

**A Study to Assess Knowledge regarding baby friendly hospital Initiative (Bfhi) Policy among Nurses in A Selected Hospital, Bangalore**

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**Citation this Article:** MS. Arundhuti chakraborty, Dr. Radha M. S, Mrs. Latha. U. S., “A Study to Assess Knowledge regarding baby friendly hospital Initiative (Bfhi) Policy among Nurses in A Selected Hospital, Bangalore”, IJMSIR - July - 2024, Vol – 9, Issue - 4, P. No. 102 – 107.

**Type of Publication:** Original Research Article

**Conflicts of Interest:** Nil

**Abstract**

The Baby Friendly Hospital Initiative (BFHI) was introduced in 1991 by UNICEF and the World Health Organization with the aim of endorsing and advancing breastfeeding. BFHI has established Ten Steps of Successful Breastfeeding as guidelines. The primary objective of BFHI policy is to advocate, safeguard, and bolster breastfeeding. Nurses hold a crucial responsibility in promoting and assisting breastfeeding, given their frequent interactions with mothers during prenatal and postnatal visits, where they can educate and advocate for breastfeeding. Therefore, it is imperative that nurses possess comprehensive knowledge of the BFHI's ten-step policy.

**Methods:** The research employed a descriptive study design, focusing on the knowledge levels of nurses in pediatric and maternity departments at Ramaiah hospitals, Bangalore. A total of 200 nurses were chosen

using a non-probability convenient sampling method. Data collection utilized a structured knowledge questionnaire sourced from the "WHO and UNICEF competency toolkit on ensuring competency of direct care providers to implement the Baby Friendly Hospital Initiative policy." This tool was validated by six experts from various institutions to assess nurses' understanding of the BFHI policy.

**Results:** The findings of the study indicated that a majority of nurses, 131 (65.5%), demonstrated moderate knowledge, while 54 (27%) exhibited adequate knowledge, and 15 (7.5%) showed inadequate knowledge regarding BFHI policy. The analysis revealed a significant correlation between the level of knowledge and socio-demographic factors such as participation in BFHI education or training programs, awareness of BFHI policy, and the primary source of information ( $p < 0.05$ ).

**Conclusion:** The study underscores that most nurses possess moderate knowledge of BFHI policy. Given that exclusive breastfeeding is crucial for infant nutrition and can reduce mortality and morbidity rates, it is essential to provide nurses with comprehensive training on implementing BFHI policy. This training is vital to empower nurses in their roles of preparing, educating, encouraging, and supporting mothers to breastfeed, thereby ensuring infants receive optimal nutrition for their early growth and development.

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

### Introduction

The Baby Friendly Hospital Initiative (BFHI) was established in 1991 by UNICEF and the World Health Organization with the primary goal of promoting and supporting breastfeeding<sup>[1]</sup>. BFHI has outlined Ten Steps of Successful Breastfeeding, which serve as the global standard for achieving Baby-Friendly Hospital status across healthcare agencies. Exclusive breastfeeding is recognized as the optimal standard for infant nutrition<sup>[2]</sup>.

According to the World Health Organization (2011), nearly 40% of deaths among children under five occur during the neonatal period, often due to infections. Lack of breastfeeding increases the risk of infections in infancy and contributes to higher risks of childhood obesity, diabetes mellitus, leukemia, and sudden infant death syndrome. Mothers who do not breastfeed also face elevated risks of pre-menopausal breast cancer, ovarian cancer, retained gestational weight, and diabetes mellitus<sup>[3]</sup>.

Globally, more than 820,000 children under five years of age die annually, deaths that could be prevented by promoting exclusive breastfeeding. This practice reduces infection rates, improves survival among low-birth-weight infants, and lessens the nursing burden through

practices like rooming-in and demand feeding<sup>[4]</sup>. Nurses are pivotal in promoting exclusive breastfeeding, given their frequent interactions with mothers during prenatal and postnatal visits, where they can advocate for optimal breastfeeding practices through education and support. Therefore, nurses must possess comprehensive knowledge of the BFHI's Ten Steps to effectively support these efforts.

It is crucial to assess nurses' knowledge of the BFHI's Ten Steps within their respective healthcare settings to promote exclusive breastfeeding, thereby contributing to the reduction of infant morbidity and mortality rates.

### Objectives

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

### Methodology

**Study design:** The design used was Non-experimental descriptive survey research.

### Variables

**Study variables:** Knowledge of nurses

### Socio-demographic variables

Age, gender, professional education, working area, attend any education or training programme on BFHI policy or not, Years of experience, awareness of BFHI policy and source of information.

### Setting of the study

The study was conducted at Ramaiah hospitals, Bangalore.

**Sample size:** Was estimated by using power analysis and the size was 200 nurses.

### Sampling technique

Non-probability convenient sampling technique.

Inclusion criteria: - The nurses who were-

- Working in paediatric and maternity areas of selected hospital.
- Available at the time of data collection.
- Willing to participate in the study.

#### **Exclusion criteria**

Nurses who were not available at the time of study.

#### **Ethical clearance**

Ethical clearance was obtained from ethical committee of Ramaiah Medical College ethics committee

#### **Development of the tool**

Structured knowledge questionnaire was developed to assess the knowledge of nurses regarding BFHI policy. Questions were taken from the “WHO and UNICEF competency toolkit on ensuring competency of direct care providers to implement the Baby Friendly Hospital Initiative policy”. The tool used in the present study consisted of:

#### **Section A: Socio-demographic variables**

The section had 8 items, they are: Age, gender, professional education, working area, attended any education or training programme on BFHI, years of experience, awareness of BFHI policy and source of information.

#### **Section B: Structured knowledge questionnaire on BFHI policy**

This section had 45 items on 10 steps of BFHI Policy. Scoring of items: A scoring key was prepared for section A by coding the demographic variables. For section B, a score of one was allotted for each correct answer and a score of zero for each incorrect answer. Thus a total of 45 marks were given for knowledge assessment. The scores were interpreted as follows:

<50% (<22)= Inadequate knowledge

50-75% (22-33)= Moderate knowledge

>75% (>33)= Adequate knowledge.

#### **Validity and reliability of the tool**

Content validity of the tool was obtained from 9 experts. Reliability of the tool was calculated by using Cronbach’s alpha and the  $r=1$ .

#### **Data collection procedure**

- A formal permission was obtained from the concerned authorities.
- Nurses who fulfilled the inclusion criteria were selected. The purpose of the study was explained and informed written consent was obtained after assuring the confidentiality.
- The structured knowledge questionnaire was administered regarding BFHI policy and each sample had taken 30 minutes’ time to complete the questionnaire.

#### **Data Analysis**

SPSS IBM 2020 version was used to analyze the data.

#### **Descriptive statistics**

- Frequency and percentage distribution was used to describe the socio-demographic variables of staff nurses.
- Mean and standard deviation was used to describe the level of knowledge of staff nurses on BFHI policy.

#### **Inferential statistics**

Chi-square test was used to determine the association between the level of knowledge on BFHI policy with the selected socio-demographic variables.

#### **Results**

##### **Socio-demographic Characteristics**

- Majority of the nurses i.e, 86(32.5%) belong to the age of 30-40 years, 65(32.5%) of them were in the age group of <30 years, 42 (21%) belongs to age group of 51-60 years and majority of the nurses 192(96%) were females, only 8 (4%) were males.
- Majority of the nurses were 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%) attended classes on breastfeeding.

- Majority of the nurses 66(33%) had experience of 11-15 years, 46 (23%) had experience of 6-10 years, 39 (19.5%) had experience of <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. For majority of the nurses source of information was CNE on BFHI policy, 55(27.5%) nurses the source of information was part of the curriculum during their study, 55(27.5%) nurses, lactation classes and 6(3%) nurses, peer group.

**Knowledge of Nurses regarding BFHI Policy**

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

N= 200

S.No	Level of knowledge	Frequency	Percentage	Mean	Standard deviation
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%		

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.

**Association Between Knowledge of Nurses regarding BFHI Policy and Socio-demographic Characteristics**

The chi-square test revealed statistically significant association between the level of knowledge of nurses and attended any education or training programme on BFHI policy and source of information at p<0.05 level of significance.

**Discussion**

**Objective 1: To assess the knowledge on BFHI policy among nurses.**

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 the findings of a descriptive research study conducted at Puducherry, in 2021 to assess the knowledge on BFHI policy among 60 nurses showed 48 (80%) having moderately adequate knowledge, 9 (15%) of them adequate knowledge and 3 of them (5%) had inadequate knowledge regarding BFHI.

**Objective 2: To find the association between knowledge of nurses on BFHI policy and their selected demographic variables.**

The chi-square test revealed statistically significant association between the level of knowledge of nurses and attended any education or training programme on BFHI policy and source of information at p<0.05 level of significance.

The study findings are consistent with the findings of a descriptive research study conducted at Puducherry, in 2021 to assess the knowledge on BFHI policy among 60 nurses showed that, educational status and previous knowledge has a significant association with the level of knowledge at p<0.05 level of significance and other

variables (age, gender, working area, experience) were not significant.

### Conclusion

The study findings shows that majority of staff nurses 131 (65.5%) had moderate knowledge regarding BFHI policy and statistical association between knowledge level and attending any education or training programme on BFHI policy as well as source of information. Regular CNE programmes related to breast feeding with BFHI policy as one of the component aids to keep staff nurses abreast with the policy.

### Limitation

- Authenticity of information regarding socio-demographic variables is only based on the response of the sample.
- Generalization of the findings is limited due to the nurses involved in the study.

### Acknowledgement

My sincere thanks to the management, Ramaiah Memorial Hospital and Ramaiah teaching hospital, Bangalore for providing me an opportunity to undertake this study. My heartfelt thanks to all the participants who have willingly participated in this study. At last but not the least my sincere gratitude for all well-wishers who have directly and indirectly supported me to complete this study.

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