

FACTORS OF MOTHER'S ABANDON FOR KANGAROO MOTHER CARE PRACTICE

CHU MATERNITY BEFELATANANA ANTANANARIVO
MADAGASCAR

Association Mère Kangourou Madagascar

Yvonne RANAIVOSON RAMIANDRASOA
Harinelina RANDRIAMASIARIJAONA
2012



Association Mère Kangourou Madagascar

PLAN

- BACKGROUND
- OBJECTIVES
- MATERIAL AND METHODS
- RESULTS
- CONCLUSION





BACKGROUND



Association Mere Kangourou Madagascar

- ◉ Prematurity rate: 10% live birth at the national level (SED, UNICEF 2006)
- ◉ Madagascar: Prematurity and Low Birth Weight a major problem of Public Health
- ◉ Prematurity and Low birth weight rate still high at CHU Befelatanana: 42,2% (2010)
- ◉ Prematurity: 28% causes of neonatal mortality at CHU Befelatanana (2010)
- ◉ CHU Befelatanana doesn't have adequate facilities and Human resources are insufficient



CANGAROO MOTHER CARE TROTRO MAMA KAGOROA



Association Mère Kangourou Madagascar

- **Created in 1978** in Colombia by Edgar Rey SANABRIA, Pediatric Pr
- **Januaryy 1998:** Creation **ASSOCIATION MERES KANGOUROU MADAGASCAR**, president : Dr Yvonne RANAIVOSON RAMIANDRASOA
- **September 1999:** invitation by **FUNDACION CANGURO**, at Bogota, Colombie, Dr Yvonne RANAIVOSON RAMIANDRASOA and Midwife Aimé SAMBANY for a training about KMC, taken in charge by **ISS WORLD LABORATORY**

- **2001**: KMC Integration in the national program for Infant and Mother Health (MINSANPF)
- **Aim**: KMC integration as a routine practice in 40% public and private health centers
- **2001-2011**: trainings of health officers in public and private institutions on the KMC and on the implementation of CU (CHU, CHD level II, HBC)



IMPLANTATION CANGAROO UNIT





OBJECTIVES

To identify the different factors of mother's abandon



MATERIAL AND METHODS



- **Study focus on 112 mothers among the 391 who integrated KMC program**
- **June 2009- December 2010**
- **Health agents were sent mother to their home**
- **for inquiring about their KMC knowledge and about reasons of the mother's abandon: Application of semi-structured questionnaire**





RESULTS



Association Mere Kangourou Madagascar

○ **KMC practice was usually correct and satisfactory**

○ **Mothers abandon the follow up.**

○ **Reasons:**

➤ **Mother and environment:**

✓ **To be young: 73, less than 25 years old**

✓ **Social condition:**

- **single : 30**
- **unwanted pregnancy: 32**
- **Non implication of the father: 40**
- **Many children in charge: 32**
- **First baby: 65**
- **Low monthly income: 42**



➤ **The baby health:**

- ✓ Baby weighs more than 3500g : 60
- ✓ Older than 6 months: 52
- ✓ In good health : 48

➤ **The medical team's welcome:**

- ✓ Unsatisfactory feeling service: 25
- ✓ A long waiting during consultation at follow up: 30
- ✓ Epidemic diseases in the hospital
- ✓ Health workers's incompetence



➤ **The mother's knowledge, behavior and practice of KMC: 28**

Mothers felt that they are contributing positively in the care of their tiny baby, so the follow up is not more vital





CONCLUSION



KANGAROO MOTHER CARE



Small family enterprise involving: mother, father, grand parents, brothers, sisters, and anybody who is motivated and in good health condition

KANGAROO MOTHER CARE



**Multiplication of trainings of health workers:
to overcome difficulties of communication
between them and the mothers**

KANGAROO MOTHER CARE



Establishment of hospital:
**encourage early formation of a bonding
mother and child**



Association Mère Kangourou Madagascar

THANK YOU FOR YOUR ATTENTION

Contact Dr Yvonne RANAIVOSON RAMIANDRASOA

Tel. +261 33 11 630 60

Email. ramiandra@moov.mg