

### **P 3. HOW TO MOTIVATE FAMILY TO CONTINUE KANGAROO MOTHER CARE (KMC) AT HOME IN MADAGASCAR**

**D. Andrianarimanana<sup>4</sup>, S. Nagai<sup>1,2</sup>, N. Rabesandratana<sup>1</sup>, R. Mori<sup>2,3</sup>,  
N. Yonemoto<sup>3</sup>, A. Ramarijaona<sup>1</sup>, M. E. Raza-fanomezanjanahary<sup>1</sup>, T. Nakayama<sup>2</sup>**

*University hospital of Mahajanga, Madagascar 1, Kyoto University, School of Public Health, Japan 2, Osaka Medical Center and Research Institute for Maternal and Child Health, Japan 3.*

**Background:** "KMC at home and routine follow-up" is one of the essential factors of KMC, and yet to continue KMC at home is really difficult problem in Madagascar.

**Aim:** To examine the factors to implement the continuous KMC at home in Madagascar.

**Material and methods:** The subjects are stable low birthweight (LBW) infants born at University hospital in Mahajanga, Madagascar and their mothers, from August, 2007 to August, 2008. GETKMM (Groupe d'Etude de la Technique Kangourou à Mahajanga, Madagascar) planned to visit the participant's house after 14 and 28 days of birth and checked the condition of KMC at home. The study design is nested case control study. Observed variables are as follows: the duration of implementing KMC, the person who did KMC, correctly/accurately of KMC method at home, baby's health condition, mother's health condition, and socio economic status of family.

**Results:** To date there are 54 children included in the study with a predicted 100 total by October, 2008, which will provide more conclusive results. **Conclusions:** The conclusions will be presentable upon the inclusion of up to 100 participants as outlined in the results.

**Key words:** continuous KMC, LBW, continue at home, developing country.