

# Demographic Characteristics and Personal Hygiene Factors with Wound Healing in Patients with Cesarean Section

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**Abstract---** *Cesarean section is an incision in the uterine wall through the abdominal wall. Cesarean section occurs because of a history of previous cesarean section, fetal distress, HIV positive before birth and narrow pelvis. In addition to wound healing, care for post-cesarean wounds is also necessary. Wound care is an action to prevent infection and accelerate wound healing. This study seeks to analyze the relationship between demographic characteristics and personal hygiene in cesarean postoperative patients at West Nusa Tenggara Provincial Hospital. The analysis shows that age is one of the factors that contribute to the response to wound healing. The results also showed that the level of education influences the individual in responding to wound healing. The next finding is that the level of work affects individuals in responding to wound healing. This is related to differences in work owned by someone causing differences in health status and what risks one must face.*

**Keywords---** *Demographic Characteristics, Personal Hygiene, Factors, Wound Healing, Cesarean Section.*

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## I. INTRODUCTION

Personal hygiene is the health of a person or individual that is very important and must be considered in order to maintain his life, health and well-being in accordance with his health conditions (Shyam, 2003). According to Tarwoto (2006) personal hygiene is an action to maintain one's hygiene and health for physical and psychological well-being. This is necessary so that someone can live a healthy life. Personal hygiene can also be given to patients after cesarean section when getting wound care in order to provide comfort to the patient after cesarean wound care to avoid infection (Kandil et al., 2014; Nurwahyuni et al., 2018; Peleg et al., 2016; Dhar et al., 2014).

The importance of personal hygiene certainly cannot be separated from non-pharmacological actions so that the patient's dependence on drugs is not excessive. According to Seffah (2005), treatment of patient wounds after cesarean section can be done personal hygiene. The wound care process can go well, the patient feels comfortable and relaxed. To prevent infection by self-care, both alone and by using the help of others so that patients will feel comfortable. Another case with Johnson & Taylor (2004) that personal hygiene in wound care patients after surgery is effective to prevent the risk of infection. This is done so that patients feel comfortable and relaxed so that wound care can be done easily by nurses.

Maintaining skin hygiene and skin care aims to keep the skin maintained and maintained so that it can minimize any threats and disturbances that will enter through the skin. Nurses as health workers are important to inform clients in health services for the importance of maintaining cleanliness and skin care. According to Isroin & Andarmoyo, (2012) one of the actions in personal hygiene is skin care. The importance of skin health and cleanliness because the skin is the outer layer of the body and has the task of protecting the underlying body tissues

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and other organs against injury, and the entry of various kinds of microorganisms into the body. Meanwhile, Potter & Perry (2010) explains that the skin is a favorite place for microorganisms to grow and multiply. Without proper skin preparation, the risk of postoperative wound infection will be high. For this reason, care is needed for skin health and hygiene. This study seeks to analyze the relationship between demographic characteristics and personal hygiene in cesarean postoperative patients at West Nusa Tenggara Provincial Hospital.

## II. METHOD

This study was to examine the relationship between demographic factors including age, education and personal hygiene work with wound healing in post cesarean section. Respondents in this study were patients with cesarean section who experienced personal hygiene during wound care in the Melati room of the General Hospital of West Nusa Tenggara Province. This study was conducted in 2014. The sampling technique used is accidental sampling. The number of samples in this study were 52 people.

In this study, personal hygiene refers to an action to maintain cleanliness and health of a person for physical and psychological well-being, while demographic character refers to the social conditions and personal characteristics of patients concerning certain classifications as distinguished identifiers.

## III. RESULTS

Report of birth cases in the 2014 General Hospital of West Nusa Tenggara province that there were 910 births including 320 cases of cesarean births, in January 79 people (24.7%), in February 105 people (32.8%), In March there were 84 people (26.2%), and in April there were 52 people (16.2%) based on the registration data for the Postpartum Jasmine Room General Hospital of West Nusa Tenggara province. Based on data on the case of birth in 2014, in this study the number of samples taken was 52 people from part of the population of 320 people. The calculation of sample size / respondent is using accidental sampling technique.

Table 1: Number of Samples / Research Respondents

No	Month	Population	Sample
1	January	79	-
2	February	105	-
3	March	84	-
4	April	52	52
	Total	320	52

Table 1 explains that the number of samples / respondents to be studied were 52 samples in accordance with cases that happened to be present during the study or by accidental sampling technique representing a population of 320 people. of respondents who were still being treated in April 2014. Firstly, the choice of Melati Room was chosen as a sampling place because most of the patients treated in Melati Room experienced birth cases. Melati Room is an inpatient room that has 1 nurse's guard room, 1 washing room for equipment, 7 patient rooms with 36 patient beds, and 4 patient bathrooms.

In general, birth is one of the many types of diseases experienced by patients treated in the General Hospital of West Nusa Tenggara province, especially in the Melati Room. Patients with cesarean section are in need of wound

care, where wound care is good and right can accelerate the wound healing process. In addition, personal hygiene at the time of wound care is very beneficial because it can reduce infection in patients so that the wound care process runs smoothly. Based on research data, there were 52 respondents who underwent cesarean section. The data is divided into several characteristics of research respondents based on age, education, and occupation.

Analysis of the characteristics of respondents by age discusses the age of the respondent and its relationship as a personal hygiene factor. Age is one of the factors that can affect the wound healing process, the more mature a person's age, the more mature the development of his mindset, especially in wound care.

The age of respondents will be divided into 3 categories, namely age <20 years, 20-35 years, and > 35 years. Based on previous data, there were 52 respondents including 45 respondents aged 20-35 years, 4 respondents aged > 35 years, and 3 respondents aged <20 years (Table 2).

Table 2: Distribution of Respondents by Age

No	Age	Frequency	Percentage (%)
1	<20	3 people	5.8
2	20-35	45 people	86.5
3	>35	4 people	7.7
Total		52 people	100

Table 2 shows that most respondents were aged 20-35 years. This is one of the factors that affects the duration of the wound healing process in the caesarean section. At that age caesarean section is more common because of a history of previous cesarean section, HIV positive before birth, breech presentation, fetal distress and narrow pelvis causing cesarean section in patients. Of all respondents in 2014, they were treated in the Jasmine Room of the General Hospital of West Nusa Tenggara province.

But of the number of patients who do outpatient care after being allowed to go home and can do outpatient care, inpatient care, and recover or have recovered. Based on data from field research, it was found that 52 patients were being treated or intensively in the Melati Room of the General Hospital of West Nusa Tenggara province with 52 respondents, including 45 respondents aged 20-35 years, 4 respondents aged > 35 years, and 3 respondents aged <20 years old.

Furthermore, an analysis was conducted regarding the relationship between respondent characteristics based on education and personal hygiene. In the distribution of education will discuss the level of education of respondents. Education is one of the factors that influence individuals in responding to wound healing. Individuals with higher education can respond more positively to wound healing compared to individuals with lower education levels. This is related to the level of knowledge and experience in dealing with the healing of wounds he feels. Based on previous data in 2014 that there were 52 people who had been treated in the Melati Room which were divided based on the level of education there were 3 people (5.8%) not in school, 6 people (11.5%) primary school level, 16 people (30, 8%) junior high school education level, 23 people (44.2%) senior high school education level, and 4 people (7.7%) tertiary education (Table 3).

Table 3: Distribution of Respondents by Type of Education Level

No	Level of education	Frequency	Percentage (%)
1	No school	3 people	5.8
2	Elementary school	6 people	11.5
3	Middle School	16 people	30.8
4	High school	23 people	44.2
5	College	4 people	7.7
Total		52 people	100

Table 4 shows that the level of education was one of the factors that caused the lack of knowledge respondents had about something, for example about the disease they were experiencing, such as post-cesarean section, how to handle and treat it.

Testing is also conducted to analyze the relationship between the characteristics of respondents based on work. On the distribution of respondents based on work will discuss about the work of respondents. Work is one of the factors that can affect the process of wound healing, because heavy work can cause new disease problems. Characteristics of respondents based on work will be divided into 3 categories, namely household assistants, Private Employees and Civil Servants. Respondents' occupations are divided into 3 categories because they know which occupations are most common in cesarean cases. Based on data from field research there are 43 (82.7%) people who work as domestic servants, 5 (9.6) people work as private employees and 4 (7.7%) work as civil servants (Table 4).

Table 4: Characteristics of Respondents by Occupation

No.	Profession	amount	Percentage (%)
1	Housemaid	43	82.7
2	General employees	5	9.6
3	Government employees	4	7.7
Total		52	100

Table 4 shows that of the 52 respondents most of the respondents who worked as domestic servants were 43 (82.7%) people. This can slow the wound healing process and can cause new diseases after cesarean section.

The analysis shows that age is one of the factors that contribute to the response to wound healing. The analysis as shown in Table 2 confirms the age of patients who underwent cesarean section and received the highest wound care in the age category 20-35 years as many as 45 people (86.5%), aged > 35 years as many as 4 people (7.7%), and <20 years as many as 3 people (5.8%). This proves that age affects individuals in responding to wound healing Potter & Perry (2005) said that the more mature a person's age, the more mature his mindset is developing, especially in reacting to wound healing reinforced by Mubarok (2013) stating that the higher a person's age then the soul is more mature, especially in healing wounds. The characteristics of respondents based on education were mostly high school education level with a number of 23 people (42.2%). The level of education also influences the individual in responding to wound healing. This is related to the level of knowledge and experience in handling wound care (Mubarrok, 2013). Characteristics of respondents based on work are domestic servants 43 people (82.7%), 5 private employees (9.6), and 4 public servants (7.7%). The level of work affects the individual in responding to wound healing. This is related to differences in work owned by someone causing differences in health status and what risks one must face (Guo & Di Pietro, 2010).

#### IV. CONCLUSION

Cesarean section is an incision in the uterine wall through the abdominal wall. Cesarean section occurs because of a history of previous cesarean section, fetal distress, HIV positive before birth and narrow pelvis. In addition to wound healing, care for post-cesarean wounds is also necessary. Wound care is an action to prevent infection and accelerate wound healing. Personal hygiene is an action to maintain hygiene and one's health for physical and psychological well-being. Smooth wound care, short-term pain, calm and relaxed feelings are the patient's expectations. Therefore it is very important to pay attention to each patient's needs both physically and psychologically, because this will affect the sense of comfort when patients get wound care. One way to reduce infection is personal hygiene. Personal hygiene can prevent infection by self-care, both alone and by using the help of others so that patients will feel comfortable. From the results of the documentation study found 52 patients after cesarean section, patients who experienced good personal hygiene 40 (76.9%) respondents, enough personal hygiene 9 (17.3%) respondents and who experienced less personal hygiene 3 (5.8 %) respondents. From the observations and interviews of 52 respondents who experienced personal hygiene, it was found that respondents who experienced healing of healed wounds were 46 (88.5%) respondents, and wound healing did not heal 6 (11.5%) respondents. This happens because there are other diseases suffered by respondents such as nutritional status (consumption), personal hygiene, lack of mobilization, anemia, and DM (Diabetes Mellitus).

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