

## KANGAROO MOTHER CARE KNOWLEDGE, ATTITUDE AND PRACTICE AMONG HEALTH PROVIDERS IN KARAWANG DISTRICT, WEST JAVA, INDONESIA

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### Background

KMC is an innovative method developed to provide thermal care for LBW infants.<sup>1</sup> Indonesia is among the highest mortality rate among infants in Asia<sup>2</sup>, and KMC is promising to decrease the rate. Therefore, the study aimed to evaluate the knowledge, attitude, and practice (KAP) and best-practice of KMC by health professionals in hospital and community.

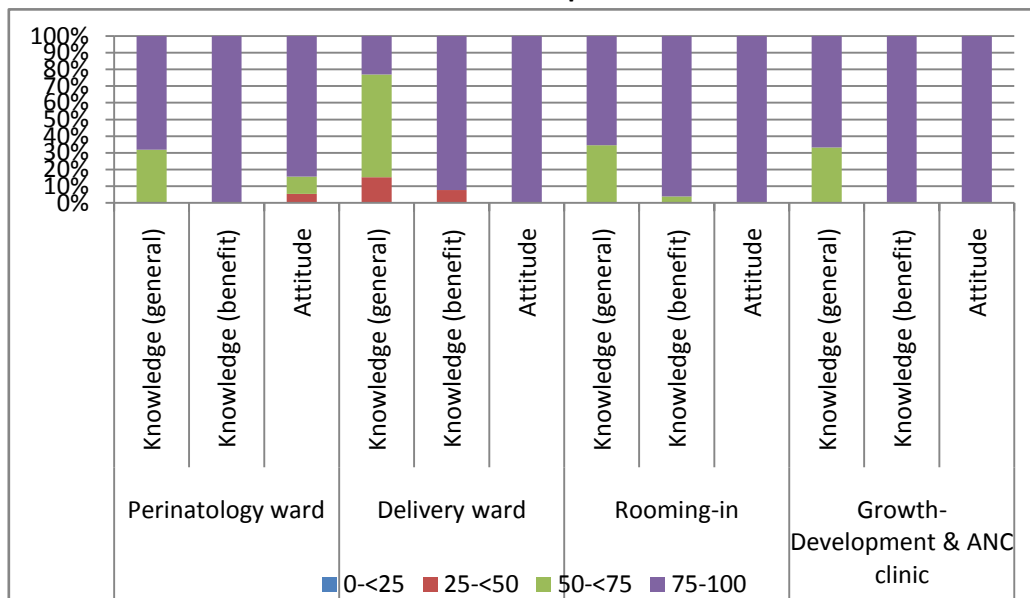
### Methods

This descriptive study used structured self-administered questionnaires completed by midwives and nurses from hospital (n=64), and personnel from 50 Public Health Centers (n=150, including head=50, medical doctor=50, and midwives=50) in Karawang district. Data were collected in February, 2015. This study serves as a baseline assesment of intervention study that will subsequently carried out.

### Results

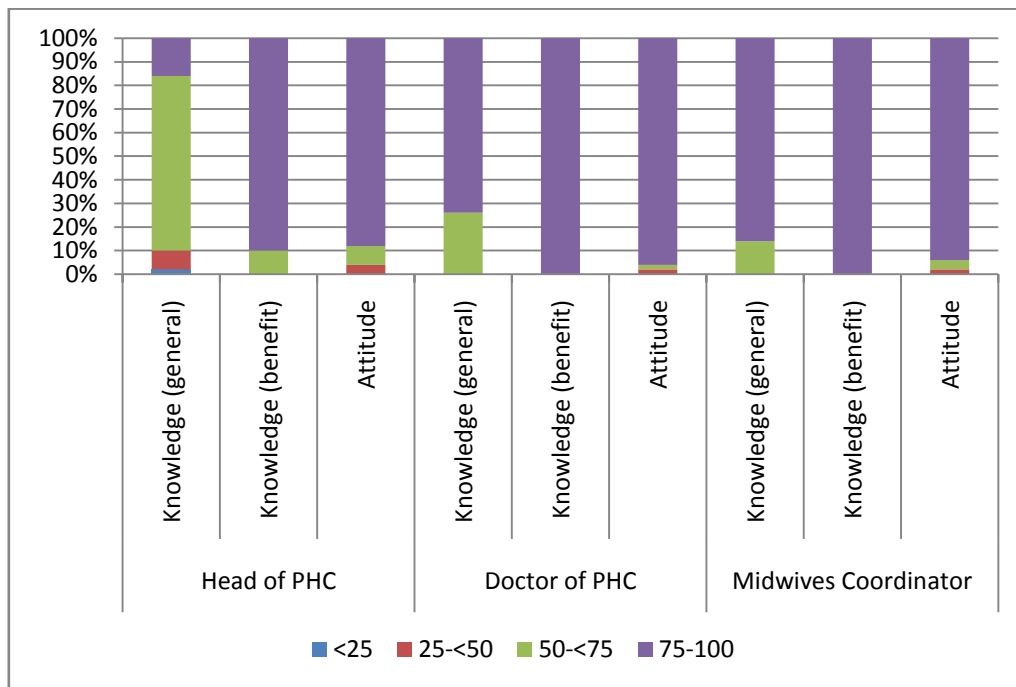
KMC general knowledge at hospital level were good (scores of >75) among more than half of nurses and midwives, except for midwives in delivery ward (only 23% midwives who had good score).

**Figure 1. General knowledge, Knowledge on Benefit, and Attitude towards KMC in Karawang District Hospital**

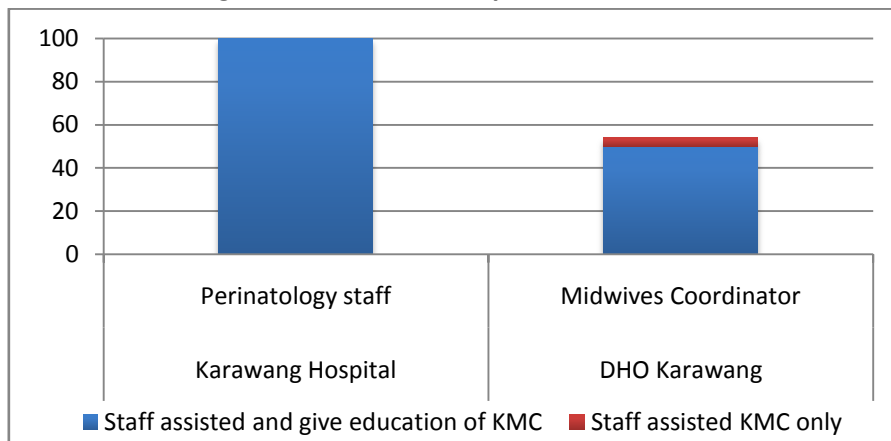


Similar figures of good general knowledge were also indicated by most of doctors and midwives at Public Health Center (PHC) level, but not among PHC heads (only 16% PHC heads who had good score). Knowledge of benefit and attitude towards KMC were shown to be very good (score of >80) among all health professional at hospital and PHC. In community level, half (54%) of midwives coordinator had experience in assisting KMC and 92.6% among them also give education to mothers.

**Figure 2. General knowledge, Knowledge on Benefit, and Attitude towards KMC in Karawang District Health Office**



**Figure 3. KMC Practices among Perinatal staff in Hospital and Midwives coordinator in Community**



In community level, half (54%) of midwives coordinator had experience in assisting KMC and most of them (92.6%) of midwives who had assisting KMC) give education to mothers.

All nurses in perinatology ward and half of midwives coordinator in our study stated that all of them have the experience in implementing and assisting KMC method. However, the quality of its implementation is still needed to be evaluated. This is a potential room for KMC by designing an intervention to improve health professionals' skill in practice KMC.

Best practice of KMC implementation in community was recorded in PHC Loji. A premature infant, whose birthweight was 1400g, was given care in Loji PHC using KMC method. The infant's weight decreased to 1150g at the third day of life. After implementing KMC method for 17 days on this infant, the weight increases from 1150g to 1500g, a weight-gain of approximately 20.5g per day. This weight-gain is above the recommended weight-gain among KMC infants. Currently, at 3 months old, the infant weight is 2500g.



### **Conclusion**

Most of the personnel providing care infants in Karawang District have moderate knowledge and were positive towards KMC. Successful KMC implementation for small infants also has demonstrated at PHC level. These results show the potential for implementation good KMC practices and continuing care for small infants in hospital and post discharge.

### **References**

1. MCHIP, USAID, Save the Children, the White Ribbon Alliance, 2012. *Kangaroo Mother Care: Implementation Guide*. MCHIP. Washington.
2. UN IGME, 2015. *Levels and Trends in Child Mortality Report 2015*. UNCF. New York.