

## A Descriptive Study to Assess the Knowledge and Attitude Regarding Baby Friendly Hospital Initiative Policy among Staff Nurses in Selected Hospitals at Amritsar

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### Abstract

The first stage in the start of life is breastfeeding. The first opportunity for promoting it should occur in the health services, the antenatal clinics and the delivery room; just after the birth, the health workers being responsible for this act, as they should ensure practices and training that promote, protect and support breastfeeding. The present study objective was "to assess the knowledge and attitude regarding baby friendly hospital initiative policy among staff nurses in selected hospitals at Amritsar". The descriptive design was used for study. The sample of 100 staff nurses was selected by purposive sampling technique. The self-structured knowledge questionnaire and modified Likerts-5 point's attitude scale was used to collect the data from the samples. Descriptive and inferential statistics was used in data analysis. The study results showed that out of 100 samples the majority (90%) of the staff nurses had good knowledge regarding BFHI policy followed by 4 and 6%, who had poor and average knowledge regarding BFHI policy, respectively. The majority (94%) of the staff nurses had favourable attitude regarding BFHI policy followed by 3 and 3% who had unfavourable attitude and moderately favourable attitude regarding BFHI policy, respectively. There is highly significant correlation (1.00) observed between the knowledge and attitude regarding baby friendly hospital initiative policy.

**Keywords:** Knowledge, attitude, BFHI policy, staff nurses

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### INTRODUCTION

**"Healthy babies grow into healthy adults-  
-Baby friendly is an investment in future generations."**

After the birth of newborn, selection of a feeding method is one of the major decisions faced by parents. There are three choices: (1) human milk, (2) honey, and (3) cow milk, but amongst them human milk is the best option for infant nutrition up to one year of age.

Exclusive breastfeeding is becoming an endangered practice. It is being deemed as something that is nice but not necessary in the minds of many consumers and health care professionals. Numerous international initiatives have been formed to improve

the initiation, duration, and exclusivity of breastfeeding throughout the world <sup>[1,2]</sup>.

Breast milk contains all the nutritional requirements of newborn. It contains fat, lactose proteins and fat soluble vitamins like vitamin A, C, D, E, and K, and also water soluble vitamin B complex, along with minerals and trace elements like iron, zinc and other minerals like calcium, phosphorus, sodium and potassium in lower levels. Copper and cobalt are in the higher levels. It has anti-infective factors like leucocytes, immunoglobulin's IgA, IgG, IgM and IgD, lysozyme <sup>[2,3]</sup>.

In India, the baby friendly hospital initiative was started in 1993. The

breastfeeding network of India (BPNI) is the agency responsible for implementing this program in our country. Under this, the hospitals with maternity services have to follow the ten steps<sup>[4]</sup>. These hospitals are assessed and certified as baby friendly hospitals once they adopt the “ten steps to successful breastfeeding”. These have a written breastfeeding policy that is routinely communicated to all health care staff, to train all health care staff in skills that is necessary to implement this policy, to inform all pregnant women about the benefits and management of breastfeeding, to help mothers initiate breastfeeding within one and half hour of birth, to show mothers how to breastfeed and maintain lactation. Even if they have to be separated from their infants, give newborn infants no food or drink other than breast milk unless medically indicate. To practice rooming-in that is, to allow mothers and infants to remain together 24 h a day, to encourage breastfeeding on demand, to give no artificial nipples or pacifiers (soothers) to breastfeeding infants, to foster the establishment support groups and refer mothers to them on discharge from the hospital or clinics<sup>[2,4]</sup>.

### NEED OF THE STUDY

“A newborn baby has only three demands. They find warmth in the arms of its mother, food from her breasts, and security in the knowledge of her presence. Breastfeeding satisfies all three.”

--- Grantly Dick

According to various studies, breastfeeding has numerous benefits for both the baby as well as their mothers. Adults who have been breastfed as babies are less likely to develop risk factors and heart diseases, such as obesity and high blood pressure. Whereas, for women who don't breastfeed have increased risk of developing heart diseases, hypertension, diabetes, high cholesterol, breast cancer, ovarian cancer and hip fractures in later stages of their life<sup>[5,6]</sup>.

Hospitals in India are still in the primitive stages with regards to joining this movement. The national statistics shows that more than 11 lakh babies die during the first month of their life and another 5 lakh die during 2 to 12 months of their age. Twenty two percent of all neonatal deaths could be reduced if breastfeeding is begun within an hour of the birth of the baby, preventing more than 15% of 24 lakh child deaths in India, and hence scaling up the optimal breastfeeding practices up to 90% (2003). UNICEF's, WHO's and world bank's 2005 report clearly recognizes the need to scale up optimal infant and young child feeding practices in order to tackle child malnutrition and infant mortality<sup>[7,8]</sup>.

Almost ¼ of the total national population consists of mothers and children, who are most vulnerable to ill health. One of the main causes for neonatal mortality and morbidity is inadequate breastfeeding. Due to different cultural beliefs and practices that are still prevalent, sugar water, plain water, honey, etc. are being given to the baby immediately after its birth, i.e., during the post-partum period, rather than feeding them the “COLO STRUM”, which often leads to suppression of lactation, as prolactin gradually ceases and the breast stops secreting milk.

The statistics from infant survival and development report card of Karnataka shows that percentage of babies being breastfed within an hour of their birth is 35.7%, exclusive breastfeeding for 0–6 months is 58%, infant mortality rate per 1000 live birth is 43.2% and children below 3 years who are under weight is 37.6%. From the report it is clearly stated that initiation of breastfeeding within 1 h of birth is not satisfactory.

**OBJECTIVES**

- To assess the knowledge of staff nurses among baby friendly hospital initiative policy.
- To assess the attitude of staff nurses among baby friendly hospital initiative policy.
- To find the co-relation between knowledge and attitude among baby friendly hospital initiative policy among staff nurses.
- To find the association between knowledge and attitude among baby friendly hospital initiative policy among staff nurses with the selected demographical variables.
- To prepare pamphlets of baby friendly hospital initiative policy.

**METHODOLOGY**

The descriptive research design selected for this study and the demographical variable are the age in years, marital status, source of knowledge, professional qualification, area of residence, and experience in years. In this study research variables are knowledge and attitude. This study is conducted at Civil hospital, Shri Guru Teg Bahadur hospital and Shri Guru Ramdass hospital, Amritsar. The sample size was 100 staff nurses working in selected hospitals at Amritsar. In this study, purposive sampling technique was adopted to select the subjects and the tool consisted of 3 sections and they were baseline performa, self structured knowledge questionnaire and modified Likerts-5 point's attitude scale.

**RESULTS**

**Section-1**

*Description of Demographic Characteristics of Staff Nurses*

*Table 1: Frequency and Percentage Distribution of Demographic Characteristics of Staff Nurses.*

Demographic Variables		Frequency (f)	Percentage (%)
Age in Years	25–30	26	26
	31–35	26	26
	36–40	19	19
	Above 40	29	29
Marital Status	Married	85	85
	Unmarried	12	12
	Widow	03	03
Source of Knowledge	Media	34	34
	Magazines and News Papers	33	33
	Books	23	23
	Seminars and Workshops	10	10
Professional Qualification	GNM	87	87
	BSc Nursing	06	06
	Post Basic (BSc) Nursing	07	07
Area of Residence	Urban	72	72
	Rural	28	28
Experiences in Years	0–5	12	12
	06–10	36	36
	11–20	24	24
	21–30	19	19
	More than 30	09	09

Percentage wise distribution of staff nurses according to their age group reveals that highest percentage (29%) of them was in the age group of above 40 years. 26% of them were in the age group of 25–30 and 31–35 years. Lowest % (19%) of them were in the age group of 36–40 years. Percentage wise distribution of staff nurses according to their marital status shows that highest percentage (85%) of them was married and 12% were unmarried and 3% were widow. It shows that majority of nurses under this study were married.

Percentage wise distribution of staff nurses according to the source of knowledge shows that highest percentage (34%) of them preferred to media, where as 33% to magazines and newspapers and 23% to books and 10% to seminars and workshops. It showed that majority of staff nurses under this study were preferred to

media. Percentage wise distribution of staff nurses according to their professional qualification reveals that highest percentage (87%) of the staff nurses had GNM level education and 7% of them had post basic (BSc) Nursing and 6% of them had BSc Nursing level education. Percentage wise distribution of staff nurses according to their area of residence depicts that highest percentage (72%) of staff nurses belonged to urban area and 28% of them belonged to rural area. It reveals that majority of staff nurses belonged to urban area. Percentage wise distribution of staff nurses according to the experience in years depicts that 36% of the staff nurses had 6–10 years of experience, 24% of them had 11–20 years, 19% of them had 21–30 years and 12% of them had 0–5 years of experience and 9% of them had more than 30 years of experience. It shows that for most of the staff nurses, have 6–10 years of experience

## Section-2

### **Objective-1: To Assess the Knowledge of Staff Nurses Regarding Baby Friendly Hospital Initiative Policy**

**H1:** There is a significant difference in the level of knowledge of staff nurses regarding baby friendly hospital initiative policy.

**Table 2:** The Frequency and Percentage Level of Knowledge Scores Regarding BFHI Policy. N=100

Categories	Grading	Frequency(f)	Percentage (%)
Poor knowledge	0–10	4	4 %
Average knowledge	11–20	6	6 %
Good knowledge	21–30	90	90 %

The data presented in Table 2 depicts that majority (90%) of the staff nurses had good knowledge regarding BFHI policy

followed by 4 and 6% who had poor and average knowledge regarding BFHI policy, respectively.

## Section-3

### **Objective2: To Assess the Attitude of Staff Nurses Regarding Baby Friendly Hospital Initiative Policy**

**H2:** There is a significant difference in the level of attitude of staff nurses regarding baby friendly hospital initiative policy.

**Table 3: The Frequency and Percentage Level of Attitude Scores Regarding BFHI Policy.**

*N=100*

Categories	Grading	Frequency(f)	Percentage (%)
Unfavourable attitude	0–26	3	3%
Moderately favourable attitude	27–53	3	3%
Favourable attitude	54–80	94	94%

The data presented in Table 3 depicts that majority (94%) of the staff nurses had favourable attitude regarding BFHI policy followed by 3 and 3% who had unfavourable attitude and moderately favourable attitude regarding BFHI policy, respectively.

**Section-4**

**Objective 3: To Correlate the Knowledge and Attitude Regarding Baby Friendly**

**Hospital Initiative Policy among Staff Nurses**

**H3:** There is a significant relationship between the knowledge and attitude regarding baby friendly hospital initiative policy among staff nurses. The correlation between the knowledge and attitude regarding BFHI policy is studied by applying the Karl Pearson’s coefficient of correlation and its significance also tested and the results are given in Table 4

**Table 4: Correlation between the Knowledge and Attitude Regarding BFHI Policy among Staff Nurses.**

*N=100*

Variables	Mean	SD	Co-relation
Knowledge	26	3.59	1.00
Attitude	71	11.11	P<0.01

It is observed from Table 4 that there is highly significant correlation (1.00) observed between the knowledge and attitude regarding baby friendly hospital initiative policy regarding P<0.01

**Section-5**

**Objective 4: Association between Knowledge and Attitude Regarding Baby Friendly Hospital Initiative Policy among Staff Nurses with Selected Demographical Variables**

This section dealt with association between the levels of knowledge and attitude regarding baby friendly hospital initiative policy with selected demographic variables. The cross tabulation analysis was employed effectively and the results of chi square analysis were observed.

**with Selected Demographical Variables**

This section dealt with association between the levels of knowledge regarding the BFHI policy related to demographic variables. The cross tabulation analysis was employed effectively and result of chi square analysis were observed and shows that 4% of the respondent’s level of knowledge is poor, 6% respondent’s level of knowledge is average and 90% of the respondent’s level of knowledge is good. Hence majority of the respondent’s level of knowledge is good. In order to find the association between the level of knowledge and demographic variables chi square test is used at 5% level of significance and result are given in Table 5. It is noted from Table 5, that there is significant association found between the demographic variables of marital status and professional qualification of the respondents and level of knowledge regarding BFHI policy.

**Association between Knowledge Regarding Baby Friendly Hospital Initiative Policy among Staff Nurses**

**Table 5: Association between Levels of the Knowledge with Respect to Demographic Variables.**

Sr.No	Demographic Variables	Total Frequency	Level of Knowledge						Chi Square Value	df	Table Value
			Poor (f)	%	Average (f)	%	Good (f)	%			
1	<b>Age in Years</b>										
	25-30	26	1	1	2	2	23	23	0.82	6	12.59
	31-35	26	1	1	2	2	23	23			
	36-40	19	1	1	1	1	17	17			
	Above 40	29	1	1	1	1	27	27			
2	<b>Marital Status</b>										
	Married	85	1	1	3	3	81	81	21.8	4	9.488
	Unmarried	12	2	2	2	2	8	8			
	Widow	3	1	1	1	1	1	1			
3	<b>Source of Knowledge</b>										
	Media	34	1	1	2	2	31	31	1.45	6	12.59
	Magazines and newspapers	33	1	1	2	2	30	30			
	Books	23	1	1	1	1	21	21			
	Seminars and workshops	10	1	1	1	1	8	8			
4	<b>Professional Qualification</b>										
	GNM	87	1	1	4	4	82	82	20.11	4	9.488
	BSc Nursing	6	2	2	1	1	3	3			
	Post Basic (BSc) Nursing	7	1	1	1	1	5	5			
5	<b>Area of Residence</b>										
	Urban	72	2	2	3	3	67	67	2.74	2	5.99
	Rural	28	2	2	3	3	23	23			
6	<b>Experience in Years</b>										
	0-5	12	1	1	2	2	9	9	4.84	8	15.51
	6-10	36	1	1	1	1	34	34			
	11-20	24	1	1	1	1	22	22			
	21-30	19	1	1	1	1	17	17			
	More than 30	9	0	0	1	1	8	8			

**Association between the Levels of Attitude Regarding Baby Friendly Hospital Initiative Policy among Staff Nurses with Respect to Demographic Variables**

This chapter dealt with association between the levels of attitude regarding baby friendly hospital initiative policy among staff nurses with respect to demographic variables. The cross tabulation analysis was employed effectively and the results of chi square analysis were observed and shown in Table 6. It shows that 3% of the respondent's level of the attitude is

unfavourable, 3% of the respondent's level of attitude is moderately favourable and 94% of the respondent's level of attitude is favourable. Hence majority of the respondent's level of attitude is favourable. In order to find the association between the level of attitude and demographic variables chi square is used at 5% level of significance. It is noted from the Table 6, that there is significant association is found between the demographic variables of marital status and professional qualification of the respondents and level of attitude regarding BFHI policy.

**Table 6:** Association between Levels of the Attitude with Respect to Demographic Variables.

Sr. No	Demographic Variables	Total Frequency	Level of Attitude						Chi Square Value	df	Table Value
			UFA (f)	%	MFA (f)	%	FA (f)	%			
1	<b>Age in Years</b>										
	25-30	26	1	1	1	1	24	24	2.46	6	12.59
	31-35	26	0	0	1	1	25	25			
	36-40	19	1	1	1	1	17	17			
Above 40	29	1	1	0	0	28	28				
2	<b>Marital Status</b>								23.77	4	9.488
	Married	85	1	1	1	1	83	83			
	Unmarried	12	1	1	1	1	10	10			
	Widow	3	1	1	1	1	1	1			
3	<b>Source of Knowledge</b>								2.795	6	12.59
	Media	34	1	1	1	1	32	32			
	Magazines and Newspapers	33	1	1	1	1	31	31			
	Books	23	0	0	1	1	22	22			
	Seminars and Workshops	10	1	1	0	0	9	9			
4	<b>Professional Qualification</b>								12.29	4	9.488
	GNM	87	1	1	2	2	84	84			
	BSc Nursing	6	1	1	1	1	4	4			
	Post Basic (BSc) Nursing	7	1	1	0	0	6	6			
5	<b>Area of Residence</b>								1.72	2	5.99
	Urban	72	2	2	2	2	68	68			
	Rural	28	1	1	1	1	26	26			
6	<b>Experience in Years</b>								7.57	8	15.51
	0-5	12	0	0	1	1	11	11			
	6-10	36	1	1	0	0	35	35			
	11-20	24	1	1	1	1	22	22			
	21-30	19	1	1	0	0	18	18			
	More than 30	9	0	0	1	1	8	8			

UFA- Unfavourable Attitude; FA- Favourable Attitude; MFA- Moderately Favourable Attitude.

## Section-6

### **Prepared Pamphlets regarding BFHI Policy**

Pamphlets were distributed to staff nurses.

## **IMPLICATIONS**

### **Nursing Education**

Education is the core part of the person's life. In the curriculum such type of topics must be included in their particular subject, which will be helpful for the future caregiver. Various training programs can be given to improve the knowledge and attitude regarding BFHI policy among staff nurses. Nurse should possess the knowledge and attitude regarding BFHI policy.

### **Nursing Practice**

In nursing practice, members involved were staff nurses, multipurpose health workers, health supervisors, counsellors and other health personnel etc.

They should possess knowledge and attitude regarding BFHI policy among staff nurses. The investigator found that there is more stress among mothers regarding care of infants by their own experience. Thus she proved by research there was a usage of adequate strategies. Hence the nursing personnel should initiate teaching programs towards these activities.

### **Nursing Administration**

Nursing is an evolving procedure to improve the quality of care by evidence based practice.

The nurse as an administrator can organize and conduct teaching programs for health personnel in order to increase their knowledge and attitude and keep them aware about BFHI policy.

Nursing administrator should include in-service education programs and continuing education programs so that they can help

the nursing personnel in updating their knowledge and attitude regarding BFHI policy. Nurse educators should encourage the staff and students to do similar research in different populations and setting to find out their knowledge and attitude.

### **Nursing Research**

Practice emerges from research, evidence based practice is to improve the quality of nursing care.

This study focuses to assess the knowledge and attitude regarding BFHI policy among staff nurses. The research committees put some efforts to find out the knowledge and attitude regarding BFHI policy.

## **RECOMMENDATIONS**

Based on the findings of the study, the following recommendations are stated:

- A similar study can be undertaken with a larger sample to generalize the findings.
- A qualitative study may be conducted to find the experience of staff nurses regarding BFHI policy.
- A descriptive study may be conducted in order to assess the knowledge of staff nurses regarding BFHI policy.
- A comparative study may be conducted among different hospitals of states to determine the nurses' attitude regarding BFHI policy.

## **CONCLUSION**

The study reveals that there is a significant relationship of knowledge and attitude with demographic variables regarding BFHI policy among staff nurses.

Based on statistical value, majority of staff nurses (90%) having good knowledge regarding BFHI policy and majority (94%) having favourable attitude regarding BFHI policy.



### **BFHI POLICY**

The baby friendly hospital initiative (BFHI) is the result of the WHO/UNICEF statement and is based upon the ten steps to successful breastfeeding. Health workers should understand the importance of the breastfeeding management strategies incorporated in the ten steps,

**Step 1:** A written breastfeeding policy that is routinely communicated to all health care staff.

**Step 2:** Training all health care staff in skills necessary to implement this policy.

**Step 3:** Informing all pregnant women about the benefits and management of breastfeeding.

**Step 4:** Helping mothers initiate breastfeeding within a half an hour of birth.

**Step 5:** Showing mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.

**Step 6:** Giving newborn infants no food or drink other than breast milk.

**Step 7:** Practicing rooming-in, allow mothers and infants to remain together 24 h a day.

**Step 8:** Encouraging breastfeeding on demand.

**Step 9:** Giving no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

**Step 10:** Fostering the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic.

### **REFERENCES**

1. Taylor C, Gribble K, Sheehan A, *et al.* Staff Perceptions and Experiences of Implementing the Baby Friendly Hospital Initiative in Neonatal Intensive Care Units in Australia. *JOGNN*. Jan–Feb 2011; 40(1): 25–34p.
2. Myles. *Text Book for Midwives*. 13th Edn. Churchill Livingstone Publisher. 1999; 710–719p.
3. WHO. *Indicators for Assessing for Breastfeeding Practice*. 1991; WHO/CDD/SER/91.4.
4. [www.Unicef.Org/nutrition/index24850.Html](http://www.Unicef.Org/nutrition/index24850.Html)

5. Ip S, Chung M, Raman G, et al. *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries*. Evidence Report/Technology Assessment No. 153 (Prepared by Tufts-New England Medical Center Evidence-based Practice Center, under Contract No. 290-02-0022). AHRQ Publication No. 07-E007. Rockville, MD: Agency for Healthcare Research and Quality. Apr 2007.
6. Martin Richard M, David Gunnell, George Davey Smith. Breastfeeding in Infancy and Blood Pressure in Later Life: Systematic Review and Meta-Analysis. *Am J Epidemiol*. 2005; 161(1). doi:10.1093/aje/Kwh338.
7. UNICEF. NURSING TIMES. Aug 2007.
8. WHO. Country. Profile: Atlas, Geneva. (Serial online). Mar 2006; 117: 380–386p.