

RESISTANCES TO KANGAROO MOTHER CARE IMPLEMENTATION IN DEVELOPING COUNTRIES: PROPOSED SOLUTIONS

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Background: Half of annual child mortality is either associated with or caused by low birth weight. Research, including randomized clinical trials, has shown that Kangaroo Mother Care (KMC), a three-component intervention (kangaroo position, kangaroo nutrition and early discharge), can decrease morbidity and mortality due to low birth weight. Between 1994 and 2004, 44 teams in 25 developing countries were trained in KMC in Bogotá. Not all the teams were successful in initiating their own programmes, and, of those that started, not all replicated the validated model.

Objective: We tried to identify and overcome the factors involved in unsuccessful KMC implementation.

Methods: A qualitative study was conducted, in which 17 open-ended questionnaires were sent by email to the coordinators of functioning KMC programmes in 15 countries, and 15 site visits were made to institutes with reported problems in starting their programmes. The information was classified according to the perceived source of the obstacle (health-care professionals, mothers or family), the KMC model component involved, the kind of concern (direct or adduced scientific reasons, cultural reasons, intervention too demanding) and the frequency and location of a given factor.

Results: KMC components are adapted to local circumstances, patients' needs and care scenarios. The early discharge component (including ambulatory follow-up) was the one which experienced more difficulty in its implementation. Difficulties arising from health professionals, mothers and families were often related to local cultural practices.

Conclusion: We, as well as many other clinicians, do remember the resistance that a very efficacious and cost-effective, life saving strategy such as the oral rehydration therapy (ORT) met for many years, before it finally rooted itself deeply and smoothly within routine care of children. KMC as well as ORT although scientifically sound and effective, implied forms of "demedicalization" of care: they both diminished the need for prolonged admission, they both can be properly and efficiently implemented in resource restricted settings. It is our feeling that KMC is somehow retracing the steps of ORT with regard to acceptance.

There is not a "cookbook" solution universally applicable, but merely general strategies which depend heavily on the willingness and endurance of those persons advocating for KMC.

In our experience, active surveillance for sources of resistance and appropriate identification of obstacles usually point out to the appropriate solution. Some of the identified obstacles were common to many second-generation KMC programmes, making this information valuable for implementation of KMC programmes.

Con formato: Numeración y viñetas