

"Problems In The Implementation Of The Kangaroo Care Mother (Kcm) Among Rural Women In Different Regions Of Indonesia"

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In Indonesia, although the Infant Mortality Rate (IMR) has significantly decreased (recently the IMR was 46/1000) the level of neonatal mortality is still high. The reduction of IMR during the last decade took place mostly among babies older than 1 month, meanwhile about 40% of the infant mortality during the neonatal period is relatively constant. Results of a previous study (Development of Risk Strategy for Primary Health Care at Sub-district Tanjungsari, Sumedang District, West Java) indicated that all low birth weight (LBW) babies less than 1500 gram died due to hypothermia or infection. A recommendation was made that all babies weighing less than 2000 gram who are likely to become hypothermia should be referred. (Alisjahbana, 1993)

The skin-to-skin contact is one of the promising appropriate technologies to prevent hypothermia among the rural community. It has proven to bridge the gaps of both availability of medical technology and qualified health personnel in the field. The implementation of this method was suspected to face potential cultural barriers. (will this method be accepted by different ethnic groups?).

Three separate studies funded by the World Bank were conducted in Indonesia in 1996-1997. Two operational field studies were conducted in the rural areas of South and North Sumatra and South Sulawesi province. In addition, a KAP survey was conducted in the rural isolated areas of Maluku province.

The general objective of the study was to assess the acceptance of the KCM among the rural women namely post partum mother with LBW babies, the traditional birth attendants (TBAs) and community village midwives (CVMs) in the first three provinces. The specific objectives of the study were as follows: 1) identify reasons both for acceptance and refusal of the method, 2) assess the perception, attitude and practice of the respondents after trialing the method, and 3) evaluate body temperature and weight during the implementation of the KCM.

Results: The majority of the rural post partum mothers with LBW babies accepted the KCM, however, about a half of them reported to experience tingling sensation. Very few of them felt shy to implement KCM. Appropriate IEC and frequent practice significantly reduced the annoyed feeling. Very few of the post partum mothers with LBW babies refused the KCM due to perception of condition of weaknesses of the premies, perceived the KCM as impractical and annoying daily activities. Virtually all the traditional birth attendants (TBAs) received favourably the method as they perceived something new, unique and interesting. Meanwhile at the beginning of intervention a few of the community village midwives were not confident in teaching the KCM to the LBW mothers until they observed a substantial progress of body weight and temperature increase of the newborns took place after implementing the KCM.

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