

EFFECTS OF BABY-FRIENDLY HOSPITAL INITIATIVE ON BREAST-FEEDING PRACTICES IN MYMENSINGH

Neher Kana Mallick^{*1}, Dr. Progga Sarker Zenith², Dr. Roma Bijoy Sarker³ and Mst. Hosneara Khatun⁴

^{1,4}Lecturer, College of Nursing, Sher-E-Bangla Nagar, Dhaka, Bangladesh.

²Assistant Surgeon, Adhunik Sadar Hospital Netrokona, Bangladesh.

³Professor, Department of Physics, Chairman, Board of Intermediate and Secondary Education, Sylhet, Bangladesh.

***Corresponding Author: Neher Kana Mallick**

Lecturer, College of Nursing, Sher-E-Bangla Nagar, Dhaka, Bangladesh.

Article Received on 23/07/2022

Article Revised on 13/08/2022

Article Accepted on 03/09/2022

ABSTRACT

Background: The Baby Friendly Initiative has increased breastfeeding rates, reduced complications and improved mother's health care experiences. Breast-feeding is promoted internationally as the preferred method of feeding infants up to 4-6 months and continued up to two years with the addition of home cooked food. **Materials and Methods:** It was a cross sectional study conducted in Mymensingh medical college hospital and Adhunik Sadar Hospital, Netrokona. A total of 402 participants took part in the study form from July 2018 to December 2018. Data were collected by face to face interview using semi structured questionnaire. **Results:** In BFHs 24% and in NBFHs 75% of the mothers have incorrect knowledge about initiation of breastfeeding within one hour of birth. Whereas the incorrect practice about initiation of breastfeeding within one hour of birth is found to be 1% in BFHs and 12% in NBFHs respectively. Therefore the mothers attending BFHs have more knowledge about initiation of breastfeeding in comparison that of non-BFHs. **Conclusion:** All hospitals and health care centers should be declared baby friendly according to the guidelines of WHO and UNICEF. Awareness raising campaign should be organized throughout the country from national level.

KEYWORD: Baby Friendly Hospital (BFH), Non-Baby Friendly Hospital (NBFH), Exclusive Breastfeeding, Malnutrition.

I. INTRODUCTION

The Baby Friendly Hospital Initiative (BFHI), also known as Baby Friendly Initiative (BFI), is a worldwide program of the World Health Organization and UNICEF, launched in 1991^[1] following the adoption of the *Innocenti Declaration* on breastfeeding promotion in 1990.^[2] The initiative is a global effort for improving the role of maternity services to enable mothers to breastfeed babies for the best start in life. It aims at improving the care of pregnant women, mothers and newborns at health facilities that provide maternity services for protecting, promoting and supporting breastfeeding, in accordance with the International Code of Marketing of Breastmilk Substitutes. The Baby-Friendly Hospital Initiative (BFHI) is a global United Nations Children's Fund (UNICEF) and World Health Organization (WHO) effort to protect, promote and support breastfeeding launched in 1991.^[3] The initiative has proven to have an impact, increasing the likelihood of babies being breastfed exclusively for the first six months of life. It is based on ten policy or procedure statements, "the ten steps". In 1992, UNICEF and WHO launched an international campaign to encourage all hospitals with maternity

services to accept the ten steps as their basic maternity and newborn infant care policies and procedures.

The Baby Friendly Initiative has increased breastfeeding rates, reduced complications and improved mother's health care experiences. "The mothers shall give suck to their offspring for two whole years for him who desires to complete the term. But he shall bear the cost of their food and clothing on equitable terms."^[4] The World Health Organization (WHO) and UNICEF have recommended that all the mothers (i.e. 100%) should breast-feed their babies exclusively for four to six months and continue breastfeeding, supplemented by other appropriate foods, up to the second year of life or later.^[5] Relative risk (R/R) of death due to diarrhea in non-breastfed compared to breastfed infants is 25 times more in children under two years of age. Relative risk of death due to lower respiratory tract infections is 3 times more in children under two months old and two times more in those between 3-11 months. Similarly relative risk of morbidity is 6.9 times more diarrhea: it is 5-6 times more for acute lower respiratory tract infections and three times more for hospitalization in the first year of life.^[6] Furthermore, breastfeeding reduces the risk of

neonatal complications, respiratory and other varieties of illnesses.^[7]

WHO and UNICEF recommend that breastfeeding should continue with appropriate complementary foods up to two years or beyond.^[8] However, the proportion of respondents from the BFHI who had sound knowledge on overall breast-feeding regulations would be

satisfactory. Regular and strong monitoring and assessment of activities relating to successful breast-feeding is, thus, required.^[9] China has more than 6,000 BFHs, and the impact on exclusive breastfeeding in rural community increased from 29 per cent to 68 per cent and from 10 percent to 48 per cent in two years.^[10] **The Ten Steps to Successful Breastfeeding, Developed by the World Health Organization and UNICEF are:**

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in—that is, allow mothers and infants to remain together—24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Source: World Health Organization & UNICEF. (1989). Protecting, promoting and supporting breastfeeding: The special role of maternity services. Geneva, Switzerland: World Health Organization.

Also, retrieved from <http://www.unicef.org/newsline/tensteps.htm>

Therefore, the main aim of the study was to assess that the BFHI principles are functioning or not and to assess the factors influencing their implementation. This study wants to determine whether breastfeeding rates is higher among mothers attending in baby friendly accredited maternity units or hospitals.

II. MATERIALS AND METHOD

Study Design: A descriptive type of cross sectional study was conducted among 402 mothers attending baby friendly hospitals.

Study place: The study was conducted in BFHI hospitals situated in Mymensingh and Netrakona district under Dhaka division. Among the BFHI accredited hospitals Mymensingh medical college hospital and Adhunik Sadar Hospital, Netrakona.

Study period: The study period was six months duration from July 2018 to December 2018.

Study population: The study populations were breast feeding mothers having children of age 23-24 months.

Sampling Method: Purposive sampling was done to collect data. Sample size of the study was 402.

Eligibility criteria: The mothers having children of age 23-24 months and the mothers attending BFHI hospitals were included for the research.

Research Approach: Data were collected by face-to-face interview with the help of a semi-structured questionnaire.

Data processing and analyses: All the data were checked and edited after collection. Data were then entered into computer, with the help of SPSS for Windows (IBM SPSS Statistics for Windows, version 18). An analysis plan was developed keeping in view with the objectives of the study. Statistical analyses were be done by using appropriate statistical tool.

Data quality management: Data quality was strictly maintained in every stages of data collection, interpretation, analysis. Tools and instruments were checked every day. At the end of each day of data collection, each questionnaire was checked to see whether it was filled up completely and consistently.

Ethical issues: The study was done through collection of data using questionnaire and neither any intervention nor any invasive procedures was be undertaken. However, prior to initiation of the study ethical clearance was taken from appropriate Ethical Committee.

III. RESULT

The study was a cross-sectional type of study. Total of 402 mothers were interviewed both from baby friendly and non-baby friendly hospitals having equal contribution.

Table-1 shows the socio-demographic distribution of the respondents. From the total respondents 74.6% belonged to 20-29 years' age group, followed by the mean age of the respondents was 26 ± 4.37 years. Here, 83.3% respondents were up to secondary level education, 92.5%

respondents occupation were housewife and 44.5% respondents family income/month were <10000-25000/-.

Table 1: Socio-demographic characteristics of the respondents (n = 402)

Maternal Age in years	Frequency	Percent (%)
< 20 years	3	0.7
20 – 29 years	300	74.6
30 – 39 years	97	24.1
> 40years	2	0.5
Mean \pm SD = 26 \pm 4.37		
Mothers Education		
Illiterate	8	2.0
Primary-secondary	335	83.3
Graduate	59	14.7
Occupation of Mothers		
Housewife	372	92.5
Worker	8	2.0
Service holder	22	5.5
Family Income/Month		
<5000/-	63	15.7
5000-10000/-	32	8.0
10000-25000/-	179	44.5
25000-50000/-	119	29.6
\geq 50000	9	2.2

Table-2 shows that in BFHs 24% and in NBFHs 75% of the mothers have incorrect knowledge about initiation of breastfeeding within one hour of birth. Whereas the incorrect practice about initiation of breastfeeding within one hour of birth is found to be 1% in BFHs and 12% in NBFHs respectively. Therefore the mothers attending

BFHs have more knowledge about initiation of breastfeeding in comparison that of non-BFHs. As a result the mothers attending BFHs have higher practice of initiation of breast milk in comparison to that of NBHs.

Table 2: Knowledge and practice of mothers attended BFH and non-BFH (n = 402)

	Incorrect knowledge (%)		Incorrect practice (%)	
	BFH	NBFH	BFH	NBFH
Initiation of breast milk within one hour of birth	24%	75%	1%	12%
Benefits of Colostrum	8%	39%	2%	12%
Frequency of breastfeeding on child's demand	2%	17%	0%	3%
Duration of breastfeeding on child's demand	3%	20%	0%	2%
Exclusive breastfeeding till six month	2%	24%	13%	62%

Figure 1 shows the nutritional status of the children at the age of 24 months attending baby friendly and non-baby friendly hospital. From the diagram it is found that 80.1% of the children have normal nutritional status those who have attended baby friendly hospital in comparison to 44.3% of the children who attended non-

baby friendly hospital. Only 15.4% of the children attending BFH suffer from mild-malnutrition in comparison to 50.7% of the children attending NFFHs. The percentage of the children suffering from moderate mal-nutrition is 1.5% and 5% for BFHs and NBFH hospitals respectively.

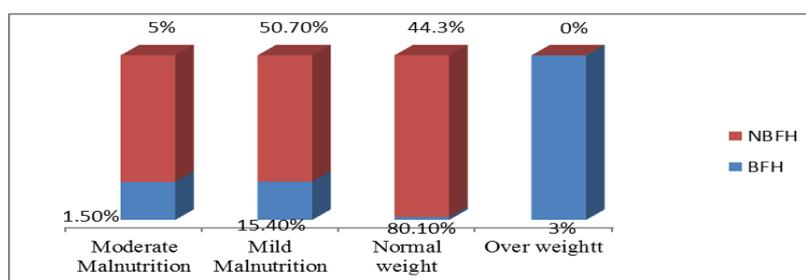


Figure 1: Nutritional status of the children at the age of 24 months attending baby friendly and non-baby friendly hospital.

IV. DISCUSSION

Breast milk is the ideal food for all infants and provides adequate nutritional requirements up to the age of 6 months that plays an important role in the growth, development and survival of infants. Known as liquid gold, colostrum is very rich in nutrients and antibodies to protect the baby. Enabling mothers to establish and sustain exclusive breastfeeding for 6 months WHO and UNICEF recommended initiating breastfeeding within first hours of life.

The general objective of the present research work was to assess the breastfeeding practices of mothers in baby friendly hospitals (BFH) and non-baby friendly hospitals in situated in Mymensingh. The specific objective of this study was to assess the knowledge of mothers on successful breastfeeding, to explore the status of breastfeeding practices, to find out an association between knowledge and practice of mothers etc.

In this research the total number of participants was 402 with an equal contribution both from BFH and NBFH. Maximum 74.6% (300) of the mothers were from 20-29 age groups. Considering the maternal education 83% of them have primary/secondary education.

24% of the mothers from BFH and 75% of the mothers from NBFH had incorrect knowledge regarding initiation of breastfeeding within one hour of birth. Similarly regarding benefits of colostrum, only 8% from BFH and 39% from NBFH had incorrect knowledge. Therefore the mothers from baby friendly hospitals are more conscious about initiation of breastfeeding and benefits of colostrum.

Accordingly the mothers from BFH had higher knowledge than the mothers of NBFH regarding frequency of breastfeeding and duration of breastfeeding. The mothers from baby friendly hospitals have better knowledge and practice about rooming in than the mothers of non-baby friendly hospitals. The mothers from baby friendly hospitals have more correct practice than the mothers from NBFH regarding initiation of breastfeeding, benefits of colostrum, frequency of breastfeeding on child's demand and exclusive breastfeeding till six months.

No significant association was found between knowledge and practice of mothers in baby friendly hospitals regarding initiation of breastfeeding within one hour of birth, where as there is an association between these two variables in non-baby friendly hospitals. The reason is very simple. The mothers from the NBFH have both higher incorrect knowledge and practices. Similar result was found for colostrum. There is an association between knowledge and practice of mothers in the context of exclusive breastfeeding and complementary feeding both for BFHs and NBFHs.

The nutritional status of the children shows that the children of NBF hospitals are more likely to have underweight than the children of BF hospitals. Over all, the data analysis regarding knowledge and practice of breastfeeding among mothers shows that the initiative taken by UNICEF, WHO and government of Bangladesh has created a positive change in the society.

V. CONCLUSION AND RECOMMENDATION

All hospitals and health care centers should be declared baby friendly according to the guidelines of WHO and UNICEF.

To develop awareness about successful breastfeeding counseling by the doctors, nurse and health workers.

Both mothers and fathers will be properly educated to earn knowledge about exclusive breastfeeding.

Awareness raising campaign should be organized throughout the country from national level.

ACKNOWLEDGEMENT

I would like to express my sincere gratefulness to respected supervisor Farjana Saleh, Associate Professor, Department of Community Nutrition, Bangladesh Institute of Health Sciences (BIHS) for her perceptive guidance and continuous supervision, active encouragement, treasured suggestions, valuable criticism and appreciation through the course of work.

Conflict of interest: None to declare.

REFERENCES

1. UNICEF. The Baby-Friendly Hospital Initiative. Accessed 4 August 2011.
2. UNICEF. INNOCENTI DECLARATION on the Protection, Promotion and Support of Breastfeeding. Adopted at the WHO/UNICEF meeting on "Breastfeeding in the 1990s: A Global Initiative", held at the Spedale degli Innocenti, Florence, Italy, 30 July-1 August 1990.
3. Daniels L, Jackson D. Knowledge, attitudes and practices of nursing staff regarding the Baby-Friendly Hospital Initiative in non-accredited obstetric units in Cape Town. *S Afr J Clin Nutr*, 2011; 24(1): 32-38.
4. The *Holy Quran*, Verse 233/ Surat Al-Baqara
5. Maysoon M. Al-Amoud. Breastfeeding practice among women attending primary health centres in Riyadh. *J Family Community Med.*, 2003; 10(1): 19-30.
6. Jamil Ahmed Soomro, Anjum Hashmi, Zafar Iqbal, Tahira Kausar Soomro. Role of baby friendly hospital initiative on knowledge and practices of nursing mothers, *Journal of Pediatric Sciences*, 2012; 4(1): e121.
7. Mbada et al. Knowledge, attitude and techniques of breastfeeding among Nigerian mothers from a semi-urban community. *BMC Research Notes*, 2013; 6: 552.
8. WHO/UNICEF Global Strategy for Infant and Young Child Feeding. 2002 World Health

Organization, Geneva
<www.who.int/gb/EB_WHA/PDF/WHA55/EA5515.pdf>

9. Ali Md. Eshaque, Amanatullah A.Z., and Mannan M.A. Assessment of Breast-feeding Activities in Baby-friendly and Other Hospital Environments. 10th ASCON Abstract no:100, Bangladesh National Nutrition Council.
10. Khan Mahjabeen, Akram Durre Samin. Effects of baby-friendly hospital initiative on breast-feeding practices in Sindh J Pak Med Assoc, June 2013; 63 No. 6.