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Close to the Heart: A Phenomenological Study on Mothers' Experiences with Kangaroo Mother Care

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ABSTRACT

This descriptive phenomenological study explored and described the lived experiences of mothers practicing Kangaroo Mother Care (KMC) in Bauko, Mountain Province. The study specifically sought to understand the emotional, physical, cultural, and social elements shaping their caregiving journeys. Semi-structured face-to-face interviews were conducted with eight purposefully selected mothers who met the specific inclusion criteria. Data collection continued until saturation was reached. The transcripts were analyzed verbatim using Colaizzi's method of phenomenological data analysis. Four main themes emerged: (1) Emotional and Psychological Empowerment, (2) Physical and Health Benefits, (3) Coping Strategies and Adaptation, and (4) Cultural and Social Support. The findings revealed that KMC serves as a transformative experience, evolving initial maternal fears into caregiving confidence, promoting infant stability, and proving deeply compatible with local traditions of maternal closeness. The study highlights the need to establish designated KMC-friendly spaces in health facilities, implement structured educational orientation programs to promote father and family engagement, and integrate post-discharge home-based follow-ups to optimize neonatal care in rural settings. This paper offers local, evidence-based qualitative depth on maternal realities in a rural Philippine community, illustrating how public health guidelines blend with indigenous practices like "yakap and malasakit" to advance child survival.

Keywords: *Kangaroo Mother Care, maternal empowerment, neonatal health, descriptive phenomenology*

INTRODUCTION:

Kangaroo Mother Care (KMC) is an empirical, evidence-based approach that combines skin-to-skin contact between a mother and her preterm or low-birth-weight infant with exclusive breastfeeding and close clinical monitoring. Originating in the late 1970s in Bogotá, Colombia, as an alternative to incubator shortages and high neonatal mortality rates, KMC has evolved into a globally endorsed standard of care. Recent directives from the World Health Organization emphasize that KMC should be initiated as early as possible for neonates weighing 2,000 grams or less to reduce severe infections, balance hypothermia, and limit neonatal mortality.

Beyond physiological stabilizing factors, research points to extensive psychosocial benefits for the dyad. Prolonged skin-to-skin sessions reduce early maternal stress, attenuate postpartum depression, and heighten maternal attachment scales. Deepening this operational view directly supports Sustainable Development Goal (SDG) 3 (Good Health and Well-being) by establishing humanized, family-centered guidelines within local healthcare delivery models.

Statement of the Problem

Despite the documented survival and physiological benefits of Kangaroo Mother Care (KMC), parents frequently face severe emotional vulnerabilities, driving a fear of causing physical harm to fragile infants, especially in intensive care environments. Institutional environments often lack private spaces, which causes mothers to feel exposed and self-conscious during prolonged skin-to-skin care. Furthermore, logistical difficulties, maternal fatigue, and uneven clinical reinforcement lead to practical variations in compliance among mothers balancing care with household responsibilities.

While quantitative clinical trials confirm physiological gains in neonates, there is a lack of qualitative exploration of mothers' lived realities as they navigate these multidimensional challenges in rural public health settings.

Hence, this study aimed to answer the following core question: **What are the lived experiences of women practicing Kangaroo Mother Care in Bauko, Mountain Province?** Specifically, it seeks to answer the following:

1. How do mothers navigate the emotional and psychological journey of KMC, particularly regarding bonding and overcoming postpartum anxiety?
2. What are the perceived physical and health benefits of KMC for both infant stability and maternal endurance?
3. What daily coping strategies and practical adaptations do mothers employ to manage their environment and time?
4. How do cultural frameworks, community values, and family support systems shape the implementation of KMC?

Scope and Delimitations

This study is a qualitative investigation utilizing a descriptive phenomenological approach to explore and describe human experiences through direct maternal narratives. The scope of the inquiry is delimited to eight (8) biological mothers residing across the rural municipality of Bauko, Mountain Province.

The sample was selected based on strict purposive inclusion criteria: (1) biological mothers of preterm infants; (2) active implementation of KMC for a minimum of 2 weeks within the preceding 6 months; (3) 18 years of age; and (4) verified receipt of clinical orientation on KMC techniques.

This study excludes mothers whose infants did not survive, individuals with severe medical or cognitive complications that impair communication, and non-residents of Bauko. Data collection relies solely on face-to-face, semi-structured qualitative interviews, and the sample size is limited to the point at which structural data saturation is achieved.

Review of Related Literature

Psychological, Emotional, and Health Benefits of KMC

Engaging in KMC significantly reduces maternal stress, strengthens emotional attachment, and lowers postpartum depression scales. Kurt et al. (2020) demonstrated that kangaroo care significantly enhances maternal attachment levels among mothers of preterm infants, fostering an environment of responsiveness and affection. Similarly, Lawson (2023) established that continuous skin-to-skin contact lowers anxiety and depression by strengthening caregiving self-efficacy.

Physiologically, Charpak et al. (2021) and Bueno-Pérez et al. (2025) identified a clear dose-response relationship, indicating that longer daily exposure directly improves neonatal growth parameters, including weight gain, length, and head circumference. Harkonen (2023) further reported improvements in heart rate stabilization, temperature regulation, and oxygen saturation. Long-term benefits also extend to cognitive, sensory, and motor development in preterm infants.

Barriers, Facilitators, and Sociocultural Context

Despite clear health benefits, global deployment faces institutional and cultural hurdles. Cai et al. (2022, 2024) noted that inadequate hospital infrastructure, lack of privacy in wards, heavy nursing workloads, and cultural expectations of modesty are common structural barriers. Conversely, facilitators include family-centered care models and targeted maternal educational programs.

Ayed et al. (2025) and Soliman et al. (2024) observed that clinical education for staff directly enhances maternal compliance and participation. Furthermore, Pathak et al. (2023) highlighted that active partner or paternal involvement provides a supportive network that reduces maternal fatigue and ensures consistency.

Theoretical Framework: Self-Determination Theory (SDT)

This study is theoretically grounded in Self-Determination Theory (SDT), developed by Deci and Ryan, which posits that human motivation and psychological well-being depend on the fulfillment of three basic psychological needs: *autonomy*, *competence*, and *relatedness*.

- **Autonomy:** Mothers practicing KMC often experience a shift from feeling helpless within institutional hospital environments to gaining a sense of control over their child's survival. Acting as the primary source of warmth and healing provides autonomous motivation to continue the practice.
- **Competence:** As mothers master KMC positioning, interpret their baby's breathing patterns, and see real-time weight gain, their self-efficacy grows. This hands-on experience transforms their initial fears into caregiving confidence.
- **Relatedness:** KMC is fundamentally built on connection. The continuous skin-to-skin proximity fulfills the need for relatedness by deepening maternal-infant attachment and aligning with community expressions of love, compassion (*malasakit*), and touch (*yakap*).

Conceptual Framework

The conceptual framework follows a qualitative phenomenological flow, focusing on how external environments, personal adaptations, and cultural values shape a mother's internal transformation during Kangaroo Mother Care.

- **Context & Challenges:** The journey begins with the lived reality of navigating an environment with preterm fragility, physical fatigue, and shared hospital wards that lack privacy.
- **Coping & Support Systems:** To sustain care, mothers use practical adaptations like

support pillows, coordinate tasks with their husbands, and receive professional guidance from healthcare staff. This process is further reinforced by local cultural traditions that value touch and warmth.

- **Essence of the Phenomenon:** The interaction of these elements leads to a meaningful transformation: initial maternal fear evolves into a sense of calm control, physical exhaustion is sustained by endurance, and the clinical practice blends naturally with family life.

METHODOLOGY

Research Design

This study utilized a qualitative descriptive phenomenological research design. This framework allows investigators to examine human experiences through direct narratives, bracketing preconceived academic assumptions to expose the true essence of an occurrence.

Research Steps -

The inquiry focused on eight mothers residing across the rural municipality of Bauko, Mountain Province. Purposive sampling applied the following eligibility requirements: (1) biological mothers of preterm infants; (2) active implementation of KMC for a minimum of 2 weeks within the preceding 6 months; (3) 18 years of age; and (4) verified receipt of clinical guidance on KMC. Mothers who did not experience positive infant survival outcomes, individuals with cognitive or severe clinical complications, or those unable to provide clearance were excluded. The final sample size was determined upon reaching absolute data saturation.

Data Collection and Sample Selection

The primary tool for data gathering was the researcher through semi-structured, face-to-face qualitative interviews. The descriptive process was initiated with the lead open-ended question: *"Can you describe how you felt emotionally and mentally while practicing Kangaroo Care with your baby?"* Dialogue sessions spanned between 30 and 45 minutes, with full consent given for digital audio recording. Reflexive bracketing was documented throughout to avoid researcher bias from coloring participant testimonies.

Data Analysis Methods -

Interviews were transcribed verbatim and audited against the audio files to form a foundational analytical ledger. The qualitative material was organized and coded using Colaizzi's classic seven-step phenomenological process:

1. Reviewing all transcript accounts to acquire an aggregate familiarity.
2. Extracting significant behavioral and emotional statements.
3. Formulating distinct meanings from those expressions.
4. Clustering formulated meanings into defined sub-categories and major themes.
5. Integrating results into an exhaustive description of the phenomenon.
6. Conceptualizing the fundamental structure of KMC practice.
7. Returning to participants for communicative validation.

Study Limitations and Ethical Considerations

The study protocol obtained formal approval from the Ethics Review Committee (ERC) of the University of Northern Philippines. Written informed consent documents were completed before data collection, communicating voluntariness, the right to withdraw immediately, and detailed safety provisions. To ensure absolute anonymity and protect participant information, study codes (P1 through P8) replaced all personal identifiers on all data files. Transcripts and digital profiles were archived in a locked storage file in the exclusive custody of the primary investigator, with disposal protocols set upon completion of academic distribution.

RESULTS AND DISCUSSION

Four core themes were generated through data analysis, showing that KMC functions as a holistic transformation that intersects with a mother's emotional, physiological, practical, and sociocultural lifestyle.

Theme 1: Emotional and Psychological Empowerment

The first theme outlines the internal transformation experienced by mothers. Initially, mothers reported significant emotional distress and post-partum anxiety stemming from the physical fragility of their preterm infants. However, regular KMC practice served as an emotional anchor, fostering a deep sense of serenity and a sense of internal control.

Participants identified a meditative component to the physical proximity:

"Emotionally, I felt very calm and connected. It is a deep sense of peace, almost like meditating... Mentally, I felt focused solely on him, forgetting about everything else." (P1)

For mothers experiencing post-partum vulnerability, skin-to-skin touch functioned as an active coping countermeasure:

"Ada ti post partum anxiety ket naka tulong kanyak ti KMC. Eg Egenak ti anak ko ngay ket ma kalkalma ti riknak." I had postpartum anxiety, and KMC really helped me. When I hold my baby close, my feelings are calmed.] (P7)

This transition from fear to empowerment aligns with Lawson (2023) and Kurt et al. (2020), who noted that continuous physical contact enhances maternal self-efficacy, actively reducing anxiety and building a secure foundation for infant attachment.

Theme 2: Physical and Health Benefits

Mothers observed direct clinical improvements in their newborns, including accelerated weight gain, stabilized breathing patterns, and improved sleep cycles. These visible improvements directly motivated mothers to tolerate the physical strain and exhaustion caused by maintaining KMC posture for hours.

Mothers connected their infants' physical growth to the duration of care:

"Once we started, my family saw how much my baby benefited... KMC is a commitment, but the results are visible in my baby's well-being." (P5)

This observation matches the findings of Charpak et al. (2021) and Bueno-Pérez et al. (2025), which demonstrated a dose-response relationship between skin-to-skin duration and neonatal weight parameters. The mother's body effectively acts as a natural thermoregulating system, reducing infant stress and supporting physiological development.

Theme 3: Coping Strategies and Adaptation

To manage prolonged skin-to-skin contact alongside the demands of domestic and personal recovery, mothers developed structured, practical adjustments. These included using

extra support pillows, coordinating tasks with spouses, and modifying their living environments to find private spaces.

Participants highlighted how they adjusted to the physical demands of care:

"Pinaka challenging ket diyay panag Biruk ti komportable nga position... Sunga ti ikaskastak ket ag nayun ak ti extra nga pungan pang suporta iti likod ko." [The main challenge was finding a comfortable position... So what I did was add extra pillows to support my back.] (P1)

Logistical difficulties were especially common in institutional spaces, where shared rooms restricted privacy and required active communication with clinical nursing staff:

"Ti karirigatan ket idi ada kami ospital ta wan ti extra private space... Dagijay nurses met kitdi piman ket na anus da, isuru da kanayun." [The hardest part was when we were in the hospital because there was no extra private space... The nurses were very patient and guided me constantly.] (P2)

These adaptations highlight that while structural barriers exist, routine-building and proactive environmental adjustments are essential for long-term KMC compliance.

Theme 4: Cultural and Social Support

KMC was widely accepted due to its alignment with traditional Filipino family values of tactile warmth and community-oriented caregiving. The practice integrated well with cultural concepts of healing through physical touch.

One participant explained this harmony with traditional practices:

"Sa kultura namin, malaki ang paniniwala na ang yakap ay nakapagbibigay ng gamot. Sunga idi in explain da ti KMC, napaka natural ken tumugtugma ijay tradisyon." [In our culture, there is a strong belief that an embrace brings healing. So when they explained KMC, it felt very natural and aligned perfectly with our traditions.] (P1)

Similarly, the practice became a shared expression of family care and devotion:

"For us, there is a belief in 'malasakit' (compassion/concern)... Seeing my small preemie, KMC became my way of showing extreme malasakit. It was not just a medical directive." (P8)

When family members viewed KMC through the lens of traditional values like yakap and malasakit, it shifted from an unfamiliar clinical task to a natural household norm. This collaborative approach distributed the physical workload, reducing maternal fatigue and supporting sustained practice.

CONCLUSIONS

This study shows that Kangaroo Mother Care is a multi-dimensional intervention that supports infant development while fostering maternal resilience and caregiving confidence in rural settings. By experiencing visible health improvements in their infants, mothers were able to reframe their initial anxieties into a sense of clinical empowerment. Furthermore, the natural alignment of KMC with cultural values like *yakap* and *malasakit* facilitated its integration into the home. However, physical fatigue and limited privacy in shared spaces remain ongoing practical challenges. To sustain the practice effectively, public health strategies must look beyond individual determination and incorporate structured family, community, and institutional support systems.

RECOMMENDATIONS

Establish Dedicated KMC Spaces: Healthcare institutions and rural health units should design private, comfortable, and hygienic areas within facilities to allow mothers to practice continuous skin-to-skin care in a supportive environment.

Expand Home-Based Care: Community midwives and Barangay Health Workers should provide structured home visits and post-discharge follow-ups to monitor infant development and offer hands-on guidance to mothers.

Engage Family Members: Maternal health programs should implement educational orientations for fathers and extended family members to promote shared caregiving, thereby reducing maternal fatigue and supporting sustained KMC.

Form Community Peer Groups: Rural health units should facilitate community-based support groups where mothers can share practical coping strategies, discuss experiences, and provide mutual emotional encouragement.

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AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

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