Title:
ADAPTING CHILD AND FAMILY PSYCHOLOGICAL INTERVENTIONS IN WEST AFRICA: LESSONS FROM GHANA'S KMC IMPLEMENTATION

Author:
Jacob Owusu Sarfo (Clinical Psychologist) [i]

Background:
Kangaroo mother care [KMC] is one of the best forms of humane, healthy, and less expensive healthcare protocol for both preterm and low birth weight [LBW] infants (Charpak et al., 2005; World Health Organization, 2003). Though families with preterm and LBW babies in Ghana and surrounding West African communities share unique needs, culture and socioeconomic factors play important roles in their illness perceptions and subsequent actions (Sarfo, & Ofori, 2016). Following the first half of the KMC programme implementation in 2016, the psychology unit at Ghana's KMC Excellence Centre had recorded over a hundred and twenty cases (Eastern Regional Hospital, 2016).

Objective:
This paper seeks to explore the psychosocial and economic challenges that influence the implementation successes of the KMC programme, six months after its implementation in Ghana.

Methods:
The study employed a qualitative case study design. In addition, focus-group interviews were conducted to collate audio data on six different clinical sessions. An average group of eighteen mothers were purposefully sampled for each session, after complying with necessary ethical requirements. An Interpretative Phenomenological Analysis was used to analyse the data.

Results:
Theme 1: kangaroo position defies the traditionally accepted position of carrying babies.
Findings show that the traditionally accepted approach of *'carrying babies at the back'* was one of the strongest cultural values to be challenged by the KMC position (*see Figure 1*). Initial compliance was poor because, some mothers were uncomfortable going outside of their homes with their babies in the KMC position. This was not only disconcerting to the kangaroo mothers but their families, and their local communities as well.

Figure 1: Traditional and KMC Position of Carrying Babies

Theme 2: Initial guilt and anxiety feelings among KMC mothers
Culturally, the mothers reportedly saw themselves with the ascribed role of 'life-givers' to the unborn child. Most mothers initially felt very guilty, sad and anxious for giving birth to *'a tiny baby.'* Some also saw their babies as a form of '*curse*' or '*supernatural punishment*.'

Theme 3: Low male-partner involvement
Most mothers complained of low father involvement, especially in sustenance of the kangaroo position. This was partly due to cultural attribution of lending conception, delivery and nurturing as the pride of womanhood. Thus, making it an exclusive role to females. Some fathers were also seen as busy with their jobs while others were not merely interested in the whole concept of assisting their wives in the care of their babies.

Theme 4: Socioeconomic challenges
Some of them expressed financial difficulties due to poverty and less effective health insurance systems. Furthermore, others could not effectively continue the KMC position due to occupational constraints.

Discussion:
As indicated from the results, cultural beliefs and socio-economic factors play significant roles in the effectiveness of KMC outcomes in Ghana. These results are supported by recent meta-ethnography on the vital role of cultural beliefs of West Africans in determining health seeking behaviours (Sarfo, & Ofori, 2016). In general, West Africans share related sociocultural concepts about childcare, family and health (Towns, Eyi, & van Andel, 2014). It is important that child and family psychological interventions are adapted using Ghana as a case to suit the needs of each 'West African Kangaroo Family'.

Conclusions:
KMC outcomes in Ghana are affected by four key groups of psychosocial and economic factors. It is recommended that adequate funding should be provided to support families who are genuinely in need. Public health education and psychological interventions should emphasise on the need for KMC with respect to cultural values, Psychologists in West Africa should also consider eclectic therapies as they address these issues.

References:
Charpak, N., Ruiz, J. G., Zupan, J., Cattaneo, A., Figueroa, Z., Tessier, R., et al. (2005). Kangaroo Mother Care: 25 years after. *Acta Paediatrica, 94*(5), 514-522. doi: 10.1080/08035250510027381.

Eastern Regional Hospital (2016). *Kangaroo mother care records*. Koforidua: Eastern Regional Hospital.

Sarfo, J. O., & Ofori, P. K. (2016). Diabetes in West Africa: Using meta-ethnography to synthesise qualitative studies in Ghana, Cameroon and Nigeria. *European Journal of Medicine, 12*(2), 54-63.

Towns, A. M., Eyi, S. M., & van Andel, T. (2014). Traditional medicine and childcare in Western Africa: Mothers' knowledge, folk illnesses, and patterns of healthcare-seeking behaviour. *PloS one, 9*(8), e105972.

World Health Organization (2003). *Kangaroo mother care: A practical guide*. Geneva: Department of Reproductive Health and Research, World Health Organization.

[i] Eastern Regional Hospital, Ghana Health Service, Koforidua, Ghana, sarfojo@gmail.com