

Extended Abstract

Concept mapping to develop a feasible intervention model to improve the six months exclusive breastfeeding rate in Northeast Thailand

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In implementation research, it is essential to involve all stakeholders in the development of complex interventions to ensure that the proposed intervention strategy is relevant and acceptable to the target area and group. The aim of this study was to involve stakeholders in conceptualizing, developing, and prioritizing a feasible intervention strategy to improve the 6-month exclusive breastfeeding rate in North-east Thailand. Concept mapping was used in a purposive sample including health care volunteers, health care professionals, and community leaders. During the first meeting, stakeholders (n = 22) expressed the generation of feasible interventions. During the second meeting, participants (n = 21) were asked to individually rate the feasibility of each intervention and to group them into relevant categories to enable multidimensional scaling and hierarchical cluster analysis. The outputs of analysis included the intervention list, cluster list, point map, point rating map, cluster map, and cluster rating map. All of these were shared with stakeholders (n = 17) during the third meeting to reach consensus on an intervention model. The final proposed intervention strategy included 15 feasible interventions in five clusters: health care services, community services, and education packages for parents, family members, and communities. These interventions were prioritized for implementation over a 3-year period. Once the feasibility of each intervention is established, the proposed model could be implemented and incorporated into local health policy. After assessing intervention effectiveness, each intervention could be scaled up to other middle-income countries to help improve overall maternal and child survival. Improving the rate of six months exclusive breastfeeding (EBF) is an international challenge. Despite various interventions and initiatives aiming to improve this rate in Thailand, the six months EBF rate dropped from 27% in 2009 to 14% in 2013 in Northeast Thailand. The aim of this study was to develop a feasible six months EBF intervention model for Northeast Thailand utilizing concept mapping. A convenience sample of 22 participants including healthcare professionals and volunteers and community leaders were involved in the six concept mapping steps. Stakeholders were informed of the outcome of previous research identifying the facilitators and barriers to six months EBF, which led to the generation of possible interventions. Participants were asked to rate the feasibility of the interventions and to group them, allowing multi-dimensional scaling and hierarchical cluster analysis to be conducted. The outputs of the analysis were point rating, cluster and cluster rating maps which were shared with the stakeholders to reach consensus on a three-year intervention model. The proposed intervention model includes 15 feasible interventions clustered into three clusters namely health care services, education packages and community services. The healthcare services cluster was selected as the priority to be implemented within the first year, but aspects of the education packages namely those for families and parents were also proposed to be implemented in the first year. Most interventions in the community services and broader community education aspects were selected for implementation in the second year and health promotion opportunities were proposed for the third year breast feeding.