Utilizing implementation research to influence parents’ experiences of care for their hospitalized newborns and young children in Kenya

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Background: The World Health Organization’s standards for paediatric services reinforce the importance of improving experience of care for young children and their caregivers within the health system. There is limited information on how to adequately partner with families in caring for hospitalized young children in low resource settings. We co-created and embedded a pilot structural and provider behaviour change (PBC) intervention approach to improve facility-based experiences of care for parents of sick newborns and young children in hospital settings in Kenya. The intervention encompassed coaching parents on respectful and nurturing care elements, emotional support for parents, involvement of fathers in shared decision-making during hospitalization, and feedback meetings with providers.

Methods: The intervention was implemented in five hospitals across Kenya providing newborn and paediatric services. We used a mixed methods approach and periodic monitoring during the intervention implementation to measure parent experiences. We conducted short parent exit interviews (n=531) at midline, a follow up survey (n=382), and qualitative in-depth interviews with parents (n=17) at endline.

Results: Seventy-eight percent of parents experienced high quality communication with providers including dialogue, providers using understandable language, and showing attentiveness. Similar levels of parents (78%) described providers showing respect towards families, and the hospitalized child. There was varied information provided on nurturing care elements such as optimizing nutrition, positioning, and handling, safeguarding sleep, protecting skin, and minimizing stress. However, parents (82%) reported feeling empowered, in caring for one’s newborn and young children and fathers described being allowed to visit their children freely (83%) and receiving information about their child’s care while in hospital (63%). Although parents reported elevated levels of stress measured by a 23-item scale that ranged 1-128 points (mean score=83.5, SD=18.1), they also described receiving emotional support from providers that included encouragement and reassurance.

Discussion: It is acceptable and feasible to implement a low-cost intervention to improve respectful and nurturing care for newborns and young children in Kenya. Using implementation research to work closely with facility providers and managers in everyday healthcare settings was key in establishing how to involve parents in care and institutionalizing parent feedback forms to improve experiences of care.