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NON-MEDICAL REASONS FACILITATING THE ACCEPTANCE OF KANGAROO MOTHER CARE (KMC) AMONG RURAL WOMEN IN OGAN KOMERING ULU (OKU) DISTRICT SOUTH SUMATRA PROVINCE, INDONESIA

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In 1996 the Indonesian Society for Perinatology (Perinasia) with the support of Ministry of Health (MOH) conducted a study on the acceptance of the Kangaroo Mother Care (KMC) among rural women in four Puskesmas (Public Health Centers) in OKU district of South Sumatra Province. During approximately 3 months of field study, 80 mothers delivering low birth weight babies (LBWB) were identified. Based on the interviews it was reported that almost all (90%) of the rural women accepted the KMC method for caring for the LBWB.

One of the aims of this particular study was to identify the LBWB, assess common practices of newborn care among the community and further investigate the non-medical reasons of acceptance of KMC among the rural women. In addition, this study was also intended to assess the perception regarding infant death among the rural women community.

The design of the study was a qualitative research method using case study approach. The methods of data collection were primarily in-depth interviews and observation. The data source consisted of 10 mothers of LBWB, 5 traditional birth attendants (TBAs) and 4 community leaders who were selected based on pre-established criteria to obtain meaningful information. Data analysis were performed using matrix data qualitative and content analysis.

The LBWB was locally known as “kupek kecil” or “bayek kecil”. Common practice to combat fever among the infants was known as “dikilek” in which the mother after bathing her body would allow for the body of the feverish infant to get skin to skin contact with the mother. The heat of the infant was expected to flow to the mother’s body and it was expected to cool down the infant. On the other hand, for the shivering baby the father put the body of the baby to his chest and wrapped it with a locally traditional cloth or wear for men known as “sarong”.

This practice was also known and performed by the father to his baby prior going to the field. Locally this method of caring was known as “dikahot”. The community leaders identified these two habits as smoothing the acceptance of the KMC among the rural women in the area. It was also identified and observed that some local herbs were believed to regain the mother’s health after delivery. Contrary to other results of research which unrecognised the death of an infant under 40 days of age (given no name, no special ceremony or rituals), in the rural of OKU district when the newborn/infant died rituals were observed and the infant was prepared for burial just like when an adult died.

Recommendations were made to further socialization of KMC among the rural women.