



Scienxt Journal of Nursing Studies
Year-2024 || Volume-2 || Issue-1 || Jan-June || pp. 1-8

“Knowledge of nurses regarding baby friendly hospital initiative (BFHI) policy in a selected hospital, Bangalore”

^{*1}Ms. Arundhuti Chakraborty, ²Dr. Radha M. S, ³Mrs. Latha U. S

^{*1} M.Sc Nursing Department of Child Health Nursing, Ramaiah Institute of Nursing Education and Research, Bangalore, Karnataka, India

² Vice-principal, Department of Child Health Nursing, Ramaiah Institute of Nursing Education and Research, Bangalore, Karnataka, India

³Asst. Professor, Department of Child Health Nursing, Ramaiah Institute of Nursing Education and Research, Bangalore, Karnataka, India

**Corresponding Author: Ms. Arundhuti Chakraborty*

Abstract:

World Health Organization to support and promote breast feeding. BFHI has laid down Ten Steps of Successful Breastfeeding. The goal of BFHI policy is to promote, protect and support breastfeeding. Nurses play an important role in encouraging and supporting breastfeeding, as they have multiple interactions with the mother during pre-natal and post-natal appointments where they can advocate for breastfeeding through teaching. Thus the nurses should have enough knowledge regarding ten steps of BFHI policy.

Method:

A descriptive research study was adopted for the study. The study variables are knowledge of the nurses. The study was conducted in paediatric and maternity areas at Ramaiah hospitals, Bangalore. 200 nurses were selected by using non-probability convenient sampling technique. Data was collected by using structured knowledge questionnaire which were taken from the “WHO and UNICEF competency toolkit on ensuring competency of direct care providers to implement the Baby Friendly Hospital Initiative policy” to assess the knowledge of nurses regarding BFHI policy which is validated by 6 experts from different institutions.

Results:

The study result revealed that majority of nurses 131 (65.5%) had moderate knowledge, 54 (27%) had adequate knowledge and 15 (7.5%) had inadequate knowledge. There was significant association between level of knowledge and socio-demographic variables (attend any education or training programme on BFHI policy, awareness of BFHI

policy, source of information) $p < 0.05$ level of significance. Conclusion: The study concluded that most of the nurses had moderate knowledge regarding BFHI policy. Exclusive breastfeeding is the gold standard in infant nutrition and can reduce the infant mortality and morbidity rate. Thus, Nurses need to be trained about implementation of BFHI policy, so that nurses can play an important role in preparing, educating, encouraging and supporting mothers to breastfeed and provide infants with optimum nutrition for their early growth and development.

Keywords:

Nurses, knowledge, Baby Friendly Hospital Initiative (BFHI) policy.

1. Introduction:

Baby Friendly Hospital Initiative was launched in the year 1991, by UNICEF and World Health Organization to support and promote breast feeding [1]. BFHI has laid down Ten Steps of Successful Breastfeeding which are accepted as the minimum global criteria for attaining Baby Friendly Hospital Initiative was launched in the year 1991, by UNICEF and World Health Organization to support and promote breast feeding [1]. BFHI has laid down Ten Steps of Successful Breastfeeding which are accepted as the minimum global criteria for attaining the status of a Baby-friendly Hospital, by any health care agency. Exclusive breastfeeding is the gold standard in infant nutrition [2].

The world Health Organization (2011) reports that nearly 40% of all deaths of children under five years of age occur during the neonatal period and major cause of these deaths was due to infection. Lack of breastfeeding causes higher risks of infections in the first year of life and elevated risks of childhood obesity, diabetes-mellitus, leukaemia and sudden infant death syndrome in infants and lack of breastfeeding also associated with an increased risk of pre-menopausal breast cancer, ovarian cancer, retained gestational weight and diabetes-mellitus in mothers [3].

Globally annual deaths of children under age 5 are over 820,000, which can be prevented by promoting Exclusive breastfeeding practice, as it decreases infection rate, improves survival of low- birth weight infants, reduction in nursing load as rooming in and demand feeding make nursery care easier [4].

In achieving all these landmarks and targets nurses play an important role in encouraging and supporting Exclusive breastfeeding, as they have multiple interactions with the mother during pre-natal and post-natal appointments where they can advocate for adequate breastfeeding practices through health teaching. Thus, the nurses should have adequate knowledge regarding ten steps of BFHI policy.

Hence it is required to evaluate knowledge of the nurses regarding the 10 steps of BFHI policy in their respective hospitals which aids in Promotion of exclusive breastfeeding and thus reduction of infant morbidity and mortality.

2. Objectives:

- (1) To assess the knowledge on BFHI policy among nurses.
- (2) To find the association between knowledge on BFHI policy among nurses with selected demographic variables.

3. Methodology:

A descriptive research study was adopted for the study. The study variables are knowledge of the nurses. The study was conducted in paediatric and maternity areas at Ramaiah hospitals, Bangalore. 200 nurses were selected by using non-probability convenient sampling technique.

Data was collected after obtaining Institutional ethical clearance, formal permission is obtained from the concerned authorities. Informed consent was obtained and socio demographic variables were collected from the nurses who were working in paediatric and maternity areas. Structured knowledge questionnaire on BFHI policy was administered to to assess the knowledge level of nurses, working in paediatric and maternity areas.

4. Results:

Data was analyzed using statistical package software for social sciences (SPSS) version 21. Frequency and percentage distribution were used to describe socio-demographic data and level of knowledge of nurses working in paediatric and maternity areas. Chi square test was done to determine association between demographic variables and the level of knowledge. Confidence interval was set at 95% and $P < 0.05$ was considered statistically significant.

Table. 1: Frequency and percentage, Mean and standard deviation with regard level of knowledge of nurses working in paediatric and maternity areas

<i>Sl. No.</i>	<i>Level of knowledge</i>	<i>Frequency</i>	<i>Percentage</i>	<i>Mean</i>	<i>Standard deviation</i>
1	Adequate knowledge >75% (>33)	54	27%	2.20	0.55

2	Moderate knowledge 50-74% (22-32)	131	65.5%		
3	Inadequate knowledge <50% (<22)	15	7.5%		

N=200

The majority of nurses 131 (65.5%) had moderate knowledge, 54 (27%) had adequate knowledge and 15 (7.5%) had inadequate knowledge. Total sum scale of knowledge on BFHI policy was 2.20 ± 0.55 . Result also showed that, majority of nurses 86(32.5%) belong to the age of 30-40 years, 65(32.5%) of them <30 years, 42 (21%) belongs to age group of 51-60 years and majority of nurses 192(96%) were females whereas 8 (4%) were males.

Majority of nurses qualified with 144 (72%) GNM nursing, 30 (15%) were qualified with post B.S.c (N), 26 (13%) were B.S.c (N).Majority of nurses 121(60.5%) were working in pediatric area and 79 (39.5%) were working in maternity area. 143 (71.5%) had attended CNE on BFHI policy and 57 (28.5%) had not attended any education or training programme.

Majority of nurses 66(33%) had experience of 11-15 years, 46 (23%) had experience of 6-10 years, 39 (19.5%) had experience <1 years, 21 (10.5%) had experience of 16-20 years, 17 (8.5%) had experience of 1-5 years, 9(4%) had experience of 21-25 years and another 2(1%) had experience of >25 years of experience and 194(97%) nurses had responded that they had heard about BFHI policy and only 6(3%) of them responses that they had not heard about BFHI policy.

Majority of nurse's source of information was CNE on BFHI policy, 55(27.5%) nurse;s source of information was part of curriculum, 55(27.5%) nurse's source of information was lactation classes and 6(3%) nurse's source of information was peers group. The study also showed that, there was association between level of knowledge and socio-demographic variables (attend any education or training programme on BFHI policy, awareness of BFHI policy, source of information) $p < 0.05$ level of significance.

5. Discussion:

According to the results of the present study on overall knowledge level among 200 nurses, majority of nurses 131 (65.5%) had moderate knowledge, 54 (27%) had adequate knowledge and 15 (7.5%) had inadequate knowledge. The mean score was 2.20 and standard deviation was ± 0.55 .

The study findings are consistent with a descriptive research study conducted at Puducherry, in 2021, “To assess the knowledge on BFHI policy among nurses and to find the association between knowledge on BFHI policy among nurses with selected demographic variables”. Result showed that among 60 nurses, 48 (80%) had moderately adequate knowledge, 9 of them (15%) had adequate knowledge and 3 of them (5%) had inadequate knowledge regarding BFHI.

There was significant association between level of knowledge and socio-demographic variables (attend any education or training programme on BFHI policy, awareness of BFHI policy, source of information) at $p < 0.05$ level of significance. Other socio-demographic variables (age, gender, professional education, working area, years of experience) not significant with level of knowledge at $p < 0.05$ level of significance.

The study findings are consistent with a descriptive research study conducted at Puducherry, in 2021, “To assess the knowledge on BFHI policy among nurses and to find the association between knowledge on BFHI policy among nurses with selected demographic variables”. 60 nurses were included as a sample from the maternal and childcare unit, Puducherry. Result showed that, educational status and previous knowledge has a significant association with the level of knowledge at $p < 0.05$ level and other variables (age, gender, working area, experience) were not significant.

6. References:

- (1) Philip B, Radford A. Baby-friendly: Snappy slogan or standard of care archives of disease in childhood; 2006. 91: F 145-9.
- (2) WHO, UNICEF. Baby-friendly hospital initiative revised updated and expanded for integrated care. Geneva, World health organization; 2009.

Available from:
<http://www.who.int/nutrition/publications/infanfeeding/bfhi-trainingcourse/en>.

- (3) UNICEF. Protecting, promoting and supporting breastfeeding in facilities providing maternity and new-born services: implementing the revised Baby-friendly hospital: World Health Organization and the United Nations children's Fund; 2018. Page no- 64.
- (4) World Health organization (2017a). National implementation of the Baby-Friendly Hospital Initiative. Geneva: WHO. Available from-
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6865877>.
- (5) Zielinska MA, Sobezak A, Hamulka J. Breastfeeding knowledge and exclusive breastfeeding of infants in first six months of life. *Rocz panstw zakl hig*; 2017; 68(1): 51-59.
- (6) Somaya Mohamed Abd El- Ghany, Afaf Abdel Wahab Korraa, Eman Almorsy ahmed, Iman Mohmmad wahby salem, Sahar Ahmed Eslam, Amal Aly EL-Taweel, Karin cadwell. A survey of knowledge, attitude and practices of providers and staff at AL-Zahraa university Hospital regarding the baby friendly hospital initiative and the international code of marketing breast milk substitutes. 2019; 28(4): 210-17.