



ENHANCING AWARENESS OF BABY FRIENDLY HOSPITAL INITIATIVES: A QUASI-EXPERIMENTAL STUDY AMONG RURAL MOTHERS IN DEHRADUN UTTARAKHAND

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Abstract

Aim: The present study was aimed to assess the effectiveness of health awareness programme on awareness regarding Baby Friendly Hospital Initiatives (BFHI) among mothers of under-five children at selected rural area of Dehradun, Uttarakhand. **Background:** WHO and UNICEF started the Baby Friendly Hospital Initiative (BFHI) to encourage breastfeeding and enhance the health of mothers and children. Mothers' ignorance of BFHI practices can have a detrimental impact on the health of their children and the results of breastfeeding. As a result, awareness campaigns are crucial. **Materials and Methods:** A pre-experimental one-group pre-test post-test design was employed in a quantitative research technique. 60 moms of children under five who were chosen at random from Kanchiwala, Dehradun, made up the sample. Health awareness programs were the independent variable, and BFHI awareness was the dependent variable. The study employed a self-structured awareness questionnaire and demographic characteristics. Descriptive and inferential statistics were used to analyze the data. **Results:** 88% (53) of the moms in the pre-test had insufficient awareness, 12% (7) had moderate awareness, and none had adequate awareness. In the post-test, 35% (21) of mothers had moderate awareness, 2% (1) had inadequate awareness, and 63% (38) had adequate knowledge. The average score before the test was 10.06, while the average score after the test was 23.18. The program was significantly effective, as indicated by the calculated paired t-value of 23. **Conclusion:** The study found that before to intervention, mothers' knowledge of BFHI was insufficient. Mothers of children under five showed improved awareness as a result of the health awareness program.

Keywords: Effectiveness, Health Awareness Programme, Awareness, Baby friendly hospital initiatives (BFHI) & Mothers of Under-Five Children

Introduction

Diagnostic radiology forms a critical part of contemporary clinical practice, contributing to the diagnosis and The best method for giving babies nutrients and immunity is breastfeeding. The World Health Organization advises exclusive breastfeeding for the first six months of life and starting breastfeeding within an hour of birth. In order to encourage hospitals and maternity centers to support breastfeeding through evidence-based practices, WHO and UNICEF created the Baby Friendly Hospital Initiative (BFHI) in 1991. The Ten Steps to Successful Breastfeeding, which are part of BFHI, assist moms in successfully starting and maintaining breastfeeding.

However, because to cultural beliefs, inadequate health communication, and low education, many mothers in rural communities are unaware of BFHI practices. Programs for health education can raise maternal awareness and encourage better newborn feeding habits. The Baby Friendly Hospital Initiative (BFHI) was started by UNICEF and the World Health Organization with the goal of improving breastfeeding practices in hospitals that offer maternity services. It is based on the "Ten Steps to Successful Breastfeeding." The Mothers Absolute Affection (MAA) initiative was introduced in 2016 by the Government of India's Ministry of Health and Family Welfare in an effort to boost breastfeeding rates by reviving efforts to preserve, promote, and encourage breastfeeding practices in public hospitals.

The instruments for self-evaluation and external assessment were created, tested, and validated by the Breastfeeding Promotion Network of India (BPNI) in partnership with WHO India, under technical assistance from the Government of India. With an emphasis on private hospitals, the BPNI and Association of Healthcare Providers-India (AHPI) have collaborated to carry out this initiative.

The MOHFW-Government of India, WHO, and UNICEF advise: i) starting breastfeeding within an hour of birth; ii) exclusive breastfeeding (just breastfeeding, nothing else) for the first six months of life; and iii) continuing breastfeeding until the child is two years old or older, along with suitable supplemental feeding after six months. Nutrients are provided, the child's emotional needs are met, the child is protected from illness, the development of the brain and nervous system is supported, intelligence and cognitive outcomes are improved, long-term health benefits are provided, mother-infant bonding is encouraged, and nutrients are highly absorbed and digestible.

Breastfeeding helps moms lose weight after giving birth, lower their risk of breast and ovarian cancer, and develop an emotional attachment with their child. Infant and toddler mortality rates in rural India, such as Dehradun in Uttarakhand, continue to be a serious public health problem. Many of these fatalities can be avoided with better nursing techniques and mother care. India has a crude mortality rate of 7.30 per 1000 people. The senior age group has a much greater mortality rate. According to the Ministry of Health and Family Welfare, the infant mortality rate (IMR) decreased from 39 per 1000 live births in 2014 to 27 per 1000 live births in 2021.

The main goal of the Baby Friendly Hospital Initiative (BFHI) is to encourage and support breastfeeding. BFHI places a strong emphasis on starting and sustaining breastfeeding, giving moms the knowledge and abilities, they need to do so. It offers instruction and training. BFHI guarantees those medical personnel have the knowledge and abilities necessary to promote breastfeeding, including providing moms with breastfeeding management counseling. Despite national and international initiatives to raise BFHI knowledge among rural mothers about the significance of early beginning of exclusive breastfeeding and rooming-in practices, there is still a shortage of education and low cultural practices. Programs for raising health awareness have been successful in altering health-related behaviors and enhancing the health of mothers and children.

Mothers' knowledge of and adherence to BFHI can be greatly improved by structured interventions. Although BFHI is being used in many hospitals, it is still not widely used in underserved areas. It is necessary to close the knowledge gap between hospital policies and BFHI principles at the community level. Giving moms the information they need to make educated decisions about the care of their newborns improves both the mother's and the child's health. For a baby's health, breastfeeding—especially exclusive breastfeeding for the first six months—is essential. It lowers the risk of certain diseases, boosts immunity, and offers the best possible nutrition. Infant mortality rates are considerably reduced by BFHI's emphasis on early breastfeeding initiation and exclusive breastfeeding. Additionally, breastfeeding helps moms recover from childbirth, lower their chance of developing some cancers, and may lower their risk of developing ailments later in life. BFHI makes sure babies get the nutrients and antibodies they need for normal development and growth. By making sure that healthcare facilities promote breastfeeding and give mothers accurate information about its advantages, BFHI actively opposes the advertising of formula. By educating women, training staff, and promoting skin-to-skin contact and early breastfeeding initiation, BFHI urges healthcare facilities to foster a breastfeeding-friendly atmosphere.

METHODOLOGY

The study's primary goal was to evaluate how well mothers of children under five in a particular rural area in Dehradun, Uttarakhand, understood the Baby-Friendly Hospital Initiative (BFHI) through an organized health awareness session. An important international initiative to safeguard, encourage, and support breastfeeding and enhance mother and child health outcomes is the Baby-Friendly Hospital Initiative. For children to thrive and develop to their full potential, moms must be well informed about nursing practices, early commencement of breastfeeding, exclusive breastfeeding, rooming-in, and proper support for breastfeeding.

In order to test mothers' awareness levels both before and after the health awareness program was implemented, the researcher used a quantitative research approach. The efficacy of the intervention was assessed using a quasi-experimental research methodology. The study was carried out in Kanchiwala, Dehradun, Uttarakhand, which was chosen as the research location due to the availability of mothers who met the eligibility requirements and the viability of carrying out the intervention and gathering data in the community. Because community-based health education can be crucial in enhancing maternal understanding and encouraging optimal child health practices, the rural setting seemed especially pertinent.

Mothers living in the chosen rural area with children under five made up the study's population. The study comprised 60 mothers in total as samples. Participants were chosen using the total enumeration sample technique. Using this method, the study included all mothers who met the established inclusion criteria and were available within the defined study population.

Two primary instruments were used to gather data: a self-structured awareness questionnaire about the Baby-Friendly Hospital Initiative and a demographic profile. The demographic profile was utilized to gather pertinent background data about the participants, including their age, occupation, level of education, family type, number of children, and other chosen demographic traits. Based on a thorough analysis of pertinent literature, guidelines, textbooks, research papers, and study objectives, the researcher created the self-structured awareness questionnaire. Breastfeeding initiation, exclusive breastfeeding, colostrum feeding, breastfeeding techniques, the advantages of breastfeeding, rooming-in, responsive feeding, avoiding needless supplementation, and other suggested breastfeeding practices were all covered in the questionnaire. A panel of specialists in the domains of pediatric nursing, maternity and child health nursing, and allied professions were asked to complete the self-structured awareness questionnaire in order to determine its content validity.

In accordance with the intended data collection approach, the researcher gave the questionnaire to the chosen women after the validation process. The participants were then given the health awareness program utilizing suitable teaching techniques and educational resources.

The study's objectives guided the methodical organization, coding, tabulation, and analysis of the data collected. We employed both inferential and descriptive statistics. The participants' demographics and awareness levels were described using descriptive statistics like frequency, percentage, mean, median, and standard deviation. When appropriate, inferential statistical tests were used to assess the program's efficacy and find correlations between certain demographic characteristics and mothers' awareness levels.

RESULT

Section A - Dispersion of Demographic Characteristics

15% of the individuals belong to the age group of 21-25 years, 52% of the individuals belonging to the age group of 26-30 years, and 22% of the individuals belonging to the age group of 31-35 years and 12% of the individuals belong to age group of above 35 years.

72% of individuals were homemaker, 13% of individuals were employed, 13% were self-employed and 2% were others.

13% of individuals has no formal education, 33% individuals has primary education, 28% individuals have secondary education and 25% individuals is graduate and above.

40% mothers have two children, 25% mothers have one child, 20% mothers have three or more children and 15% mothers have no children under the age of five years.

Place of Delivery, in which majority 52% were in Govt. Hospital, 35% were in Private Hospital, 10% were in home and 3% were others.

Nearby health services, in which 37% is having All of the above services, 35% is having Private Hospital services, 27% is CHC/PHC services and 2% is having Nursing Home services

Previous Knowledge, in which majority 82% is not having previous awareness, 18% is having previous awareness.

Source of Information, in which 18% is having information through media, 10% is having information through family & friends, 28% is having information through health professional and 43% is having information through others.

Section B: - Table 1- Frequency & percentage dispersion of pretest & posttest level of awareness regarding Baby Friendly Hospital Initiatives (BFHI) among mothers of under five children.

(N=60)

Level of Awareness	Pretest level		Posttest level	
	Frequency	Percentage	Frequency	Percentage
	(f)	(%)	(f)	(%)
Inadequate Awareness	53	88%	1	2%
Moderate Awareness	7	12%	21	35%
Adequate Awareness	00	00	38	63%
Total	60	100%	60	100%

Table 1 – illustrates the distribution of pretest & posttest level of awareness regarding Baby Friendly Hospital Initiatives (BFHI) among mothers of under five children. Data reveals that in pretest 53 (88%) had inadequate awareness, followed by 7 (12%) who have moderate awareness and 0 have adequate awareness regarding Baby Friendly Hospital Initiatives (BFHI) among mothers of under five children whereas in posttest 1 (2%) have inadequate awareness, followed by 21 (35%) have moderate awareness and 38 (63%) mothers have adequate awareness regarding Baby Friendly Hospital Initiatives (BFHI).

Section C - Table 2: Assessment of pretest & posttest level of awareness scores regarding Baby Friendly Hospital Initiatives (BFHI) among mothers of under five children.

(N = 60)

Level of Awareness	Mean	Standard Deviation	Mean difference	't' test Value	P Value
Pretest score	10.06	9	13.11	23	0.00
Posttest score	23.18	24			

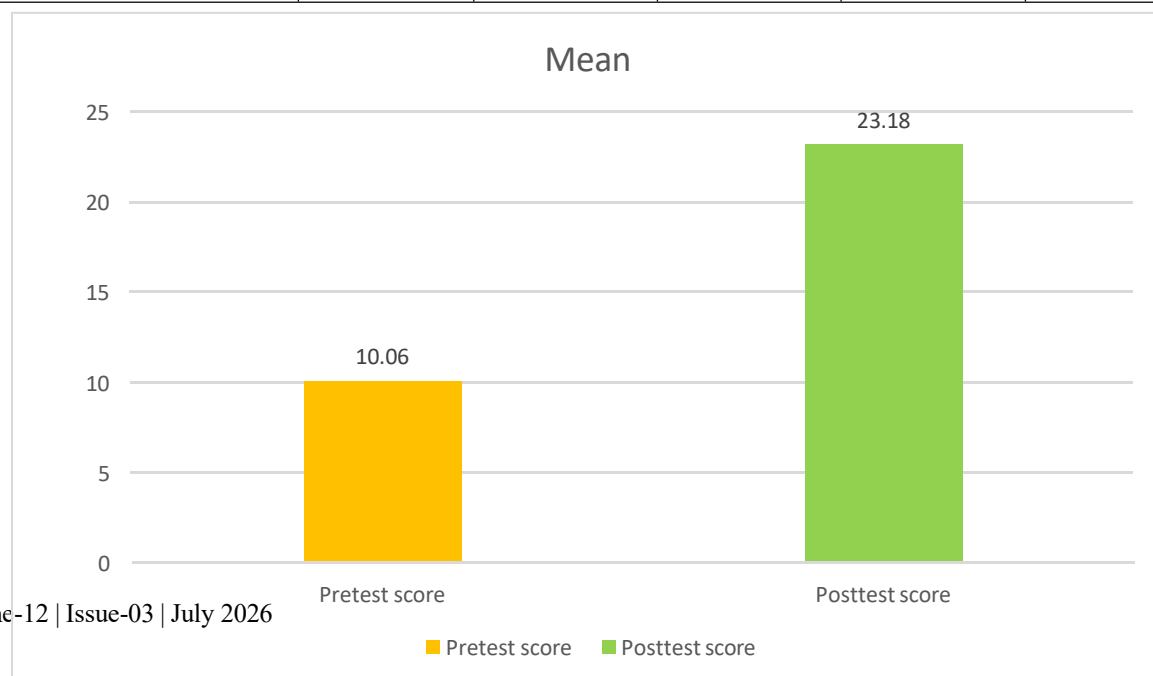


Table 2 & Figure 2–Table Highlights data regarding effect of Laughter Therapy, Mean difference is 13.11, SD of Difference in pretest is 9 and in posttest is 24, with t value 23 and P value is 0.00, which depicts P value is less than 0.05 level, hence, H₁–There will be significant difference between pre-test and post-test awareness scores of mothers regarding awareness of BFHI after the health awareness programme is accepted.

Section D - Table 3: Association between pre-test awareness scores regarding awareness of Baby Friendly Hospital Initiatives (BFHI) with their selected demographic variables.

(N = 60)

Variables	Inadequate awareness	Moderate awareness	Adequate awareness	Chi-square value &df	P value	Inference
Age of mother						
21 to 25 years	8	1	0	1.725 df=3	0.631	NS
26 to 30 years	26	5	0			
31 to 35 years	12	1	0			
Above 35 years	7	0	0			
Total	53	7	0			
Education						
No formal education	7	1	0	1.879 df=3	0.598	NS
Primary education	19	1	0			
Secondary education	15	2	0			
Graduate and above	12	3	0			
Total	53	7	0			
Occupation						
Homemaker	39	4	0	1.751 df=3	0.626	NS
Employed	7	1	0			
Self employed	6	2	0			
Others	1	0	0			
Total	53	7	0			
No. of under-five children						
None	7	2	0	2.615 df=3	0.455	NS
One	13	2	0			
Two	23	1	0			
Three or more	10	2	0			
Total	53	7	0			
Place of delivery						
Home	5	1	0	2.485 df=2	0.870	NS
Govt. hospital	29	2	0			

Variables	Inadequate awareness	Moderate awareness	Adequate awareness	Chi-square value &df	P value	Inference
Pvt. hospital	17	4	0			
Others	2	0	0			
Total	53	7	0			
Nearby health services						
CHC/PHC	13	3	0	1.146 df=3	0.766	NS
Pvt. hospital	19	2	0			
Nursing home	1	0	0			
All of the above	20	2	0			
Total	53	7	0			
Previous awareness						
Yes	7	4	0	7.972 df=1	0.005	S
No	46	3	0			
Total	53	7	0			
Source of information						
Media	10	1	0	3.203 df=3	0.361	NS
Family and Friends	4	2	0			
Health professionals	15	2	0			
Others	24	2	0			
Total	53	7	0			

Significant at 0.05 level. S = Significant, NS = Not-Significant

Table 3: Data highlights Association of pre-test awareness scores regarding awareness of Baby Friendly Hospital Initiatives (BFHI) with their selected demographic variables, P value found greater than 0.05 level in all the socio demographic variable except one demographic variable (Previous awareness $p = 0.00$) it So, Modified Perceived pre-test level analysis revealed that there was a partially significant statistically association between pre-test scores with their selected socio-demographic variables. Hence stated hypothesis H2 - There will be significant association between pre-test awareness scores regarding awareness of Baby friendly hospital initiatives (BFHI) with their selected demographics variables is accepted.

DISCUSSION

Interviews were conducted with 144 mothers in total. 48 mothers (33.3%) were between the ages of 20 and 25, 60 (41.7%) were between the ages of 26 and 30, and the remaining subjects, or 36 (25%), were over the age of 30. Eighty (55.6%) of the newborns were under six months old, followed by thirty (20.8%) who were between six and twelve months old, twenty-two (15.3%) who were between thirteen and eighteen months old, and twelve (8.33%) who were between nineteen and twenty-four months old.

The majority of subjects (69.4%) had family incomes between 25001 and 50000 (rs/month), with 33 (22.9%) having incomes below 25000 (rs/month). Cesarean section [54 (37.5%)] was less prevalent than vaginal delivery [85 (59.0%)]. The bulk of participants had post-graduation [62 (43.1%)] education, followed by graduate [49 (34%)] and secondary level [27 (18.8%)]. 144 (100%) of the individuals under study were delivered in an institution (Kumar B et al., 2020).

According to the report, most participants have a solid understanding of breastfeeding. Within an hour of the baby's delivery, 92.4% of moms said they were aware of the need of breastfeeding. 65% were aware of the proper nursing posture. The majority knew that colostrum, or first milk, is a baby's initial vaccine and that

breastfeeding protects against a variety of diseases. Complementary nutrition was correctly defined by 90.3% of respondents. According to Dr. Ashish Kumar Gupta et al. (2020), the majority of participants (86.8%) intended to breastfeed their child for a year or longer.

IMPLICATIONS

The study's conclusions have significant ramifications for community health services, research, nursing practice, education, and administration. To increase moms' understanding of Baby-Friendly Hospital Initiatives (BFHI), breastfeeding techniques, early initiation, exclusive breastfeeding, and proper newborn care, nurses can implement structured health awareness programs. Prenatal, postnatal, immunization, home visitation, and community health services can all include BFHI teaching, especially in remote regions.

In undergraduate and graduate nursing curriculum, nursing educators can highlight BFHI and provide students the chance to hone their health-education and breastfeeding counseling abilities. In order to dispel myths and encourage family and community support for breastfeeding, community health nurses can work in tandem with ASHA and Anganwadi workers. In order to assess the long-term impacts of BFHI interventions on breastfeeding practices and mother and child health outcomes, the study also offers a foundation for future research employing larger samples, various instructional approaches, and randomized controlled or longitudinal designs.

RECOMMENDATIONS

Regular BFHI awareness campaigns for mothers in rural areas are advised, and they should be incorporated into prenatal, postnatal, vaccination, and child health programs. Regular training in BFHI concepts and breastfeeding counseling should be provided to nurses and community health workers. In order to improve maternal support, family members should also be involved. Knowledge and habits should be reinforced through follow-up sessions and basic, culturally relevant instructional resources.

To assess the long-term impact of BFHI interventions on breastfeeding practices, exclusive breastfeeding rates, infant growth, and maternal and child health outcomes, similar studies with larger samples in rural and urban settings should be carried out using randomized controlled or longitudinal designs.

LIMITATIONS

- The sample size is limited to 60 participants.
- Excluding mothers who is not physically and mentally & mothers who are not present at the time of the study.
- We include only mothers of under-five children

CONCLUSION

The study concluded that before pre-intervention the majority of mothers of under-five children had no accurate awareness regarding the Baby Friendly Hospital Initiatives (BFHI). 53% of the mothers of under-five children had inadequate awareness, 7% of the mothers of under-five children had moderate awareness and 0% of the mothers of under-five children had adequate awareness regarding the Baby Friendly Hospital Initiatives (BFHI). Also, the study concluded that after post-intervention the majority of mothers of under-five children had accurate awareness regarding the Baby Friendly Hospital Initiatives (BFHI). 63% of the mothers of under-five children had adequate awareness, 35% of the mothers of under-five children had moderate awareness and 2% of the mothers of under-five children had inadequate awareness regarding the Baby Friendly Hospital Initiatives (BFHI).

There is no significant association between the score level and demographic variables. The majority of the mothers of under-five children had adequate awareness (63%) and (35%) had moderate awareness while 2% had inadequate awareness after post interval. It is the responsibility of the community health nurse to motivate, educate and give awareness of Baby Friendly Hospital Initiatives (BFHI) among mothers of under five children. Therefore, the researcher fulfilled this role by imparting awareness through health education.

DECLARATIONS

We hereby declare that the research project entitled "Enhancing Awareness of Baby Friendly Hospital Initiatives: A Quasi-Experimental Study Among Rural Mothers in Dehradun Uttarakhand is an original work done by us.

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Conflict of Interest - Authors declares no any conflict of interest.

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