

Community support plays a major role in the successful implementation of KMC - Experiences from a rural community in Eastern Uganda

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Outline

- Background
- Objective
- Methods
- Results
- Conclusion

Background

- KMC has been suggested as a key intervention in improving neonatal outcomes in developing countries
- However KMC uptake is still low and strategies are needed to remedy this situation
- It is hypothesized that community involvement can improve KMC uptake as is indeed for other interventions
- However little is known about the roles communities can play in implementation of KMC

Objectives

- To explore the acceptability and lived experiences of KMC in communities in rural Uganda

Methods

- Exploratory Qualitative Cross-sectional study nested in a maternal and newborn trial with CHWs making home visits to advise women during pregnancy and after delivery. HFs strengthened for care including KMC
- In-depth interviews with a convenient sample of 32 mothers
- Recruited mothers who had done KMC within past 4 months
- Stratification: age, parity, community/facility delivery.
- Manifest content analysis

Results I

- **Two broad themes**

1. Positive

- a. Advise
- b. Support
 - Social economic
 - Health related

2. Negative

- a. Misleading information
- b. Source of stigma

Results II

a. Advise

- Care: *“from the community everyone who comes tell you to cover the baby very much”*
- Emotional support: *“community members also came to visit us and always comforted us”*

“The community members are coming to see me and encourage me to continue practicing KMC”.

- Positioning of baby

“they (community members) used to tell me to tie the baby in the chest... that is what they had told (HWs) us so we had to follow”

Results III

b. Support

– Social-economic

- Domestic chores *“Some used to cook for me, wash clothes”*

- Food and nonfood items

“they used to come and they give me some money and it helps you to buy babies milk”

- Urge family to support mother

– Health related

- Monitor hygiene

“he told us that when the baby defecates on them (cloths) you have to wash them even if it means four times you do not have to get tired”

- Remind mother of follow-up health visits

Results IV

- Negative aspects
 - a. Offer misleading information: *“Those ones (community members) didn’t help me and the HWs had told me not to fallow their advise and they told me to smear the baby with cooking oil but I did not do so”*
 - b. Stigmatize KMC mother: *“The community talked a lot that the baby was a chameleon.... they felt it wasn’t the right baby to produce”.*

Conclusions

- Communities have meaningful roles in supporting KMC outside the health facilities.
- Communities can as well give misleading information and stigmatize KMC mothers and this needs to be corrected
- Inclusion of the community sensitization component in the KMC interventions

Thank you

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