Research Article

A Study to Assess the Effectiveness of Planned Teaching Program on Knowledge Regarding Baby-Friendly Hospital Initiative among the Staff Nurses in Selected Hospitals at Sangli, Miraj, and Kupwad Corporation Area

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Abstract

Aim: The study aim was to assess the existing knowledge on baby-friendly hospital initiative (BFHI) among staff nurse and to evaluate the effectiveness of planned teaching program on BFHI among staff nurses.

Methodology: Methodology was used, the research design used for study was one-group pre-test, post-test experimental design, samples constitute 90 staff nurses working in maternity unit. Based on the study objectives, pre-test and post-test were conducted and questionnaire was used for collecting data.

Result: As the pre-test mean was 11.96 and post-test mean is 16.02, $P = 0.00001$ was considered. It is highly significant as $P < 0.05$, therefore, there is an improvement in the knowledge score of the staff nurses after planned teaching program. Suggesting that planned teaching program is effective.

Conclusion: The study concluded that there is an improvement in the knowledge score of the staff nurses after planned teaching program.

Keywords: Baby-friendly hospital, planned teaching program, staff nurses.

Introduction

Breastfeeding is a natural way of feeding the infant with the milk directly from the mother's breast. It is a living fluid and contains exactly the right amount of nutrients required by a baby, in the right proportions, to ensure that the baby gets the perfect balanced meal. No manufactured milk, no matter how fortified it may be, comes even close to being as nutritious as breast milk. The benefits of breast milk are incalculable and incomparable. It's a complete mix of nutrients and antibodies. Varying composition of breast milk keeps pace with the infant's individual growth and changing nutritional needs.[1]

The social change brought about by the nuclear type of family has forced many to ask whether our practices, prejudices, recommendations, and commensurate with the scientific reality. With this background, world alliance for breastfeeding promotion started the program appropriately baby-friendly hospital initiative (BFHI) to promote, protect, and encourage exclusive breastfeeding in all hospitals. In 1991, the UNICEF and the WHO launched this global campaign. The initiative encourages health professionals to promote, protect, and support breastfeeding as the optimal method of infant nutrition and enables families to make an informed choice about infant feeding.[2]

Becoming a baby-friendly facility is a comprehensive, detailed, and thorough journey toward excellence in providing evidence based, maternity care with the goal of achieving optimal

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infant feeding outcomes and mother/baby bonding. It compels facilities to examine, challenge, and modify longstanding policies and procedures. It requires training and skill building among all levels of staff. It entails implementing audit processes to assure quality in all aspects of maternity care operations. The journey is exciting, challenging, and worth it! It creates opportunities to develop high-performance work teams and build leadership skills among staff, promotes employee pride, enhances patient satisfaction, and improves health outcomes.[3]

The study need was statistics from infant survival and development report card Karnataka shows that in our state, initiation of breastfeeding within 1 h is 35.7%, exclusive breastfeeding 0–6 months is 58%, infant mortality rate per 1000 live birth is 43.2%, and children below 3 years who are underweight are 37.6%. From the report, it is clearly stated that initiation of breastfeeding within 1 h of birth is not satisfactory. In India, hospitals are still in the stages of joining this movement.[4]

The National statistics shows that more than 11 lakh babies die during the 1st month of life and another 5 lakh during 2–12 months of age. About 22% of all neonatal deaths could be reduced if breastfeeding is initiated within one of birth by all mothers (March 2006; 117:380–386). More than 15% of 24 lakh child deaths could be averted in India, if optimal breastfeeding practices were scaled up to 90% (2003). UNICEF, WHO, and World bank's 2005 report – clearly recognize the need to scale up optimal infant and young child feeding practices to tackle child malnutrition and infant mortality.[5]

Materials and Methods

The Study Objective Was

1. To assess the existing knowledge on BFHI among staff nurse,
2. To evaluate the effectiveness of planned teaching program on BFHI among staff nurses.

The Study Hypothesis Was

H_0 – There will be no significant difference in the knowledge score between pre-test and post- test after administration of planned teaching program

H_1 – There will be significant difference in the knowledge score between pre-test and post-test after administration of planned teaching program.

Research Approach

Quantitative research approach for the study.

Research Design

The one-group pre-test, post-test experimental design.

Research Setting

The maternity hospitals of Sangli, Miraj, and Kupwad Corporation Area.

Population

Of the study was staff nurses working in maternity hospitals.

Sample Technique

The research scholar adopted the sample technique was probability convenient sampling technique.

Samples Size

The samples size was 90 nurses working in maternity units in the selected hospitals of Sangli, Miraj, and Kupwad Corporation Area.

Criteria of Sample Selection

The criteria of sample selection were as follows: The study includes staff nurses, nurses who can understand read and write English and Marathi. Exclusion criteria: Not available at the time of data collection.

Study Variables

The independent variables are planned teaching program and dependent variables are nurses who are working in selected hospital.

Description of Tools

The tool consists of two sections, Section I – consists of four items of background data such as qualification, year of experience, and previous knowledge. Section II – includes questionnaires which consist of 24 questions to assess the knowledge regarding BFHI.

Reliability of Tools

After obtaining formal administrative permission from the Shamshiri Home Nursing and Navjeevan Hospital, Sangli. The tool was administered to nine participants. The purpose was to determine the clarity of items, difficulty in understanding items and to ensure the reliability and feasibility of the tool. The reliability coefficient for the assessment test-retest technique was used. The items were coded and the reliability was calculated as 0.99 it was found to be tool is reliable.

Data Collection

A formal permission was obtained from hospital superintendent and written consent was obtained from staff nurses. The pre-test was conducted and purpose of the study was explained to staff nurses and confidentiality of their response was assured. After pre-test, planned teaching programmed was administered to the staff nurses and post-test was conducted.

Statistics

The data analysis was planned to include descriptive inferential statistics. Items related to background variable would be analyzed in terms of frequency and percentage, analysis of assessment was done by frequency, percentage, mean, median, and standard deviation.

Results

The Study Result was Analyze in Two Sections

- Section I: Description of samples distribution demographic characteristics by frequency and percentage.

- Section II: Comparison of pre-test and post-test knowledge score after planned teaching program regarding BFHI.

Description of DEMOGRAPHIC variable

Table 1 shows that according to analysis, 44 samples were auxiliary nurse midwife (ANM), 35 samples General Nursing and Midwifery (GNM), and 11 samples were B.Sc. Nursing. ANM samples were more as it is cost effective and short-term course. Before 10–20 years, so women use to choose ANM course earlier. So now in this area, ANM nurses are more. Before 20–30 years ago, females use to choose ANM course and it was not requiring higher education and easy availability of job placement. Hence, more samples are from ANM category and they have more experience also. According to analysis, there were 64 samples which were not having previous knowledge regarding BFHI and this shows that BFHI concept is not much routinely practiced in this area. Hence, they do not have much knowledge regarding BFHI. Twenty-six samples were having knowledge through books, conferences, articles, and journals.

Analysis of Knowledge Score

Pre-test knowledge of staff

Table 2 shows that the pre-test knowledge of the score of staff nurses regarding BFHI is the mean of knowledge was 11.9666 and the SD of knowledge was 1.93.

Table 3 shows that the post-test knowledge of the score of staff nurses regarding BFHI is the mean of knowledge was 16.0222 and the SD of knowledge was 1.69.

- Section II: Comparison of pre-test and post-test knowledge score of staff nurses regarding BFHI.

Table 4 shows that during the survey, we have found that staffs from maternity unit were not having knowledge regarding BFHI. This concept was new for many nurses. Hence, we decided to give planned teaching program to enhance the knowledge regarding BFHI as it is very important and improve breastfeeding practices among the mothers. Nurses have the pivot role to improve breastfeeding practices in maternity units and even in society. Hence, we have given planned teaching program. Moreover, findings are mean of post-test is increased to 16.0222. This shows that there is a significant change in mean score of knowledge. Hence, H_1 hypothesis is accepted.

Discussion

The main aim of this study was to evaluate existing knowledge and effectiveness of planned teaching program on knowledge regarding BFHI among staff nurses working in maternity hospitals at Sangli, Miraj, and Kupwad Corporation Area.

Section I: Demographic Data

According to the educational status, 49% of nurses were ANM, 35% were GNM, and 12% were B.Sc Nursing.

Table 1: Frequency and percentage distribution based on education, experience, and previous knowledge $n=90$

S. No.	Demographic variables		Frequency in number	Percentage
1.	Education	Auxiliary nurse midwife (ANM)	44	49
		General Nursing and Midwifery (GNM)	35	39
		B.Sc.(Nursing)	11	12
2.	Experience in years	0–10	25	28
		10–20	38	42
		More than 20	27	30
3.	Previous knowledge	Yes	26	29
		No	64	71

Table 2: Analysis of pre-test knowledge score of staff nurses regarding baby-friendly hospital initiative, $n=90$

Test	Mean	Standard deviation
Pre-test	11.9666	1.93

Table 3: Analysis of post-test knowledge score of staff nurses regarding baby-friendly hospital initiative, $n=90$

Test	Mean	Standard deviation
Post-test	16.0222	1.69

Table 4: Comparison of pre-test and post-test knowledge score of staff nurses regarding baby-friendly hospital initiative

Test	Mean	Standard deviation	*t*-value	*P*-value
Pre-test	11.9666	1.93	−47.26	0.00001
Post-test	16.0222	1.69		

The study findings were supported by the Abrahams, a descriptive study was conducted in the year 2008 at the USA to explore the association between the 10 steps of the BFHI of the World Health Organization Geneva, Switzerland, and breastfeeding at 2 days and 2 weeks. A 65-question institutional survey assessing compliance with the 10 steps was used to determine an overall breastfeeding support score for each of Oregon's 57 birthing hospitals. Hospital breastfeeding outcomes were obtained from the newborn metabolic screening forms. Results show that increases in overall hospital breastfeeding support scores were associated with increases in breastfeeding percentage at 2 days ($P = 0.021$) and at 2 weeks postpartum ($P = 0.011$). In analyzing each step individually, however, only the presence of a written hospital policy was independently associated with breastfeeding percent ($P = 0.028$).[6]

According to the experience wise, 28% of nurses had 0–10 years, 42% of nurses had 11–20 years, and 30% of nurses had more than 20 years of experience.

According to the previous knowledge, 29% of nurses have information regarding BFHI but 71% of nurses do not have any information related to BFHI.

Section II

Findings related to planned teaching program on knowledge regarding BFHI among staff nurses. During pre-test, the samples were not having adequate knowledge regarding BFHI as the mean of pre-test score was 11.96. After planned teaching program, the samples gained adequate knowledge regarding BFHI as the mean of post-test score is increased to 16.02.

The study findings were supported by the National Institute of Public Cooperation and Child Development, New Delhi (2003), conducted a survey. This reported the strengths and weaknesses of policies and programs to promote, protect, and support optimal feeding practices. The study found that 55% of children in India were exclusively breastfed for the earlier recommended period of 4 months. Children in Kerala and several states in the North Eastern region were most likely to receive timely complementary feeding. Bottle feeding infant was common in Goa (63%), Delhi (41%), and Tamil Nadu (34%). There is no separate policy for infants and young children, therefore, efforts were made to incorporate policy of breastfeeding in existing policy or programs of the government protection and promotion of appropriate breastfeeding.[5]

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Conclusion

After implementation of planned teaching program, there was increase in knowledge score of the staff nurses.

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