

**KNOWLEDGE AND ATTITUDE REGARDING BABY FRIENDLY HOSPITAL  
INITIATIVE AMONG NURSES OF TERTIARY LEVEL HOSPITAL****Rita Kumari Ban\*<sup>1</sup>, Samjhana Kumari Paudel<sup>1</sup>, Sarita Panta<sup>1</sup> and Anisha Shrestha<sup>2</sup>**Nepalese Army Institute of Health Sciences, College of Nursing, Kathmandu, Nepal and Nepal Police Hospital,  
Maharajgunje, Kathmandu.**\*Corresponding Author: Lecturer, Rita Kumari Ban**

Nepalese Army Institute of Health Sciences, College of Nursing, Kathmandu, Nepal and Nepal Police Hospital, Maharajgunje, Kathmandu.

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**ABSTRACT**

The Baby Friendly Hospital Initiative (BFHI) is an effort by United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) to ensure that all maternities whether free standing or in a hospital, become centers of breastfeeding support. Descriptive exploratory study design was used to assess the level of knowledge and attitude of nurses toward BFHI. Data was collected using semi structured self-administered questionnaire from 96 nurses working at Shree Briendra Hospital, Chhauni. Non-probability purposive sampling was used. This study revealed that more than three fourth (76%) of respondent knew about component of BFHI, more than half (56.2%) of respondents were aware that rooming in is recommended regular care at post-natal ward. More than half (51%) of respondent had correctly defined exclusive breast feeding. Highest proportion (43.8%) of respondents knew about feeding option for HIV positive mother. Almost all (99%) of respondents were positive toward BFHI.

**KEYWORDS:** Knowledge, Attitude, Baby Friendly Hospital Initiative, Nurses.**INTRODUCTION**

BFHI is a global effort launched by WHO and UNICEF to implement practices that protect, promote and support breastfeeding. The initiative has two main goals: a) to transform hospitals and maternity facilities through implementation of the Ten Steps and b) to end the practice of distribution of free and low-cost supplies of breast milk substitutes to maternity wards and hospitals. BFHI has incorporated the International Code of Marketing of Breast-milk Substitutes (1981) and is aimed to protect and promote breastfeeding. Since the launch of initiative, more than 20,000 hospitals in 156 countries in the world have adopted it over the last 15 years.<sup>[1]</sup> The initiative has proven to have an impact, increasing the likelihood of babies being breastfed exclusively for the first six months of life.<sup>[2]</sup> Official designation as a baby-friendly institution requires careful assessment, starting with the facility undertaking its own internal assessment, after which a trained external team of assessors completes an external assessment to confirm that the institution is truly carrying out all ten steps and conforming to the International Code of Marketing of Breast-milk Substitutes. The BFHI is considered one of the most successful international efforts ever undertaken to protect, promote and support breastfeeding.<sup>[3]</sup>

The BFHI is one of the operational targets of the Global Strategy for Infant and Young Child Feeding (IYCF), which was endorsed in 2002.<sup>[4]</sup> In response to the human immunodeficiency virus (HIV) pandemic and other new

evidence, WHO and UNICEF collaborated on an effort to update the BFHI materials and promote the initiative in the context of the IYCF strategy.<sup>[5]</sup>

In Nepal BFHI activities were started in 1994 with the training of health workers from 22 hospitals all over the country till 1996. After training, these hospitals were assessed by external and internal assessors in 1997-98 through Nepal Pediatric Society and seven of the hospitals were certified as Baby Friendly Hospitals.<sup>[6]</sup>

According to the last two Demographic Health Surveys (DHS 2006 & 2011) there has not been any change in the neonatal mortality which is constant at 33/1000 live births. Practice of initiation of breastfeeding within one hour of birth was only 35% and exclusive breastfeeding for six months was 53% in 2006, but there has been some increment in both the indicators in 2011.<sup>[7]</sup> Early initiation of breastfeeding raised to 45% and exclusive breastfeeding to 70%. The reasons of such increment could be due to increase in literacy and awareness among the women.<sup>[8]</sup>

Disease control priority project 2007 mentioned that most of the problems of newborn occur due to lack of basic and essential newborn care, such as ensuring proper breathing, temperature control, hygiene and proper feeding. Early initiation of breastfeeding and exclusive breastfeeding can decrease neonatal mortality.<sup>[9]</sup>

Therefore, the main aim of the study was to assess if any BFHI principles are implemented in the non-accredited hospitals. The objectives were to assess the knowledge and attitudes of the nursing staffs regarding BFHI.

### MATERIAL AND METHODS

Descriptive exploratory research design was used and it was conducted in Shree Birendra Hospital, Chhauni, Kathmandu, the population was the nurses working in various wards as a staff nurse. Self-administered semi-structured questionnaire was used to collect data in 96 respondents. Non-probability purposive sampling was

used. Approval was obtained from the institutional research committee of Nepalese Army Institute of Health Sciences. Permission from hospital administration was obtained. Informed written consent was obtained from each participant. Data was collected from 2017/08/13 to 2017/08/26 which was two weeks of duration. All collected data were checked, reviewed and organized i.e. edited, classified, coded and tabulated for the accuracy and completeness. Data processing was done on SPSS version 20. The findings were presented through tables and figures. Inferential statistic i.e. chi-square test was used.

### RESULT

**Table 1: Respondents According to Age, Education, Duration of Work, Experience in Particular Field and Training.**

n = 96

Characteristics	Frequency	Percentage
<b>Age</b>		
20-30 years	68	70.83
30-40 years	22	22.91
41 years & above	6	6.25
<b>Education</b>		
PCL	44	45.8
BSC	18	18.8
BNS	34	35.4
<b>Duration of work</b>		
1-10 years	71	74
11-20 years	23	23
21-30 years	2	3
<b>Experience in particular field</b>		
Related wards	28	29.2
Other wards	68	70.8
<b>Training in BFHI</b>		
Yes	0	0
No	96	96
<b>Mean age 28.38 ± Standard deviation 7.05</b>		

Table 1 shows that the highest proportion (70.83%) of respondents were from age group 20-30 with mean age 28.38 ± standard deviation 7.05 whereas only (6.25%) of respondents were of age 41 & above. The highest proportion (45.8%) of respondents had done PCL

whereas few (18.8%) of respondents had done B.Sc Nursing. About three fourth (74%) of respondents had experience of 1-10 years in nursing field and only 3% of respondents had 21-30 years of experience. Cent percent (100%) of the respondents had not had training on BFHI.

**Table 2: Respondents' Knowledge on Component of BFHI, Regular Care in Postnatal Room and Exclusive Breastfeeding.**

n=96

Characteristics	Frequency	Percent
<b>Component of BFHI</b>		
10 steps of successful breastfeeding *	73	76.0
Complete immunization	1	1.0
Management of newborn danger sign	11	11.5
KMC	11	11.5
<b>Regular care in post-natal ward</b>		
Rooming in *	54	56.2
Exclusive formula feeding	30	31.2
Use of pacifier and teats	9	9.4
Mixed feeding	3	3.1
<b>Exclusive breastfeeding</b>		
Give milk and water till 6 months of age	8	8.3
Give milk and water till complete 6 months of age	7	7.3
Give only milk till complete 6 months except medicine *	49	51.0
Give only breast milk till complete 6 months	32	33.3

**Correct option\***

Table 2 reveals that more than three fourth (76%) of respondents said that 10 steps of successful breastfeeding are component of BFHI, whereas only (1%) of respondents had stated complete immunization. That more than half (56.2%) of respondents had stated

rooming in as routine care recommended by BFHI whereas, only (3.1%) of respondents had mentioned mixed feeding as recommended care. More than half (51%) of respondents had correctly defined exclusive breast feeding and only (7.3%) had stated that mother should give milk and water till complete 6 months.

**Table 3: Respondents' Knowledge on Rooming in, Demand Feeding and Signs of Latching.**

n=96

Characteristics	Frequency	Percent
<b>Rooming in</b>		
Same room till one month	33	34.4
Under same blanket 24 hours of day *	41	42.7
In room temperature below 26 <sup>o</sup> c	7	7.3
In room temperature above 37 <sup>o</sup> c	15	15.6
<b>Demand feeding</b>		
One hour of previous feeding	7	7.3
Two hours of previous feeding	29	30.2
Mother feels desire to feed	5	5.2
Baby cries to be fed *	55	57.3
<b>Sign of latching (except)</b>		
Chin in nose out	27	28.1
Ear shoulder hip in a line	16	16.7
Swallow and pause pattern	15	15.6
It hurts when baby suck with full strength *	38	39.6

**Correct option\***

Table 3 illuminate that the highest proportion (42.7%) of respondents had defined rooming as keeping mother and baby under same blanket 24 hours a day and only (7.3%) respondents had defined it as keeping mother and baby in room temperature below 26<sup>o</sup>c. More than half (57.3%) of respondents had defined demand feeding as feeding baby

when baby cries to be fed and only (5.2%) of respondents had defined it as feeding baby when mother feel desire to feed. About highest proportion (39.6%) of respondents stated that it hurts when baby suck with full strength if latching is not good whereas, few (15.6%) of respondents had stated that swallow and pause pattern is not a sign of latching.

**Table 4: Respondents' Attitude towards BFHI.**

n = 96

Statements	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree	Mean ± SD
Initiation of breastfeeding should occur soon after birth within one hour.	84.4%	13.5%	1.0%		1.0%	4.8±0.55
The benefits of breastfeeding outweigh any difficulties/ inconvenience mothers may encounter.	21.9%	47.9%	21.9%	8.3%		3.83±0.8
BFHI is a barrier for establishing exclusive breastfeeding. *	2.1%	5.2%	7.3%	34.4%	51.0%	4.27±0.9
Complementary feeding should start after completion of 6 months.	57.3%	26.0%	10.4%	3.1%	3.1%	4.31±0.9
Healthy full-term babies need additional water, along with breast milk. *	6.2%	13.5%	10.4%	22.9%	46.9%	3.91±1.2
Early supplements can result in insufficient breast milk supply.	19.8%	32.3%	11.5%	28.5%	8.3%	3.27±1.2
Exclusive breastfeeding for six months is the optimal feeding for healthy babies.	45.8%	31.2%	4.2%	11.5%	12.5%	3.97±1.2
A mother should stop breastfeeding if she develops a breast infection (mastitis). *	32.3%	35.4%	8.3%	11.5%	12.5%	2.36±1.3
Baby should be kept in a cot nearby mothers' bed. *	15.6%	22.9%	7.3%	37.5%	16.7%	3.17±1.3
Implementation of BFHI is a burden to nursing staff. *	5.2%	6.2%	5.2%	33.3%	50.0%	4.17±1.1

Table 4 unveils that mean attitude score in most (90%) statements are above neutral score. Highest mean score (4.8) was obtained in the statement initiation of breastfeeding should occur soon after birth within one

hour. Likewise, lowest mean score of 2.36 was obtained in the statement a mother should stop breastfeeding if she develops a breast infection (mastitis).

**Table 5: Association of Selected Variables with Respondents' Level of Knowledge regarding BFHI.**

n=96

Characteristics	Level of knowledge			Chi-square	p value
	Good	Average	Poor		
<b>Age</b>					
20-30 years	23(33.8%)	21(30.9%)	24(35.3%)	4.8	0.3
31-40 years	9(40.9%)	7(31.8%)	6(27.3%)		
41 years & above	0(0.00%)	4(66.7%)	2(33.3%)		
<b>Experience (years)</b>					
1-10	24(33.8%)	21(29.6%)	26(36.6%)	3.1	0.5
11-20	8(34.8%)	10(43.5%)	5(21.7%)		
21-30	0(0%)	1(50%)	1(50%)		
<b>Content in curriculum</b>					
Yes	20(39.2%)	15(29.4%)	16(31.4%)	1.7	0.4
No	12(26.7%)	17(37.8%)	16(35.6%)		

**Note: p Value < .05- significant association**

Table 5 shows that there is no significant association with level of knowledge and selected variables i.e. age, experience and curriculum.

### DISCUSSION

Current study found that 76.0% of respondents knew about component of BFHI, 70.8% stated correct management of painful nipples and 67.7% stated correct management of breast engorgement. Which is higher than the result of hospital based study conducted at Africa (Cape Town) where the findings were: 41.9% had knowledge on component of BFHI and only 16.7% had knowledge on management of both painful nipples and breast engorgement.<sup>[10]</sup> This may be due to variation in the subset of population which served as the study sample.

Further in this study, 51.0% have correctly defined exclusive breast feeding and 39.6% had knowledge on latching, which is higher than a hospital based study conducted in a government hospital of Africa (Keffi) where 19.2% had defined exclusive breast feeding correctly and 5.22% only had knowledge on latching.<sup>[11]</sup>

But it is lower than the study conducted in Cape Town where, 77.4% had defined exclusive breastfeeding correctly and 83.3% had knowledge on latching. Similarly, the score on knowledge regarding rooming in (42.7%), demand feeding (57.3%) and feeding option for HIV positive mother (43.8%) are also lower than that of the study conducted at Cape Town.<sup>[10]</sup>

Furthermore, the current study shows all most all (99.0%) of respondents are positive toward BFHI, which is supported by the hospital based study conducted at Cape Town; the majority of nurses had a positive attitude toward BFHI principles & practices.<sup>[10]</sup>

### CONCLUSION

Based on the findings of the study it is concluded that majority of respondents possess average knowledge regarding BFHI. The nurses who had done PCL Nursing possess good knowledge which concludes that inclusion

of BFHI content in curriculum might enhance the respondents' knowledge.

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