature of training for LARC providers also limits the frequency of training sessions and the number of trained providers.

Most family planning services are only available at healthcare facilities, with limited integration into other healthcare services. Sporadic stockouts of contraceptive methods, particularly LARCs, were also reported. Additionally, gaps were identified in the programming and implementation of Comprehensive Sexuality Education (CSE). The number of educators trained on CSE is limited, and there is insufficient involvement of young people and teachers in curriculum development and training. Negative perceptions toward adolescent sexual activity perpetuate stigma and secrecy.

Women and girls face difficulties negotiating safe sex due to economic dependence on male partners or inter-generational relationships with power imbalances. Current contraception policy-making and family planning programming follow a top-down approach, with limited engagement from line ministries, critical stakeholders, and the community. Men are frequently excluded from education about contraception, despite their significant role in family planning decision-making.

Conclusions

A multifaceted and multisectoral approach is required to comprehensively address unintended pregnancies in Botswana. Improving programming and implementation of CSE, targeted actions to reduce sexual and gender-based violence, and widespread provision of family planning education and services—particularly LARCs and emergency contraception—can significantly reduce unintended pregnancies and their associated harms. Empowering communities will enable women and girls to make informed decisions about childbearing.

Keywords: Botswana, Contraception, Strategic Assessment, Unintended Pregnancy

Public Health Emergency Preparedness (PHE), Response Capability, Community Engagement, and Framework for Improvement Interventions in Kisumu County, Kenya

Wilbroda Makunda
1 Uzima University

Abstract ID: 88

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

Community-level public health emergencies (CLPHE) and disasters increasingly pose significant public health threats in low- and middle-income countries, with limited improvements in mitigation capacities and readiness. Africa bears the highest global burden of public health emergencies, with approximately 100 incidents reported annually, yet the operationalization of national and community-level preparedness and response remains inadequate. Resources are relatively more substantial at the national level than at the county level. Kisumu County, with a population of 1,155,574, is prone to various public health emergencies, including floods, fires, disease outbreaks, violence due to cattle rustling, and ethnic clashes. In 2024, floods in the region left 600 people stranded, displaced 40,000, and caused tens of fatalities (Reported by Elizabeth Ojina, Nation Media Group, May 2024). The County Health Sector Strategic and Investment Plan (2018–2030) does not adequately address community engagement in public health emergency response mechanisms or provide a framework for strategic, effective, and targeted interventions. This study aimed to assess public health emergency preparedness, response capability, community engagement, and the framework for improving interventions in Kisumu County.

Methods

A cross-sectional mixed-methods study was conducted in four sub-counties of Kisumu County: Muhoroni, Nyando, Nyakach, and Kisumu East. Quantitative data were collected from 507 participants selected through random sampling, using standardized semi-structured questionnaires. Data were summarized and analyzed descriptively. Qualitative data were gathered through four focus group discussions (FGDs) and key informant interviews (KIIs) conducted in each of the four sub-counties. Qualitative data were transcribed verbatim, analyzed thematically, and presented narratively.

Results

Kisumu East had the highest participation rate (34.1%), with 33.8% of participants expressing preparedness for public health emergencies (PHEs). Preparedness was significantly associated with PHE response training ($p = 0.001$), guideline awareness ($p = 0.001$), access to timely information ($p = 0.001$), participation in PHE mobilization ($p = 0.001$), resource allocation ($p = 0.001$), training/skills for PHE participation, self-motivation ($p = 0.001$), and participation in PHE research surveillance. Lack of awareness (34.8%) was a significant barrier to preparedness ($p = 0.007$). All participants (100%) were aware of what constitutes a public health emergency/disaster. However, 82.1%

indicated insufficient resources for emergency participation, while 17.9% believed they had enough resources. Additionally, 64.6% of participants reported being unaware of any guidelines for PHE response. Barriers to integrated community engagement were identified by 60.2% of participants.

Conclusions

The community is inadequately prepared to respond to public health emergencies, primarily due to insufficient resources. Addressing resource gaps, enhancing training, and fostering integrated community engagement are critical for improving PHE preparedness and response in Kisumu County.

Keywords: Public Health Emergency, Community Engagement, Response Capability, Exclusive Breastfeeding

Public Health Emergency Preparedness (PHE), Response Capability, Community Engagement, and Framework for Improvement Interventions in Kisumu County, Kenya

Wilbroda Makunda
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Abstract ID: 88

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Abstract

Introduction

Community-level public health emergencies (CLPHE) and disasters increasingly pose significant public health threats in low- and middle-income countries, with limited improvements in mitigation capacities and readiness. Africa bears the highest global burden of public health emergencies, with approximately 100 incidents reported annually, yet the operationalization of national and community-level preparedness and response remains inadequate. Resources are relatively more substantial at the national level than at the county level. Kisumu County, with a population of 1,155,574, is prone to various public health emergencies, including floods, fires, disease outbreaks, violence due to cattle rustling, and ethnic clashes. In 2024, floods in the region left 600 people stranded, displaced 40,000, and caused tens of fatalities (Reported by Elizabeth Ojina, Nation Media Group, May 2024). The County Health Sector Strategic and Investment Plan (2018–2030) does not adequately address community engagement in public health emergency

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Keywords: Public Health Emergency, Community Engagement, Response Capability, Exclusive Breastfeeding

Impact of Gender on Health among Females: An African Perspective A Qualitative Systematic Review

Anne Wawire Kabimba

Abstract ID: 91

Topic: Policy Making, Leadership, and Advocacy in Nursing and Midwifery

Keywords: Gender Inequality, Women's Health, Sexual and Gender-Based Violence, Female Genital Cutting

Background

The female gender is often perceived as more vulnerable in terms of health, wealth, and well-being. Despite having a longer life expectancy, women generally live less fulfilling lives due to health, psychosocial, and economic challenges. Women spend more time seeking healthcare for themselves or their families compared to men, while gender inequality further exacerbates their vulnerabilities. In African countries, this inequality influences patient-healthcare provider relationships and worsens issues such as long-term depression, chronic diseases, and a lack of agency in decision-making regarding their health. This study aimed to analyze the impact of gender on women's health in Africa, identify existing gaps, and propose mitigation measures.

Methods

A qualitative systematic review of 29 articles published between 2015 and 2020 was conducted using data abstraction and the PRISM framework. Articles were sourced from Medline, Cochrane Library, PubMed, ResearchGate, and standalone studies. The review included studies written in English that specifically addressed gender disparities in women's health in Africa.

Findings

The study revealed that women face significant health challenges driven by gender inequality, weak economic capacity, poverty, and lack of political goodwill to support women's health. Additional factors include sexual and gender-based violence, Female Genital Mutilation/Cutting (FGM/C), cultural beliefs, and poor investment in women's healthcare. These obstacles result in poor health outcomes and limited access to equitable healthcare services.

Conclusion

To address these challenges, multi-sectoral interventions are necessary to bridge gaps in gender inequality and healthcare access for women. Efforts should focus on enhancing political and financial commitment to women's

health initiatives, improving investment in healthcare infrastructure, and creating inclusive strategies to mitigate the effects of cultural beliefs and traditions. Such actions are critical to improving the overall health and well-being of women in Africa.

Risk Factors for Neonatal Morbidity and Mortality: Empowering the Adolescent Mothers through Evidence-Based Health Education, Busia County Referral Hospital

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Abstract ID: 92

Topic: Policy Making, Leadership and Advocacy in Nursing and Midwifery

Introduction

Statistics show that neonatal mortality (NNM) accounts for approximately 40% of the under-five mortality globally. The risk factors are varied but cut across all nations. The purpose of this study was to empower the expectant adolescent mothers through 'evidence-based health education' to reduce NNM. The study objectives were to identify, describe, and find solutions to the risk factors through health education.

Methods

The study was carried out at Busia County Referral Hospital (BCRH), Western Kenya, using a cross-sectional interventional design. 226 expectant adolescent mothers attending the antenatal clinic were randomly sampled. Expectant adolescent mothers aged <19 years, 26–34 weeks gestation, and residents of Busia County were selected. Mothers with co-morbidities, students, and non-Kenyans were excluded. Ethical approvals from KNH/UONREC, BCRH; Director of Health, County Government of Busia were obtained. Data was collected using semi-structured researcher-administered questionnaires. Analysis utilized Epi Data 3.1, STATA version 8.0, Microsoft Excel, and was reported in frequencies and percentages. Intervention: respondents were grouped in 20s of the same gestation. A pragmatic approach was used to cushion respondents from making many trips to the hospital. The sessions were conducted by the researcher, who, after each overview, allowed respondents to share experiences.

Results

Risk factors identified included: lack of knowledge (84.5%), poor infrastructure (83.6%), negligence (81%),

non-breastfeeding (80.1%), lack of emphasis on neonatal care by the community (77%), and prematurity (67.3%). 87% of the respondents applauded the intervention.

Conclusion

The risk factors that contributed to NNM were of dual play, involving respondents and the community. This revealed gaps in information acquisition, awareness, and neonatal care practices.

Keywords: NNM, Adolescent Mothers, Health Education, Risk Factors

Core Managerial Competencies in the Uptake of Covid-19 Vaccine Among First-Line Nurse Managers in Nyeri County

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Abstract ID: 93

Topic: Policy Making, Leadership and Advocacy in Nursing and Midwifery

Introduction

The first-line nurse managers play a significant role in directing patient care affairs and creating a safe working environment for nursing personnel. They, therefore, require a number of competencies to effectively carry out their duties for positive patient outcomes as well as the uptake of healthcare services. During the COVID-19 pandemic, nurses under the supervision of the nurse managers played a major role in promoting vaccine confidence in addition to administering the vaccine, leading to high uptake. Nyeri County took the lead in vaccine uptake in the country. The purpose of this study was to establish the core competencies that nurse managers in Nyeri County utilized to promote vaccine uptake.

Methods

A descriptive cross-sectional research design was used in conducting this study in all health facilities that were providing the COVID-19 vaccine at lower levels of healthcare delivery, i.e., health centers and dispensaries. A total of seventy-three (73) nurse managers participated in the study. A validated model tool for evaluating nurses' managerial competencies was used to identify the key attributes of managerial competencies that were used by first-line nurse managers to attain a high COVID-19 vaccination coverage in Nyeri County. Data on sociodemographic characteristics was analyzed using descriptive statistics in the form of fre-

quency and percentages. The core competencies were analyzed through the analytic hierarchy process (AHP) to prioritize competencies. Data was presented in tables. The study adhered to ethical guidelines and was approved by DeKUTISERC, NACOSTI, and the Nyeri County Health Department.

Results

The majority (77%, n=56) of the nurses who participated were female, (43%, n=31) were aged below 40 years, (77%, n=56) had attained a diploma in nursing, (38%, n=28) had worked for a period of less than 5 years, and only one participant (1.4%) had received additional training in leadership and management. In terms of core competencies that enabled them to manage the COVID-19 vaccination, the nurse managers gave the highest priority to self-management (0.2834) and the lowest priority to management of organizational climate and culture (0.0027). Further, within the three defined competencies for control, self-management was ranked highly (0.6340) while performance evaluation was ranked least (0.1740). Of the competencies that fell under the organizing function, delegating roles and functions had the highest priority (0.4720), while resource allocation had the least (0.0840). Among competencies relating to the planning function, all competencies were ranked equally (0.3330), while for those under the leadership function, professionalism was mentioned as the most important competency (0.2920) and management of organizational climate and culture as the least important (0.0190). For managerial roles, attitude towards continuous improvement was regarded as the most important competency (0.2630) and analytical competency as the least important (0.0430). Generally, the nurse managers in this study mostly gave the highest priority to competencies in the control function (0.4470), while they gave the least priority to those in the organizing function (0.1330).

Conclusion

The first-line nurse managers in Nyeri County played an important role in COVID-19 vaccine uptake by effectively implementing the key managerial functions, especially the control function. Continued capacity building on managerial competencies is highly recommended for all first-line nurse managers in the county and in all other counties in the country.

Keywords: Core Competencies, First-Line Nurse Manager, COVID-19 Vaccine, Nyeri County

A Socially Constructed Framework for Culturally Congruent Nursing Curriculum Transformation in Lesotho: A Multi-Methods Approach

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Abstract ID: 94

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Keywords: Competency-based approach, cultural congruence, facilitative roles, stakeholder engagement, transformative learning.

Abstract

Introduction

Implementing a transformative nursing curriculum is strategic for improving a country's population health outcomes. However, transforming a nursing curriculum is challenging due to the lack of investigation into cultural influences that impact such transformation. Educators need support to explore what a culturally congruent framework would look like in practice.

Methods

This study used a descriptive, qualitative, multiple-method research approach. The transformative learning theory provided the theoretical context within the social constructivism research paradigm. The Mmogo-Method™ and the KAWA technique were used for data collection during the study's two empirical phases. The Mmogo-Method™ was employed to describe cultural influences on curriculum implementation, while the KAWA technique was used to examine the congruency between culture and transformative curriculum implementation. A convenience sample of seven midwifery educators was selected for the Mmogo-Method™, and a criterion purposive sampling of 14 nursing educators was selected from a population of 64 for the KAWA technique. Additionally, a narrative literature review was systematically conducted to establish a relationship between culture and transformative curriculum implementation.

Results

Empirical findings from the Mmogo-Method™, KAWA technique, and the narrative literature review confirmed that culture can significantly influence the implementation of a transformative nursing curriculum. The findings were used to draft a framework, which was then validated by nursing

educators. Three emergent framework concepts were identified: transformative learning, educators, and students. These concepts were interrelated throughout the learning process and served as the foundation for the framework's development.

Conclusions

The study underscores the important role that culture plays in the successful implementation of a transformative nursing curriculum in Lesotho. The socially constructed framework, developed using the Mmogo-Method™ and KAWA technique, offers insights into integrating cultural congruence into nursing education. The three interrelated concepts—transformative learning, educators, and students—highlight the need for curriculum transformation to align with cultural values and practices. This framework has the potential to guide the development of culturally competent nursing education, leading to improved health outcomes. Future research should explore its practical application in diverse educational settings to further refine and adapt it to various cultural contexts.

A Nurse-Led Intervention to Improve Knowledge and Adherence to Chemotherapy

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Abstract ID: 95

Topic: Policy Making, Leadership, and Advocacy in Nursing and Midwifery

Keywords: Nurse-led intervention, chemotherapy, patient adherence, oncology care

Background

Chemotherapy remains a cornerstone in the treatment of cancer, yet it can be a daunting experience for patients due to its potential side effects and impact on quality of life. The fear and anxiety associated with chemotherapy, alongside the complexities of treatment adherence, highlight the need for effective interventions to support patients through their cancer treatment journey. The aim of this nurse-led intervention was to improve the knowledge of chemotherapy among nurses and enhance patients' adherence to cancer chemotherapy.

Method

A communication intervention approach was employed, focusing on teaching and information-sharing strategies for both registered nurses and cancer patients. The intervention for nurses included using social media and various virtual

platforms to disseminate information about chemotherapy. Clinic-based health education sessions were conducted for cancer patients to inform them about chemotherapy treatment, its benefits, side effects, the importance of adherence, and the consequences of non-adherence. Educational materials such as videos and easy-to-understand pamphlets were made available to patients. Knowledge was assessed before and after the intervention using pre-test and post-test evaluations. The data was analyzed by calculating the mean values of all scales in both waves (pre-test and post-test), and paired sample t-tests were used to determine whether the differences between the means were statistically significant.

Results

The evaluation involved 81.8% of nurses who participated in the intervention. All nurses (100%) demonstrated a significant improvement in their knowledge, answering correctly on the post-test after the intervention. Additionally, 66 patients who were undergoing chemotherapy gained awareness of cancer chemotherapy and its adverse effects after the intervention. Furthermore, five patients successfully completed and tolerated their chemotherapy treatment.

Conclusion

The nurse-led intervention proved effective in improving both nurses' understanding of chemotherapy and patients' adherence to treatment. Effective support not only enhances patients' preparedness and coping mechanisms but also contributes to improved treatment adherence and better treatment outcomes. Understanding and optimizing the role of nursing in chemotherapy preparation is crucial for enhancing patient experiences and outcomes in oncology care.

Family Planning Knowledge and Unmet Need of Adolescent Girls and Young Women Living with HIV in Hhohho Region, Eswatini

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Abstract ID: 96

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Introduction

Improving the sexual health, reproductive rights, and access to care for adolescent girls and young women (AGYW) living with HIV begins with an understanding of the unmet needs related to family planning.

Methods

We employed a quantitative cross-sectional study design, data was captured in Epi-data and analyzed using STATA 14.

Results

A total of 190 AGYW participated in the study, with a mean age of 20.6 years. Participants resided in all four regions of Eswatini, with a majority n=172 (90.5%) from Hhohho. Participants had varying knowledge of different contraception methods, with the most known methods being the condom, the pill, the injectable, and the skin patch. The majority of participants, n=105 (55.3%), had moderate knowledge, n=65 (34.2%) had high knowledge, and n=20 (10.5%) had no knowledge of family planning methods. About half of the participants cited the health facility as a preferred source of family planning information. More than half (68.4%) of participants were comfortable discussing sexual reproductive health (SRH) issues with a nurse. However, of all the AGYW who went to a health facility, 71.1% were not offered family planning services on the day of their visit. Thus, a majority of participants had an unmet need for family planning, as only 28.9% received family planning commodities.

Conclusion

Most AGYW were aware of the various contraceptive methods available. However, there is still a need to strengthen health education, improve information access, and address unmet needs related to their sexual and reproductive health. Increasing service uptake and offering youth-friendly health services should be prioritized.

Keywords: Family planning information, access, and unmet need

Fertility Intentions Among Adolescent Girls and Young Women (18-24 Years) Living with HIV in Hhohho, Eswatini

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Abstract ID: 97

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Abstract

Introduction

Understanding the fertility intentions of adolescent girls and young women (AGYW) serves as a crucial first step in addressing their unmet sexual and reproductive health needs. It also acts as a valuable tool for improving their access to sexual and reproductive health services (SRH).

Methods

A quantitative cross-sectional study design was used, and data was captured in Epi-data and analyzed using STATA 14.

Results

The majority of the AGYW (n=139; 73.2%) desired to have children, while 51 (26.8%) did not desire to have children. In the multivariate logistic regression analysis, demographic factors significantly associated with fertility intentions included living with an intimate partner (aOR: 1.5; 95% CI: 1.5-434.3) and having at least one family member employed (aOR: 2.4; 95% CI: 1.1-5.5), with p-values <0.05. Participant age, level of education, and place of residence were not statistically significant (p>0.05).

Conclusion

The findings revealed that most of the study participants desired to have children. A significant number of demographic factors did not contribute to fertility intentions, except for those living with intimate partners and those with higher socio-economic standing. These populations should be accommodated and prepared for safe childbearing and development. There is a need for AGYW sexual and reproductive health care needs, particularly in HIV care settings, to be addressed.

Keywords: Fertility intentions, adolescent girls and young women

A Needs Assessment/Scoping Review of eLearning Ecosystem to Support Blended Pre-service Training for Nurses and Midwives in Zambia

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Abstract ID: 98

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Keywords: Blended learning, Digital transformation, Systems

Introduction: Digital transformation has positively impacted health service delivery by enabling efficient resource utilization, health software applications, digital data for decision-making, and digital health education. Online blended learning has made significant progress in nursing and midwifery education, improving student learning outcomes globally. Students now have access to international eLearning platforms, offering continuity, flexibility, and repetitive learning, along with the ability to access content anywhere from any device. Various digital platforms can integrate diverse teaching methodologies, benefiting teaching institutions through customization, content flexibility, wider reach, and cost-effectiveness. The COVID-19 pandemic has increased the demand for digital learning platforms to ensure uninterrupted learning. The eLearning ecosystem relies on internet, connectivity, and technology (ICT) infrastructure at every level. This ecosystem includes national and institutional capacities, such as ICT infrastructure, teaching resources, and digital literacy.

Methods: In collaboration with the consultancy firm Brasys, SolidarMed identified and interviewed 26 key informants from nursing and midwifery education. These informants included staff from the Ministry of Health (MOH), Nursing and Midwifery Council of Zambia (NMCZ), telecommunications, universities, and colleges. The study assessed organizational readiness at colleges using Knowledge, Attitude, and Practice (KAP) Assessment tools and technology assessment forms.

Results: The policy environment supports digital transformation in nurse education, with the National Digital Health Strategy 2022-2026 encouraging online education. However, guidance on implementation is limited. Barriers to establishing a comprehensive eLearning platform include resource limitations, compliance requirements, and cybersecurity issues. Key factors for successful eLearning include governance, leadership, institutional support, ICT infrastructure, digital literacy, equal access to technology, and learner retention. The need for a strategic framework to harmonize initiatives and align efforts was emphasized. SolidarMed facilitated a stakeholder workshop, resulting in the co-creation of a national eLearning framework to support online education as part of the National Digital Health Strategy.

Conclusions: Key opportunities for advancing eLearning in Zambia include the integration of existing technology, addressing infrastructure gaps, collaborating with providers and government institutions, building capacity among students and faculty, and ensuring quality assurance. The focus of the eLearning framework is on access, quality, demand, resourcing, and sustainability. The main

recommendation is active stakeholder engagement to build a comprehensive eLearning ecosystem.

Clinical Simulation to Enhance Clinical Education

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Abstract ID: 99

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Facilitated reflection, Immersive, Interdisciplinary, Quality, Simulation

Introduction

Zambia is classified as a low-income country by the World Bank and is currently facing a severe shortage of trained healthcare professionals. This shortage hampers Zambia's ability to provide safe and high-quality medical care, resulting in high mortality and morbidity rates, specifically in maternal newborn child health and other service delivery areas. Evidence shows there is a direct correlation between clinical simulation and quality improvements in patient care. Clinical simulation is known to close the gap between theory and practice and enhance clinical performance and confidence in pre-service and in-service health professionals. To support the Government of the Republic of Zambia's efforts, SolidarMed Zambia is constructing and equipping clinical skills and simulation centres in four hospitals: Kabwe Central Hospital, Kafue General Hospital, Solwezi General Hospital, and Chipata Central Hospital. The aim of this project, SolidarMed Zambia, has partnered with Swansea University Medical School (UK) to deliver a customized simulation training program for clinical educators. These clinical simulation educators will lead and teach in the newly established clinical skills centres and ten existing nurse/midwifery colleges, thereby helping to enhance the quality of trained healthcare professionals in Zambia.

Methods

With support from the Welsh Government and assistance from SolidarMed staff, academics from Swansea University conducted a three-day, in-person 'train the trainer' workshop for 26 multidisciplinary lead clinical educators from hospitals and nurse/midwifery teaching colleges in each of Zambia's 10 provinces. The 'train the trainer' workshop content was tailored to the local context, taking into account evidence-based practices and curriculum development principles. Clinical simulation concepts such as scenario creation, demonstrations, briefing, and debriefing were taught and practiced, with thematic focus areas around

maternal and newborn care. Simulation with high-fidelity mannequins and technologies is not guaranteed in resource-limited settings, so the focus is on improvising with the available resources, as well as the use of standardized patients—volunteers playing the role of patients.

Results

The 26 educators who attended the 'train the trainer' workshop are now responsible for conducting approximately 250 training sessions for over 5,000 students in the coming academic year. These lead educators are involved in quarterly workshops with clinical in-service preceptors who mentor pre-service students. The 'train the trainer' participants reported increased confidence in implementing or expanding scenario-based simulations within their programs and student populations. They also felt that their own clinical education and skills training capacity had significantly improved. Furthermore, by bringing together educators from across the country, they believed that a Zambian clinical simulation educational network had been established. SolidarMed is further strengthening the network of clinical simulation trainers through additional postgraduate training and certification enhancements.

Conclusion

SolidarMed is actively exploring and documenting the feedback and experiences of facilitators and learners regarding the role of clinical simulation in enhancing clinical education. Preliminary findings indicate that clinical simulation training significantly improves educators' confidence and capacity to deliver high-quality training, which is essential in a resource-limited setting like Zambia. By fostering a network of skilled clinical simulation educators and continuing to invest in postgraduate training and certification, SolidarMed aims to ensure the sustainability and scalability of these improvements. The establishment of clinical skills and simulation centres in key hospitals and the integration of these methodologies in nursing and midwifery colleges are critical steps towards addressing the healthcare professional shortage. Ultimately, these efforts contribute to better patient care outcomes and a more robust healthcare system in Zambia.

The Decentralized Training of Nurses and Midwives in Zambia

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Abstract ID: 100

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Health systems, Human resources, Quality, Quantity

Introduction

An adequate health workforce is crucial for delivering health services in Zambia. With 61% of the population residing in rural areas, ensuring access to healthcare in these regions is vital for achieving national health goals. Unfortunately, Zambia is facing a shortage of human resources for health (HRH), with only 11.2 doctors, nurses, and midwives per 10,000 people. This falls well below the World Health Organization's (WHO) recommended minimum threshold of 22.8 doctors, nurses, and midwives per 10,000 people. Attrition rates in the health workforce have also been high, with approximately 10% of Zambia's health workers being lost each year as of 2017. While there has been an increase in the number of clinical health workers, shortages still persist, especially in rural areas. Despite rural areas being home to the majority of Zambia's population (55%), there are only 7,677 doctors, nurses, and midwives available compared to 9,285 in urban areas. A 2016 workforce analysis revealed that only 45% of doctors, clinical officers, nurses, and midwives were working in rural areas. Nurses and midwives, who make up 63% of the clinical health workforce, play a significant role in the health system as they are often the first point of contact in healthcare facilities and hospitals. The purpose of this evaluation was to provide an independent assessment of the program, focusing on its effectiveness, efficiency, impact, and sustainability.

Methods

With support from SolidarMed, the Ministry of Health (MOH) and the Nursing and Midwifery Council of Zambia have introduced an innovative model to address this issue. The model focuses on decentralization, increasing the number of training sites, and ensuring training quality. It also includes clinical mentoring for nurse students, rotation between different sites, and blended learning techniques. This model is accredited by the Ministry of Health and is currently being implemented. To evaluate its effectiveness, a mixed-method approach was used, gathering quantitative and qualitative data from various sources. This involved conducting key informant interviews with 21 participants and four focus group discussions with eight participants each, totalling 53 participants. Key stakeholders such as SolidarMed staff, MoH, representatives at all levels, college staff, and nurse/midwife students were included. Additionally, an extensive review of documents and analysis of secondary data were conducted. A deductive thematic approach was used to analyze the qualitative data.

Results

The program successfully achieved its objective of scaling up the model, gaining recognition and support from the NMCZ and MoH. The decentralized model was optimized through a blended training approach for Registered Nurses, Registered Midwives, and Public Health Nurses. Key factors influencing the project's effectiveness include early and high-level buy-in from the Ministry of Health, comprehensive quality assessments that identified gaps in institutions, transparent and consistent communication by SolidarMed, provision of accommodation for Clinical Instructors and students, dedicated volunteer Clinical Instructors, and infrastructural improvements at St. Luke's and other colleges. Challenges faced by the program included infrastructure gaps in the colleges, transportation issues, poor management styles, and the initial investments required to set up the model.

Conclusions

The program has had a positive impact in the short term and is well-positioned for further scaling up. The number of nursing graduates increased in the first year at all three schools, although there were declines in the two scale-up colleges in the second year due to limitations in infrastructure capacity. Overall, the program was highly effective, demonstrating solid performance in most result areas. It successfully achieved its objective of scaling up the model, and the decentralized model was optimized to a great extent.

Prevalence of Post-Covid Symptoms Among Adults in Primary Healthcare Settings in Botswana

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Abstract ID: 101

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Botswana, Chronic COVID syndrome, Post-COVID-19 symptoms, adults, primary healthcare setting

Background

Coronavirus is a new strain that affected humans since December 2019 in Wuhan, China, and spread to the whole world. It was declared a pandemic in March 2020 by the World Health Organization (WHO). It affected the respiratory system mostly, ranging from common cold to severe diseases. Clients who recovered from COVID-19 infec-

tion still experience the aftermath of COVID-19. However, there is a paucity of data on the prevalence of persistent chronic COVID symptoms among adults in primary healthcare settings in Botswana.

Objective

To determine the prevalence of persistent chronic COVID symptoms experienced by clients in primary healthcare settings and identify its association with disease severity.

Methods

A prospective design was used. 197 adults aged 18 and above were selected from seven (7) purposively selected clinics in the Greater Gaborone District Management Team and one (1) private clinic. A special questionnaire was used to inquire about the current health status of patients and their persistent symptoms in the post-COVID-19 period. Data were entered in SPSS version 27, and descriptive statistics were used to analyze the data.

Results

There was a 100% response rate (N=197). There were N=134 (68%) females and N=68 (32%) males aged between 18 to 76 years. The mean age was 36.55 (SD 13.78), and the median was 33. Most of the respondents were aged between 28 and 32 years old (18.8%). Most of the respondents were single (48.2%) and secondary school leavers (79.2%). In terms of disease severity, most of the respondents experienced mild disease symptoms (64%), followed by moderate symptoms (28.4%). The most common persistent chronic COVID symptoms reported were headache (25.4%), shortness of breath (20.8%), cough (13.2%), chest pains (5.0%), palpitations (11.7%), forgetfulness (10.7%), fatigue (8.1%), general malaise (6.6%), and dizziness (7.1%), while other symptoms from gastrointestinal, dermatology, and genitourinary systems were less common (less than 5%). There was an association between persistent chronic COVID symptoms and disease severity ($p < 0.001-0.003$) except for cardiovascular, gastrointestinal, and neuropsychiatric symptoms ($p > 0.005$).

Knowledge, Attitude, and Practices of Exclusive Breastfeeding for Infants 0-6 Months Among Women of Reproductive Age in Manyatta-Kisumu County, Kenya

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Abstract ID: 102

Topic: Midwifery and women health nursing as an outcome

for maternal and infant health

Keywords: attitude, child mortality and morbidity, exclusive breastfeeding, knowledge, practice

Introduction

Exclusive Breastfeeding (EBF) is the most effective intervention to prevent child mortality and morbidity. However, only 31% of children under 6 months in Kenya are exclusively breastfed, and in Manyatta, Kisumu County, the prevalence is even lower. Despite the known benefits of EBF, including reducing child deaths globally, many mothers in Kenya still practice mixed feeding or introduce other liquids to infants within the first month. The high rates of child mortality in Manyatta, attributed to inappropriate infant feeding practices, highlight the need for understanding the knowledge, attitudes, and practices surrounding EBF in this community.

Methods

This study used a mixed-methods design, combining both qualitative and quantitative approaches. The target population consisted of women of reproductive age with children aged 6 months or younger in Manyatta. A total of 422 women participated, and both simple random and purposive sampling techniques were used to recruit participants. The study was conducted in Manyatta A slum, Kisumu County. Data was collected using structured questionnaires, and desk reviews were conducted to compare findings with previous studies.

Results

Of the 422 respondents, 400 (95%) demonstrated knowledge about exclusive breastfeeding, with a mean knowledge duration of 1.8 months, which is lower than the ideal universal target of 90%. The majority of mothers who exclusively breastfed were aged between 15 and 27 years, with primary education. Knowledge about EBF was high, but the actual practice of exclusive breastfeeding was low, particularly among older women. The study revealed that attitudes towards EBF were generally negative, contributing to the low prevalence of the practice despite high levels of knowledge.

Conclusion

While knowledge about exclusive breastfeeding is high among women in Manyatta, the practice remains low due to negative attitudes. To improve EBF practices, it is essential to integrate male involvement in maternal child health programs and update clinic materials to support women's efforts in exclusive breastfeeding. These steps could help address the negative attitudes and improve the health outcomes for both mothers and infants in the region.

The Effects of Technology Advances in Improving Outcomes of Patients with Pressure Ulcers Amidst Covid-19 Pandemic at Moi Teaching and Referral Hospital, Male General Surgery Ward

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Abstract ID: 103

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: Covid-19, pressure ulcers, ripple mattress

Introduction

Wound management, particularly for pressure ulcers, presents significant challenges in achieving rapid and complete healing. Healthcare workers caring for surgical inpatients with pressure ulcers aim to ensure optimal healing. However, poorly managed pressure ulcers can lead to prolonged hospital stays, increased nursing time, and high bed occupancy, which may increase the risk of acquiring nosocomial infections, including Covid-19.

Methods

An observational study was conducted at Moi Teaching and Referral Hospital's male general surgery ward, focusing on patients with pressure ulcers. The study explored the effects of using ripple mattresses, an advanced technology designed to prevent and treat pressure ulcers by evenly distributing body pressure. The ripple mattress, which uses air cushions to pressurize and support contact areas, was combined with standard wound care practices.

Results

The use of ripple mattresses, when integrated with standard wound care management, significantly contributed to the prevention and treatment of pressure ulcers. Patients who received care with ripple mattresses showed improved outcomes, including faster healing and reduced complications, such as nosocomial infections.

Conclusion

The use of ripple mattress technology, in conjunction with other standard wound care practices, leads to better patient care outcomes for those with pressure ulcers. This technology proves to be an effective tool in enhancing wound healing and improving overall patient care, particularly amidst the challenges of the Covid-19 pandemic.

The State of Nursing and Midwifery Workforce in Lesotho

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Abstract ID: 104

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Midwifery, Nursing, workforce

Background

The nursing workforce is the largest sector in healthcare globally and is fundamental to achieving health for all. In Lesotho, nurses and midwives play a critical role in healthcare delivery. A study conducted in 2022 sought to assess the state of the nursing and midwifery workforce in Lesotho, focusing on ensuring sufficient numbers, equitable distribution, and job satisfaction.

Methods

A mixed-methods approach combining both quantitative and qualitative designs was used. Data was collected using questionnaires and focus group discussions (FGDs) with nurse leaders. Convenient sampling was used for the questionnaires, targeting available and willing registered nurse-midwives, while purposive sampling was employed for FGDs, selecting nurse managers and public health nurses. Quantitative data was analyzed using STATA, and qualitative data was thematically analyzed.

Results

A total of 370 nurses participated in the study, with 76.8% being female. Most participants (40.8%) were aged between 31 to 40 years, and 60.4% held a nursing diploma. About 49% worked in government facilities, with 48.3% in urban areas. Over 70% of nurses reported being overworked, leading to emotional breakdowns. More than 77% experienced burnout weekly, and 88% faced emotional breakdowns weekly. Additionally, 70% of nurses were considering leaving the country, and 41.5% were preparing to do so in search of better pay and working conditions. FGDs revealed factors such as staff shortages, inadequate pay, poor infrastructure, and political influences contributing to job dissatisfaction and a negative image of nursing.

Conclusion

The study highlights the significant challenges faced by nurses and midwives in Lesotho, including overwork, un-

derpayment, and emotional stress, which negatively impact service delivery. The findings suggest strategies such as policy development for workforce retention, transparent recruitment processes, and the establishment of a human resource information system to improve working conditions and the image of nursing in Lesotho.

Training Influence on the Performance of Mental Health Professionals in Selected Public Psychiatric Hospitals Kenya

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Abstract ID: 105

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Keywords: Influence, Mental Health Professionals, Performance, Training

Background

Public hospitals have been facing challenges related to low performance and productivity among personnel. Issues such as discrepancies in study leave and training opportunities have been identified as contributing factors to poor employee performance in public health facilities. The lack of sufficient training can lead to negative outcomes such as disengagement, absenteeism, and high turnover rates. This study seeks to evaluate the influence of training on the performance of mental health professionals in selected public psychiatric hospitals in Kenya.

Methods

The study adopted a mixed-methods approach with a cross-sectional descriptive research design. A sample of 146 mental health professionals was selected using stratified random proportionate sampling, while purposive sampling was used to choose ten key informants. Quantitative data were analyzed using descriptive and inferential statistics, while qualitative data were analyzed through content analysis.

Results

The findings of the study indicate a positive correlation between training and employee relations ($r=0.584$, $p<0.001$), between training and appraisal ($r=0.529$, $p<0.001$), between training and remuneration ($r=0.415$, $p<0.001$), and between training and performance ($r=0.280$, $p < 0.001$). These results suggest that training is a significant factor in improving various aspects of employee performance and job satisfaction.

Conclusion

To maximize the performance of mental health professionals, the study recommends that hospital management prioritize continuous skill development for their staff. Ongoing training and professional development procedures are essential for improving the overall performance of employees in public psychiatric hospitals.

Paediatric Sickle Cell Disease at a Tertiary Hospital in Malawi: A Retrospective Cross-Sectional Study

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Abstract ID: 106

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Keywords: Children, Clinical Complications, Sickle Cell Disease, Sub-Saharan Africa

Introduction

Sickle Cell Disease (SCD) remains a major cause of childhood morbidity and mortality in Malawi. Despite its significance, comprehensive literature describing the disease in the paediatric population is limited. This study aimed to investigate the demographic, clinical, and haematological characteristics of children admitted with SCD at Mzuzu Central Hospital in Northern Malawi.

Methods

A retrospective review of clinical files of children with SCD was conducted at Mzuzu Central Hospital's paediatric ward between July 2016 and June 2019. Descriptive statistics were used to summarize the data. Chi-square or Fisher's exact tests were employed to assess significant associations between predictor variables and outcome variables (case fatality and length of hospital stay). Variables significantly associated with the outcomes ($p<0.05$) were analyzed further using binary logistic regression. A multivariable binary logistic regression was used to identify independent predictors of the length of hospital stay.

Results

During the study period, there were 16,333 paediatric hospitalizations, of which 512 were SCD patients, representing 3.1% (95% CI: 2.9%-3.4%) of all admissions. Of the 512 SCD patients, 68 (13.3%; 95% CI: 10.5%-16.5%) were newly diagnosed, and only 13.2% (95% CI: 6.2%-23.6%) were diagnosed in infancy. The most common clinical fea-

tures were anaemia (94.1%), sepsis (79.5%), and painful crisis (54.3%). The mean haematological values were as follows: haemoglobin 6.4 g/dL (SD=1.9), platelets $358.8 \times 10^9/L$ (SD=200.9), and median white cell count $23.5 \times 10^9/L$ (IQR: 18.0-31.2). The case fatality rate was 1.4% (95% CI: 0.6%-2.8%), and 15.2% (95% CI: 12.2%-18.6%) of patients had a prolonged hospital stay (>5 days). Patients with painful crisis were 1.7 times (95% CI: 1.02-2.86) more likely to have a prolonged hospital stay than those without the complication.

Conclusion

Sickle Cell Disease contributes significantly to paediatric admissions in Malawi, with anaemia, sepsis, and painful crisis as the most common clinical features. Painful crisis is associated with prolonged hospital stays. Delayed diagnosis of SCD is a pressing issue that needs urgent attention. Although the relatively low in-hospital mortality rate for SCD children is encouraging, it may underreport the true mortality, considering community deaths and those occurring before a diagnosis is made.

Kgatlang Nurses and Midwives' Experience About the Influence of Nursing Leadership on Their Continuous Quality Improvement Performance

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Abstract ID: 107

Topic: Policy Making, Leadership and Advocacy in Nursing and Midwifery

Introduction

The healthcare industry is constantly and rapidly changing, and it's only with strong nurse leadership that nurses will continue to grow and help shape a smarter healthcare delivery system. In fact, effective nursing leadership is essential to optimizing the delivery of healthcare services in clinical practice. Nurses and midwives' performance in their respective service areas is vital to quality patient care outcomes, customer satisfaction, timeliness of services, and nursing leadership performances have been related to nurse performance.

Methods

The aim of this project was to explore leadership factors that influence nurse performance and the role that nursing

leadership behaviours play in nurses' perceptions of performance motivation. This project is a qualitative descriptive study, conducted with nurses and midwives working in five (5) clinics in Kgatlang DHMT, Botswana. The sample population consisted of 45 nurses and midwives (participants), with a purposive sampling method used to determine the participants. Data was collected from forty-five (n=45) informants through unstructured interviews, which lasted 45-60 minutes.

Results

The results of the project revealed that nurse leaders should be encouraging, inspirational, supportive, and able to evolve as the nursing profession itself experiences ongoing changes. Nurses believed they should be rewarded accordingly when tasks are completed successfully. Nurses' perceptions of factors that affect their motivation and ability to perform were grouped into five categories: autonomy, work relationships, resource accessibility, nurse factors, and leadership practices. Nursing leadership practices/behaviours were found to influence both nurses' motivations directly and indirectly via other factors.

Conclusion

A goal of healthcare organizations should be to influence the quality of patient care. Empowered nurses are eager to implement evidence-based practices (EBP) to ensure the quality of care. From this project, the factors that nurses perceive as motivating them to perform well include autonomous practice, working relationships, resource accessibility, individual nurse characteristics, and leadership practices. Understanding these factors and how nurse leaders can influence them is a necessary step in promoting quality nursing care and the associated positive patient and organizational outcomes. Therefore, healthcare organizations and effective nurse leaders must understand what factors nurses perceive as influencing their motivation to perform well.

Keywords: Leadership, Nurse Leaders, Patient Care, Policy

Knowledge of Standard Precautions for Preventing Tuberculosis and HIV Among Student Nurses in Eswatini University

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Abstract ID: 108

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Abstract

Introduction

Standard precautions are a set of measures put in place for reducing the risk of transmitting infections such as Tuberculosis (TB) and Human Immunodeficiency Virus (HIV) in the healthcare setting. Many studies from other countries have shown different levels of knowledge regarding standard precautions among student nurses. Lack of knowledge of standard precautions may lead to non-compliance, which may later lead to the spread of hospital-acquired infections.

Methods

The aim of this study was to assess the knowledge of student nurses regarding standard precautions for the prevention of TB and HIV. A non-experimental quantitative approach was used to conduct a survey on senior student nurses of the University of Eswatini (UNESWA) using questionnaires. The total population of third, fourth, and fifth-year students was selected through the census sampling method. A Statistical Package for Social Science version 26 software was used to analyze the data.

Results

Among the 105 student nurses who completed the questionnaire, 91% were found to have adequate knowledge of standard precautions. Only 51.9% of the students had received training on TB prevention procedures in the demonstration laboratory, while only 63.8% said they received it on HIV. Regardless of their good knowledge, 22.9% of the respondents have been accidentally exposed to blood and body fluids of patients as they practiced in the past 12 months.

Conclusion

The researchers recommend that standard precautionary measures on TB and HIV prevention skills be continuously demonstrated to all student nurses in the skills laboratory and in the clinical area.

Keywords: Clinical, Eswatini, HIV, Infections, Knowledge, Standard Precautions, Student Nurses, Tuberculosis

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¹Eswatini Medical Christian University

Abstract ID: 108

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

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Keywords: Clinical, Eswatini, HIV, Infections, Knowledge, Standard Precautions, Student Nurses, Tuberculosis

Nurses and Midwives' Perceptions about Implementation of Evidence-Based Practice (IEBP): The Experience of Nurses and Midwives in Kgatlang DHMT

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Abstract ID: 109

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Background

Implementation of evidence-based practice (EBP) is crucial to enhance quality healthcare, professional development, and cost-effective health service delivery. Nurses and midwives should use the best, valid, currently available, and relevant policies, standard guidelines, and books in clinical decision-making practice. EBP improves healthcare quality, client outcomes, and customer satisfaction while reducing complaints. However, future research needs to explore more effective ways to document and implement EBP interventions. Nurses and midwives with higher educational status, management experience, and clinical service provision experience can reduce barriers to EBP. Thus, EBP achieves quality healthcare through knowledge, skill, experience, collaborative decision-making, and good time management.

Methods

This project is a qualitative descriptive study conducted with nurses and midwives working in ten clinics and health posts in Kgatleng DHMT, Botswana. The sample population consisted of 55 nurses and midwives, and the purposive sampling method was used. Data were collected from 55 informants through unstructured interviews lasting 30-40 minutes.

Results

The results revealed that the best, valid, and relevant research findings were rarely used in healthcare and clinical decision-making. Nurses and midwives primarily relied on experience-based knowledge, their observations, and support from colleagues and other collaborators without considering the best and current evidence. Nurse managers were found to play a significant role in creating the right environment for implementing EBP, particularly through leadership. Nurse researchers, trained to address clinical problems using rigorous research approaches, collaborate effectively to improve clinical practices.

Conclusion

Despite efforts to promote evidence-based nursing, there is still a gap in translating research findings into clinical practice and policies. While nurse researchers provide a growing body of evidence-based research (EBR) that could be applied in clinical settings, only a small portion is effectively implemented to address the clinical needs of patients and communities.

Keywords: Customer Satisfaction, Implementation, Quality Services, Research

Finding Best Practice for Establishing Sustainable Specialist Nursing Training Programmes in Southern and Eastern Africa: A Capability Maturity Model

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Abstract ID: 110

Topic: Policy Making, Leadership and Advocacy in Nursing and Midwifery

Background

There is an urgent need to increase training capacity to strengthen human resources for health (HRH) in Africa, particularly for specialist nursing. Establishing a fully accredited and sustainable training programme requires navigating complex regulatory systems across education, clinical services, HRH, and multiple regulators, which presents challenges. A Capability Maturity Model (CMM) is an evaluation method that depicts the supportive conditions necessary to reliably produce required outcomes and can help support programme sustainability.

Purpose

This project aimed to apply the CMM approach to identify the conditions required to reliably develop and sustain new specialist (particularly children's) nursing training programmes in Africa.

Methods

We utilized collective experiential knowledge of capacity building for specialist children's nursing in southern and eastern Africa, gathered through the Children's Nursing Educator Forum. This knowledge was used to create a CMM through a six-stage process: (1) identify necessary supportive conditions, (2) specify levels of process maturity, (3) develop domains, (4) characterize levels of capability, (5) consult with stakeholders, and (6) finalize the model.

Results

A comprehensive CMM was developed that describes five levels of process maturity related to education, clinical and regulatory systems, HRH systems, and stakeholder collaboration. The model highlights the regulatory and associated processes involved in developing a new educational programme for specialist nurses, including educational stan-

dards, quality assurance, scopes of practice, and systems for licensing and registering specialist children's nurses.

Conclusion

By providing an overview of the entire process, stakeholders are better equipped to collaborate toward the shared goal of establishing sustainable training capacity. The model serves as a map, helping stakeholders identify their current position in the process and guiding them on the necessary conditions, resources, and actions required to progress.

Keywords: Health Workforce, Regulation, Specialist Nursing Education

Moving Best Evidence to Best Practice: Early Learning from Work with Nursing Teams in 8 Facilities Across 5 African Countries on the Best Practice Project

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Abstract ID: 111

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

Evidence-based practice (EBP) in children's nursing is a commitment to achieving the best outcomes for children. While not every promising practice is universally applicable as 'best' for Africa, healthcare settings across the continent are rich in good practices. Through the integration of evidence, these promising practices can be advanced to best practice. 'Best Practice' drives quality by using proven methods or tools to measure and review current practice against the best available evidence.

Method

Launched in October 2021, the Best Practice Project enrolled 10 teams from 8 facilities across 5 African countries. Each team was guided by specialist-skilled nurses acting as Team Leads. The project was organized into four modules over a two-year period, utilizing online teaching, Appreciative Inquiry, and Afrocentric tools developed by the Children's Nursing Development Unit (CNDU). Clinical educators provided consistent support, while in-country Team Leads were paired with international nursing leaders for coaching. Outcome indicators were captured through simple team 'dashboards.'

Results

At the end of the first round of the project, 8 teams received recognition as Best Practice Units for Children's Nursing, the first such recognition in Africa. The use of evidence-based methods led to measurable improvements in the quality and safety of care, and the recognition fostered a high-performing culture of excellence and compassion among the teams.

Conclusion

The Best Practice Project demonstrated the potential for translating evidence-based practice into improved clinical outcomes in Africa. The project helped establish a model for advancing good practices to best practices, with a focus on collaboration, leadership, and ongoing professional development. The recognition of Best Practice Units highlights the success of this initiative in fostering a culture of excellence in children's nursing across Africa.

Keywords: Evidence-Based Practice, Best Practice, Children's Nursing, Clinical Nursing

Maternal and Perinatal Outcomes in Women with Eclampsia by Mode of Delivery at Riley Mother Baby Hospital: A Longitudinal Case-Series Study

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Abstract ID: 112

Topic: Midwifery and Women's Health Nursing as an Outcome for Maternal and Infant Health

Introduction

Eclampsia is a serious complication of preeclampsia that remains a leading cause of maternal and perinatal deaths worldwide, particularly in resource-limited settings. In sub-Saharan Africa, eclampsia accounts for a significant proportion of maternal (12%) and perinatal (16-31%) deaths. This study aims to assess the optimal mode of delivery and factors influencing the mode of delivery in women diagnosed with eclampsia at Riley Mother and Baby Hospital.

Method

This was a hospital-based longitudinal case-series study conducted at the largest obstetric unit in western Kenya. Maternal and perinatal data, including age, parity, medications, labor initiation, mode of delivery, ICU and newborn care unit admissions, organ injuries, and mortality, were analyzed using SPSS version 20.0. Frequencies and percentages were used for descriptive analysis, while the chi-square test and Fisher's exact test were used for categorical variables. The significance level was set at 5%.

Results

Fifty-three patients with eclampsia were treated and followed up for 6 weeks postpartum. No maternal deaths were recorded, but the perinatal mortality rate was 9.4%. Increased parity was associated with a higher risk of adverse perinatal outcomes ($p = 0.004$, OR = 9.1, 95% CI = 2.0-40.8) and a higher likelihood of cesarean delivery ($p = 0.020$, OR = 4.7, 95% CI = 1.3-17.1). Induction of labor was found to reduce the risk of adverse outcomes ($p = 0.232$, OR = 0.3, 95% CI = 0.1-2.0).

Conclusion

The study found no advantage of emergency caesarean sections in women with eclampsia. Induction of labor and vaginal delivery were successful in managing pregnancies complicated by eclampsia. With prompt and effective care, maternal and perinatal mortality from eclampsia can be significantly reduced.

Challenges in Management of Radiation Dermatitis Among Head and Neck Cancer Patients in Sub-Saharan Africa

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Abstract ID: 113

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

Head and neck cancers are the 7th leading cause of cancer in Sub-Saharan Africa. A common treatment modality is radiation, which causes radiation dermatitis (RD) in the vast majority of patients. RD can cause severe skin breakdown, leading to poor treatment compliance and a diminished quality of life.

Methods

PubMed and Google Scholar were searched to identify studies addressing radiation dermatitis in head and neck cancer patients. Database search terms for head and neck cancers included "head and neck neoplasm" OR "head and neck tumors" OR "head and neck carcinomas" AND "radiation dermatitis" OR "radiodermatitis" OR "skin toxicity" OR "radiation-induced skin reaction," targeting articles published from 2014 to 2023. References from related articles were checked for more studies on radiation dermatitis in low- and middle-income countries (LMICs), SSA countries, and globally. Additional gray literature was sought to gain insights into the current state of radiation services in SSA, aiming to develop a comprehensive understanding of challenges associated with radiotherapy in the region.

Results

There is a notable absence of studies focused on radiotherapy dermatitis in head and neck cancer patients within Sub-Saharan Africa (SSA). The general lack of a definitive gold standard for treatment or a consensus on recommendations adds to the challenges. There is an unmet need to provide guidance to clinicians, particularly in low-income countries, on appropriate management of radiation dermatitis to ensure supportive care. This is largely attributed to studies with poor quality of evidence, conflicting findings among trials, and a lack of supporting data. Notably, the specific challenges hindering research on this topic in SSA include significant deficiencies in infrastructure, funding, and trained personnel.

Conclusion

There needs to be more high-quality randomized controlled clinical trials for the treatment of radiation dermatitis. In particular, products need to be developed that are feasible for low-income countries. Additionally, prioritization of radiotherapy services in terms of funding and staff training remains a challenge in SSA. This may have contributed to the limited studies on how to manage radiotherapy dermatitis in the region.

Keywords: Radiotherapy, Sub-Saharan Africa, Challenges, Head and Neck Cancers, Radiation Dermatitis

Kgatleng DHMT Nurse's Experiences and Challenges About the Practice of Hand Hygiene on the Prevention and Control of Infectious Diseases

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Abstract ID: 114

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

When performed correctly, hand hygiene results in a reduction of microorganisms on hands and contributes to the prevention of healthcare-associated infections, improving patient safety. Hands are most at risk of contamination with microorganisms when care is provided in healthcare settings. Hand hygiene is the golden standard for Infection Prevention and Control and is the single most important practice for preventing healthcare-associated infections. In the rapidly changing healthcare industry, a functional IPC program in healthcare settings is essential to combat the spread of diseases and reduce the burden of disease in this era of rising infectious diseases.

Methods

This qualitative descriptive study was conducted in 10 facilities within the Kgatleng DHMT in Botswana. The sample population consisted of 35 nurses and midwives, selected using purposive sampling. Data was collected through observation and unstructured interviews that lasted 30-40 minutes with the 35 participants.

Results

The results revealed that nurses should be provided with pocket sanitizers and that hand washing stations should be made readily available. Many staff members were unaware of the 5 moments of hand hygiene, and most nurses lacked skills in proper hand hygiene practices. Workload, staff attitudes, and limited access to hand washing commodities were significant barriers to effective hand hygiene. Additionally, hand hygiene was poorly performed during cold weather conditions due to the absence of hot water.

Conclusion

The project recommends implementing an effective risk management system for infection prevention and control, which includes identifying hazards, assessing, and controlling risks for patients, visitors, and healthcare staff. Nurses should receive regular training on hand hygiene, including the 5 moments of hand hygiene, and staff competency assessments should be conducted routinely. The availability of warm water for hand washing should be ensured, and hand hygiene posters should be placed at all washing stations as reminders. Hand washing stations should be available at every service point, and regular hand hygiene campaigns should be conducted to make hand hygiene a habitual practice, even beyond the COVID-19 pandemic.

Keywords: Contamination, Hand Hygiene, Infections

Factors Contributing to Late Antenatal Care Booking Among Pregnant Women at a Selected Hospital in Lesotho

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Abstract ID: 115

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Introduction

Early Antenatal Care (ANC) booking is essential for reducing maternal and perinatal morbidity and mortality. It facilitates the early detection and management of pregnancy-related complications, as well as the identification of women or girls at high risk of developing complications during labor and childbirth, ensuring referral to the appropriate level of care. However, globally, 287,000 women die of pregnancy-related complications annually due to delayed ANC booking, with 99% of these deaths occurring in developing countries.

Methods

The study aimed to identify factors contributing to late ANC booking among pregnant women in a selected hospital in Lesotho. A typical descriptive non-experimental design was used to collect data from a sample of 55 participants using structured questionnaires. Data was analyzed using Microsoft Excel version 2016.

Results

The study revealed that cultural beliefs and values, unplanned pregnancies, financial difficulties, unemployment, work-related issues, lack of information on when to start ANC, and a lack of support, coupled with limited decision-making power, were the primary factors contributing to late ANC booking.

Conclusion

The study emphasizes the importance of strengthening sexual and reproductive health education by providing continuous information, particularly about the benefits of early ANC booking to communities. Empowering women to improve their decision-making abilities is also crucial. Cultural beliefs should be addressed sensitively. These factors should be considered when reviewing the Lesotho ANC guidelines, protocols, and policies to improve ANC booking practices.

Keywords: Antenatal Care, Late Antenatal Care Booking, Contributing Factors to Late Antenatal Care, Pregnant Woman

Assessing the Knowledge, Level, and Factors Affecting Assertiveness Among Nurses in Health Facilities in Oshana Region, Namibia: A Quantitative Study

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Abstract ID: 116

Topic: Policy Making, Leadership, and Advocacy in Nursing and Midwifery

Background

Assertiveness is a key component in the professional development of nurses, directly linked to the nurse-patient relationship. It is a healthy behavior that benefits nurses, patients, other healthcare workers, and the community at large. Historically, nurses were trained to be submissive assistants to doctors, often exhibiting non-assertive and dependent behaviors due to the lack of appropriate role models. Assertiveness was introduced as a crucial life skill by Andrew Salter in 1949 to promote peaceful conflict resolution. In Africa, studies have shown a positive correlation between assertiveness and psychological well-being. However, there is limited information regarding assertiveness among nurses in Namibia. This study aimed to assess the knowledge, level, and factors affecting assertiveness among nurses in health facilities in Oshana Region.

Methods

This quantitative study used convenient sampling to collect data from 170 registered nurses in three training hospitals in Oshana Region. The Rathus Assertiveness Scale (RAS) was adapted to develop a self-administered questionnaire. Demographic data were analyzed using frequencies and percentages. Descriptive statistics and tests for differences or correlations were used to analyze univariate, bivariate, and multivariate data. Assertiveness knowledge and levels were classified into low and adequate/low and high levels, respectively. Normality testing was performed, and Exploratory Factor Analysis (EFA) and Principal Components Analysis (PCA) were conducted to identify latent constructs within the data using SPSS version 29.

Results

The study found that female nurses (51.5%) exhibited a high level of assertiveness. A marginal association was observed between assertiveness knowledge and hospital type ($p=0.077$). A significant association was found between years of experience and assertiveness level ($p=0.006$). EFA and PCA identified three unique dimensions of assertiveness: assertive communication, communication styles in interpersonal relationships, and self-centered communication. Content analysis revealed several factors affecting assertiveness, including social influences, workplace barriers, and other influences.

Conclusion

Nurses in health facilities face several challenges that hinder the promotion of assertiveness. Nurses at state hospitals generally had lower levels of assertiveness compared to those at private hospitals. Furthermore, less experienced nurses exhibited lower levels of assertiveness, which impacted the facilitation of assertiveness in health facilities. The study recommends addressing the barriers to assertiveness, with a focus on enhancing assertiveness training and support for nurses, particularly those with less experience.

Keywords: Assertiveness, Knowledge, Nurses, Factors, Health Facilities

Improving Patient Safety and Quality: The Importance of Supporting Nurses and Midwives in Kgatleng DHMT to Engage with Innovation in Practice

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Abstract ID: 117

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Keywords: Patient, Innovation, Nursing, Quality, Safety

Introduction

Over the last decade, the nursing profession has seen a growing emphasis on innovation. However, there is still significant work needed to solidify innovation as a critical element for advancing nursing services and professional contributions to healthcare. Nursing and midwifery play a vital role in the development, delivery, and sustainability of healthcare systems. To drive innovation and change, healthcare facilities require the support and application of toolkits and frameworks designed to improve care services.

Methods

This qualitative descriptive study was conducted across 8 facilities in the Kgatlang DHMT, involving 40 nurses and midwives. Purposive sampling was used to select participants. Data was collected through observation and unstructured interviews lasting 20-30 minutes. Ethical approval was obtained from the relevant ethics and clinical governance committees.

Results

The study found that innovation in nursing practice significantly improves the quality of care provided to patients. Nurses, as frontline caregivers, are best positioned to identify unmet needs and gaps in patient care, making them key contributors to innovation. Effective innovation requires appropriate resources, tools, and support for nurses to address challenges in patient care. The study highlighted that successful innovation requires organizational culture and leadership to facilitate knowledge-sharing and ensure sustained engagement from nursing staff.

Conclusion

Innovation in nursing practice is crucial for improving patient safety and the quality of care. While the pace of innovation may not yet meet the challenges faced by the global nursing profession, nurses and midwives in the Kgatlang DHMT are making strides in engaging with stakeholders to advance innovation. It is recommended that leadership teams create an environment that fosters innovation through strategic goals, adequate resources, and continuous professional development for nursing staff.

Home-Based Care of Stroke Patients in Rural Zimbabwe: Knowledge of Caregivers

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Abstract ID: 118

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Keywords: Educational interventions, Infection prevention and control, home-based care, primary caregivers, rural setting, stroke, stroke patients

Introduction

The incidence of stroke has risen significantly in some sub-Saharan African countries, and its complications, including chest, skin, and urinary tract infections, are common. These infections hinder stroke patients' ability to maintain self-care after discharge from the hospital. However, patients often recover at home under the care of primary caregivers

with limited healthcare training, making them vulnerable to infections. Village health workers, who are community-based, assist in supervising primary caregivers but lack standardized tools for training them on infection prevention and control. As such, innovative educational interventions are needed to address this gap and improve infection prevention among primary caregivers of home-based stroke patients.

Methods

This descriptive and exploratory study involved 200 primary caregivers and 200 village health workers selected using a multistage random sampling method. Ethical approval was obtained from relevant Ethics Boards, and participants provided informed consent. Data collection was done using self-administered questionnaires for village health workers and interviewer-administered questionnaires for primary caregivers. Data analysis was performed using Visual Basic for Applications, with analysis of variance to examine differences based on demographic characteristics. Chi-square tests assessed the association between socio-demographic factors and the adequacy of information provided by village health workers, with statistical significance set at $p < 0.05$.

Results

The study revealed that primary caregivers lacked knowledge on infection prevention measures for chest and urinary tract infections, with many rating their practices as poor. There was a significant correlation between caregivers' knowledge and their level of education (chi-square = 7.49; $p = 0.024$), as well as their place of residence (chi-square = 72.33; $p = 0.001$). Village health workers' information on chest (chi-square = 20.65; $p < 0.0005$), skin (chi-square = 13.42; $p = 0.009$), and urinary tract infections (chi-square = 19.20; $p = 0.001$) was found to be significantly related to the caregivers' knowledge. The effectiveness of the information provided also varied by residence (chi-square = 107.15; $p < 0.0005$). To address the knowledge gaps, a job aid was developed to enhance the caregivers' understanding and skills in infection prevention.

Conclusion

Primary caregivers in rural Zimbabwe have limited knowledge about preventing chest, skin, and urinary tract infections in stroke patients. Village health workers often fail to provide adequate information on these topics. Innovative educational interventions, such as training, refresher courses, and easy-to-understand job aids, are essential to improving caregivers' knowledge and skills. This will ultimately enhance the quality of care provided to home-based stroke patients and improve their overall quality of life.

Male Condom Utilization Barriers by Males at Mafeteng Hospital, Lesotho

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Abstract ID: 119

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Keywords: Barriers, Condoms, Males, Utilization

Introduction

Condom utilization has been credited with preventing around 50 million new HIV infections globally since the onset of the HIV and AIDS pandemic. However, despite their proven effectiveness in preventing sexually transmitted infections (STIs) and unintended pregnancies, there is a significant gap in condom availability, especially in sub-Saharan Africa. In Lesotho, a country with the second-highest HIV prevalence, male condom utilization remains low. Males, who often dominate sexual behavior in patriarchal societies, significantly influence sexual and reproductive health outcomes. This study aims to explore the barriers to male condom utilization in Lesotho, where inconsistent condom use is a major contributor to the country's high HIV prevalence.

Methods

A quantitative descriptive cross-sectional study was conducted at Mafeteng Hospital with a sample of 93 males, aged 18 to 49 years, who visited the hospital for health services. Stratified simple random sampling was used, with five age groups (18-24, 25-30, 31-36, 37-44, 45-49 years). Solvin's formula was applied to determine the sample size, considering the population size of 1700 males aged 18-49 who sought health services at Mafeteng Hospital, with an error margin of 10%. A structured questionnaire was administered to gather data on the barriers to condom use, with respondents allocated proportionally across the strata. Only sexually active males (those who had engaged in sexual activity in the past six months) were included in the study.

Results

The study found that the median age group was 18-24 years, with the majority of respondents falling in the 25-30 age group. Several barriers to condom use were identified. Personal barriers included trust in partners (44.4%) and the thrill of unprotected sex (44.1%). Sociocultural barriers included the stigma surrounding condom use. Health system barriers were highlighted by the lack of lubricants (83.9%). Product-related issues included insufficient lubrication (21.5%) and unpleasant odor (LPM=0.662 at 99% CI). Tai-

lored education to improve condom use was recommended by 79% of respondents.

Conclusion

The study revealed that poor condom utilization among males in Lesotho is influenced by various barriers, including personal, sociocultural, health system, and product-related factors. Personal barriers such as trust and perceived sexual pleasure, along with sociocultural stigma around condom use, contributed significantly to low utilization. Health system barriers, such as the lack of lubricants and inadequate sexual and reproductive health education, further hinder condom use. Additionally, product-related issues like poor fit and malodor were identified as significant deterrents. To improve condom utilization, tailored education and interventions addressing these barriers are essential.

Adverse Pregnancy Outcomes after Cryotherapy, Thermal Ablation, and Loop Electrosurgical Excision Procedure for Cervical Intraepithelial Neoplasia Treatment among Reproductive Age Women in Zambia

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Abstract ID: 120

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Keywords: Adverse Pregnancy Outcomes, Cervical Intraepithelial Neoplasia, Cryotherapy, Loop Electrosurgical Excision Procedure, Reproductive Age Women, Thermal Ablation, Zambia

Introduction

Cervical Intraepithelial Neoplasia (CIN) treatments are vital for managing cervical lesions, particularly in women of reproductive age. However, there is growing concern in the literature regarding the potential risks of adverse pregnancy outcomes, such as abortions, prematurity, stillbirths, and prolonged labor, after undergoing treatments like Cryotherapy, Thermal Ablation, and Loop Electrosurgical Excision Procedure (LEEP). This study aims to investigate these risks among reproductive age women in Zambia who have received these treatments.

Methods

This cross-sectional study analyzed records from 8,000 women aged 15-49 years who were either screened for or treated for CIN at the Adult Infectious Disease Control

Centre between January 2010 and December 2020. Descriptive analysis was conducted to estimate the prevalence and frequency distribution of adverse pregnancy outcomes. Chi-square and Fisher's exact tests were used to establish associations at a 95% confidence interval (CI). Univariate and multivariable binary logistic regression models were used to estimate the odds of adverse pregnancy outcomes across the three treatment types.

Results

Adverse pregnancy outcomes were significantly higher in the treatment group (39.2%) compared to the untreated group (16.9%). Among the treated women, 60.8% had normal pregnancy outcomes, while 83.1% of the untreated women had normal outcomes. The treated group accounted for the majority of abortions (74.5%) and prolonged labor (72.5%), while the untreated group had higher proportions of stillbirths (66.7%) and prematurity (53%). Women treated with thermal ablation had five times higher odds of adverse pregnancy outcomes (aOR = 5.05, 95% CI = 4.01, 6.36, $p < 0.0001$), while those treated with LEEP had two times higher odds (aOR = 2.73, 95% CI = 2.20, 3.40, $p < 0.0001$).

Conclusion

Cervical treatment among Zambian women, specifically with thermal ablation and LEEP, increases the risk of abortions and prolonged labor. Therefore, cervical cancer prevention techniques should be reevaluated, and enhanced monitoring should be implemented during pregnancy, delivery, and the postpartum period to improve maternal and neonatal health outcomes.

The Effectiveness of a Web-Based Psychoeducation Intervention on Antenatal Depression Help-Seeking Practices among Women in Eswatini

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Abstract ID: 121

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Introduction

About a quarter of women in Eswatini experience depressive symptoms during pregnancy. Although numerous psy-

chosocial interventions have been invented to prevent and treat depressive symptoms during pregnancy, help-seeking practices for antenatal depressive symptoms remain sub-optimal. This Theory of Planned Behavior-informed trial aimed to investigate the effectiveness of a web-based psychoeducation intervention in improving antenatal depression help-seeking intention and behavior in Eswatini.

Methods

The double-blinded, two-arm trial, which included a wait-list control, involved 70 antenatal women. Assessments were conducted at baseline, immediately post-intervention, and at one-month post-intervention, focusing on assessing depression help-seeking intention, help-seeking behavior, antenatal depressive symptoms, antenatal depression stigma, and health beliefs. Data were analyzed using intention-to-treat analysis, and generalized estimating equations were applied to address the research questions.

Results

The trial results showed that women in the intervention group had significantly higher help-seeking intention scores at both post-intervention ($P = 2.90$, $p < .001$) and 1-month follow-up ($P = 4.90$, $p < .001$) compared to the control group. Additionally, the intervention group exhibited significantly lower AD stigma at post-intervention ($P = -3.26$, $p < .01$) and at 1-month follow-up ($P = -5.80$, $p < .001$) than the waitlist control. Health beliefs were significantly higher in the intervention group at 1-month follow-up ($P = 2.98$, $p = .04$) compared to the control group, though this effect was not observed in the short term.

Conclusions

The Theory of Planned Behavior-based trial was effective in improving help-seeking intention, reducing antenatal depression stigma, and enhancing positive health beliefs. The trial forms a cornerstone for the adaptation of antenatal depression programs into routine maternal care in Eswatini. It supports the use of the constructs of the theory of planned behavior to promote depression help-seeking intention in the antenatal period. The trial also supports the use of web-based technology in low-resource settings to improve maternal mental health care.

Keywords: Antenatal Depression, Psychoeducation, Web-based Interventions, RCT, TPB, Eswatini

To Improve Domiciliary Coverage in Hukuntsi DHMT from 30.8% to 100% by March 2024

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Abstract ID: 122

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Introduction

The theme resonates well with the Global and Regional Commitments of Africa Agenda 2063, SADC Protocol, and Sustainable Development Goals (SDGs), specifically SDG3, which focuses on Good Health and Wellbeing. SDG 3.1 and 3.2 particularly address the reduction of the global Maternal Mortality Rate (MMR) to less than 70/100,000 live births and the end of all preventable deaths under 5 years of age. According to the WHO, the high number of maternal deaths in some areas reflects inequalities in access to quality health services and highlights the gap between rich and poor. In low-income countries, the MMR in 2020 was 430 per 100,000 live births, compared to 13 per 100,000 in high-income countries. This means a woman dies approximately every two minutes worldwide.

Methods

Between 1 April 2020 and 31 March 2021, Botswana recorded 87 maternal deaths from 52,315 live births, translating to an MMR of 166.3/100,000. Most of these deaths were from preventable causes related to pregnancy and childbirth. MOH Performance Improvement reports indicate that a large proportion of deaths occur in rural health facilities or tertiary referral centers, far from the Central Business Districts. Hukuntsi DHMT, located 510 km from specialized tertiary facilities, was not spared from maternal deaths. Given the district's MMR of 410.7/100,000 and Neonatal Mortality Rate of 8.2/1000, the need for intervention was evident.

Results

A systemic performance analysis identified a significant gap in domiciliary coverage in the district. The coverage ranged from 30.4% in 2018/19 to 30.8% in 2021/22, against a target of 100%. In response, the Nursing Administration initiated a project to improve domiciliary coverage to 100% by 31 March 2024. As of the report, the coverage had increased to 83.4%, with early diagnosis and timely medical interventions for maternal and neonatal diseases leading to improved health outcomes for mothers and children.

Conclusion

Improving domiciliary coverage in Hukuntsi DHMT has led to early identification and intervention in maternal and neonatal diseases, resulting in better health outcomes for both mothers and children. This project demonstrates the importance of addressing gaps in domiciliary coverage as part of the broader strategy to reduce maternal and neonatal

mortality and improve overall maternal and child health.

Keywords: Domiciliary, Inequalities, Coverage, Diagnosis, Health, Interventions, Nursing, Quality

A Self-Disclosure Model for Adolescents with Perinatally Acquired HIV in Eswatini

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Abstract ID: 123

Topic: Policy Making, Leadership, and Advocacy in Nursing and Midwifery

Abstract**Background**

Adolescents living with HIV face difficult decisions regarding whether, when, and how to disclose their HIV status to others. Despite the challenges involved, there are very few self-disclosure models for HIV, which has led to low levels of status disclosure among adolescents living with HIV.

Objective

This study aimed to develop a self-disclosure model that would assist adolescents with perinatally acquired HIV in Eswatini to disclose their status to others.

Method

An explanatory sequential mixed-methods design was employed. Quantitative data were collected first from 361 adolescents living with HIV between the ages of 15 and 19. For the qualitative phase, data were collected from 23 adolescents living with HIV, 24 nurses, and 4 policy makers. Data were gathered from April 2022 to January 2023 across ten facilities using simple random and purposive sampling. Data collection methods included questionnaires, focus group discussions, and in-depth individual interviews. Quantitative data were analyzed statistically, and grounded theory was applied to the qualitative data, guiding the development of the self-disclosure model.

Results

HIV self-disclosure is the central concept of the model, supported by four major concepts: (i) the national HIV strategic framework, (ii) enablers, (iii) adolescent empowerment, and (iv) model outcomes. The model's development followed Chinn and Kramer's stages of model development.

Conclusion

For successful HIV self-disclosure, adolescents must be well-informed about HIV, possess communication skills, and demonstrate emotional readiness for disclosure. The model emphasizes the critical role of nurses in supporting adolescents through discussions on the advantages and benefits of self-disclosure.

Keywords: Eswatini, HIV, Adolescents, Disclosure Efficacy, Model, Self-Disclosure

Health Care Workers' Knowledge, Attitudes, and Practices on Cervical Cancer Prevention: A Case of Longisa County Referral Hospital, Kenya

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Abstract ID: 124

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Abstract

Objective

The aim of this study was to assess the knowledge, describe attitudes, and explore practices related to cervical cancer prevention among health care workers in the outpatient department at Longisa County Referral Hospital, Kenya.

Background

Cervical cancer is the second most common cancer in Kenya after breast cancer, affecting women aged 18 to 49 years. Poor knowledge, attitudes, and practices on cervical cancer prevention lead to delays in diagnosis, treatment, and prevention, ultimately resulting in poor survival rates. Early screening and treatment initiation can improve prognostic outcomes. Cervical cancer is also the second most common cancer in Bomet County, but there is limited information on cervical cancer prevention in the region.

Methods

A descriptive, cross-sectional study design was used, employing both quantitative and qualitative methods to gather data. Participants included clinicians, radiographers, nutritionists, laboratory technologists, health records personnel, and social workers working in the outpatient department. Stratified sampling was used to select participants, and a pre-tested, self-administered questionnaire was used for

data collection. The data were analyzed using MS Excel, and unstructured data were processed using SPSS 20.

Results

A total of 99 health care workers participated in the study. The data analysis revealed that 39% of participants had knowledge of cervical cancer, 40% had experience in cervical cancer screening, and 59% had obtained information on cervical cancer from other health care workers. A smaller percentage (2%) reported learning about cervical cancer from media and outreach programs. Additionally, 57% identified sexually transmitted viruses as the cause of cervical cancer, and 58% recognized it as a leading cause of death. Only 42% and 38% indicated that poor hygiene and oral contraceptives, respectively, predispose individuals to cervical cancer. Regarding risk factors, 22% cited obesity, and 43% mentioned alcohol consumption, though these were not identified as risk factors. Furthermore, 58% believed they were not susceptible to cervical cancer, while 65% thought there was a genetic predisposition. The study also found that 67% were willing to undergo cervical screening, but 57% had not yet undergone cervical cancer screening, although 87% had participated in other reproductive health screenings.

Conclusion

The level of knowledge about cervical cancer among participants was found to be low (39%), with 58% believing they were not susceptible to cancer. Furthermore, 57% had not undergone cervical cancer screening, highlighting significant gaps in knowledge, attitudes, and practices among health care workers. The public tends to assume that health care workers possess extensive information about cervical cancer, but this is not reflected in practice. The Ministry of Health should formulate policies and roll out programs to sensitize and train health care workers on cervical cancer prevention, screening, and treatment. Media and outreach programs should also be leveraged to promote cervical cancer awareness and prevention strategies.

Keywords: Attitudes, Knowledge, Practices, Cervical Cancer Screening, Prevention, Treatment

Development and Validation of Audiovisual Materials for Pregnancy in Rural Tanzania

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Abstract ID: 125

Topic: Midwifery and Women's Health Nursing as an Outcome for Maternal and Infant Health

Abstract

Introduction: Reducing maternal mortality is a key target of the 2030 Agenda for Sustainable Development, which remains a significant challenge in Tanzania and sub-Saharan Africa, where progress has been slow. The World Health Organization has stressed the importance of improving antenatal care (ANC) quality as a critical intervention. In rural Tanzania, ANC sessions are often one-sided, with limited opportunities for pregnant women to voice their concerns. The shortage of nursing staff and high patient volumes exacerbate this issue. To improve the quality of ANC, it is essential to better inform pregnant women about pregnancy symptoms and coping strategies through effective communication. This study aimed to validate audiovisual materials for enhancing pregnancy health counseling.

Methods: This study involved focus group interviews with six nurses and midwives responsible for antenatal care in rural Tanzania. The data collected focused on the content and surface validity of three audiovisual materials designed for pregnancy health education: video materials, picture cards illustrating pregnancy symptoms, and board game materials. The interview questions assessed the clarity, appropriateness, and educational effectiveness of these materials. Ethical approval was granted by the Ethics Committee of St. Luke's International University (23-A093).

Results: The study participants, with 2-10 years of antenatal care experience, reviewed the materials in focus group interviews. Regarding the video materials, participants praised the clarity of Swahili subtitles but noted that the subtitles disappeared too quickly for some viewers. For the picture cards, participants suggested that while some symptoms were easily identifiable, additional explanations were necessary for others, and proposed using A4-sized folded sheets as take-home materials. Regarding the board game, participants felt it was an effective tool for facilitating conversation and checking understanding, though it required a quiet space to be most effective.

Conclusion: The findings suggest that video, card, and board game materials can improve antenatal care by enhancing knowledge and encouraging dialogue about pregnancy symptoms in rural Tanzania. However, consideration should be given to the need for literacy support, portable materials, and a conducive environment for conducting the activities to maximize the effectiveness of these tools in ANC settings.

Keywords: Antenatal Care, Antenatal Education, Midwifery

Perceptions of Health Care Providers on Use of Multi-Purpose HIV Prevention Products Among Pregnant and Lactating Women

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Abstract ID: 126

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Introduction

The risk of HIV acquisition among pregnant and lactating women from high-burden HIV settings is comparable to high-risk cohorts. Susceptibility to HIV acquisition is linked to behavioral, social, and biological factors unique to the pregnancy and lactating periods. Evidence supports the use of oral pre-exposure prophylaxis (PrEP) as a strategy for HIV prevention. Acquisition of HIV during pregnancy has consequences on a woman's health and increases the risk of vertical HIV transmission. Although oral PrEP is available in many settings, studies indicate challenges with compliance. To address this, the HIV prevention arena is evolving with the development of Long-Acting HIV Prevention Products (LA-HPPs), some designed to address multiple sexual and reproductive health issues, such as sexually transmitted infections (STIs) and unintended pregnancy. Healthcare providers play a critical role in promoting the uptake of these products. However, little is known about their perceptions. This study aimed to document healthcare providers' perceptions of the use of multipurpose HIV prevention products among pregnant and lactating women.

Methods

During the formative stage of a discrete choice experiment to determine characteristics of LA-HPPs appealing to pregnant and lactating women, perceptions of healthcare providers were sought through in-depth interviews. The interviews were conducted using semi-structured guides among 40 healthcare providers working in maternal child health and comprehensive care clinics in Kiambu and Kisumu counties, Kenya. Inductive and deductive content analytic approaches guided the identification of key themes from the qualitative data.

Results

In-depth interviews were conducted with 29 nurses, 8 clinical officers, 2 pharmacists, and 1 HIV testing services provider. The median age of participants was 38 years (interquartile range [IQR]: 31–57). Gender analysis showed

that 33 (82.5%) were female and 7 (17.5%) were male. Healthcare providers expressed that multipurpose prevention products would be beneficial for pregnant and lactating women, as they are susceptible to acquiring HIV and other STIs. Providers believed that these products would be embraced because they reduce the medication burden during pregnancy and lactation. Additionally, they recommended developing products with contraceptive benefits, given the importance of birth spacing post-delivery. Healthcare providers emphasized the need for orientation on how the products work and potential side effects, highlighting the importance of ensuring the safety of these products to avoid harm to unborn babies, infants, and users.

Conclusions

Healthcare providers support the introduction of multipurpose HIV prevention products, particularly those with contraceptive or STI prevention benefits. However, before these products are introduced, providers require training on product profiles and administration methods. Further research is necessary to evaluate the safety profiles of these products.

Keywords: Long-acting HIV prevention products, Multipurpose, Pre-exposure prophylaxis

Drivers of Unintended Pregnancies in Eswatini

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Abstract ID: 127

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Introduction

Modern contraceptives are effective in preventing unintended pregnancies. In Eswatini, contraception is free for users in public primary health care facilities. Despite these efforts, the prevalence of unintended pregnancies remains high at 60%. This study aims to investigate the barriers to the utilization of modern contraceptives in Eswatini, contributing to the persistent challenge of unintended pregnancies.

Methods

A qualitative inquiry, consisting of focus group discussions and key informant interviews, was employed to explore community perspectives on contraception and unintended pregnancies. A two-stage inductive thematic analysis was conducted. In the first stage, researchers summarized inter-

views daily in teams, identifying preliminary themes. In the second stage, the principal investigator collated and categorized themes into broad and sub-themes. Emerging themes were discussed among all researchers to reach a consensus.

Results

The in-depth analysis revealed eight key themes that act as barriers to the effective use of modern contraceptives. These included the unavailability of reliable information, which results in misinformation and confusion about contraceptive options; the loss of the condom as a reliable contraceptive device, which reduces its use; and resistance from men against the use of modern contraceptives, which limits women's autonomy in contraceptive decision-making. Gender-based violence was identified as another significant barrier, as it affects women's ability to negotiate contraceptive use. Side effects associated with contraceptive methods were also noted as a concern, with women often discontinuing use due to discomfort or health issues. Commodity stock-outs further hinder access to contraceptives, and gaps in the implementation of sexual and reproductive health programs were also highlighted, affecting the outreach and effectiveness of contraception services.

Conclusions

Despite the availability of free contraceptives, significant obstacles impede their utilization by women in Eswatini. Addressing these barriers is essential to mitigate unintended pregnancies and improve sexual and reproductive health outcomes in the country.

Keywords: Contraception, Eswatini, Pregnancy Prevention, Sexual and Reproductive Health, Unintended Pregnancies

Marijuana Use Among Pregnant and Breastfeeding Mothers: A Case Study of Likoni Sub-County Hospital in Mombasa, Kenya

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Abstract ID: 128

Topic: Policy Making, Leadership and Advocacy in Nursing and Midwifery

Introduction

Marijuana (*Cannabis sativa*) use among pregnant and breastfeeding mothers is an emerging public health issue that threatens maternal health and child survival. Smoked marijuana contains nearly 60 cannabinoids, with tetrahydrocannabinol (THC) believed to be primarily responsible for most marijuana-related effects. These cannabinoids contain toxic chemicals that can easily cross the placental barrier and into breast milk. They deplete oxygen and nutrients essential for normal fetal and child growth and development. Despite its harmful effects, marijuana is sometimes used as an antiemetic remedy for excessive nausea during pregnancy. First-trimester marijuana use can disrupt embryological processes, leading to abnormal brain formation and development, and may cause damage to the fetal nervous system, resulting in long-term cognitive and behavioral impairments.

Methods

This study was part of a larger cross-sectional study approved by Pwani University ERC (Protocol: ERC/MSc/010/2017). Using purposive and convenient sampling methods, 373 participants were recruited after providing informed consent. A participant-assisted questionnaire was used to document self-reported drug use, and a six-panel plus alcohol saliva test kit confirmed the actual types of drugs used.

Results

Overall, 62.3% of participants self-reported current marijuana use, while 42.3% tested positive for tetrahydrocannabinol (THC). Marijuana was among the most commonly used drugs in combination, with 38.9% of self-reports indicating marijuana-tobacco-alcohol use. Among those who tested positive, 65.4% showed traces of tetrahydrocannabinol-alcohol-amphetamine. About 50% of participants reported being initiated into drug use by friends, 39% by partners, 12% by their own volition, 7.6% by neighbors, and 5.7% by relatives. The main factors influencing drug use included stress (47%), boredom (30%), drug availability (22%), friends (17%), partners (6.2%), and anxiety (5.7%).

Conclusions

Nearly two-thirds of the participants reported current marijuana use. The variation between self-reported marijuana use and testing positive for tetrahydrocannabinol could be due to false negative test results, as saliva tests can detect use only within a window of 60 hours. Health education on the dangers of marijuana use, increased mental health awareness, the inclusion of drug use screening during pregnancy and lactation, and the use of more accurate tests (such as urine toxicology, blood, hair, and meconium) are

recommended to better determine marijuana use among pregnant and breastfeeding mothers.

Keywords: Marijuana Use, Pregnant and Breastfeeding Mothers, Self-Reported Drug Use

Stillbirth Prevalence and Contributing Factors Among Women Giving Birth in Four Hospitals of Eswatini

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Abstract ID: 129

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Introduction

Stillbirth significantly contributes to perinatal mortality, with approximately 2 million cases annually, primarily in low- and middle-income countries (LMICs). Stillbirth imposes a substantial burden on individuals, families, communities, and countries. In Eswatini, research on stillbirth is limited. This study aimed to evaluate the prevalence and contributing factors of stillbirths among women giving birth in four selected hospitals in Eswatini, filling this research gap and providing evidence for public health strategies aimed at reducing stillbirth rates.

Methods

This was an unmatched case-control study that analyzed records of stillbirths (cases) and live births (controls) from July 1 to December 31, 2021. Consecutive sampling was used to select cases, while systematic random sampling was applied for controls. Secondary data from files and registers were used, with data extraction occurring from August 4 to September 3, 2022, using a piloted tool. The sample size of 1540 was determined using the Fleiss formula for unmatched case-control studies. SPSS version 25 was used for data analysis, applying descriptive statistics, Chi-square or Fisher's tests to assess statistical significance, and univariable and multivariable binary logistic regression to identify factors associated with stillbirths. A significance level of $p < .05$ and a 95% confidence interval were used. Ethical and administrative approvals were obtained, including a waiver of informed consent.

Results

The study revealed a stillbirth prevalence of 18.9% (95% CI: .169 - .210). The mean ages of women with stillbirths

and live births were 28.3 (± 6.9) and 26.9 (± 6.6) years, respectively. After adjusting for covariates using multiple logistic regression, significant factors associated with stillbirth included residing in the Hhohho region, alcohol consumption, a positive syphilis test, non-use of iron and folic acid supplements, use of traditional remedies, hypertensive pregnancy disorders, abnormal amniotic fluid volume, grade II/III meconium-stained liquor, antepartum hemorrhage, birth before arrival, hospital referral, vaginal delivery, and fetal complications. Protective factors included abstaining from alcohol, birth intervals exceeding 24 months, and timely rupture of membranes.

Conclusions

The study identified a notably high stillbirth prevalence in Eswatini and highlighted significant associated and protective factors. These findings underscore the need for targeted public health strategies and policy measures, such as enhancing prenatal care services, increasing screening and treatment for infections, promoting maternal nutrition and supplementation programs, implementing community-based health education on the risks of alcohol and traditional remedies during pregnancy, and improving referral and emergency obstetric services. These efforts are crucial to mitigating stillbirth risk and improving maternal and fetal health outcomes in Eswatini.

Keywords: Eswatini, Birth Outcomes, Childbirth, Factors Associated, Fetal Death, Giving Birth,

Innovative Approaches to Deliver VMMC Services Package Beyond Healthcare Establishments

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Abstract ID: 130

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Introduction

Voluntary Medical Male Circumcision (VMMC) has been part of the HIV prevention package in Lesotho since 2012 and is one of the effective biomedical prevention strategies proven to reduce the risk of HIV acquisition by approximately 60%. However, the effectiveness of MMC as an HIV prevention strategy depends on achieving 80% coverage at the population level. Despite the service being widely available, data from LePHIA (2020) indicates that the coverage of MMC is 31.5%, while that of traditionally circumcised men is 31.9%. This suggests that coverage is still below the levels required to achieve saturation, and the majority of men and boys in the highland districts are heard

boys staying at cattle posts. This emphasizes the necessity of rethinking how HIV interventions are provided to boys and men in these underserved areas.

Methods

Health education was provided to men and boys while they were herding cattle around the Afriski resort, located at one of Africa's highest elevations (3222 meters above sea level), with no health facilities available. Arrangements for service provision were made for herdsman who expressed interest in accessing VMMC services. A team consisting of nurses, mobilizers, and drivers facilitated service delivery using a mobile clinic. A speaker was used to inform the herders that services were available, encouraging them to come and access the services. Another service delivery was scheduled a month later, as clients continued to contact the team with requests for services. This approach was replicated in two other districts to increase access to underserved populations.

Results

A total of 94 males were provided with the VMMC service package during the visits, and 225 clients received the VMMC service package in the nearby districts where the service was replicated, contributing to 5% of the quarterly target. All males were screened for sexually transmitted infections and received HIV testing services. Health education improved overall literacy on health-related issues. Educational and community-based programs were found to play a key role in preventing disease and injury, improving health, and enhancing the quality of life for these populations.

Conclusion

The initiative increased access to the VMMC service package for underserved populations, promoting their quality of life. These findings suggest that policymakers, program planners, and researchers should consider intermediate steps on the pathway to increasing HIV prevention programs targeting underserved populations and inform future investments in HIV prevention. This will help replicate and expand similar programs while ensuring their long-term viability.

Keywords: HIV, VMMC, Underserved Population

Improving Tuberculosis Case Detection using Artificial Intelligence in Lesotho

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¹ Jhpiego

Abstract ID: 131**Topic:** Advancing Innovation and Technology in Nursing and Midwifery

Introduction

The Kingdom of Lesotho, a small mountainous country surrounded by South Africa, has a population of 2,090,482. Lesotho is on the global list of 30 high-burden countries for tuberculosis (TB) and TB/HIV, with TB incidence estimated at 661 per 100,000. In 2022, there were 5,599 new and relapsed TB cases notified out of a total of 15,000 TB incidence cases, highlighting that case finding remains a key challenge. TB case-finding has increased from 32% in 2020 to 47% in 2023 but needs to almost double to reach national and global targets for ending TB by 2030. The 2019 prevalence survey showed that more than 60% of people with TB were identified through chest X-rays (63%), suggesting that many TB cases would be missed using only 4-symptom-based screening. This highlights the necessity of utilizing chest X-rays more widely in health facilities, particularly in high-volume facilities, and the need for more trained radiologists. To increase TB case notifications in Lesotho, the Ministry of Health, through the Center for Excellence, conducted multiple TB screening campaigns in 2023. This study evaluated the impact of using chest X-rays and artificial intelligence (AI) for TB screening in the Berea district of Lesotho.

Methods/Intervention

The National TB and Leprosy Program introduced new strategies to improve TB notifications, adopting WHO guidance on the use of chest X-rays and AI as screening tools. The AI system uses a grading system that triggers further sputum testing for individuals with abnormal chest X-rays. This screening approach increases radiological and laboratory investigation for TB. Berea district, which has a high TB incidence, was one of the pilot districts for mobile digital X-ray and AI-based TB screening campaigns from January to September 2023. Hot spot areas within the district were targeted for these campaigns.

Results

A total of 635 people with TB were diagnosed in the Berea district. Of these, 288 (45%) were clinically diagnosed with pulmonary TB, and 347 (55%) were bacteriologically confirmed with TB. In the first quarter of 2023 (January to March), 177 people were diagnosed, with a mix of clinical and bacteriological diagnoses. Between April and June, there was a significant increase in bacteriologically diagnosed TB cases (125), while 74 (37%) were clinically diagnosed. In the third quarter (July to September), coinciding with the district's TB screening campaigns, there was a 50% increase in the reported TB cases (130 clinically diagnosed and 129 bacteriologically diagnosed).

Conclusion

The adoption of mobile chest X-ray (CXR) with AI has significantly enhanced TB screening, particularly in low- and middle-income countries. This innovation is crucial in settings with a high HIV/AIDS burden, as it helps identify individuals with subclinical TB. Future operational research may provide additional evidence to further optimize TB case detection strategies and improve TB control efforts globally.

Keywords: Tuberculosis, Tuberculosis Screening, Case Detection

Exploring The Lived Experiences of Ngami DHMT Nurse Managers on Management of Their Units

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Introduction

Nurse managers play a crucial role in coordinating and managing nursing staff. Over time, their responsibilities have become increasingly complex. This project aims to develop a deep understanding of the lived experiences of nurse managers in the management of their units/facilities.

Methodology

This project employed a qualitative approach, using semi-structured interviews with nurse managers who oversee hospital wards and clinics in the Ngami district. A total of 20 nurse managers participated in the interviews.

Results

The findings revealed three main challenges faced by nurse managers. First, there was a significant lack of training in management and leadership, which hindered the ability of nurse managers to effectively lead their teams. Second, there were negative attitudes from staff towards the implementation of daily objectives, leading to resistance and inefficiency in carrying out tasks. Lastly, there were considerable shortages in both nursing and supportive staff, which added to the stress and workload of the nurse managers, further complicating the management of their units.

Conclusion

The study highlights the challenges faced by nursing leadership, both those within their control and those beyond

their control. These challenges have a significant impact on healthcare service delivery, often leading to negative outcomes in the quality of care provided.

Recommendations

To address the challenges faced by nurse managers, it is recommended that the Ministry of Health sponsors further studies and leadership and management workshops for nursing leadership. Additionally, increasing staffing levels to prevent burnout and providing incentives such as accommodation, promotions, and scholarships are key solutions to enhance staff morale and improve healthcare service delivery.

Keywords: Manager, Nurses, Experiences, Units

Incomplete Documentation of Drug Sheets in Patients' Files in Surgical Wards

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Abstract ID: 135

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Introduction

Documentation reflects the quality of patient care and stimulates effective communication between caregivers. In the surgical wards, drug sheets have not been fully documented for an extended period, leading to potential gaps in patient care and medication administration.

Methods

This is a retrospective quantitative project. Patient files were used as the data source, with a total of 30 files sampled through a purposive sampling method.

Results

Data from the drug sheets indicated that around 70% of demographic data was documented, while medication information was documented at a moderate rate of 50%. Documentation was poor at the back of the drug sheet, where significant information was often missing.

Conclusions

The assumption is that the new drug sheet will address the identified gaps. These gaps included improper prescription of stat doses, unmarked "X" on the drug sheet, missing dates for medications, lack of space for doctors to record their designations, and medications being marked as not

given, despite not being stopped by doctors.

Keywords: Documentation, Drug Sheet, Incomplete, Patients

Boseja 1 Clinic Nurses' Attitudes, Knowledge, and Barriers in Implementing Evidence Based Practice in Clinical Decision Making

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Abstract ID: 136

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

Evidence-based practice (EBP) provides nurses with a method to use critically appraised and scientifically proven evidence to deliver quality healthcare to specific populations. In Botswana, there is still a gap between research and practice, as nurses need to be more knowledgeable in conducting research and implementing research findings.

Methods

A qualitative descriptive study was conducted, with the sample population consisting of nurses working at Boseja 1 clinic. The purposive sampling method was used to determine the participants, and unstructured interviews lasting 45 to 60 minutes were employed for data collection. All practicing nurses at Boseja 1 clinic were included as participants, with the researcher excluded.

Results

The sample population of seven nurses (n=7) revealed that while the nurses had limited knowledge about evidence-based practice, they maintained positive attitudes toward EBP. There was a significant relationship between the nurses' knowledge and their educational qualifications.

Conclusions

The findings suggest that support from management is essential to help nurses apply research into practice. Easing the patient workload is also important, allowing nurses the time needed to implement evidence-based practices in clinical decision-making. Motivation is a key factor for nurses to successfully apply EBP in their clinical roles.

Keywords: Barriers, Evidence-Based Practice, Implementing, Knowledge

The Use of Innovative Technologies in Mahalapye District Hospital, Critical Care - A Clinical Experience

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Abstract ID: 137

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Introduction

The High Care Unit (HCU) at Mahalapye District Hospital is equipped with advanced technologies specifically designed to provide 24-hour support. With the development of medical technologies, HCUs have become specialized for the professional treatment of patients. The HCU at Mahalapye District Hospital is a six-bedded unit with four multipara-meter monitors, four adult ventilators, and one pediatric ventilator. These machines are powered by an uninterrupted power supply located in the theatre. Incorporating technology in healthcare has resulted in more accurate results, better time efficiency, resource management, and innovative practices in healthcare delivery.

Methods

This project is a qualitative descriptive study conducted with nurses working in the HCU at Mahalapye District Hospital. The sample population consisted of 7 nurses (participants), selected using a purposive sampling method. Data were collected through unstructured interviews, which lasted 30 to 40 minutes.

Results

The data showed that nurses appreciated the use of medical devices in the unit. They felt that the use of various medical equipment made their work easier and contributed to better healthcare delivery. Most of the equipment ensured patient safety. However, challenges included insufficient orientation and training. As the use of technology becomes standard in Mahalapye Hospital's HCU, the findings suggest that a well-designed orientation program and ongoing institutional support could optimize technology use. Nurses' ability to manage the technology was largely gained through experience.

Conclusions

The nurses in the HCU appreciated the medical equipment provided, believing it improved the quality of nursing care, enhanced workflow, and contributed to job satisfaction. Technological innovations not only help prevent and cure illnesses but also improve the quality, efficiency, and acces-

sibility of healthcare services. While there are both advantages and disadvantages, the overall impact of technology is that it makes work easier and more effective.

Keywords: Care, Critical, District, Hospital, Innovative, Mahalapye, Technologies

Stakeholders' Perspective on Transforming Midwifery Education in Eswatini: A Grounded Theory Inquiry

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Abstract ID: 138

Topic: Midwifery and Women's Health Nursing as an Outcome for Maternal and Infant Health

Introduction

Midwives form the largest group in the multidisciplinary healthcare team responsible for caring for mothers and babies throughout the perinatal period. Midwifery education plays a crucial role in producing competent midwives. In Eswatini, midwifery training institutions have adopted competence-based education to prepare midwives. However, there is a lack of comprehensive understanding regarding the transformation of midwifery education.

Methods

This study employed a qualitative grounded theory approach within the interpretivist paradigm. Data were collected over nine months through document analysis and interviews. Participants included government officials from the Ministry of Health, midwifery lecturers, unit managers, and preceptors. Data analysis involved ongoing examination, conceptual comparison, and categorization of experiences across different data sets. The study obtained ethical approval from the University Ethics Committee (protocol reference number HSS/0248/019D) and local health research clearance from the Ministry of Health Ethics Board in Eswatini (FWA 00026661/IRB 00011253).

Results

Three categories emerged from the data: (a) antecedents to transforming midwifery education, (b) attributes of transformed midwifery education, and (c) contextual conditions for transforming midwifery education.

Conclusions

The findings highlight the importance of midwifery education in improving the outcomes of midwifery care. The study underscores the need to transform midwifery educa-

tion in Eswatini to enhance its effectiveness and impact.

Keywords: Eswatini, Stakeholders, Education, Midwifery, Perspectives, Transforming

A Model for Health Professionals to Facilitate a Wellness Program in the State Health Facilities of Oshikoto Region, Namibia

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Abstract ID: 139

Topic: Policy Making, Leadership, and Advocacy in Nursing and Midwifery

Introduction

Health professionals in Namibia's Oshikoto region, as well as those in other Sub-Saharan African countries, face significant psychosocial, physical, and personal challenges in the workplace. These challenges affect their well-being and productivity. The demanding nature of their profession, high patient loads, occupational stress, burnout, limited resources, and a lack of self-care underscore the need for a model that facilitates a wellness program tailored to the specific needs of health professionals. The absence of wellness programs in state health facilities not only impacts the well-being of health professionals but also affects the quality of care provided to patients. Wellness programs are essential for improving health, enhancing productivity, and helping health professionals cope with stress. The aim of this study was to develop a model for facilitating a wellness program in state health facilities.

Methods

The study was conducted in four phases based on Chinn and Kramer's four steps of theory generation. Phase 1 involved identifying and analyzing concepts using a convergent mixed-method approach, combining both quantitative descriptive and qualitative exploratory designs. For the quantitative strand, state health facilities (n=3) were purposefully selected and assessed using a checklist. Nurses (n=147) were selected randomly using stratified sampling, and doctors (n=17) were conveniently sampled. Data were collected via self-administered questionnaires and analyzed using SPSS version 25. For the qualitative strand, nurse managers (n=3) and medical officers (n=3) were purposefully selected from the three facilities. Data were collected through in-depth interviews with an unstructured interview guide, audio recordings, and field notes. Content analysis was performed following Tesch's qualitative data analysis

steps. Phase 2 involved constructing the relationships statement, Phase 3 described and evaluated the model, and Phase 4 developed operationalization guidelines for model implementation.

Results

The study identified several challenges that formed the basis for developing the model: organizational challenges such as the unavailability of wellness policies and programs, resource challenges including staff shortages and inadequate facilities, psychosocial challenges like stress and workload, and personal challenges such as insufficient knowledge about wellness programs and lack of self-care in the workplace. Using the WHO framework and model, psychosocial, physical, and personal environment concepts were identified as central elements in the model development.

Conclusions

Health professionals in state health facilities face significant psychosocial, physical, and personal challenges that impact their well-being and productivity. Facilitating supportive psychological, physical, and personal environments is critical for identifying needs, managing, and maintaining a conducive environment for health professionals. It is recommended that the Ministry of Health and Social Services, along with policymakers, implement the proposed model and recommendations to facilitate wellness programs in state health facilities.

Keywords: Model, Health Professionals, Wellness Program, Health Facilities

Predictors of Delayed Surgery for Patients with Severe Orthopaedic Injuries: At a Central Hospital, Zimbabwe

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Abstract ID: 140

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

Severe orthopaedic injuries are a growing global issue, with high prevalence, incidence, treatment costs, and adverse outcomes. Delays and cancellations of orthopaedic surgeries negatively impact hospital performance and exacerbate patient pain, reduce mobility, and worsen health. Predicting the determinants of surgery delays could assist in

developing strategies to prevent complications. This study aimed to evaluate the predictors of delayed surgery for adult patients with severe orthopaedic injuries at a central hospital in Harare, Zimbabwe.

Methods

A retrospective quantitative study was conducted using survival analysis to assess prevalent orthopaedic injuries requiring surgery, predictors of delayed surgery, and survival time to surgery. The study population included adult patients (18 years or older) with orthopaedic injuries scheduled for surgery, admitted from 1 January 2019 to 31 December 2019. A sample of 100 patients was used, with follow-up censored at surgery or study end. Key informant interviews were conducted to complement quantitative data on surgery cancellations. Hazard analysis considered variables like theatre fees, availability of special orthopaedic appliances, patient condition, theatre staff availability, and demographic factors such as age, sex, marital status, employment status, and religion.

Results

Cox regression analysis using the Breslow method showed significant ($p < 0.05$) predictors of delayed surgery, including nature of injury, reason for delay, and their interactions. The Kaplan-Meier method complemented model fitting. The Pareto chart identified poor patient condition, lack of orthopaedic appliances, and high theatre fees as contributing to 80% of surgical delays. Median delays were 4 weeks (surgical team unavailability), 5 weeks (poor patient condition), 6 weeks (lack of orthopaedic appliances), and 7 weeks (theatre fees). Overall, 69% of patients underwent surgery during the year.

Discussion

Key findings revealed substantial delays in orthopaedic surgery, with several factors contributing, such as unavailability of the surgical team, patient condition, lack of orthopaedic appliances, and theatre fees. These delays were longer than those reported in other global studies, which typically had waiting times of days to 4 weeks. The causes of surgical delay were found to be institution-specific.

Conclusions

Orthopaedic surgery is crucial in reducing Disability-Adjusted Life Years (DALYs). Patient education and early collaboration between nurses and surgical teams are vital to reduce delays and adverse outcomes. Hospitals should address specific causes of delays to improve surgical care quality. Policy interventions, such as equitable access to orthopaedic surgery and national health insurance, are recommended to ensure timely surgeries for all. Additionally, conducting cost-benefit analyses could guide the develop-

ment of efficient institutional policies based on research findings.

Keywords: Orthopaedics, Surgery Delays, Predictors, Zimbabwe

Towards Advancing Nursing Practice: Roadmap for Developing the Clinical Scholar and Clinical Scientist in Africa

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Abstract ID: 141

Topic: Policy Making, Leadership, and Advocacy in Nursing and Midwifery

Background

The World Health Organization (WHO) global vision for nursing and midwifery advocates for the development of a nursing workforce capable of meeting health system demands. This vision includes advanced practice and specialist nurses, although their roles are not globally defined. A collaborative team from Africa is working to establish a new group of individuals and institutions to strengthen the specialist and advanced practice nursing workforce in Africa, building on previous efforts in East, Central, and Southern Africa, alongside global partners.

Methods

A 3-day collaborative workshop in April 2024 was held to explore experiences, share lessons, and collaboratively envision a pathway for advancing nursing and midwifery practice and clinical scholarship within Africa. The workshop involved nurse leaders from Kenya, Ghana, Rwanda, Malawi, and South Africa.

Results

During the meeting, progress was made in defining key role concepts and aligning them with existing global and regional role descriptions. The group explored the meaning of clinical scholarship in nursing and midwifery in the five African countries and identified priority actions to ensure that specialist and advanced nurses reach their full potential within African health systems. A qualitative study from Malawi on "negotiating the advanced nursing role as a clinical scholar" informed the discussion. The study described the challenges faced by Advanced Practice Nurses (APNs), who are expected to balance direct patient care, education

and training, strengthening specialist services, and professional leadership management.

Conclusion

This presentation, developed with participants of the Advancing Clinical Scholarship in Africa meeting, will describe the collaborative process of building consensus on advancing clinical nursing and midwifery scholarship and the evolving pathway in five African countries. It will highlight the group's efforts to create a shared vision for advancing clinical practice and provide an opportunity to engage with ECSACONM members, fostering continued dialogue and raising awareness of this Africa-led initiative.

Keywords: Advance Nurse Practice, Clinical Scholar, Nursing and Midwifery, Roadmap

Assessment of Pharmacovigilance Content in Healthcare Professions Training Curricula in Lesotho

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Abstract ID: 143

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

Pharmacovigilance, defined by WHO (2004) as the science of detecting, assessing, understanding, and preventing adverse medicine effects, is critical for safe healthcare practices. Training curricula should include outcomes on proper prescribing, dispensing, and managing adverse drug reactions (ADRs). However, its coverage in healthcare curricula remains unclear.

Methods

Data were collected using keyword searches and curricular reviews based on WHO-ISoP core elements. Keywords were analyzed for frequency, and curricula were assessed for pharmacovigilance content using descriptive statistics. Findings were summarized using Microsoft Excel.

Results

Six curricula from HEIs in Lesotho were reviewed, covering pharmacy (2), nursing (3), and biomedical science (1). The top keywords included drug (355), medicine (125), and dispensing (53). Only one curriculum addressed all 15 pharmacovigilance chapters by WHO-ISoP. Most curricula focused on ADR fundamentals, communication, and quality

defects but lacked comprehensive pharmacovigilance content.

Conclusions

Lesotho's healthcare curricula include pharmacovigilance elements but lack comprehensive coverage. Areas such as adverse event reporting and benefit-risk assessments are underrepresented. Strengthening pharmacovigilance education is essential for improved healthcare outcomes.

Keywords: Curricula, Pharmacovigilance

Enhancing Capacity for Epidemic Control in Lesotho: Empowering Civil Society Organizations through Strengthening Monitoring and Evaluation, and Quality Assurance and Quality Improvement Skills

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Abstract ID: 144

Topic: Policy Making, Leadership, and Advocacy in Nursing and Midwifery

Introduction

Civil Society Organizations (CSOs) play a critical role in supporting Lesotho's Ministry of Health (MOH) to achieve and sustain HIV epidemic control. To strengthen their technical, clinical, and programmatic capacity, EGPAF, in collaboration with USAID, provided tailored technical assistance (TA) to 24 CSOs from October 2019 to September 2024. This focused on key areas, including Monitoring and Evaluation (M&E) and Quality Assurance/Quality Improvement (QA/QI), to enable data-driven decision-making and improve health outcomes.

Methods

Technical Capacity Assessments (TCAs) were conducted annually, beginning with a self-assessment by Local Implementing Partners (LIPs), followed by joint assessments using M&E and QA/QI tools. This approach identified gaps, promoted organization-wide discussions, and facilitated the development of tailored capacity-building plans. EGPAF provided training, mentorship, and supportive supervision to address identified gaps. Progress was measured against a graduation framework, with CSOs achieving 100% on the tool advancing to subsequent levels.

Results

The baseline TCA revealed that over 90% of CSOs lacked standardized documentation processes, centralized M&E departments, or QA/QI staff. Following EGPAF's intervention, 100% of CSOs established functional M&E systems and QI plans, while 91% reported implementing QI activities and routine data quality assessments. Additionally, 80% of CSOs reported improved program performance and donor reporting through QI projects. By June 2024, 13% of CSOs had fully graduated, and 38% reached the first level of graduation in at least one area.

Conclusions

EGPAF's tailored TA significantly improved the technical capacity of CSOs in M&E and QA/QI. Despite these achievements, ongoing support is essential to ensure that remaining CSOs attain full graduation. Sustained efforts will further enhance the quality and sustainability of health programs in Lesotho.

Keywords: Epidemic Control, Monitoring and Evaluation, Quality Assurance, Quality Improvement

Women's Satisfaction with the Quality of Midwifery Care Provided in the Postpartum Period at Lira District, Uganda

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Abstract ID: 145

Topic: Midwifery and Women's Health Nursing as an Outcome for Maternal and Infant Health

Introduction

Domiciliary midwifery, a midwife-led continuity of care model, extends midwifery support to women in the postnatal period through follow-up visits at home. In Uganda, this practice involves daily follow-ups by student midwives and their supervisors up to seven days postpartum, aiming to provide respectful, culturally appropriate, and women-centered care. The study assesses postpartum women's satisfaction with domiciliary midwifery care provided by undergraduate midwifery students in Lira City.

Methods

This cross-sectional quantitative study targeted 198 postpartum women who received domiciliary care between June and July 2024. Data were collected using a modified patient satisfaction tool and a midwifery quality postpartum care measurement tool. Analysis was conducted using SPSS version 27. Ethical approval was obtained from the Lira University Research and Ethics Committee (Ethics

number: LUREC-2023-56), and informed consent was secured from all participants.

Results

Preliminary findings revealed a high satisfaction rate (92%) with the quality of care. Women highlighted diligent follow-up until seven days postpartum, though some reported challenges related to the timing of visits and interference with cultural practices, such as applying honey to neonates' gums to prevent false teeth.

Discussion

Domiciliary midwifery care emphasizes personalized support, continuity, and empowerment, leading to improved maternal and neonatal outcomes. Prioritizing women's needs and preferences enhances birth outcomes and overall satisfaction. Addressing cultural considerations and refining visit schedules could further improve care delivery and acceptance.

Keywords: Postpartum Care, Midwifery Care, Patient Satisfaction, Domiciliary Midwifery

Assessment of the Health Services Given to HIV/AIDS and Mental Illness Co-Infected Patients Attending Mathari National Teaching and Referral Hospital, Nairobi County, Kenya

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Abstract ID: 146

Topic: Policy Making, Leadership, And Advocacy In Nursing And Midwifery

Introduction

The care provided to HIV/mental illness co-infected patients aims to improve their quality of life, prevent additional mental illnesses, and combat comorbidities, such as pulmonary tuberculosis, which remains a global pandemic. Despite efforts to improve accessibility to ART, the care and management of HIV/AIDS among mentally ill individuals face significant challenges. This study aimed to assess the challenges preventing optimal care and treatment and to make recommendations for improvement.

Methods

A descriptive cross-sectional study targeted an estimated population of 123 patients. Both qualitative and quantitative data were collected and analyzed using SPSS version 25. Ethical considerations were sought from Mathari Hospital, the National Commission for Science and Technology

(NACOSTI), Kenyatta University Ethics and Research Committee, and 18 counties where data was collected.

Results

The majority of patients were aged over 40 years (53.7%, n=66), with most being female (61.8%, n=76) and self-employed (39%, n=48). More than half were unmarried (56.9%, n=70). Regarding adherence to care and treatment, 26% of patients reported non-adherence, while 72% of relatives and 76.9% of healthcare workers indicated poor adherence among patients. Most patients cited support from families, friends, and relatives, but 60% of relatives and 50% of healthcare workers highlighted the lack of community-based support systems. Comorbidities such as tuberculosis were prevalent and were linked to non-adherence to care and treatment by healthcare workers and focus group discussions.

Conclusions

Although patients and relatives appreciated the services at the facility, significant improvements are necessary. The study revealed that while patient support systems exist at the facility, they are lacking in the community. Adherence to treatment and care remains a critical challenge, with significant disparities between patients' self-reports and the observations of relatives and healthcare workers. Non-adherence contributes to additional comorbidities, including hypertension, tuberculosis, and mental illnesses. Financial difficulties, stigma, and lack of cooperation further hinder effective care.

Keywords: Comorbidities, HIV, Non-Adherence, Advocacy, Mental Illnesses, Stigma

Factors Influencing the Uptake of Cervical Cancer Screening Services Among Women at Sithobela Health Centre

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Abstract ID: 147

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Abstract

Introduction

Sithobela Hospital provides cervical cancer (CaCx) screening services; however, no studies have been conducted to assess the utilization of these services by women. Women in the Sithobela area frequently present with advanced and

undiagnosed CaCx at the hospital. Identifying factors associated with the uptake of CaCx screening is crucial for developing prevention strategies that promote early detection and treatment, thereby increasing the likelihood of treatment success.

Methods

A cross-sectional survey design was employed, using a stratified random sampling method to select 409 women accessing Sithobela Hospital. Data were collected using a structured-administered questionnaire that captured socio-demographic characteristics, knowledge of cervical cancer, attitudes and practices towards cervical cancer screening, and psychosocial factors influencing screening uptake. Descriptive analysis and univariate analyses were performed using STATA 14, with a significance level set at 5%.

Results

Key factors significantly influencing CaCx screening uptake included age 30 years and above (AOR=5.79; CI=3.18-10.5, p<0.000) and awareness of the existence of cervical cancer (AOR=2.71; CI=1.46-5.04, p<0.000). Determinants included awareness of family history as a risk factor (AOR=0.56; CI=0.31-2.17, p=0.05) and being screened by a male health provider (AOR=0.50; CI=0.28-0.90, p=0.02). Shame associated with male providers and cultural sensitivities around cervical cancer screening were significant barriers to uptake.

Conclusions

Being screened by male health providers and awareness of family history as a risk factor discouraged women from utilizing CaCx screening services. Conversely, age and awareness of cervical cancer positively influenced uptake. To enhance screening services in the Sithobela population, female health providers should be prioritized as they are culturally more acceptable. Health education on cervical cancer screening should also be intensified to address misconceptions and encourage service utilization.

Keywords: Uptake, Awareness, Cervical Cancer, Cervical Cancer Screening

Public Health Emergencies and Quality of Nursing and Midwifery Services: Lessons from Malawi

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Abstract ID: 148

Topic: Nursing and Midwifery, Research, and Implementation Effectiveness

Background

Between 2020 and 2023, Malawi experienced multiple public health crises, including Covid-19, cholera, polio outbreaks, and tropical cyclone Freddy, which significantly impacted the quality of healthcare services, particularly nursing and midwifery care. These emergencies exacerbated existing weaknesses and challenges within Malawi's healthcare delivery system (Kazanga et al. 2022). This study aimed to explore the factors affecting the quality of nursing and midwifery services in Malawi during public health emergencies.

Methods

The study involved reviewing documentation, including reports related to the management of healthcare services during the public health emergencies. It examined policies implemented during these outbreaks, the organization and management of health service delivery, and their potential effects on the quality of nursing and midwifery care.

Results

The study revealed several factors that influenced the quality of nursing and midwifery services. Over 665,000 Covid-19 cases added to the already high workload of healthcare workers, including nurses and midwives. Four field hospitals were established in tertiary facilities to treat severe Covid-19 cases, and new isolation units for Covid-19 and cholera patients were created in all 29 districts. The public health emergencies also caused illness among health workers, contributing to absenteeism. For example, a study in Blantyre reported a 12.3% sero-prevalence of SARS-CoV-2 among health workers. Tropical cyclone Freddy led to the establishment of over 700 outreach clinics for internally displaced persons, despite a lack of appropriate structures such as tents. A total of 63 health facilities were affected, with 24 severely damaged, including ART client records. Additionally, 152 health workers, including nurses and midwives, were displaced, leading to staff shortages. Weak coordination among stakeholders also contributed to inequitable resource mobilization for healthcare provision.

Discussion

The increased caseloads from Covid-19 and cholera, the establishment of new healthcare facilities, and the shortage of healthcare workers required the redeployment of nurses and midwives, potentially impacting the quality of care. The new facilities diverted resources initially allocated for routine services, further affecting service delivery. Further-

more, damage to facilities and documentation records disrupted continuity of care.

Conclusion

The study highlights the need for a comprehensive public health emergency plan to ensure quality nursing and midwifery services during crises. It emphasizes the importance of training facility staff in disaster-prone areas on emergency management and strengthening coordination for equitable and sustainable health service delivery.

Keywords: Nursing and Midwifery, Public Health Emergencies, Quality Services

Factors associated with poor neonatal outcomes at a Shiselweni regional hospital of Eswatini

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Abstract ID: 149

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Introduction

The neonatal mortality rate remains high in Eswatini, and Hlathikhulu Government Hospital (HGH) experiences similar challenges. Identifying the factors that contribute to poor neonatal outcomes at this hospital is crucial for developing strategies to reduce mortality rates and improve neonatal health.

Methods

A case-control study was conducted involving 120 neonates with poor outcomes (near misses or deaths) and 120 controls (neonates without complications). Data on the neonates' demographics, health characteristics, and corresponding maternal socio-demographics were recorded. The data were analyzed using STATA 14, which facilitated both bivariate and multivariate regression analyses to identify factors contributing to poor neonatal outcomes.

Results

The study identified several intrapartum-related factors that significantly contributed to poor neonatal outcomes. These included foetal distress during labor (AOR=34; CI=6.30-181.0; p<0.000), referral from a peripheral health facility during labor (AOR=14; CI=5.0-42.0; p<0.000), foetal mal-presentation (AOR=10; CI=2.0-56.0; p<0.000), prolonged labor (AOR=5.0; CI=1.1-18.2; p=0.03), maternal diabetes during pregnancy (AOR=13.0; CI=2.0-89;

$p=0.01$), and the non-use of a partograph during labor (AOR=2.3; CI=1.0-5.4; $p=0.036$). Health system factors also contributed to poor outcomes, including the unavailability of neonatal drugs (AOR=6.0; CI=2.4-16.4; $p<0.000$) and the use of unskilled health providers to care for sick neonates (AOR=3.0; CI=1.3-6.0; $p<0.000$).

Conclusion

The study concluded that poor neonatal outcomes in Hlathikhulu Government Hospital were primarily due to complications during labor and health system factors, such as inadequate availability of neonatal drugs and the use of unskilled health providers. These findings highlight the need for targeted interventions to address both clinical practices during labor and health system challenges to improve neonatal outcomes.

Keywords: Early Neonatal Period, Associated Factors, Late Neonatal Period

Covid-19 Nursing and Midwifery Lessons at Moi Teaching and Referral Hospital

Boit Lydia

Moi Teaching and Referral Hospital (MTRH), Eldoret, Kenya

Abstract ID: 150

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Keywords: MTRH - Moi Teaching and Referral Hospital

Introduction

Moi Teaching and Referral Hospital (MTRH) is a level 5 hospital in Eldoret, Kenya, committed to being the leading multi-specialty hospital in Africa, specializing in health-care, training, and research. MTRH strives for continual improvement and compliance with ISO 9001:2015 Quality Management System (QMS) standards. The Covid-19 pandemic was first reported in March 2020, with an estimated 339,000 cases between 2020 and 2022, including approximately 200 expectant mothers managed at MTRH. Effective pandemic management required a multifaceted approach, adhering to strict protocols for screening, isolation, management, discharge, and follow-up, as outlined in the Kenya Covid-19 Reproductive Maternal and Newborn Health (RMNH) Guidelines.

Methods

With the onset of Covid-19 in 2020, MTRH established designated testing and isolation centers, promptly procuring

Personal Protective Equipment (PPE) for medical staff. The hospital trained staff on screening, assessment, and care for Covid-19 patients, including expectant and nursing mothers. MTRH also partnered with research and academic institutions to study the pandemic and develop mitigation strategies. Community outreach programs were launched to raise Covid-19 awareness, conduct rapid screenings, and provide information on symptoms and reporting channels. Antenatal care clinics incorporated rapid screening and management for Covid-19, and the hospital intensified vaccination campaigns for all at-risk groups, particularly pregnant women, to reduce the severity of Covid-19 infections.

Results

MTRH recorded a 25% Covid-19 test positivity rate, with many cases being asymptomatic or mildly symptomatic. Hospital care was prioritized for patients with severe symptoms and comorbidities, while others received home-based care. The knowledge and skills of healthcare providers, including maternity staff, were enhanced through training on Covid-19 screening and management. There was also an increase in the uptake of the motherhood care package (including HIV screening, cervical cancer screening, and family planning) during single visits, reducing the need for multiple visits. Improved water, sanitation, and hygiene (WASH) awareness led to a decrease in waterborne diseases among infants and nursing mothers. Additionally, the severity of Covid-19 was reduced among vaccinated patients, resulting in fewer hospital admissions and an increased reliance on home-based isolation care.

Conclusion

The Covid-19 pandemic significantly impacted people's movement and health-seeking behavior due to fear of infection, leading to decreased adherence to medication and preventive care, particularly among women and youth. The adoption of providing multiple services in one visit improved early screening, continued adherence to care, and prevented unwanted pregnancies and STIs. It is recommended to continue building the capacity of health workers, midwives, and community health promoters to address pandemic-related stigma and fear. Strengthening community linkages, timely screenings, and safe motherhood practices are essential for improving maternal and infant care during pandemics.

Strengthening AYSRH Services to Reduce Teenage Pregnancies and Improve Maternal Health in Dodoma City

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Jhpiego

Abstract ID: 151

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Keywords: Teenage Pregnancies, AYSRH Services, TCI - High Impact Interventions, TCI University

Introduction

Teenage pregnancies are a major health issue in Tanzania, with Dodoma region having a high prevalence of 21.2% in 2022. These pregnancies are often unintended, leading to risks like unsafe abortions and maternal mortality. The Challenge Initiative (TCI) introduced a strategy to scale up Family Planning (FP) and Adolescent and Youth Sexual and Reproductive Health (AYSRH) services in urban Tanzania to address this issue.

Methods

From 2022 to 2024, TCI implemented high-impact interventions in Dodoma and Chamwino, including community dialogues, outreach, and youth-friendly services. Local governments received training through TCI University's online platform, and the "Lead, Assist, Observe" coaching model was used to build sustainable AYSRH programs. The intervention targeted both in-school and out-of-school youth, addressing early marriages and unintended pregnancies.

Results

The intervention led to better youth-friendly services, with increased awareness through community outreach. Healthcare providers gained skills in delivering AYSRH services through training. Teenage pregnancies, particularly those linked to early marriages and sexual violence, were addressed more effectively through these integrated services.

Conclusion

The intervention successfully improved AYSRH services in Dodoma, reducing teenage pregnancies and improving maternal health outcomes. Continued efforts are necessary to sustain these improvements, focusing on healthcare provider training and service delivery. The TCI coaching model and online training platform are key to scaling up these services.

Pre-16th ECSACONM Conference Capacity Building of Nurses on Research Methods and Abstract Writing Improves Their Knowledge and Confidence to Write Conference Abstracts in Eswatini

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Abstract ID: 152

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Abstract

Introduction

Abstract submissions in local and ECSACONM conferences have been dominated by researchers from academia, with few submissions from healthcare facility-based clinicians. This project aimed to build the capacity of nurses from all four regions of Eswatini to improve their knowledge and skills in research and abstract writing, enhancing their confidence to submit abstracts for the 16th ECSACONM conference.

Methods

Five-day workshops were conducted in May-June 2024, with two days dedicated to research methods and abstract writing. Participants' knowledge and confidence were assessed before and after the training using Google Form surveys. Statistical analysis was performed using Stata 17 to identify significant differences.

Results

Out of 127 pre-training and 122 post-training participants, significant improvements were observed in knowledge and confidence. The proportion of participants with moderate/high knowledge on the research process increased from 39% to 91% ($p < .001$), on research methods from 36% to 93% ($p < .001$), and on writing abstracts from 15.8% to 93.4% ($p < .0001$). Confidence in abstract writing also significantly increased, with improvements in generating titles (2.8% vs. 46.7%, $p < .0001$), writing abstracts (2.8% vs. 44.3%, $p < .0001$), and critiquing abstracts (1.9% vs. 38.5%, $p < .0001$).

Conclusions

The training significantly improved nurses' research knowledge and abstract writing skills. This capacity-building initiative can be adopted by other ECSACONM member countries to enhance the research capabilities and confidence of nurses in the region.

Keywords: Abstracts, Research Methods, Research Process, 16th ECSACONM Conference, Eswatini

Strengthening Simulation Teaching Methodology of Faculty

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Abstract ID: 153

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Introduction

The need for investment in midwifery education is highlighted by the 2021 State of the World Midwifery (SoWMy) report and the WHO Strategic Directions for Nursing & Midwifery 2021-2025. When trained to international standards, midwives can provide up to 90% of RMNCAH services. However, producing competent and quality providers requires essential inputs such as qualified faculty. In partnership with midwifery regional partners, Educational Capacity Frameworks (ECFs) were co-designed and piloted. These tools focus on the preservice education domains of curriculum, faculty, students, clinical practice sites, and infrastructure. The tool allows schools to assess their ability to deliver high-quality education by breaking down large PSE domains into manageable functions. Once gaps are identified, specific steps can be outlined to address them.

Methods

Following the ECF pilot, the Institute of Health Sciences, Gaborone (IHS) prioritized faculty strengthening in simulation teaching and skills lab management. Faculty were trained by Laerdal Global Health in skills training and the first level of SimBegin, a blended learning simulation facilitator course. SimBegin aims to build competence in planning, conducting, and debriefing simulation scenarios. After the training, faculty members conducted simulation scenarios using the core debriefing structure. Peer feedback was given during practice sessions, and faculty began teaching students using the techniques learned, documenting their teaching and sim lab sessions.

Results

Twelve learners participated in the skills training and SimBegin Level I course, including 8 midwifery faculty, 2 general nursing faculty, 1 Ministry of Education staff, and 1 Jhpiego participant. The 5-day training, facilitated by three Laerdal Global Health staff, combined eLearning and face-to-face sessions. Peyton's four-step model was used for the skills training, with all participants practicing the model. The SimBegin course content included asynchronous e-learning, a debrief workshop, and face-to-face simulation. After the training, faculty adapted scenarios for simulation and skills teaching, using the strategies learned to train 45 midwifery students.

Conclusions

Instructors need basic educator competencies to impart knowledge and clinical skills effectively. Beyond emergency procedures, simulation can enhance skills in counseling, health education, and clinical decision-making. Faculty support is essential to ensure proficiency in clinical teaching and effective use of simulation as a teaching tool.

Keywords: Simulation Teaching Methodology

Task Shifting and Task Sharing in Relation to Provision of Primary Health Care Services in the Greater Gaborone District Health Management Facilities: Nurses' Perspectives

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Abstract ID: 154

Topic: Policy Making, Leadership, and Advocacy in Nursing and Midwifery

Introduction

The scarcity of human resources for health is a primary constraint to the provision of primary health care services. The demand for healthcare services in Botswana is increasing due to various factors. In response to this, Botswana, like many other countries, has adopted the concept of task shifting and task sharing (TS/S) to address the shortage of skilled manpower in healthcare settings.

Methods

The study used a qualitative cross-sectional design grounded in phenomenology. The Greater Gaborone District Health Management Team (GGDHMT) facilities were purposively selected, with the sample size (N=87) determined by data saturation. Semi-structured, face-to-face interviews were conducted with participants. Data analysis was based on emerging themes and categories.

Results

The study revealed two main thematic areas. Task shifting and task sharing were seen as positive developments by clients, particularly in GGDHMT, where the shortage of human resources creates service delivery bottlenecks. TS/S was credited with improving access to care, reducing waiting times, enabling quicker diagnoses and treatments, and minimizing the chances of patients being lost to care. However, TS/S was also perceived as a challenge due to inadequate resources, placing additional burdens on nurses. Some viewed it as a cost-cutting strategy, where employers do not compensate them for taking on expanded roles and responsibilities.

Conclusions

Nurses play a vital role in Botswana's healthcare system. Most nurses agreed that task sharing should be prioritized over task shifting. Extending the scope of practice and increasing responsibility without corresponding incentives can lead to demotivation. Task shifting should not be considered a cost-cutting strategy, and plans for task shifting must be adequately financed to support nurses' job satisfaction.

Post-Natal Domiciliary Care as an Intervention Towards Reduced Mortality and Morbidity in Newborn Infants and Women in the Chobe District

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Abstract ID: 155

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Introduction

Domiciliary care is a process wherein healthcare workers visit the homes of mothers who have recently delivered to assist with personal routines. Over the past two decades, domiciliary care has increasingly been organized according to market principles and promoted as the ideal form of formal care. Research indicates that women worldwide share similar concerns and issues regarding their postnatal health, infant feeding needs, and expectations. While priorities vary depending on the location and model of care, evidence suggests that early discharge may not be equally distributed among all socio-demographic groups, and home care structures play a significant role in maternal and child outcomes. This study aims to evaluate how postnatal domiciliary care can reduce infant and maternal mortality and morbidity in the Chobe district, where statistics from January 2023 to May 2024 show 152 cases of domiciliary care, including severe neonatal jaundice and pregnancy-induced hypertension.

Methods

This study will be conducted in the Chobe district through a systematic review of multiple databases. Data will be extracted from registers in selected facilities to examine the causes of neonatal sepsis, cord infections, neonatal jaundice, gapped episiotomies, infected surgical wounds, and engorged breasts.

Results

Domiciliary care in the Chobe district has empowered women and improved the quality of life for both mothers and infants. It benefits individuals of all ages and those recovering from surgeries, deliveries, or infant loss. This intervention has contributed to better maternal and infant health outcomes despite challenges such as limited resources.

Conclusion

The implementation of domiciliary care as a longstanding method in Botswana's health system, particularly in the Chobe district, has shown positive impacts on increasing mothers' knowledge about their health and their children's well-being. It enhances their ability to adapt to the postpartum period and improves health outcomes for vulnerable groups. Despite challenges such as manpower shortages, transportation issues, and communication barriers, the district has continued to provide domiciliary care with the available resources.

Keywords: Postnatal, Qualitative, Quantitative, Research, WHO, Domiciliary

Facilitate the Combination of Western Prevention and Indigenous Practices for Malaria Prevention Among Rural Communities in Ohangwena Region

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Abstract ID: 156

Topic: Policy Making, Leadership, and Advocacy in Nursing and Midwifery

Abstract

Background

The Ohangwena region experiences annual malaria outbreaks with varying severity. This research aimed to explore and describe rural communities' perceptions and experiences regarding Western and Indigenous practices for malaria prevention in the region.

Method

A convergent parallel mixed-method approach was used. The study employed qualitative, explorative, contextual phenomenology, and quantitative descriptive analytic cross-sectional designs. Multistage sampling, including simple random sampling with replacement and purposive sampling, was used. The quantitative data was analyzed electronically with the Statistical Package for Social Sciences (SPSS), while qualitative data was analyzed manually using Tesch's steps. Data collection tools included surveys and interviews, with a total of 402 respondents. Interviews and focus group discussions were conducted, with the number of interviews determined by saturation.

Results

62.6% of respondents were employed, with most obtaining mosquito nets through free distribution, primarily from the Ministry of Health and Social Services (66.2%), followed by non-governmental organizations (15.8%), and some from friends and family (4.4%). The main barriers to using the nets were affordability (68.7%) and discomfort, such as itching (12.7%). Dependency on free net distribution and lack of integration of Indigenous practices into malaria prevention were key themes identified. Participants reported a lack of retail availability for nets and significant delays in receiving free nets. While they trusted indoor residual

sprays and nets, they felt these were insufficient, particularly as some homes were not sprayed, and they were not confident in Indigenous practices, despite their documentation in training manuals.

Conclusion

The reliance on free net distribution has led to dependency among rural communities, which is compounded by the inadequate integration of Indigenous practices into malaria prevention efforts. It is recommended that both Western interventions and Indigenous practices be equally advocated for and complement each other to ensure sustainable malaria prevention, maximize resources, and address the resource gap.

Keywords: Combination, Indigenous Practices, Malaria Prevention, Rural Communities

Developing a Theory Grounded in the Social Processes Affecting Competence and Confidence Development in Student Midwives: Zimbabwe

Unice Goshomi

Abstract ID: 157

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction and Aim

Learning is a dynamic process that involves changes in behavior as individuals interact with their environment and integrate new knowledge. It encompasses cognitive learning (theory acquisition), skill acquisition, and affective learning (changes in values, feelings, and beliefs). In Zimbabwe, the one-year midwifery training program, based on a competency-based curriculum, is designed to equip students with essential competencies for clinical practice and professional judgment, aligning with the International Confederation of Midwives (ICM) Global Standards. The aim of this study was to develop a grounded theory on the social processes that influence the competence and confidence development of student midwives in Zimbabwe.

Methods

This study employed critical realism and grounded theory methodology, which seeks to explore the mechanisms behind observed events and develop an explanatory theory. The data was collected through in-depth interviews with 36 participants, including 21 newly qualified midwives, 4 tutors, 5 ward supervisors, 3 clinical instructors, and 3 acting clinical instructors from two central hospitals (A and B)

that train midwives in Zimbabwe. The participants were selected using theoretical sampling until data saturation was achieved.

Data Analysis

Constant comparative analysis was applied to the qualitative data to identify categories and build a grounded theory of the social processes influencing competence and confidence development in midwives. A coding framework was designed to facilitate thematic analysis, based on Clark and Braun's framework (2014).

Results

The findings revealed differences between schools regarding policies, the organization of clinical settings, and how these settings facilitated student learning. The dualistic nature of student and facilitator interactions influenced students' perceptions of themselves and others. This dualism led to varying experiences among students, with some receiving adequate support and feedback, while others did not. These disparities were shaped by individual beliefs and perceptions, creating tensions and conflicts, which in turn influenced skill acquisition. The study also identified that the participants' learning styles (individualistic vs. collectivistic) played a crucial role in their skill development. This led to the creation of the **Dualistic Individualistic-Collectivistic Skill Acquisition and Development Model (DI-CSADM)**, which extends Benner's (1984) Skill Acquisition model and integrates Bandura's (1977) Social Learning Theory and Benner's (1984) Novice to Expert Theory.

Conclusion

The study recommends that midwifery schools in Zimbabwe reassess policies, the clinical training environment, and teaching processes to support the diverse learning styles of students. This will enable them to acquire the necessary skills and knowledge to become competent and confident practitioners.

Keywords: Competence Development, Confidence Development, Grounded Theory

Assessing Knowledge, Attitudes, and Practices Related to Hypertension Disease Among Residents of a Rural Community at Ncojane, Botswana

Ogomoditse Elias

Abstract ID: 158

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Background

Hypertension is a significant public health issue worldwide, especially in rural areas where awareness and management are limited. In Botswana, Ncojane has one of the highest rates of hypertension, affecting up to 35% of the adult population in some areas. This study aimed to assess the knowledge, attitudes, and practices regarding hypertension among residents of Ncojane, to inform health policies and guide further research on hypertension management in rural communities.

Methods

A qualitative, descriptive research design was used with a self-developed structured questionnaire to collect data. Purposive sampling was employed to select participants from the Ghanzi District Health Management Team (DHMT) and Ncojane Clinic. The study involved healthcare workers and sought to assess their knowledge, attitudes, and practices related to hypertension.

Results and Discussion

The findings revealed that the majority of healthcare workers (74.3%) had good knowledge of hypertension, though only a small percentage (11.8%) had limited knowledge. However, participants had poor understanding of the risks associated with hypertension. The lack of health promotion activities in the community, including materials on healthy lifestyles, was identified as a major gap. Participants suggested community-based interventions to improve hypertension prevention and management.

Conclusion

This study highlighted the need for improved health promotion efforts in rural communities like Ncojane to increase knowledge and improve attitudes and practices related to hypertension. The findings contribute to the development of targeted interventions, which are expected to reduce the burden of hypertension-related complications and improve health outcomes in the community.

Digitization of Learning for Midwives: Lessons From Zimbabwe

Dr. Lilian Gertrude Dodzo

Abstract ID: 159

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Background

Advancements in technology have significantly transformed health delivery systems and education, including midwifery education in Zimbabwe. The COVID-19 pandemic revealed the vulnerabilities of traditional educational systems, leading to the development of an e-learning system to supplement in-person training for midwifery students. The initiative aimed to standardize training, ensure consistent access to educational content, and streamline administrative tasks, fostering cross-campus collaboration.

Methods

The Nursing Directorate, supported by UNFPA and other donors, used an iterative approach to develop the e-learning system. The process involved informaticians, instructional designers, learners, and educators. An assessment of midwifery schools' readiness for e-learning revealed the need for ICT equipment, infrastructure, and Wi-Fi. Twenty-two tutors participated in the development of local, relevant content. ICT equipment was procured, and computer labs were established at all midwifery schools. Ongoing ICT training is provided for learners and educators.

Results

The e-learning platform was successfully developed and initially tested at Chinhoyi School of Midwifery. It is accessible via both a website and a mobile application, allowing students to access educational materials on their phones. The platform was officially launched in June 2024 and is being rolled out across 22 midwifery schools in Zimbabwe.

Factors Associated with Vesico-Vaginal Fistula Among Women Attending Kitovu Hospital

Margaret Alioru

Abstract ID: 160

Topic: Midwifery and Women's Health Nursing as an Outcome for Maternal and Infant Health

Introduction

Vesico-vaginal fistula (VVF) is a major public health issue in developing countries, particularly due to its connection with obstructed labor. It is a condition often caused by neglected deliveries, resulting in long-term health complications for women. With an annual incidence of up to 500,000 cases worldwide, VVF remains a significant challenge. This study focuses on assessing the factors associated with VVF among women attending Kitovu Hospital in Uganda, where such cases are prevalent.

Methods

A cross-sectional research design was adopted for this study, targeting pregnant women aged 24 years and above attending Kitovu Hospital. Data were collected using a structured questionnaire, which was then analyzed with EPI-INFO 2020 and STATA version 15.0. Binary logistic regression was used to identify factors independently associated with VVF, and chi-square tests were applied to evaluate the associations between socio-economic and health-related factors.

Results

The prevalence of VVF at Kitovu Hospital was 3.17%. Significant factors associated with VVF included being single (AOR: 0.06), having tertiary education (AOR: 0.43), income levels between 100,000 - 300,000 (AOR: 0.12 - 0.16), living more than 10 kilometers from the hospital (AOR: 15.21), and making three to four antenatal care visits (AOR: 0.02 - 0.03). Additionally, women who delivered at home (AOR: 2.14) and those who had vaginal deliveries (AOR: 0.059) were found to have a higher risk of developing VVF.

Conclusion

VVF remains a preventable condition, yet its prevalence persists due to factors like limited access to healthcare, insufficient education, and poor antenatal care. The findings emphasize the need for initiatives to improve healthcare accessibility, promote awareness about VVF prevention, and enhance antenatal care services, especially in rural and underserved areas.

HIV Simulation Interprofessional Education Trainings: Scott College of Nursing Experience

Mateboho Makamohelo Leohla

Abstract ID: 161

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Background & Objectives

In Lesotho, there is a limited opportunity for Interprofessional Education (IPE) in both training institutions and hospitals. Health professionals often train independently according to their specialties, leading to a lack of collaborative patient care. This isolation sometimes leads to criticism and misunderstanding between professionals, as they are unfamiliar with each other's roles. The objective of this study was to describe the experience of Scott College of Nursing in implementing HIV Simulation IPE Trainings, aiming to foster collaborative practice among different healthcare professionals.

Methods

The project involved the development and testing of evidence-based guidance documents, including checklists and training scenarios. The management of a partner hospital was sensitized to the importance of HIV Simulation IPE Training. Six training sessions were conducted, which involved Medical Officers, Nurses, HIV Counselors, Laboratory Technicians, Pharmacy Technicians, Student Nurses, and Nurse Educators. Topics included Pre-exposure Prophylaxis (PrEP), HIV/TB Co-infection, Condom Insertion, and ART Adherence. Facilitators demonstrated the use of mannequins, and participants engaged in individual practice, return demonstrations, and simulation rounds to ensure learning outcomes.

Results

The six training sessions took place between March and July 2023, with each session including 14 to 15 participants. These sessions consisted of a variety of health professionals, including HIV Counselors, Laboratory Technicians, Pharmacists, Nurse-midwives, Student Midwives, and Nurse Educators. Participants reported positive feedback, appreciating the Interprofessional approach and the opportunity to learn about each other's roles. They recommended that similar trainings be conducted in the future to enhance collaboration and improve HIV care.

Conclusion/Recommendation

The HIV Simulation IPE Training fostered collaborative practice and increased competence in HIV care among various health professionals. Given the limited IPE opportunities in Lesotho, adopting innovative approaches like HIV Simulation IPE Trainings is crucial. Enhanced interpersonal relations and collaboration between healthcare workers were evident, and participants proposed additional strategies to improve patient care. It is recommended that more Interprofessional Training sessions be implemented to ensure positive client outcomes in HIV care and treatment.

Occupational Health and Safety of Students and Staff Has a Stake in Midwifery Education

Phelelo Marole and Frances Ganges

Abstract ID: 162

Topic: Policy Making, Leadership, and Advocacy in Nursing and Midwifery

Introduction

Investment in nursing and midwifery pre-service education in low- and middle-income countries has been inadequate and sporadic. This has affected the health and safety needs

of learners. The need for investment in midwifery education, including the health and safety of learners, is clear, but most training institutions have not determined the health and safety needs of learners to address them. As part of the Health Training Institute's efforts to become a school of excellence in midwifery education, we assessed technical capacity needs. Specifically, we used the Educational Capacity Framework (ECF) and organizational capacity needs using the Integrated Technical Organizational Capacity Assessment (ITOCA) and Government Performance Index (GPI) tools. The Institute prioritized governance and legal structure, which facilitated an analysis of obligations with respect to occupational health and safety.

Methods

We developed and administered a survey to a purposeful convenience sample of students, faculty, administrative staff, cleaners, and casual staff. The survey was developed by faculty and focused on the fire outbreak component of occupational health and safety. A self-administered paper and pencil survey was distributed to the Heads of Departments based on the number of respondents sampled from each department. Instructions on how to complete the survey questions were discussed with each of the Heads of Departments.

Results

A total of 118 participants responded to the survey. Of these, 80.5% were students, and 19.5% were staff members. 56% were females, and 44% were males, with a mean age of 28.3 years. Ninety-six percent of respondents knew about the availability of fire safety measures in the institute, 90.2% knew about the availability of smoke detectors, and most respondents did not know about the presence of fire marshals (59.5%). The majority (58.2%) did not know how to use a fire extinguisher, and most did not know how to use a fire hose reel. Only 18.6% knew about the availability of fire hydrants, and only 22.6% reported having ever used the fire assembly point. The majority of respondents did not have sufficient knowledge regarding the prevention and management of fire outbreaks in the institution.

Conclusion

The results highlight the need to strengthen occupational health and safety measures in Health Training institutions to create a safer learning environment for students and staff. Improving safety can enhance academic performance, reduce absenteeism, and ultimately increase the number of midwives produced, positively impacting maternal and child health. Additionally, the findings underline the importance of collaboration to improve midwifery education in low-resource settings. These efforts will contribute to more effective prevention and management of fire outbreaks and

other safety hazards, fostering a safer and more productive educational environment for all.

The Role of Evidence-Based Practice and Innovations in Nursing and Midwifery during Emerging and Re-emerging Pandemics

Munyaneza Jean De La Croix

Abstract ID: 164

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Introduction

The emergence and re-emergence of pandemics pose significant global health challenges, demanding robust responses from healthcare professionals, especially nurses and midwives. This study explores how evidence-based practice (EBP) and innovations can enhance the ability of these professionals to manage and mitigate the effects of pandemics.

Methodology

A mixed-methods approach was used, combining quantitative data from surveys and statistical analysis of healthcare outcomes during pandemics, with qualitative data from interviews and focus groups with nurses and midwives. A systematic review of literature was also conducted to support the primary data.

Results

The study found that integrating EBP and innovations, such as telehealth and advanced diagnostics, significantly improved patient outcomes. Healthcare settings employing these practices reported lower infection rates and more effective management of critical cases. Nurses and midwives with ongoing professional development in EBP demonstrated higher competence and confidence in responding to pandemics.

Conclusion

The study highlights the essential role of EBP and innovations in strengthening nursing and midwifery during pandemics. Ongoing investment in EBP training and innovative healthcare solutions is crucial for better preparedness and response. The study advocates for healthcare systems to prioritize EBP and innovation to improve resilience against future pandemics, with future research focusing on validating these findings and exploring additional strategies.

Enhancing Compassionate Care for Multidrug-Resistant Tuberculosis Patients through Targeted Health Communication Skills Training: A Tanzanian Case Study

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Abstract ID: 165

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Background

Multidrug-resistant tuberculosis (MDRTB) management is complex, involving multiple needs and comorbidities, with emotional distress requiring compassionate communication. In Tanzania, issues with communication lead to patient dissatisfaction. MDRTB patients face challenges that demand clear, empathetic communication about their treatment. Interviews with staff revealed concerns like insufficient information, breaches of confidentiality, and lack of empathy.

Method

A comprehensive training program was developed, covering communication skills, emotional management, empathetic care, stress management, and professional boundaries. About 90% of the hospital staff participated in the interactive training, which used role-playing exercises to improve learning outcomes.

Results

Participants reported significant improvements in communication, emotional control, and empathetic care. They noted a 75% improvement in skills after training, though some felt the training duration was too short. The training topics most appreciated included basic communication, dealing with emotions, stress management, and optimistic thinking. The program received high praise, with recommendations for national expansion and digital availability of training materials.

Conclusion

The training program significantly improved compassionate care for MDRTB patients, leading to better treatment management and patient outcomes. It is recommended to expand the training to all healthcare workers nationwide, with follow-up sessions to ensure consistent compassionate care.

Quality Improvement: Increasing the Final Outcome Uptake of HIV Exposed Infants at 18 Months in MPH, Botswana

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Introduction

According to Botswana's PMTCT guidelines (March 2011), all HIV-exposed infants are required to undergo HIV testing at 6 weeks, post-weaning, and at 18 months to ensure they receive timely and appropriate care. Early and accurate HIV testing for infants is crucial for ensuring that those who are exposed to HIV can receive optimal treatment and prevent further health complications. In order to reduce the transmission of HIV to children, the uptake of services and adherence to the PMTCT (Prevention of Mother-to-Child Transmission) interventions are essential. However, challenges in meeting the targets for timely HIV testing and proper follow-up care have been identified, especially in rural settings. The gap in the testing rate, which was initially at 42.4%, indicates the need for a quality improvement initiative aimed at increasing the testing uptake among HIV-exposed infants.

Methods

A retrospective, cross-sectional study was conducted at Mmadinare Primary Hospital (MPH) in Botswana, focusing on HIV-exposed infants who were born between January 2021 and May 2022. Data was abstracted from the hospital's birth cohort registers to analyze the uptake of HIV testing at 18 months. Out of 85 infants identified in the cohort, only 39 had their final HIV test results documented, representing a baseline testing rate of 42.4%. The study used these initial figures to measure improvements in testing rates over the course of several months, from November to May, in response to a series of interventions aimed at increasing follow-up and testing compliance.

Results

Over the course of the study period, the HIV testing rate for HIV-exposed infants at MPH showed a significant increase. Starting at 42.4% in November, the rate steadily improved each month. By May, 76 out of 84 infants had received their final HIV test results, representing an 89.4% testing rate. This increase was attributed to various strategies, such as intensified education and community outreach, including follow-up visits to rural areas and cattle posts by community testers. Follow-up by phone also contributed to keeping caregivers engaged in the process. The improvement in test-

ing uptake demonstrated that targeted interventions could address some of the barriers to timely HIV testing in this cohort.

Conclusion

The study found that all the HIV-exposed infants tested were negative for HIV, which underscores the success of the interventions in improving testing rates and ensuring the health of these infants. The results highlight the importance of community involvement and continuous follow-up in improving health outcomes. Additionally, it was identified that babies were often not captured in the birth cohort register at birth, but only later when they came for regular Child Welfare Clinic (CWC) visits. The study recommends that all HIV-exposed infants be recorded at birth to facilitate timely follow-up. Further training on PMTCT guidelines is recommended for health personnel to close any gaps and ensure all infants are captured and tested in a timely manner. The extension of this project is suggested to reach the remaining 10.6% of infants who were not tested during the study period.

Associated Factors That Hinder Use and Uptake of Pre-exposure Prophylaxis Among Pregnant Adolescents in One of the Regional Hospitals in Lesotho

Maithabeleng Litlallo Tsolo¹

Abstract ID: 167

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Background

Pre-exposure prophylaxis (PrEP) has become a key component of HIV prevention programs, endorsed by health ministries worldwide, including in Lesotho, which faces the highest adult HIV prevalence and incidence rates globally. The World Health Organization recommends PrEP use for individuals at significant risk of contracting HIV. Among the population of teenage girls and young women in Sub-Saharan Africa, HIV incidence has increased by 25%, and Lesotho mirrors this troubling trend. Despite the availability of PrEP, its use and uptake among adolescents in one of Lesotho's regional hospitals remain unsatisfactory. The study aimed to identify the associated factors that hinder the use and uptake of PrEP among pregnant adolescents attending antenatal clinics at this hospital.

Methods

This study was conducted as part of a diploma in midwifery program using a quantitative, cross-sectional descriptive

design. Purposeful sampling, a non-probability technique, was employed to select participants. The study's population comprised HIV-negative pregnant adolescents attending antenatal care at one of the regional hospitals in Lesotho. Data was collected using a structured questionnaire and analyzed with Microsoft Excel. Descriptive statistics were used to present the findings in the form of charts to summarize the key factors influencing PrEP uptake among the participants.

Results

A total of 25 pregnant adolescents participated in the study, which was aligned with the learning requirements of the midwifery curriculum. Of these participants, 42% were aged between 12 and 18 years, while 58% were aged between 19 and 24 years. Additionally, 64% were multi-gravida (had been pregnant more than once), while 36% were primigravida (first-time pregnant). Regarding marital status, 68% were married, 16% were single, and another 16% were separated from their partners. Educational attainment among the participants showed that 64% had completed high school, 20% had attended tertiary education, and 16% had completed only primary school. A significant proportion of the adolescents (42%) did not use PrEP because they did not perceive themselves to be at risk of acquiring HIV. Furthermore, 30% of participants were unaware of PrEP's existence, while 12% reported reluctance to use PrEP because their male partners were opposed to it. Other reasons for non-use included a dislike of taking daily pills (10%) and fear of potential side effects (6%).

Conclusion

The findings highlight that a lack of awareness about PrEP is a major barrier to its use among pregnant adolescents. Health education campaigns are urgently needed to increase knowledge about PrEP, particularly targeting males and the general public. Radio and television spots can be effective platforms for raising awareness. In addition, male partners should be encouraged to actively participate in maternal and child health matters, including the use of PrEP, to reduce stigma and increase the likelihood of adoption. These efforts are essential for improving the uptake of PrEP and enhancing HIV prevention among pregnant adolescents in Lesotho.

Associated Factors That Hinder Use and Uptake of Pre-exposure Prophylaxis Among Pregnant Adolescents in One of the Regional Hospitals in Lesotho

Abstract ID: 167

Topic: Midwifery and Women Health Nursing as an Out-

come for Maternal and Infant Health

Maithabeleng Litlallo Tsolo¹

Background

Pre-exposure prophylaxis (PrEP) has been endorsed by health ministries as part of HIV prevention programs, including in Lesotho, which has the highest adult HIV prevalence and incidence rates globally. The World Health Organization recommends PrEP for anyone at significant risk of contracting HIV. HIV among teenage girls and young women has risen by 25% in Sub-Saharan Africa, with Lesotho facing a similar increase. However, the use and uptake of PrEP among adolescents in one of Lesotho's regional hospitals remains unsatisfactory. This study aimed to describe the factors that hinder the use and uptake of PrEP among pregnant adolescents in this hospital.

Methods

This study, conducted as part of a diploma in midwifery, utilized a quantitative, cross-sectional descriptive design. A non-probability purposeful sampling technique was employed to select participants. The study's population included HIV-negative pregnant adolescents attending antenatal clinics at one of the regional hospitals in Lesotho. Data were collected using a structured questionnaire and analyzed using Microsoft Excel. Descriptive statistics were used to present the findings in charts.

Results

A total of 25 pregnant adolescents participated in the study, meeting the curriculum's requirements. Among the participants, 42% were aged between 12 and 18 years, while 58% were between 19 and 24 years. 64% of the participants were multi-gravida (having been pregnant more than once), and 36% were primigravida (first-time pregnant). In terms of marital status, 68% were married, 16% were single, and 16% were separated from their partners. Regarding educational background, 64% had completed high school, 20% had attended tertiary education, and 16% had only completed primary school. The primary reasons for not using PrEP included the belief that they were not at risk of HIV (42%), lack of knowledge about PrEP (30%), reluctance due to opposition from male partners (12%), dislike of taking daily pills (10%), and fear of side effects (6%).

Conclusion

The study highlights that a significant portion of pregnant adolescents lacks awareness of PrEP, emphasizing the need for targeted health education, especially directed at males and the general public. Awareness campaigns through radio and television are recommended to increase knowledge. Additionally, male partners should be encouraged to ac-

tively participate in maternal and child health matters to reduce stigma and support the uptake of PrEP among pregnant adolescents.

Caring Behaviour of Midwives Who Nurse Women During Childbirth in Botswana: Quantitative Study

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Abstract ID: 168

Topic: Midwifery and Women Health Nursing as an Outcome for Maternal and Infant Health

Introduction

Caring behaviour, which entails nurturing another with commitment and responsibility, is a fundamental aspect of midwifery. However, facility-based childbirth services in Botswana have seen increasing complaints about uncaring behaviour among midwives. This study aimed to identify and describe the caring behaviours of midwives, explore factors inhibiting or facilitating these behaviours, and make recommendations to optimize caring practices in maternity units in Botswana.

Methods

A quantitative, descriptive research design was used to collect data through a structured questionnaire distributed to 200 midwives working in maternity units in the Kgatleng and Greater Gaborone regional health districts. The questionnaire assessed demographic attributes, caring behaviours, and factors influencing such behaviours. Purposive sampling was employed to select respondents. Ethical approvals were obtained from relevant ethics committees in Botswana and Nelson Mandela University.

Results

The findings revealed that most midwives demonstrated caring behaviours in 17 out of 21 assessed practices. However, four practices did not meet professional midwifery standards. Inhibiting factors included staff shortages, work overload, burnout, poor working environments, lack of verbal appreciation, insufficient equipment, and challenges related to the woman's age, parity, or behaviour. Respondents generally felt satisfied with their roles but reported being overwhelmed by systemic challenges.

Conclusion

Caring behaviour is central to midwifery, emphasizing respect, empathy, and kindness, which promote positive childbirth experiences. However, systemic and environ-

mental challenges negatively influence the quality of care. Addressing these barriers through improved working conditions, staff support, and recognition of midwives' contributions is critical to optimizing caring behaviours and ensuring the highest standards of maternal care during childbirth.

Keywords: Caring Behaviour, Childbirth, Maternity Unit, Midwife, Woman

Innovative Ways for Screening Tuberculosis: Occupational Health Nurses

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Abstract ID: 169

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Introduction

The evolving global landscape necessitates innovative healthcare approaches to promote health, prevent diseases, and achieve Sustainable Development Goal 3. Occupational Health Nurses (OHNs) are pivotal in addressing the triple burden of tuberculosis (TB), HIV, and silicosis, particularly among artisanal and small-scale miners (ASMs) in Zimbabwe. ASMs face heightened TB risks due to exposure to silica-containing dust, limited use of personal protective equipment (PPE), and poor access to healthcare services. TB prevalence in ASMs is 39 times higher than the national average, underscoring the urgency for targeted interventions.

Methods

Under the USAID-funded KNTB project, health teams, including OHNs, conduct outreach screening programs in remote artisanal mining sites. These efforts involve TB, HIV, and silicosis screening; HIV testing and counseling; and health education. Teams collaborate with miner leadership to access remote sites and camp on-site for several days to deliver services. Sputum samples are collected from individuals suspected of having TB for gene testing. Those diagnosed with TB are initiated on treatment and linked to nearby healthcare facilities. Additionally, individuals with silicosis are offered TB preventive therapy.

Results

The outreach programs have successfully screened high-risk ASMs, initiating treatment for those diagnosed with TB and linking them to care. Preventive measures for silicosis patients have reduced the risk of TB infection, while educational initiatives have improved knowledge of TB, HIV,

and silicosis, fostering behavior change and adherence to treatment. Relationships established between health teams and miners have reduced stigma and built trust, ensuring continued engagement with health services.

Conclusion

By bringing screening and health education services directly to remote mining sites, OHNs address critical gaps in healthcare access for ASMs. These interventions reduce barriers such as long travel distances and stigma, improving early diagnosis and treatment initiation. Targeted efforts by OHNs enhance worker health, mitigate TB, HIV, and silicosis risks, and contribute to the broader goal of a healthier workforce in Zimbabwe's mining sector. Further expansion of such initiatives can ensure sustainable health outcomes for high-risk populations.

Keywords: Nurses, TB Risk Group, Tuberculosis Screening, Innovative Screening, Miners

Education Innovation through Education Capacity Frameworks: Results from Field Test in Three Countries

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Abstract ID: 170

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Introduction

Midwives play a crucial role in improving maternal and newborn outcomes. When educated to international standards, midwives can deliver nearly 90% of essential SRM-NAH interventions. However, the global midwifery shortage, particularly in Africa, underscores the urgent need for qualified midwives and quality pre-service education (PSE) programs. In sub-Saharan Africa, PSE programs face overwhelming challenges, making prioritization of investments difficult. The Educational Capacity Frameworks (ECFs) were developed to help midwifery schools identify gaps and prioritize improvements. This study aimed to test ECFs with end-users for the first time.

Methods

The ECFs were piloted at midwifery schools in Botswana, Togo, and Ghana, involving 40 participants across three regions of sub-Saharan Africa. Schools self-assessed their maturity in five PSE domains: curriculum, students, faculty, clinical sites, and infrastructure and management. A vali-

dated Likert scale measured acceptability, appropriateness, and feasibility, and descriptive statistics summarized the data. Qualitative feedback was collected using the "Rose, Bud, Thorn" approach and categorized accordingly.

Results

Midwifery schools reported varying time (1–30 hours) and meetings (1–9) required to complete the ECFs, engaging 3–18 participants. Infrastructure and Management was self-assessed as the most developed domain, while Clinical Sites were the least developed. Nearly all participants agreed or strongly agreed that the ECFs were acceptable, appropriate, and feasible. Participants highlighted the ECFs' ability to identify weak or neglected areas and foster awareness of overlooked aspects. Concerns included the length of the ECFs, unclear instructions, and sections covering multiple concepts simultaneously.

Conclusions

The ECFs provide midwifery schools with a strategic tool to assess and prioritize areas for improvement, enabling alignment with global standards and enhancing collaboration. The frameworks may also guide budgetary decisions and external assessments. Additional research is necessary to determine the ECFs' utility in other disciplines and regions.

Keywords: Africa, Acceptability, Appropriateness, Feasibility, Midwifery

Challenges Faced by Health Care Workers Living with Disabilities in a National Referral Hospital, Kenya

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Abstract ID: 171

Topic: Policy Making, Leadership, and Advocacy in Nursing and Midwifery

Introduction

Disability mainstreaming is a global agenda aimed at addressing the challenges faced by people living with disabilities (PLWDs). International and local laws and policies advocate for the well-being and inclusion of this population, with frameworks such as strategic plans and performance contracts targeting health, job satisfaction, welfare, and performance. This study aimed to identify the challenges faced by healthcare workers with disabilities at a national referral hospital in Kenya.

Methods

A cross-sectional study was conducted using the Redcap Computer application for data collection. Additional methods included focus group discussions, observation checklists, key informant interviews, and assisted administered questionnaires. Quantitative data was analyzed using SPSS version 29, with results presented in frequency tables and graphs. Qualitative data was transcribed and thematically analyzed. The study employed a census sampling approach.

Results

The response rate was 72.9% (n=51). Among respondents, 58% were female, with a mean age of 47.6 years, and 31% held a diploma as their highest education level. Physical disabilities were the most prevalent (82%), with 70% of disabilities acquired during life. Common challenges included accessibility (43.1%), washroom facilities (25.5%), transport (29.4%), and accommodation (11.8%). Other issues included limited decision-making opportunities (17.7%), inadequate training (35.3%), medical treatment challenges (15.7%), and working hour adjustments (33.3%). Emotional, functional, career, communication, and misunderstanding challenges were also reported. Overall satisfaction among PLWDs was rated at 59.3%.

Conclusions

While progress is being made, healthcare workers with disabilities continue to face significant challenges. Enhancements in accessibility, medical treatment, training, accommodation, transport, support supervision, and adjusted working hours are essential to improving their work environment and overall satisfaction.

Keywords: Challenges, Disability, Support, Workplace

Bridging Gaps: Assessment of Nursing Education Curricula in the WHO-AFRO Region

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Abstract ID: 172

Topic: Policy Making, Leadership and Advocacy in Nursing and Midwifery

Introduction

Nurses and midwives are pivotal to the global health workforce. Globalization in healthcare necessitates that education aligns with skills and competence. However, significant variations in nursing and midwifery education across the WHO-AFRO region impede nurse mobility and contribute to high unemployment rates. These inconsistencies result in varying competencies among nurses and midwives, emphasizing the need for standardized curricula to address these gaps.

Methods

A quantitative design was employed to evaluate nursing and midwifery curricula against the WHO prototype in seven WHO-AFRO focus countries: Malawi, Ghana, Kenya, Rwanda, Cameroon, Nigeria, and Lesotho. A checklist was developed, measuring credit hours as 15 hours of theory or 45 hours of practical work per credit. Charts illustrated variances, with inverted bars indicating fewer credits and upright bars indicating more credits compared to the WHO prototype.

Results

Findings revealed that average credits exceeded the WHO curriculum in Malawi (3.55), Ghana (3.39), Kenya (3.09), Rwanda (1.57), and Cameroon (0.57); matched in Nigeria (0.00); and fell below in Lesotho (-1.83). Some critical subjects were also absent in the WHO curriculum.

Conclusions

Inconsistencies exist in the bachelor's degree curricula for nursing across the WHO-AFRO region. Important subjects missing from the WHO prototype further complicate the standardization process. It is crucial to review and harmonize nursing and midwifery curricula in member countries to align with core competencies. Establishing a committee involving key stakeholders to oversee adaptation is essential for achieving consistency and competency retention.

Keywords: ICN, Nursing Education, WHO-AFRO Region, Bridging Gaps, Nursing Curricula

Early Experiences in the Introduction of Heat Stable Carbetocin (HSC) for Postpartum Haemorrhage (PPH) Prevention and the WHO First Response Bundle for PPH Treatment in 36 Health Public Facilities in Kenya

Abstract ID: 173

Topic: Nursing and Midwifery, Research, and Implementation Effectiveness

Michael Muthamia¹

Background

Postpartum hemorrhage (PPH) causes approximately 70,000 maternal deaths annually, with Kenya accounting for 40% of these deaths. PPH is the leading cause of maternal mortality, and its prevention and treatment can be improved through quality-assured medicines like Heat-stable carbetocin (HSC), tranexamic acid (TXA), and misoprostol. The AMPLI-PPHI Project, supported by Unitaid and the Ministry of Health, has focused on the introduction of these drugs to improve PPH outcomes.

Methodology

From January 2024, the AMPLI-PPHI Project provided a 3-year supply of HSC, TXA, and misoprostol to 36 health facilities in Makueni County. Training focused on PPH prevention using quality-assured medicines and the WHO first response bundle for PPH treatment within 15 minutes of diagnosis. Interventions included multi-cadre training, continuous education for healthcare providers, distribution of client literacy materials, and quality improvement initiatives. Routine data collection monitored progress and safety.

Results

In the 36 facilities, 84.7% to 99.8% of women received HSC for PPH prevention from January to May 2024. Misoprostol was given to 79 women at risk of delivering outside health facilities, with 4 using it correctly. No adverse events were reported. The pre-intervention stillbirth rate was 0.61%, compared to 1.25% during the intervention. All women in the study received the WHO first response bundle for PPH treatment. There were no PPH-related deaths in Makueni County in 2023 and 2024, compared to 12 in 2022.

Conclusion

The introduction of HSC and TXA in Kenya has shown promising results, significantly improving PPH prevention and treatment. These innovations can be safely implemented across health facilities, reducing maternal morbidity and mortality from PPH.

Quantification of Products for Prevention and Management of Postpartum Haemorrhage: Insights from a Service-Delivery Quantification Model in Kenya for FY2023/24 to FY2025/26

Abstract ID: 174

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Mr. Kiiio Morris¹

Background

Postpartum hemorrhage (PPH) remains a leading cause of maternal mortality, especially in low-resource settings like Kenya, accounting for 40% of maternal deaths. New health products and technologies (HPTs) such as Heat Stable Carbetocin (HSC), Tranexamic acid (TXA), Free flow uterine balloon tamponade (FFUBT), and Non-pneumatic Anti-shock Garment (NASG) offer significant potential to improve PPH outcomes. This abstract outlines the quantification process for these HPTs required for Kenya's public health sector from FY 2023/24 to FY 2025/26.

Methodology

The quantification process, led by the Division of Reproductive and Maternal Health (DRMH) in collaboration with supply chain partners, employed a delivery-based tool that calculates the uterotonic and TXA needs based on the number of births and PPH cases. Assumptions included 100% uterotonic use for PPH prevention, with 60% receiving HSC. The tool also accounted for PPH cases due to atony, those that do not respond to the first response bundle, and those progressing to hypovolemic shock. Data sources included historical consumption patterns, Kenya Health Information System (KHIS) service data, and forecasting techniques like time-series analysis to estimate future demand with a 95% confidence level. The result was the required quantities of each HPT by product, county, and financial year.

Findings

For FY 2023/24, the national requirements included 731,767 ampoules of Oxytocin, 555,385 ampoules of HSC, 532,245 tablets of misoprostol, and 56,836 500mcg ampoules of TXA, among other products, totaling an estimated cost of \$2,663,230. The Kenya Medical Supplies Authority (KEMSA) used this report to procure 360,000 doses of HSC, the largest public sector order at the time.

Conclusions

This quantification model provides a data-driven framework for ensuring adequate availability of HPTs to manage PPH in Kenya. By strengthening supply chain management, improving financial planning, and investing in capacity building, Kenya can enhance maternal health outcomes. Successful implementation requires coordinated efforts from all maternal health stakeholders

Impact of GRASPIT Training in Five Kenyan Hospitals

Abstract ID: 175

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Christine Mwikali Musee

Background

GRASPIT, a health worker training program from a Kenyan-UK partnership, promotes a systematic approach to assessing and treating acutely sick patients. Accredited by the National Resuscitation Council of Kenya (NRCK) in 2012, it has been delivered in over ten hospitals from 2012 to 2018. This study evaluates the impact of GRASPIT training in Kenya, aiming to assess its effectiveness in improving healthcare delivery.

Methods

This cross-sectional study was conducted at five hospitals: Kenyatta National Hospital, Kisumu, Nyeri, Kajiado, and Karatina. Respondents included trained healthcare workers, their supervisors, and GRASPIT trainers. Data were collected through pre- and post-course test scores, training evaluation forms, confidence evaluations, questionnaires, key informant interviews, and focus group discussions. The analysis focused on changes in knowledge, skills, confidence, and patient management practices.

Results

GRASPIT training led to significant improvements in participants' skills and confidence. Post-course surveys indicated a 30% increase in confidence and a 25-31% improvement in test scores. Participants demonstrated enhanced ability in recognizing patient deterioration (70-90%), initiating appropriate treatment (70-90%), managing pain (80-90%), escalating care (60-90%), and communication (70-90%). Supervisors reported 80-100% improvements in patient management. Satisfaction levels were 83.1%. Factors influencing training success included access to trainers and equipment, managerial support, staffing, and training resources.

Conclusion/Recommendation

GRASPIT training has shown substantial impact on healthcare workers in Kenya, improving patient care despite resource challenges. It provides a strong foundation for future training efforts and can be adapted to fill critical healthcare gaps at all levels. This study serves as a baseline for future evaluations of GRASPIT's effectiveness in Kenya.

Evaluation of the Impact of Springboard Quality Improvement and Leadership Training: A Case Study of Nyahururu, Nanyuki, and Kwale Health Facilities, Kenya

Abstract ID: 176

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Christine Mwikali Musee

Background

Evaluating healthcare training is essential for evidence-driven decision-making and ensuring continuous quality improvement. This research evaluates the impact of the Springboard project, focusing on quality improvement and leadership training, and identifies factors influencing success in Nyahururu, Nanyuki, and Kwale health facilities.

Methods

This cross-sectional study included 59 participants who underwent Springboard training in quality improvement and leadership at three healthcare facilities: Nyahururu (22), Nanyuki (23), and Kwale (11). Data were collected using a self-administered questionnaire, key informant interviews with 31 supervisors/managers (11 from each site), and three focus group discussions (6-11 participants each). The study assessed the application of skills and knowledge gained, project success, and performance of trained workers.

Results

Of the respondents, 66.1% completed the foundation course, while 33.9% took both foundation and advanced courses. Nearly all (98.3%) were able to apply the knowledge and skills acquired, with overall training satisfaction at 89.7%. The success rate for participant-led projects was 92.9%, with 75% achieving full or partial success. Projects from Nyahururu had the highest success rate (57%), followed by Nanyuki (35.7%) and Kwale (7.1%). The perceived usefulness of the projects was 88.4% for participants and 95.7% for patients. Key factors influencing project suc-

cess included leadership, resources, and supportive supervision.

Conclusion/Recommendation

Springboard training significantly contributed to quality improvement and leadership in healthcare. The projects were largely successful, benefiting both participants and patients. The findings provide valuable insights to guide future training and enhance the quality of healthcare services in Kenya.

Mapping Burn Injury Trends Among Children in a National Referral Hospital Using Global Information System

Abstract ID: 177

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Christine Mwikali Musee

Background

Burn injuries among children, particularly in low- and middle-income countries, cause significant mortality and morbidity. In Kenya and South Africa, burn injuries in children are influenced by socio-economic and environmental factors. However, there is a lack of studies using global information systems to visualize burn injury trends. This study aims to map the distribution of burn injuries in children, identify contributing factors, and evaluate prevention efforts.

Methods

This cross-sectional study was conducted at a national referral hospital. Data were collected through written interviews with burn-injured children and their parents/guardians, as well as key informant and focus group interviews with healthcare workers and hospital managers. Quantitative data were analyzed using the Statistical Package for Social Sciences (SPSS), while qualitative data were transcribed, coded, and analyzed.

Results

The study found that factors predisposing children to burns included gender (54% male), age (31.5% under two years), indoor activities, scalding (51.1%), overcrowding, lack of playgrounds, and failure to take preventive measures (74.3%). First aid was often delayed (55%) and unscientific (83%). Common barriers to proper care included lack of funds, traffic, misconceptions, facility preference, and delays in referrals.

Conclusion/Recommendation

The use of Global Information Systems facilitated the visualization of burn injury trends. Identified factors contributing to burn injuries include socio-economic and environmental influences. A multipronged collaborative effort is recommended to address burn injury prevention and improve treatment outcomes.

Factors Associated With Psychoactive Substance Use Among Adolescents Treated In Kenyatta National Hospital, Kenya

Abstract ID: 178

Topic: Policy Making, Leadership, and Advocacy in Nursing and Midwifery

Christine Mwikali Musee

Background

Adolescence is a critical period marked by psychoactive substance (PAS) use, including tobacco, alcohol, and other substances. PAS use leads to various negative outcomes such as health issues, risky behaviors, and social problems. This study explores the common PAS used among adolescents treated in Kenyatta National Hospital (KNH), the factors influencing PAS use, and the health care implications.

Objective

To determine the common PAS used by adolescents treated at KNH, identify the factors associated with this use, and explore the health care implications.

Methods

This cross-sectional study was conducted in the Youth Centre and Mental Health Department at KNH. Participants included youth aged 10-24 with psychoactive substance use (PASU) and healthcare practitioners (HCPs) serving them. Data were collected through questionnaires, focus group discussions with adolescents and HCPs, and key informant interviews with HCPs in management positions. Quantitative data were analyzed using the Statistical Package for Social Sciences (SPSS), and chi-square tests were used to explore associations. Qualitative data were transcribed, coded, and analyzed for themes.

Results

Common PAS used included wine, spirits, traditional alcohol, khat/miraa, kuber, heroin, cocaine, bhang, glue, prescription drugs, and combinations of these. Spirits con-

sumption was statistically significant ($P = 0.01$). Factors influencing PAS use included peer pressure (18%), availability of PAS (16%), absent parenting (11%), poor social support (11%), and single-parent households (9%). Gender ($P = 0.006$), age ($P = 0.029$), and marital status ($P = 0.006$) were significantly associated with PAS use duration. Most adolescents (95%) found KNH services useful, and 90% rated them as affordable. HCP satisfaction was 71%, and adolescents rated their services at 82%. Adolescents also sought care for sexual and mental health issues, indicating the need for a multidisciplinary approach in PASU treatment.

Conclusion

The study identifies common psychoactive substances used by adolescents in KNH and the factors associated with their use, highlighting the need for a multisectoral approach to treatment. The findings emphasize the importance of a multidisciplinary care model in addressing the diverse needs of adolescents with PASU.

Enhancing Participants' Confidence in Preventing and Managing Postpartum Hemorrhage via the Comprehensive Training Approach of Helping Mothers Survive Bleeding After Birth Complete

Abstract ID: 179

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Keywords: Maternal Newborn Health

Jim Kelly Mugambi

Background

Obstetric hemorrhage is a leading cause of maternal mortality worldwide, particularly during the perinatal period. In Kenya, it is the primary cause of maternal deaths, with half of these occurring during the postpartum period. Several interconnected factors influence the management of postpartum hemorrhage (PPH), including inconsistent practices among healthcare providers and reluctance to adopt new techniques. To address these challenges, the Accelerating Measurable Progress and Leveraging Investments for PPH Impact (AMPLI PPHI) initiative, in collaboration with the Ministry of Health and Makueni County, is implementing a health system strengthening package in 36 facilities in Makueni County. This includes training healthcare

providers on PPH prevention, early detection, and treatment, based on the WHO first response bundle.

Methodology

The AMPLI PPHI project utilized the Helping Mothers Survive Bleeding After Birth Complete (HMS BABC) approach, a facility-based, simulation-based training strategy incorporating "low-dose, high-frequency" (LDHF) training. This method includes short, on-site team learning sessions, followed by deliberate skills practice and continuous mentorship facilitated by peer practice coordinators. A trainer-to-trainee ratio of 1:6 was maintained throughout the training sessions. From October to December 2023, a multidisciplinary team of 345 midwives, 9 medical doctors, 65 clinical officers, 2 obstetricians/gynecologists, and 5 anesthetists were trained. The study assessed participants' confidence levels before the training, immediately after, and six months post-training in several key skills related to PPH management. The confidence levels were rated on a scale from "Extremely Confident" to "Not Confident at All," and the data were analyzed using Excel, with results presented in charts.

Results

There was a 55-percentage point increase in participants reporting high confidence in the assessed skills immediately after the training. This increase was sustained at 39 percentage points six months later. The percentage point increase for each skill at six months post-training was as follows: HSC use (81%), clinical bundle application (59%), PPH management (41%), TXA use (40%), shock detection and management (36%), and manual removal of the placenta (24%). Additionally, healthcare providers reported a reduction in the need for referrals.

Conclusion

The adoption of a sustainable training approach that incorporates evidence-based strategies in the prevention, early detection, and management of PPH is crucial for improving maternal outcomes. The HMS BABC training resulted in a significant increase in healthcare providers' confidence in their ability to manage PPH, and it is expected that this improvement will lead to enhanced quality of care at the supported sites.

Infectious Diseases Stigma Among Health Care Workers: Everyone's Concern

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Abstract ID: 180

Topic: Nursing and Midwifery, Research and Implementation Effectiveness

Abstract

Introduction

Infectious diseases such as cholera and COVID-19 have had a profound impact globally, including in Zambia. These diseases overwhelmed healthcare systems, disrupted daily life, and created socio-economic challenges. Beyond these direct effects, a significant issue that emerged is the stigmatization of patients, their contacts, and frontline health workers, who are often viewed as sources of infection. This study aimed to explore the extent of infectious disease stigma and its impact on frontline health workers in Zambia.

Methods

A descriptive cross-sectional study was conducted in Lusaka, Chilanga, and Kafue districts of Zambia, involving doctors, nurses, midwives, and clinical officers. Hospitals and health centers were purposively selected, and 384 participants were conveniently selected from the target population. Data were collected through structured questionnaires and analyzed using SPSS version 27. Chi-square and logistic regression analyses were performed with a significance level set at five percent.

Results

The study found that 70.2 percent of healthcare workers experienced stigma related to infectious diseases, with 20.1 percent facing severe stigma. The department in which a healthcare worker served was significantly associated with the level of stigma experienced ($P = 0.003$). Stigmatization was most prevalent from the community, followed by family and self. The stigma was largely due to a lack of knowledge about preventive measures and fear of contracting the disease. Despite these challenges, healthcare workers demonstrated coping mechanisms such as faith in God, positive thinking, and the hope that community attitudes would improve through enhanced sensitization and education on COVID-19 and cholera.

Conclusion

This study highlights the significant impact of infectious disease-related stigma on healthcare workers, particularly those serving in isolation centers for cholera and COVID-19. It emphasizes the need for comprehensive strategies to address this issue, not only in the context of COVID-19 and cholera outbreaks but as an ongoing concern.

cern. These strategies should support healthcare workers by mitigating stigma and fostering better community awareness and education.

Keywords: Frontline, Health Workers, Infectious Diseases, Stigma

The Impact of Digitally Supported Training and Mentorship in Improving Newborn Survival Rates among Six Regional Referral Hospitals in Tanzania

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Abstract ID: 181

Topic: Advancing Innovation and Technology in Nursing and Midwifery

Background

In Tanzania, neonatal deaths are predominantly caused by birth asphyxia (31%), preterm complications (25%), and infections (20%). Helping Babies Breathe (HBB) concepts, incorporated into ENC Now!, focus on neonatal resuscitation in resource-limited environments and have been shown to reduce neonatal mortality by 47% and fresh stillbirths by 24%. ENC Now! is a digitally supported, remotely facilitated training program designed to improve newborn survival rates by supporting healthcare providers' learning and clinical practice through a blended learning approach.

Methodology

The ENC Now project utilized tele-mentoring, creating communities of learners that brought together healthcare providers and experts using case-based and didactic presentations. Digital equipment for virtual training was provided to six Regional Referral Hospitals: Mbeya, Katavi, Morogoro, Sokoine, Ligula, and Tumbi. Baseline data was collected from six local champions through knowledge assessments, OSCE, and BMV assessments. Training of Trainers for six local champions was followed by mentorship for 30 Master Trainers and training for 75 learners across the regions.

Results

The initiative resulted in a significant improvement in healthcare providers' knowledge and confidence, enhancing clinical practices and neonatal management. From January 2023 to June 2024, neonatal deaths significantly decreased, especially in hospitals like Ligula, Mbeya, Katavi, and Morogoro. For instance, in the April–June 2023 quar-

ter, neonatal deaths were at their highest but decreased in subsequent quarters, demonstrating the success of the interventions.

Conclusion

The continuous reduction in neonatal deaths, particularly in hospitals like Morogoro and Mbeya, underscores the success of this digital initiative. It highlights the importance of innovative training methods and ongoing mentorship in improving healthcare quality and saving newborn lives. There is a need to expand this initiative nationwide and enhance Emergency Obstetric and Newborn Care services at all healthcare levels.

Keywords: Innovation, Maternal Care, Newborn Care

Strengthening Frontline Health Workers' Supply Chain Capacity in the Sub-Saharan Region

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Abstract ID: 182

Topic: Midwifery and Women's Health Nursing as an Outcome for Maternal and Infant Health

Background

The healthcare workforce is crucial to a nation's healthcare system, yet capacity building is often overlooked. Sub-Saharan Africa faces a dual challenge: resource constraints and a lack of skilled health workers, exacerbated by uneven workforce distribution, limited financing, and outdated training models. These factors weaken supply chain systems, affecting access to medicines and patient care, especially in rural areas. Empower School of Health, in partnership with Johnson & Johnson, ECSACONM, and Ethiopian Pharmaceutical Network (EPN), aimed to address competency gaps in frontline supply chain management (SCM) across Kenya, Rwanda, Botswana, Nigeria, and South Africa.

Methodology

The initiative involved the design, hosting, and delivery of 13 online modules at no cost to learners. The courses were developed based on a needs assessment of nurses, midwives, and other frontline workers. 329 participants from health facilities and 43 senior health professionals across five countries participated in the survey. Based on the findings, course modules covered essential SCM topics, including procurement, cold chain management, inventory, ordering, reporting, good storage practices, rational medicine use, waste management, and communication skills. The courses were shared with regional nursing councils, and CPD points were awarded upon course completion.

Results

As of April 2024, 1,192 participants were enrolled across the three platforms. The highest participation was from Kenya, Nigeria, Ethiopia, and Zimbabwe. The course completion rate was 14% on average, with Empower's LMS at 32%, ECSACONM's LMS at 9%, and EPN's LMS at 2%. Feedback from 210 learners indicated the courses were easy to use and beneficial to their careers. Knowledge improvement post-course averaged 14%.

Conclusion

Local stakeholders like ECSACONM played a crucial role in achieving country buy-in and CPD point allocation. Transferring courses to in-country platforms, providing technical assistance for hosting and maintenance, builds local capacity and ensures sustainability. Based on feedback, enriching the content with more technical concepts and expanding the courses to diploma-level training is recommended. Additionally, demand for French translations to accommodate Francophone Africa should be addressed.

Keywords: Capacity Building, Frontline Workers, Supply Chain Management[^]

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