ACCEPTABILITY AND FEASIBILITY OF BEHAVIOURAL AND SWEET-TASTING INTERVENTIONS: PERCEPTIONS OF HEALTH CARE PROFESSIONALS AND MOTHERS IN KENYA

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INTRODUCTION / AIM

To explore the (a) acceptability and feasibility of behavioural and sweet-tasting interventions and (b) factors influencing acceptability and feasibility of behavioural and sweet-tasting interventions for pain treatment in neonatal units in Kenya.

METHODS

A qualitative descriptive study using photo-elicitation technique was conducted in two neonatal units in Kenya. Individual interviews were conducted with 13 health care professionals and 15 mothers to elicit their perspective on the acceptability and feasibility of a cluster of behavioural and sweet-tasting pain treatment strategies. A standard set of photographs depicting local mother-baby pairs using the strategies during procedures formed the interview kit. Interviews were audio-recorded, transcribed verbatim and analyzed using an inductive content analysis approach.

RESULTS

There was congruence of perceptions about acceptability and feasibility of strategies; physicians, nurses and mothers perceived breastfeeding, skin-to-skin contact and facilitated tucking to be feasible and acceptable for pain relief during procedures. Acceptance of interventions was supported given they were “natural” and routinely practiced in the units, albeit not for pain relief. Participants felt that non-nutritive sucking and oral sucrose would be unacceptable and not feasible in Kenya due to unavailability, cost and risk for contamination.

DISCUSSION / CONCLUSIONS

Mother-driven pain relief strategies were acceptable to critical stakeholders in neonatal care in Kenya largely due to inherent practice culture, safety and availability. Supporting implementation and routine use of the interventions has the potential to change practice in Kenya and other countries where procedural pain is severely undertreated.

OTHER AUTHORS

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