EXPLORATION OF KNOWLEDGE AND CHALLENGES IN THE IMPLEMENTATION OF THE MOTHER-BABY FRIENDLY INITIATIVE AT STANDERTON HOSPITAL, MPUMALANGA PROVINCE, SOUTH AFRICA

By

NOKULUNGA FIONA MOTHA

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SUPERVISOR: PROF XT MALULEKE
CO-SUPERVISOR: DR TJ MASHAMBA

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DEDICATION

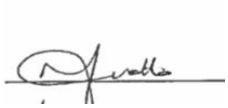
I dedicate this work to my parents, Snowy and Samuel Motha for their continuous love and support. My grandmother, Anna Ncongwane for her continuous prayers and my family as a whole for being there when I needed them most. To my husband, Siyabonga Tshuma and son Njabulo Tshuma for their understanding and patients towards this whole study.

DECLARATION

I, Motha Nokulunga Fiona**,** hereby declare that this work entitled **'EXPLORATION OF KNOWLEDGE AND CHALLENGES IN THE IMPLEMENTATION OF THE MOTHER-BABY FRIENDLY INITIATIVE AT STANDERTON HOSPITAL, MPUMALANGA PROVINCE, SOUTH AFRICA'** is my own original research and has not been previously submitted for another degree at this university or any other university, that this is my own work, except where I have stated in design and in execution, and that all material contained herein is duly acknowledged. I have followed the required convention in referencing the thoughts and ideas of others, where the work of other researchers has been used, are duly acknowledged.

Ms Motha NF **28-11-2022**

Surname initials **Date**



Signature

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DEFINITIONS OF TERMS

Baby – According to UNICEF (2006), a baby also known as an infant is a child that is between 0 to 18 months. In this study, a baby is a child under the age of 2 years.

Implementation – According to Amadhila (2017), implementation refers to the act of putting a plan into operation. In this study, mother baby friendly initiative is a plan that is implemented in mother baby Friendly Hospitals and the study will look into how the plan is implemented.

Knowledge - This term refers to understanding of an individual to something (Denning, 2016). In this study, the aim is to explore the knowledge levels related to the implementation of the mother-baby friendly initiative amongst healthcare workers.

Mother – According to William and Shiel [Sa], a mother is known as the female parent. In this study, a mother is a caregiver to a baby that also receives educational information to promote health for both baby and individual self.

Mother-baby friendly initiative (MBFI)

MBFI is an initiative that supports the implementation of the safe, appropriate infant feeding and mother-friendly care at all levels of healthcare as well as address the National Negotiated Service Delivery Agreement for the Health Sector, Outcome 2: "A long and Healthy Life for All South Africans" (Zungu, 2012). In this study, this definition will be used as described by Zungu (2012).

Mother-baby friendly initiative accredited - According to Brittin (2015), MBFI accredited refers to a healthcare facility that has passed an assessment conducted by Baby Friendly Hospital Initiative Accreditation Committee. The healthcare facility must have fulfilled the ten steps and three items to successful breastfeeding. In this study, mother baby friendly accredited refers to a hospital that has been accredited as mother baby friendly as a result of achieving good performance during assessment conducted

by MBFI committee and receiving accreditation by means of the institution complying with the ten steps of successful breastfeeding and the additional three items.

LIST OF ABBREVIATIONS

ANC	-	Antenatal care
BFHI	-	Baby Friendly Hospital Initiative
BMS	-	Breast milk substitute
HIV	-	Human immunodeficiency virus
MBFI	-	Mother-Baby Friendly initiative
MDG	-	Millennium Development Goal
NDOH	-	National Department of Health
UNICEF	-	United Nations Children’s Fund

ABSTRACT

Background: The Mother baby friendly initiative **(**MBFI) is an initiative that was launched in 1991 as a global programme to create an environment that enables and supports women to breastfeed their infants, providing advice to mothers and practical assistance to promote breastfeeding. This initiative plays an important role in improving infant's nutritional status, growth, development and health for both mother and infant and supports exclusive breastfeeding. MBFI aims at increasing breastfeeding rate by supporting, protecting and promoting breastfeeding in health facilities.

Aim: of the study is to explore the knowledge and challenges related to the implementation of the mother-baby friendly initiative at Standerton hospital.

Method: A qualitative descriptive design was used to explore the knowledge and challenges related to the implementation of the mother-baby friendly initiative at selected hospital. Purposive sampling of the healthcare providers were the target population for the study as they are responsible for the implementation of MBFI in the hospital. In this research, data collected were in a form of interviews, audiotapes and written notes from interviews. Tesch's eight steps in data analysis was used to analyse data.

Results: The studies key theme and sub theme give the study's findings and perspective of the issues found. The studies key theme were: 1. Knowledge of participants on MBFI at Standerton hospital, 2. Views about current practices of MBFI at Standerton –hospital and 3. Challenges regarding MBFI implementation at Standerton. MBFI was considered significant in the facility, however, due to inconsistences and challenges faced by the nurses the initiative was not fully implemented to improve breastfeeding rates.

Conclusion: the study conclude that nurse's had some knowledge on the MBFI initiative as they understood their role in breastfeeding advocacy and enhancing maternal and child health. There were significant challenges in MBFI implementation such as shortage of staff, lack of resources and training that hindered MBFI compliance and mothers not receiving the full benefits of the initiative, which contribute to decreased breastfeeding rates within the facility.

KEY CONCEPTS: Breast feeding, Breast milk, breast milk substitutes, Human immunodeficiency virus, Mother-Baby Friendly initiative.

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CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

Breastfeeding is as old as the existence of humans worldwide and considered as a noble prestigious maternal duty that was held in high regard due to its beneficial effects to both the infant, family and society. Babies were introduced to breast milk immediately after birth and continued being breastfed until later in infancy. This was done because the society believed that breast milk provides essential needs for babies to grow. It was for this reason that children whose mothers died early in their lives continued to be breastfed by other lactating mothers in the family to ensure that they grow well and get the most important milk for children (Papastavrou, Genitsaridi, Komodiki, Paliatsou, Midw, Kontogeorgou and Iacovidou, 2015; WHO, 2016).

However, over the years, breastfeeding has been shaped by shifting cultural norms and the quest for substitutes for breast milk leading to breastfeeding challenges and cessation of breastfeeding in some cultures. This was further exacerbated by the inappropriate marketing of breast-milk substitutes and arrival of HIV in the last century whereby HIV-infected mothers were discouraged from breastfeeding their infants as a way of preventing HIV vertical transmission. It was later discovered by health scientists that exclusively breastfeeding, is associated with positive health outcomes for mothers who breastfeed as well as their children. This led to the development of a number of programmes to support women to breastfeed their infants despite their HIV positive status (Bansaccal, Van der Linden, Marot, Belkhir, 2020; Rahnemaie, Zare, Zaheri and Abdi, 2018; WHO, 2016). This study explored the knowledge and challenges experienced by healthcare workers in the implementation of one of these programmes known as Mother-Baby Friendly Initiative (MBFI) at Standerton hospital in Mpumalanga Province, South Africa. This chapter provides the introduction and background, problem statement, the purpose and objectives of the research study. It gives an overview of the mother baby friendly initiative.

1.2 BACKGROUND OF THE STUDY

One of the programmes to enhance maternal and child health adopted by the South African health care system is the Baby Friendly Hospital Initiative (BFHI) (Brittin, 2015). This is an initiative that was launched in 1991 as a global programme that intended to create an enabling environment and support women to breastfeed their infants, providing advice to mothers and practical assistance to promote breastfeeding. The Mother-baby friendly initiative (MBFI) was a change from Baby-friendly hospital initiative (BFHI) by the National Department of Health (NDOH) in South Africa in 2012, because BFHI focused only on infants and MBFI focused on both mother and child (Mgolozeli, Shilubane & Khoza, 2019). The aim of MBFI is to ensure that infants born in maternity facilities along with their mothers are supported within the facility to ensure that mothers breastfeed and care for their infants (Brittin, 2015). The MBFI accreditation for maternity facilities commenced in different South African healthcare facilities in 2012 (Mgolozeli et al., 2019).

The MBFI plays an important role in improving infant's nutritional status, growth, development and health is improved for both mother and infant. MBFI supports exclusive breastfeeding, which is when an infant only receives breast milk without any additional food or drink, not even water for 6 months (WHO, 2018). Compliance to MBFI within hospital institutions is very important as this initiative plays a major role in educating pregnant mothers to consume balanced meals during pregnancy and about the importance of breastfeeding. It also educates them about sustaining breastfeeding till their children reach the age of two years and above.

Poor compliance to MBFI within facilities leads to mothers experiencing challenges with regard to infant and young child feeding practices and result in a decrease in number of breastfeeding mothers (Brittin, 2015). According to UNICEF (2019), sometimes due to workload in the labour room, nursing staff fail to initiate the most important component of MBFI, which is skin to skin contact between the mother and baby post-delivery. This is the practice where a baby is dried and laid directly on their mother's bare chest after birth. Both the mother and child are covered in a warm blanket and left for at least an hour or until after the first feed is initiated (UNICEF, 2019). Failure to do so often leads to late initiation to breastfeeding. Late initiation of

breastfeeding after delivery leads to poor milk production. Late initiation is when an infant is not breastfed within one hour after birth. It is therefore paramount that breastfeeding should take place within the first hour after birth (Oot, Sethuraman, Ross and Sommerfel, 2018).

Standerton hospital was amongst the hospitals that received accreditation in 2012 and MBFI was initiated in 2012. It is more than five years since MBFI was initiated at Standerton Hospital. However, there is no evidence that the required five yearly compliance assessment was conducted and there is also no report available. This has prompted the researcher to investigate how the hospital is progressing with implementation of MBFI and contribute towards the success of MBFI in the Mpumalanga Province. There is lack of evidence that health professionals have the required knowledge and experience since they are expected to continue encouraging, supporting and maintaining breastfeeding.

1.3 PROBLEM STATEMENT

Standerton Hospital received mother baby friendly accreditation in 2012. This event implied that health professionals were expected to continue encouraging, supporting and protecting breastfeeding. Nurses in Standerton hospital were also responsible for the implementation of MBFI. The assessment of compliance to MBFI accreditation after the year 2012 report showed that the hospital has since not adhered to the former Baby Friendly Hospital Initiative as required, which meant poor adherence to the implementation of the programme. Also, through the researcher's observations, it was noted that there has been some inconsistencies in the implementation of MBFI in Standerton hospital, which resulted in an increase in the number of mothers who do not breastfeed particularly school going teenagers. It is for these reasons that the researcher found it necessary to explore the knowledge and challenges of MBFI implementation in Standerton hospital and to contribute towards the success and improvement of infant nutritional status in Mpumalanga Province.

1.4 PURPOSE OF THE STUDY

The purpose of the study was to explore knowledge and challenges of health care workers related to the implementation of the mother-baby friendly initiative at selected hospital, Mpumalanga Province.

1.5 OBJECTIVES OF THE STUDY

The objectives of the study were:

1.5.1 To assess knowledge of healthcare workers regarding the implementation of the mother-baby friendly initiative at Standerton hospital, Mpumalanga Province.

1.5.2 To describe challenges faced by healthcare workers in the implementation of mother-baby friendly initiative at Standerton hospital, Mpumalanga Province.

1.6 RESEARCH QUESTION

What knowledge and challenges do nurses have in relation to the implementation of the mother-baby friendly initiative at Standerton hospital, Mpumalanga Province?

1.7 LITERATURE REVIEW

Literature review is the detailed exposition of existing research to identify relevant sources for a study (Mgolozeli, 2017). In this study, literature related to MBFI was reviewed from the global, African and national perspective including its importance, benefits and impacts are discussed. Practices that interfere with the implementation of MBFI among healthcare workers from different sources were also explored in Chapter 2.

1.8 RESEARCH METHODOLOGY

A qualitative approach that is exploratory and descriptive design was used to explore the knowledge and challenges of health care workers related to the implementation of the mother-baby friendly initiative at Standerton hospital. Healthcare workers are

involved in the implementation of MBFI within hospital wards, namely: antenatal, postnatal and paediatric ward. According to Brink, Van der Walt and van Rensburg (2012), qualitative approach focuses on the qualitative aspect of meaning, experience and understanding and it is used to study human experience from the viewpoint of the research participants in the context in which the action takes place. The details of this approach are discussed in Chapter 3.

1.9 SIGNIFICANCE OF THE STUDY

The study about exploration of knowledge and challenges of Standerton Hospital in relation to the implementation of the mother baby friendly initiative was important as it helped identify challenges and practices in the implementation of MBFI. The study will help in enhancing healthcare workers' knowledge in the implementation of MBFI. The study contributed in encouraging compliance with MBFI at the Standerton hospital. The findings encouraged health professionals to participate in the implementation of MBFI within facilities, and support and promote MBFI to reduce child malnutrition and improve maternal health. The findings encouraged other government health facilities to comply and use the monitoring tools that are currently existing to frequently assess compliance with MBFI in their institutions and identify gaps in the implementation of MBFI.

1.10 OUTLINE OF THE CHAPTERS

Chapter 1: In this chapter, the researcher introduced the study and its back ground in relation to MBFI that ensures that infants born in maternity facilities and their mothers are supported by the healthcare workers to ensure that mothers breastfeed and care for their infants as required. The aims, objectives, definitions of concepts and the significance of the study will also be covered in this chapter.

Chapter 2: In Chapter 2, the researcher reviews the literature on different studies of the topic at hand.

Chapter 3: In Chapter 3, the researcher will outline the research methodology used in the study, the research design, research setting, population, sampling, data collection and analysis.

Chapter 4: The presentation and discussion of the result of the study will be covered in this chapter.

Chapter 5: In Chapter 5, the researcher will present a summary of the findings, along with the conclusions and recommendations based on the findings.

1.11 SUMMARY

This chapter introduced and discussed the background of a research study, which explored the knowledge and challenges related to the implementation of the mother-baby friendly initiative at Standerton hospital. The chapter also described the problem statement of the study regarding MBFI at Standerton Hospital, Mpumalanga Province based on the researcher's observations related to some inconsistencies in the implementation of MBFI at Standerton hospital. The purpose and objectives of the study as well as the significance of the study were discussed in this study. The next chapter will present the literature review.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

A review of literature is important for the researcher to gain insights into the topic being researched. It helps the researcher to become aware of the challenges that were faced by other researchers (Brink et al., 2012). The literature search was achieved using different search engines such as Google Scholar and PubMed. The MesH words used were breast feeding, breast milk, breast milk substitutes, human immunodeficiency virus and Mother-Baby Friendly initiative. The literature review focused on the importance of MBFI, benefits of breastfeeding and result of poor compliance to MBFI, the global, African and South African perspective of MBFI and practices that hinder MBFI implementation and current healthcare workers' practices regarding MBFI are also explored.

2.2 THE IMPORTANCE OF MBFI, BENEFITS OF BREASTFEEDING AND RESULT OF POOR COMPLIANCE TO MBFI

The MBFI is an initiative that helps in the transformation of hospitals and maternity facilities to become mother and baby friendly as breastfeeding within these institutions is promoted for the benefit of both mother and child. This is different from BFHI that only aimed at protecting, promoting and supporting breastfeeding. Daniels and Jackson (2011) elaborate that the baby friendly initiative has shown to have an impact on increasing baby's likelihood of being exclusively breastfed for the first six months of life, but silent on the benefits of the mother.

Breastfeeding is advantageous to children, and is the best intervention for children's health. Breastfeeding has been found essential as an intervention for the prevention of childhood mortality in children less than five years. Hence immediate breastfeeding practices or within 24 hours from birth helps in reduction of neonatal mortality by 44 - 45% and children who are breastfed from the onset are less likely to be obese when compared to bottle fed children (Selvaggio, 2013).

Breastfeeding is essential for infant. However, the decision or choice to whether to breastfeed or not is made by the mother in the early stages of pregnancy. The decision is solely based on the mother's attitude towards breastfeeding and the messages that are given to her during antenatal care (ANC) visits. The messages or health education that the mothers receive during ANC visits play a vital role in equipping the mother with knowledge about the importance of breastfeeding (Makhudu, 2017).

The importance to compliance of the ten steps of MBFI is important as the steps minimise challenges and improve health for both infant and mother. It has been shown that the deaths of children could be prevented by increasing breastfeeding rates, which can be ensured by supporting breastfeeding within hospital facilities (WHO, 2017). Breastfeeding prevents a lot of conditions such as diarrhoea episodes, respiratory infections and reduces the risk of non-communicable diseases and decreases the prevalence of overweight and obesity later in life hence it should be supported in facilities (UNICEF, 2018). According Mgolozeli (2017), the MBFI steps include:

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

The ten steps to successful breastfeeding and an additional three items that protect breastfeeding aim, at transforming hospital facilities to become mother baby friendly and prevent the distribution of free supplies of breast milk substitutes (BMS) in hospitals or maternity wards or paediatric wards (Standerton Hospital, 2017). One of the three items of MBFI elaborates on adhering to the international code of marketing of breast milk substitutes, which enforces facilities and BMS industries to comply with the International Code of Marketing of BMS (Mgolozeli et al., 2019). The National Department of Health has recognised exclusive breastfeeding as one of the crucial standards of care that is required to ensure optimal nutrition for infants and mothers hence mothers should be supported to ensure successfully breastfeeding (Brittin, 2015). According to UNICEF (2018) and Brittin (2015), exclusive breastfeeding is seen as a key to the child survival strategy in the South African context, hence the MBFI accreditation for maternity facilities is recommended.

The Millennium Developmental Goals (MDGs) 2, 3 and 4 report on breastfeeding rates across the world has shown that the leading country with high breastfeeding rates is Europe with 82% - 89% and the least countries with low breastfeeding rates were African countries with an average of 22%, including Nigeria on 17% exclusive breastfeeding within a period of six months of life (Makhudu, 2017). Furthermore, the study showed that mothers in sub-Sahara Africa only breastfeed exclusively for three to four months instead of six months as per recommended by the World Health Organization (WHO) (Makhudu, 2017).

According to WHO (2017), when facilities are MBFI accredited, they need to be reassessed again in every three to five years. MBFI assessment are conducted in order to ensure that there is continued adhere to the criteria of promoting, supporting and protecting breastfeeding. Some institutions once they receive accreditation they no longer comply with the set standard. WHO (2017) has shown that 78 countries are active in implementing the MBFI programme and of these countries only 39 have put in place an assessment process to evaluate compliance. In these study reassessment has not occur and this corresponds with WHO (2017), only 21 countries reported that assessment occurs less often than every five years and 14 countries reported that they reassess facilities at least every five years. In South Africa, the implementation

of MBFI has shown to have the potential to improve global children's health and maternal survival (Mgolozeli et al., 2019).

2.3 GLOBAL PERSPECTIVE OF MBFI

Globally, it has been documented that suboptimal breastfeeding practices have been estimated to contribute towards 800000 child deaths per annum (Mgolozeli et al., 2019). WHO (2018) reported that 78 million babies or three out of five infants have been reported not to be breastfed within the first hour of life and this putting the infants at higher risk of death and disease. Opting not to breastfeed could pose life threatening consequences because breast milk provides essential nutrients and serves as the child's first immunization this providing protection from illness to the infant and late initiation of breastfeeding poses difficulty in sustaining breastfeeding (WHO, 2014).

In the year 2015, a global report indicated that 156 million children under the age of five were stunted while 50 million of this under five were wasted and children who are categorised as stunted or wasted are at high risk of death (Amadhila, 2017). According to UNICEF (2014), an average of 38% of infants between 0 to 6 months old are exclusively breastfed while a total percentage of 48% infants from developed countries are exclusively breastfed and a total 36% from sub-Saharan Africa and 52% from Eastern and Southern Africa are exclusively breastfed.

Breastfeeding rates are at an average of 38% with the highest breastfeeding rates from European countries and African countries having the lowest breastfeeding rates According to (Kio, 2015). In a study titled 'Breastfeeding: maintaining an irreplaceable immunological resource', it was found that breastfeeding reduces infant mortality of the less than five years by 13% (Labbok, 2014). It has been noted that inadequate breastfeeding is indicated as one of the most prominent causes of malnutrition and death in infants (Amadhila, 2017). According to WHO and UNICEF (2010), global strategy for infant and young child feeding showed malnutrition as a result of inappropriate feeding practices has resulted to 60% of the 10.9 million infant deaths annually. Furthermore, the study showed that breastfeeding rates can be improved through informing mothers on the benefits of breastfeeding and health education of

health care professionals to mothers. In 2007, more than 20000 hospital facilities in 156 countries have been designated baby friendly (Amadhila, 2017).
In the United States, it has been shown that accredited MBFI hospitals have increased breastfeeding initiation and high rate of exclusively breastfed infants and support the implementation of MBFI (Brittin, 2015). Health systems in South have not always supported, promoted and protected breastfeeding amongst mothers who were infected with HIV as previous policies recommended that positive mothers should formula feed their infants as part of PMTCT programme (Selvaggio, 2013).

The MBFI is a global effort by UNICEF and WHO, in order to improve breastfeeding rates by supporting mothers and infants and include the ten steps to successful breastfeeding, which facilitate the need to adhere to breastfeeding. It has been noted that many health professionals in institutions once they have received accreditation, they dwell much into hospital routines and less time is given to promote breastfeeding during antenatal visits and postnatal mothers. This has led to mothers not receiving adequate support to breastfeed within 1 hour after delivery as result of medical professionals not assisting the mother to initiate feeding and sustaining breastfeeding (WHO, 2018).

Health professional's lack of knowledge regarding breastfeeding can negatively impact optimal breastfeeding especially when women or mothers receive inadequate, inconsistent and inaccurate breastfeeding information (Daniels et al., 2011). A study conducted in Brazil focused on breastfeeding knowledge and the practices in public health care services amongst health care professionals. The study drew a conclusion that there is a need for training for all health care professionals and this training should be ongoing, so that all health professionals should have an updated information in order for them to be in a position to give recent, relevant and evidence based information to mothers and families (Makhudu, 2017).

2.4 PERSPECTIVE OF MBFI IN AFRICA

WHO (2017) has shown that the most contributing factors to increase infant mortality rate in sub-Saharan African is as a result of decreased infants who are breastfed as breastfeeding can prevent conditions such as stunting, vomiting and diarrhoea.

UNICEF (year) has reported that globally only 38% of infants are exclusively breastfeed for the first 6 months of life and only a 31% are breastfeed in sub Saharan Africa and it has been further reported that if breastfeeding rates can be increased throughout sub Saharan Africa. This can help prevent 40% of under-five mortality (Mgolozeli, 2017).
UNICEF and WHO implemented the MBFI in member countries in order to address the low level of support for breastfeeding in healthcare facilities, and reduce hospital routines that disadvantage nursing mothers (Alakaam, Lemacks, Yadrick, Connell, Choi and Newman, 2018).

In Africa 37% children are stunted, and 28% are wasted and Namibia is one of the African countries with the highest number of children who are undernourished (Amadhila, 2017). According to Mgolozeli (2019), it has been shown that the rates of breastfeeding remain low at 8% with just 1.5% of infants who are exclusively breastfed from birth to 6 months. Breastfeeding rates in African countries has been noted as Rwanda (84.9%) being the highest and followed by Burundi (69.3%) and lowest breastfeeding rates in African countries include South Africa (8%) and Gabon (6%) (Makhundu, 2017). Increased breastfeeding can potentially improve 82000 lives every year and this can significantly prevent nearly half of diarrhoeal diseases and one third of respiratory infections in children (Amadhila, 2017).

PMTCT intervention in South Africa has been effective as it is seen reduced number of mortality rate amongst infants from HIV (WHO, 2010). The study further showed that South Africa is known to have the largest burden of HIV and AIDS in the world. In Namibia, the use of breastfeeding programme has played a big contribution in increasing the duration of exclusive breastfeeding for the children under the ages of six months, this increase is from 6% in the year 2000 to 24% in the year 2006 and 49% in the year 2013 (Amadhila, 2017).

2.5 NATIONAL PERSPECTIVE OF MBFI

The National Department of Health (NDOH) in 2011, published the Tshwane Declaration, which indicated that South Africa is commitment to declaring as a country that protects, promotes and supports breastfeeding (NDOH, 2011). The National

Department of Health recognised that breastfeeding practices in South Africa were being undermined by marketing of formula milk as Breast Milk Substitute (BMS) industry. The National Breastfeeding Consultative team mentioned and documented their concerns surrounding South Africa's high infant and child mortality rates and that exclusive breastfeeding rates remain extremely low. Progress towards Sustainable Development Goals (SDG) does not seem to be on target (Brittin, 2015). In Mpumalanga Province and Standerton hospital, information regarding MBFI is not readily available therefore, the study will enhance health workers knowledgede regarding MBFI implementation. Breastfeeding rates in South Africa remain very low, with only 1.5% of infants that are exclusively breastfed from birth to 6 months and this could mean that mothers do not get the necessary information about the importance of breastfeeding during ANC visits (Makhudu, 2017). Lack of MBFI programme adherence in Standerton Hospital by healthcare workers can contribute towards the South African rate of high infant mortality and morbidity rates, because of malnutrition and other conditions, which are preventable by practicing optimal breastfeeding (Brittin, 2015).

2.6 NURSES KNOWLEDGE AND PRACTICES RELATING TO MBFI

Knowledge of health care workers should be science based, adequate and accurate in order for health workers to be able to promote, protect and support breastfeeding (Sigman-Grant and Kim. 2015). Equipping nurses with more knowledge is important so they can disseminate accurate information in order to minimise confusion among mothers, hence the importance for nurses to have sufficient information about MBFI in order to educate mothers on what is true and science based.

Mother baby friendly initiative (MBFI) was introduced in South Africa in 1993, however health care workers such as professional nurses and midwives are not familiar with the practices of the programme as recommended by the ten steps to successful breastfeeding (Zungu, 2012). A study was conducted to assess breastfeeding knowledge of healthcare workers in an area in South Africa, that has high prevalence of HIV revealed that health care workers knowledge was outdated and not a per current recommendations from WHO (Robb, Walsh and Nel. 2018).

Mothers have reported receiving conflicting messages from healthcare workers regarding breastfeeding of infants from mothers diagnosed with human immunodeficiency (HIV) in a study by Hennop, 2020 showed that, it was found that only 6% of healthcare workers had Knowledge about PMTCT, that breastfeeding can be recommended to an HIV infected mother with consideration that the mother comes from poor socioeconomic background and cannot meet the AFASS criteria (Acceptable, Feasible, Affordable, Sustainable and Safe). The recommendation is also not well understood in the current study as PMTCT is not well adhered to as per recommendation by WHO. HIV positive mother are recommended by some of the health workers in the current hospital to formula fee their infants. MBFI practices in a study by De Almeida, de Araújo, Luz and da Veiga. (2015) of healthcare workers has shown that half of the healthcare workers (56%) had not completed WHO Lactation Management 20 hour Training.

Hospitals' routine practices performed by nurses such as bathing the baby and mother, stitching episiotomy and weighing of the new born baby, often delay early initiation of breastfeeding (Amadhila, 2017). Nurses in labour work primarily with mothers and are responsible for the monitoring of breastfeeding from birth, three days post-delivery, in fourteen weeks and at six months as recommended by Infant and Young Child Feeding Policy (Mgolozeli, 2017). However, there is no data published on breastfeeding rates in South Africa, which may be due to poor data collection methods and procedures.

Few staff nurses were capable of demonstrating the correct positioning and attachment of babies due to lack of training (Mgolozeli, 2017) which corresponds with the selected hospital a through observation few nurses were capable of demonstrating correct breastfeeding position. The lack of awareness regarding the recommended breastfeeding practices and promotion of sustain breastfeeding support groups for breastfeeding mothers had negative effects on sustainable breastfeeding among mothers.

Also, health professionals showed some reluctance in supporting breastfeeding due to nurse's lack of assistance and training in MBFI. On the other hand, mothers experienced sore nipples and some mothers experience episodes of mastitis, which

had emotional and physical consequences for the breastfeeding mother that has led to mothers deciding to stop breastfeeding early. Therefore training on MBFI for health care workers within facilities is recommended to equip them with information regarding successful breastfeeding practice.

2.7 PRACTICES, CHALLENGES THAT HINDER MBFI COMPLIANCE AND IMPLEMENTATION

Alakaam (2015) identified barriers to MBFI practices such as, staff resistance to implement new policies and practices, inadequate time location for training, financial cost of providing training and the total cost of staff coverage for training hour's limited attendance at education programmes about breastfeeding. The author further elaborate that separation between the mother and baby within the first hour as a result of clinical examination and cleaning of patients hindered MBFI compliance.

In the selected hospital one of the challenges in the implementation of MBFI is shortage of staff, which hindered MBFI implementation. This is supported by Spencer et al., (2018) who found that health care staff particularly midwives working in primary health care facilities in the rural areas faced many challenges that include lack of resources needed for MBFI implementation, staff shortages and health care staff are overworked due to the increased population size that rely on primary health care for services.

These findings are further supported by Selvaggio (2013) who found that mothers in healthcare facilities are being discharged within six hours after delivery and these inexperienced mothers are discharge without any form of education on how to establish breastfeeding. This hinders MBFI steps 3, 4, 5 and 8, which are important steps for successful breastfeeding implementation.

In the selected hospital the was poor implementation of the ten steps to successful breastfeeding which correspond with Amadhila (2017) study as poor implementation occurred as a result of staff shortage, inadequate training on BMFI which includes updating nurses on the latest guidelines on HIV and breastfeeding and the orientation of rotating staff which was not done regularly. The study furthermore reported that as

a result of staff turnover, it has worsened the burden of staff shortage and has resulted in inadequate time needed to implement the BMFI programme and the nurse managers reported that the hospitals had inadequate expertise and financial resources for BMFI training.

2.8 IMPACT OF MBFI INITIATIVE

According to Oot et al. (2018), MBFI, infant and young child feeding practices play an important role in reducing malnutrition and preventing child mortality. This occurs as a result of early initiation to breastfeeding meaning offering infant the breast or breast milk immediately or within the first hour of the baby's life. This can protect the nutritional status of the infant and hence reduce the risk of neonatal mortality. Neonatal mortality are deaths of infants within the first 28 days of life (Oot et al., 2018).

Lamberti, Walker, Noiman, Victor and Black (2011) support Oot et al. (2018) by indicating that early exclusive and continued breastfeeding through 23 months greatly reduces neonatal and child mortality as the child's nutritional status is protected. Breastfeeding and breast milk prevent stunting and wasting. Stunting is impaired growth and development that is experienced by children due to poor nutrition, ongoing infections and inadequate stimulation (WHO, 2019). While wasting is moderate to severe malnutrition as indicated by standard deviation that is below minus two from median weight for height of reference population (UNICEF, 2019). Breastfeeding or breast milk feeding help guard against infections (Lamberti et al., 2011). In 2016, it was reported globally that a number of 5.6 million children who were under 5 years of age died, with almost half of those deaths occurring during the neonatal period and these deaths were mostly due to preventable and treatable causes such as diarrheal that happen rarely among breastfed children (UNICEF, 2017). Nursing staff have a critical task in demonstrating to mothers the correct way to breastfeed their infants and this will also help in the management of any problems caregivers encounter (Daniel et al., 2011). Therefore, it is important that healthcare workers should encourage and assist mother's particularly teenage mothers to breastfeed their children as required.

2.9 SUMMARY

The literature review was discussed in details in this chapter entailing of the mother baby friendly initiative practices in South Africa and other countries in the world. MBFI is a global programme that plays a significant role in child and maternal health. The studies highlighted that MBFI helps in transforming hospitals and maternity facilities by creating facilities that promote and support breastfeeding, as breastfeeding is essential for prevention of childhood mortality. It was discussed that having MBFI accredited facilities has shown to improve global children's health and maternal survival. It was also mentioned in some studies that in South Africa, there are only few health professionals including nurses that adhere to the MBFI practices. Lack of MBFI trainings, staff resistance to implementation of MBFI policies and staff shortage is a contributing factor to the low breastfeeding rates.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter gives an overview about the methodology that was used to conduct the study. The study used a qualitative approach that explored the knowledge and challenges related to MBFI implementation and described the knowledge of nurses towards MBFI programme. The study design was exploratory and descriptive design in nature. Interviews were conducted as means of data collection and ethical considerations were adhered to throughout the study.

3.2 RESEARCH APPROACH

A qualitative approach was used to explore the knowledge and challenges of nurses related to the implementation of the mother-baby friendly initiative Standerton hospital. A qualitative approach is defined as a way of gaining insights through discovering meanings (Burns and Grove, 2013). According to Brink et al. (2012), qualitative approach focuses on the qualitative aspect of meaning, experience and understanding of the phenomenon under study. Qualitative approach was used in this study to explore the knowledge and challenges experienced by nurses in the implementation of the MBFI from the viewpoint of the research participants in the context in which the action takes place at Standerton hospital.

3.3 RESEARCH DESIGN

Research design is the framework of research methods and techniques that the researcher used to conduct the study, because the research design was suitable for the study (Creswell and Creswell, 2018). The study design used was exploratory and descriptive design in nature.

3.2.1 Exploratory research design

Exploratory research design refers to the design aimed at providing more information on the research topic or problem. It is conducted to discover new ideas, gain new understanding and for increasing knowledge of the phenomenon (Burns and Grove,

2013). This design was important for this study because it assisted the researcher to explore the knowledge and challenges related to MBFI at Standerton hospital.

3.2.2 Descriptive research design

Descriptive research design refers to the design whereby more information is collected by describing the phenomena. It provides the factors, which are related to the research question. Descriptive design was used to describe and document situations as they naturally occur (Burns et al., 2013). In this study, a detailed description related to the knowledge and challenges regarding the implementation of MBFI at Standerton hospital was done.

3.3 RESEARCH SETTING

This study was conducted at Standerton Provincial Hospital which is located in the Gert Sibande District Municipality under Lekwa Local Municipality of the Mpumalanga Province. Gert Sibande is amongst the three districts located in Mpumalanga Province, Standerton hospital is a hospital that provide care to patient within the Gert Sibande. Health service provided at Standerton hospital include mother and child care and Standerton hospital is accredited as a mother baby friendly hospital. According to Stats SA (2016 Community Survey - CS), the population was estimated at 123 419 in 2016. Youth population between 15-34 years estimated at 37.8% of the total population with females 49.9% and males 51.1% (Lekwa Local Municipality IDP 2019/2020). Standerton is a commercial and agricultural town in Mpumalanga Province. It is 61% rural and 39% urban. The population was estimated to be 43 966 in 2011 (Lekwa Local Municipality IDP, 2019/2020). Figure 3.1 shows the map of Gert Sibande where Standerton hospital is located.

The Gert Sibande community receives healthcare from 66 clinics, 19 community health centres (CHCs), eight district hospitals and one regional hospitals. There are 1366 professional nurses, 523 enrolled nurses, 408 nursing assistants and 207 medical doctors that provide healthcare services in these different healthcare facilities (HST, [Sa]).

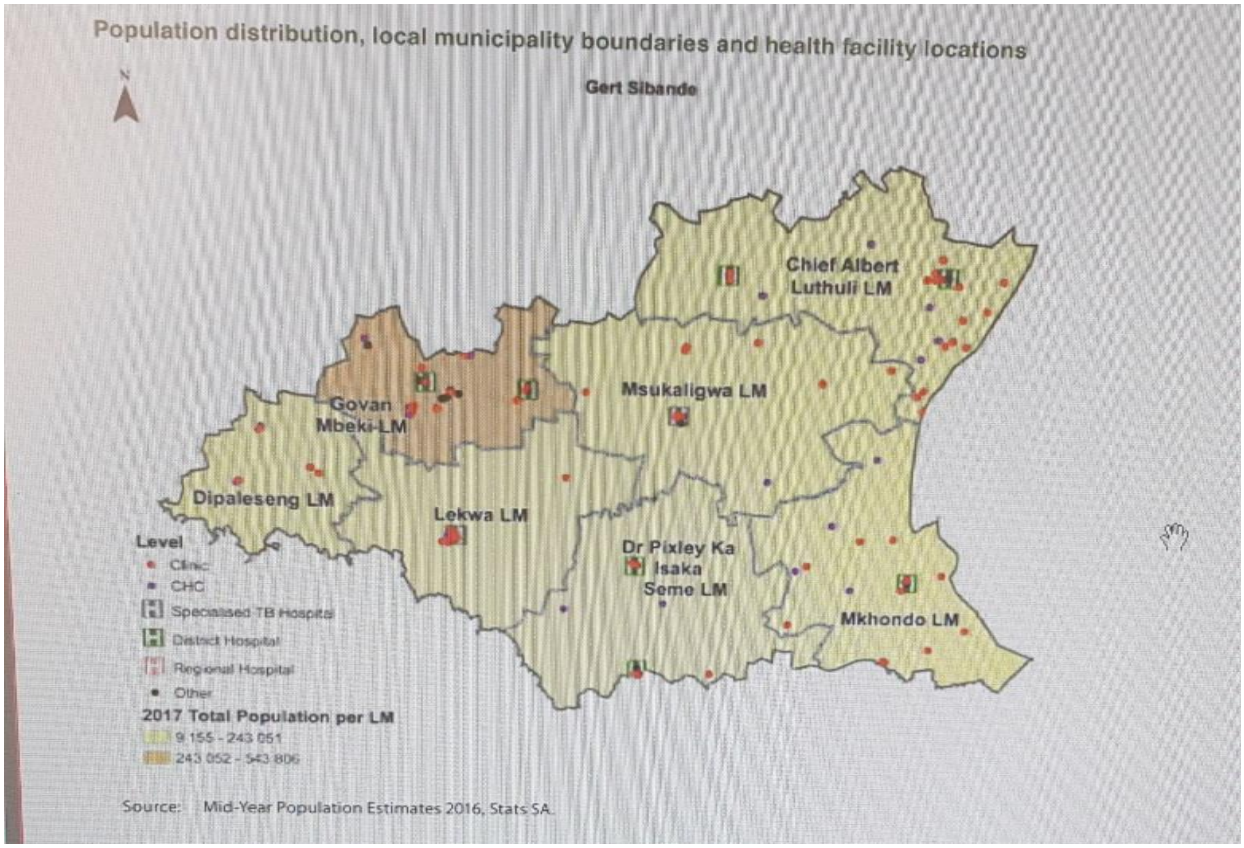

Figure 3.1: Map of Gert Sibande District where Standerton Hospital is located

Standerton Hospital is a provincial hospital that provides family medicine and primary health, rehabilitation, surgery, maternity and obstetrics, paediatrics, psychiatry, eye and geriatrics services. Services in relation to mother and childcare include paediatrics, antenatal care, maternity care and postnatal care. All these services are provided by skilled healthcare professionals to ensure that the best care for both mother and baby during pregnancy, labour, delivery and post-delivery is provided at all times. These services are provided in accordance with the requirements of the World Health Organization Guidelines (WHO, 2016).

3.4 POPULATION OF THE STUDY

According to Brink et al. (2012), a population of a study is an entire group of persons or objects that is of interest to the researcher that meets the criteria for the researcher. In this study, the population included the total number of healthcare workers in the antenatal ward, postnatal ward and paediatric ward at Standerton hospital, which has a total of 34 healthcare workers during the time of the study. The 34 healthcare workers consisted of four (4) doctors, three (3) Operational Managers, fifteen (15) registered nurses and twelve (12) enrolled nursing assistants.

3.5 SAMPLING

Sampling refers to the process of selecting the sample from a population to attain information regarding a phenomenon in a way that signifies the population of interest (Brink et al., 2012). Although for the purpose of this study, the sample included all healthcare workers, it was a challenge to recruit medical doctors, because of ward emergencies and COVID 19 activities at the hospital and among the nursing assistant who participated in the study.

3.5.1 Sampling technique

Purposive sampling was used to select participants of interest for this study. This sampling technique allowed the researcher to select participants who were knowledgeable about MBFI in antenatal, postnatal and paediatric ward. Purposive sampling is a judgment, selective and subjective sampling technique whereby researchers use their own judgment to choose members of a population to

participate in the study (Creswell et al., 2018). The purposive sampling in this study used the following criteria:

- All healthcare workers that were working at Standerton hospital antenatal, postnatal and paediatric wards who were working and not on leave during the time of the study.
- The healthcare workers included ward operational managers, registered nurses, and enrolled nursing assistant in antenatal ward, postnatal ward and paediatric ward. All healthcare workers in antenatal ward, postnatal ward and paediatric ward who were willing to discuss MBFI implementations at Standerton hospital.

Operational managers of the three participating ward were selected to participate as key informants, because of their knowledgeable about MBFI implementation in their wards

3.5.2 Sample size

In this study, the target sample size of the healthcare workers was determine by data saturation and the participants included nurses from antenatal, postnatal and paediatric ward and doctors. As already indicated, no appointment could be secured with the selected doctor or any of the doctors, seven registered nurses and one enrolled nurse were selected and they agreed to participate in the in-depth interviews. However, only eight (8) participants took part in the in-depth interviews due to data saturation that occurred when interviewing the eighth participant. The health care workers that participated in the study were as follows: two (2) from antenatal ward, three (3) from postnatal ward and three (3) from paediatric ward. . However, only two key informants participated in the study, because one of key informants was delegated to the COVID 19 vaccination site outside the hospital.

Key informants were included in this study in accordance with Creswell et al. (2018) who describes a key informant as a select group of experts who are most knowledgeable of the issue under study and organisation or issue but may not necessarily be part of the target population. In this study, they were part of the target group because they were healthcare workers at Standerton hospital. De Vos, Strydom, Fouche and Delport (2011) argue that key informants provide information about the

participants that expand the researcher's understanding of, and insights into, the experiences of the target group.

3.5.3 Inclusion criteria

The inclusion criteria used were:

- All full time healthcare workers working at Standerton hospital in the antenatal, postnatal and paediatric wards.
- Healthcare workers who were willing to discuss MBFI implementations at Standerton hospital from antenatal, postnatal and paediatric wards.

3.5.4 Exclusion criteria

The exclusion criteria used were:

- All healthcare workers working at Standerton hospital in the antenatal, postnatal and paediatric wards that were on leave.
- Healthcare workers in antenatal ward, postnatal ward and paediatric ward who were not willing to discuss MBFI implementations at Standerton hospital.

3.6 PILOT STUDY

According to Brink et al. (2012), a pilot study is a small scale study that is conducted prior to the main study which is done only on a small number of participants from the population. The aim of the pilot study was to detect if there are any errors in the interview guide of the study. The pilot study was conducted with two nurses and one operational manager from Msimango community health centre who works in antenatal and postnatal wards and involved in the implementation of MBFI. The collected data was analysed, but did not form part of the study results. The information was used to identify errors in the interview guides and correct them.

3.7 DATA COLLECTION

Data collection is a systematic process of gathering observations or information using different data collection instruments that allow the researcher to gain first-hand knowledge and original insights about the research problem under investigation (Brink et al., 2012). In this study, data were collected in July 2021 using interview guides. Data were collected using key informant interview and in-depth interview guides. Eight

interviews were conducted, eight with healthcare workers and two with operational managers as key informants.

3.7.1 In-depth interviews

According Burns et al. (2013), in-depth interviews refer to a system of collecting qualitative data through intensive individual interviews with to explore their perspectives on a particular idea, programme, phenomenon or situation. Eight in-depth interviews were conducted with healthcare workers from antenatal. Ward (3), postnatal ward (2) and paediatric ward (3). All participants in the in-depth interviews were registered nurses except one who was an enrolled nursing assistant. The in-depth interviews were conducted in English using interview guide (Annexure C). However, participants were allowed to respond in the language they were comfortable in. The researcher used probe questions to get more information and clarity. Audio recordings were used to capture discussion during the interviews.

3.7.2 Key informant interviews

Two key informant interviews were conducted with operational managers from antenatal and paediatric wards. The purpose of key informant interviews is to collect information from a wide range of people including community leaders, professionals, or residents who have first-hand knowledge about the community (Burns and Grove, 2013). Key informant interviews are often used, because they provide flexibility to explore new ideas and issues that had not been anticipated during the planning stage of the study, but they are relevant to its purpose (Burns et al., 2013).

The operational managers were key informants in this study, because they are in the leadership position responsible for overseeing day-to-day management of operations and staff in their wards. They provide administrative support and oversee the training of staff members in new policies, guidelines and programmes including MBFI. The key informant interviews were conducted in English using interview guide (Annexure D) and participants were allowed to respond in the language they were comfortable in. Probing questions were used to get more information and clarity. An audio recorder was used to capture all information and contributions from the participants.

The use of in-depth interviews, observations, allowed for triangulation of data in this study. Triangulation of data increased the credibility and validity of the results.

Triangulation involves the use of multiple data collection methods to develop a comprehensive understanding of the problem or phenomena at hand. It is also viewed as a qualitative research strategy used to test validity through the convergence of information from different sources (Creswell et al., 2018).

3.7.3 Data collection procedure

Permission to conduct data collection was received from Standerton hospital, appointments were made with prospective participants to explain the project and recruit them for the interviews. The researcher telephone called the hospital in order to contact the participants and confirm their participation and agree on the date and time of the interviews. This was done because data collection was conducted in July 2021 at the height of the third wave of the COVID 19 pandemic in Mpumalanga Province. A total of nine participants confirmed their participation in the in-depth interviews, but only eight participated due to not being able to secure appointment with the doctor and data saturation noticed.

The venue where the interviews were conducted was a quiet office within the hospital premises away from the wards to ensure participants' privacy and confidentiality. Upon arrival of the participant, the researcher greeted the participants and made them relax and comfortable. The aim and objectives of the study were explained to participants. The format of the interview and the ethical considerations were explained to the participants. After the researcher has explained all the information, the participants were given information sheets to read and keep it. When satisfied with the content of the information sheet, the participants were then requested to sign the consent forms for participation in the study and to give the researcher permission to use an audio-recorder. Signed consent forms were immediately put in an envelope and sealed and stored in a lockable bag. Participants that signed the consent form were given section A of the in-depth interview guide to complete. After completing their demographic data, the interviews started using section B of the guide. The interviews took 30 to 45 minutes. The collected data, which included the audio-recorder and notes, were stored in another lockable bag separate from the bag used for signed consent forms. The collected data were later stored in a lockable cupboard.

3.7.4 Research Instrument

The key informant interview and in-depth interview guides that consisted of Section A to D were used (see Annexure C and D). Section A of these guides required the demographic information of the participants. The demographic information assisted the researcher during data analysis, presentation of results, discussion of results and conclusion of the study. The other sections of the guides i.e. key informant and in-depth interview had open-ended questions that allowed participants to discuss questions in details. The data collection instruments were in English as data was collected in English but the participants were allowed to respond in the language that they were comfortable with as the researcher was familiar with their language.

The interview guide consisted of four sections including: section A demographic data, section B Knowledge of healthcare workers at Standerton hospital regarding mother baby friendly initiative, section C current practices of the mother baby friendly initiative at Standerton hospital and section D challenges regarding mother baby friendly implementation.

The demographic section is the only section that was completed by the participants and key informants before starting with interviews. The semi-structure interviews with open- ended questions were used because the interviewer asked a specific number of questions, which allowed probing hence obtaining more desired information. Probing questions were asked and data were collected until saturation is reached.

3.7.5 Data Management

Data management is about acquiring, validating, storing, protecting, and processing of data to ensure the accessibility, reliability, and authenticity of the collected data in accordance with the university rules. It is about participants' protection, confidentiality, data storage and record keeping, data ownership, and data sharing (Creswell et al., 2018). Data collected were stored by the researcher in a locked cupboard. Some of the collected data were scanned into the computer and kept on the computer, soft copies on an external hard drive as a back-up. Hard copies such as interview notes and audio tapes were kept in a secured cupboard. The stored data were only accessed by the researcher and supervisors.

3.8 DATA ANALYSIS

Analysis of data in qualitative study involves the examination of text rather than numerical hence, data in the form of text is gathered (Brink et al., 2012). In this research, data collected were in a form of interviews, audiotapes and written notes from interviews. Tesch's eight steps in data analysis in Creswell (2014) were applied as follows:

- The researcher started by listening to the audio tape recordings and recorded the information verbatim and translated some parts of the verbatim data to English.
- The researcher then read carefully all the transcripts repeatedly and liaised the transcripts with the recordings. Reading of all transcriptions thoroughly was to make sense of what the participants said during the interview and doing comparison of the transcripts and audio tape, while also taking into consideration the underlying meaning from the responses obtained from the participants.
- The researcher continued reading through all of the interview transcripts, analysing the transcripts until all scripts were analysed and having an understanding of the data obtained. After the researcher wrote notes on the transcripts and identified points of interest in the text. Each transcribed interview was read in order to understand the contents.
- Researcher made a list of all topics, ideas and put together the identified similar topics and they were grouped to form columns. The formed columns were labelled as major topics, unique topics and leftover topics. The categorised data was organised through identification of meaningful units.
- Researcher abbreviated the topics as codes and wrote the codes next to the appropriate segments of the text. The researcher observed organisation of the data to see if new categories and codes emerged. A coder was approached in the process of data analysis in order to analyse the data independently.
- The most descriptive wording for the topics were turned into categories. The purpose was to reduce the total list of categories by grouping topics that related to each other. Lines were drawn between categories to indicate the interrelationship and developed themes. The researcher and the coder

reached an agreement regarding theme identification, categories and sub categories.

- Researcher and coder made final decision regarding abbreviations for each category and arranged code according to similar responses.
- The data material belonging to each category were assembled and performed as preliminary analysis.
- Recoding of existing themes, sub-themes and responses that led to their development are included in Table 4.3.

3.9 MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness in this study was based on the model of Lincoln and Guba (1985), they proposed four criteria for developing trustworthiness which included credibility, transferability, dependability and confirmability.

3.9.1 Dependability

According to Brink et al. (2012), dependability means provision of evidence in a manner that if it were to be repeated with the same participants in the same or similar context, the findings would be similar. In this study, the researcher ensured dependability by detailing the processes of methodology and explaining to the participants what the research is about. Detailing the process of methodology serves as evidence for future researchers that can verify the results of this study. The participants were briefed about what the research is about and transcripts, interview guide and data analysis were provided for audit trail that was checked by experienced independent expert (co-coder) in qualitative research studies. Dependability was ensured by allowing the participants to respond to questions according to the way in which they understood them and the environment chosen for interview did not compromise participants' privacy hence participants expressed themselves freely when answering questions.

3.9.2 Confirmability

Brink et al. (2012) describe confirmability as the potential for congruency of data in terms of accuracy, relevance and meaning. Brink et al. (2012) further elaborate that

it is concerned with establishing whether the data represents the information given by the participants and that the interpretation of data are not fuelled by the researchers' imagination. In this research, confirmability was ensured by attaching all transcribed notes, interview guide, audiotapes transcribed in research findings and evidence of data analysis process as this process provided an audit trail that was examined by an expert in qualitative studies hence confirming the accuracy of the study. During interviews, the researcher was neutral, maintained high level of professionalism, and was not biased. The participants gave independent answers during interviews.

3.9.3 Transferability

According to Brink et al. (2012), transferability refers to the ability to apply the findings in other contexts or to other participants. In this study, the researcher ensured transferability by providing a detailed description of the study to enable other researchers to use the methodology the researcher used in other settings and obtain similar result. The in-depth interviews and KII provided a thick description of the experiences and challenges of the implementation of MBFI. Data were recorded on audio tape to ensure that the participants' narratives were captured in their own original format. The collected data are available to readers and other researchers to access and use to conduct a secondary analysis. During analysis, the researcher requested someone with experienced in research to read transcripts and identify major themes and categories to ensure clarity of the collected data.

3.9.4 Credibility

Credibility is defined by Creswell et al. (2018) as the extent to which a study and its results are believable and appropriate, with particular reference to the level of agreement between the participants and the researcher. Credibility is established by using data triangulation, multiple analyses and member checks. In this research, the researcher ensured credibility by ensuring that the correct methodology is followed when collecting the required data. Probing questions were used during interviews as this ensured clarification of details to confirm that participants were clearly understood by the researcher and received detailed information from the participants.

All transcribed notes and audiotapes were evaluated by coder as he is qualified in qualitative research study design and the agreement regarding the study findings

between the researcher and coder were met. There was prolonged engagement in this study until data saturation was reached and in-depth understanding of the study. All participants were treated equally, each participant was given enough time to respond to the topic being discussed. During data analysis, a neutral coder was used to check whether the findings are similar to those of the researchers. Triangulation was also used to ensure credibility by asking questions and using different sources to ensure that the information is reliable.

3.10 ETHICAL CONSIDERATIONS

3.10.1 Permission to conduct the study

The study proposal was presented to University of Limpopo's Department of Public Health for approval. The approved proposal was updated and then presented to the School of Health Care Science Senior Degrees Committee for approval. It was then escalated to the Faculty of Health Care Sciences and finally to submitted to the Turfloop Research Ethics Committee (TREC) for ethical clearance. Approval and ethics certificate was received in April 2021. The Ethics Clearance Certificate is attached in Annexure G. Permission to conduct the study at Standerton Hospital was requested from the Mpumalanga Department of Health (Annexure E). Permission to conduct the study was granted and the letter of permission is attached as Annexure H. After getting permission from the department, permission to collect data at the hospital was requested from the Standerton hospital's CEO and the letter granting permission to collect data at the hospital is attached as Annexure I.

3.10.2 Confidentiality

Participants' names were kept confidential. This was ensured by using code names to refer to the participants which was a process of protecting their true identity. The interview of all participants and key informants was done at Standerton hospitals in a separate office, further from work space to ensure that there was no disturbances and privacy of participants was maintained. During the interviews, researcher was using an audiotape for recording the interview and participants were referred to by using code names. Participants' right to privacy should be respected (Brink et al., 2012). Data collected, audio tapes, hard copies of interview notes were stored by the researcher in a locked up cupboard and consent forms were placed in a separated

cupboard to ensure participants privacy. This cupboard requires a password to open hence ensuring confidentiality.

3.10.3 Informed consent

A consent form was provided to the participants before any data or interviews could be performed to give participants the opportunity to participate willingly in the research. The participants were given information about the consent form including all the details that will be done during the research indicating a clear explanation of the aim and objectives of the study. Informed consent form also included section of the use of audiotape during interviews. Consent form was attached under annexure B. `

3.10.4 Non-maleficence

The principle of non-maleficence is about the researcher taking an obligation not to inflict harm on the participants (Brink et al., 2012). The participants were not exposed to situation that caused harm during the study. The researcher made sure that the questions asked did not cause any harm to the participants. This was assured by not causing any discomfort to participants and making them feel undermined or not working efficiently. Participants were informed about their right to withdraw from the study at any time when they felt uncomfortable. Participants' daily work activities were not derailed or harmed as a result of an hour duration of the interview as the interviews were scheduled to allow work to be done as per routine.

3.10.5 Harm

Harm in research is the potential risks of or negative physical, psychological, social, legal and economic outcomes as a result of participation in the conducted study. It is important that researchers protect and secure the wellbeing of the participants to avoid harm, be it physical, emotional, social or spiritual, during data collection (Creswell et al., 2018). As this study was exploring the implementation of an important -programme in maternal and child care, there was potential harm during data collection when undertaking KIIs and in-depth interviews with the participants, which could include emotional breakdowns during the discussions and fear of victimisation related to the results of the study.

In case of emotional breakdown, the researcher sought assistance, through the clinic managers, from professional social workers with the necessary skills to support the participants in the facility. If any questions stirred up emotions in the in-depth interviews or KIIs, the researcher paused the discussion to allow emotions to settle. Regarding fear of victimisation, the researcher ensured that the participants are interviewed in an office further from the wards were the participants work, ensuring strict privacy as they were not seen when coming to the interviews. They were also assured of confidentiality of their information before the interviews.

3.11 BIAS

Bias was minimised by using the triangulation strategy as this strategy uses multiple sources or reference to draw conclusions of what constitutes the truth about a single phenomenon and bring understanding of that phenomenon (Brink et al., 2012). The researcher avoided bias by ensuring that the evidence was not affected by the questions asked and had no influence in participants' answers and biased questions were noted and avoided by not asking leading questions. Brink et al (2012) explain bracketing as a process in which the researcher identifies and sets aside any preconceived beliefs and opinions that he or she might have about the phenomenon under investigation. No bribes nor incentives were offered to the participants and participants had no relations with the researcher.

3.12 SUMMARY

This chapter discussed the methodology of the study. The qualitative research approach was used in conducting the study. The study design was exploratory and descriptive design conducted at Standerton hospital among healthcare workers and operational managers of the postnatal and paediatric ward. Purposive sampling was used to select participants as this type of sampling allowed the researcher to select participants who are knowledgeable about MBFI. Data collection was conducted with seven registered nurses, one nursing assistant and two operational mangers in the wards in three wards where MBFI is implemented. In-depth interviews and key informants interviews were conducted in July 2021. All participants signed informed

consent forms before participating in the study. The next chapter present and discusses the results of the study.

CHAPTER 4: PRESENTATION AND DISCUSSION OF RESULTS

4.1 INTRODUCTION

The previous chapter discussed the methodology used to collect and analyse data. This chapter presents the primary research findings for the study. Chapter 4 is divided into two sections. The first section is the demographic characteristics of participants and second section presents and discusses the results of the study using the themes and sub-themes, which indicate the participants' understanding of the MBFI and challenges they face in its implementation.

A total of eight healthcare workers, seven registered nurses, one nursing assistant and two operational manager participated in the study. The seven professional nurses and nursing assistant participated in the in-depth interviews, while the operational managers participated as key informants. The demographic data from the participants were analysed quantitatively, while the qualitative data from the eight in-depth interviews and two key informant interviews were analysed and developed into themes as indicated in Table 4.2.

4.2 CHARACTERISTICS INFORMATION OF PARTICIPANTS

Table 4.1 indicates the characteristics of the participants, which include their code names, gender, age, professional qualifications, years of experience and experience working with MBFI. The discussion of the characteristics will be under the following headings: Gender, age, work experience and MBFI experience.

Table 4.1: Characteristics information of 8 participants in the study

Code name	Gender	Age	Professional qualifications	Years of experience	MBFI experience
Participant AA	Female	49	Registered nurse and midwife	15 years	9
Participant AX	Female	47	Registered nurse and midwife	10 years	6 years
Participant Y	Female	38	Registered nurse and midwife	10 years	2 years
Participant AB	Female	54	Registered nurse and midwife	19 years	8 years
Participant AXY	Male	31	Registered nurse and midwife	6 year	1 years
Participant AC	Female	55	Registered nurse and midwife	9 years	8 years
Participant OX	Female	45	Enrolled nursing assistant	2 years	1 year
Participant X	Female	39	Registered nurse and midwife	10 years	2years
Characteristics of key informants					
Participant XXX	Female	60	Registered nurse, midwife and advance midwife	12 years	14 years
Participant AD	Female	42	Registered nurse, midwife and advance midwife	11 years	11 years

4.2.1 Gender

Almost all participants in this study were females, nine (90%) with only one (10%) participant who was a male. The gender distribution is a reflection of the healthcare workers particularly nurses in South Africa where the majority are females. The results

indicate female dominance (91.2%) in nursing noted in a study by Van der Heever, Van der Merwe and Crowley (2019). The gender distribution does not reflect the gender distribution in the South African population statistics and Mpumalanga Province, where there are more females (51.14%) than males (48.86%). In 2020, South Africa's female population amounted to about 30.09 million people (51%), while the male population of the country increased to 29.22 million people (49%) (O'Neill, 2021).

4.2.2 Age distribution participants including key informants

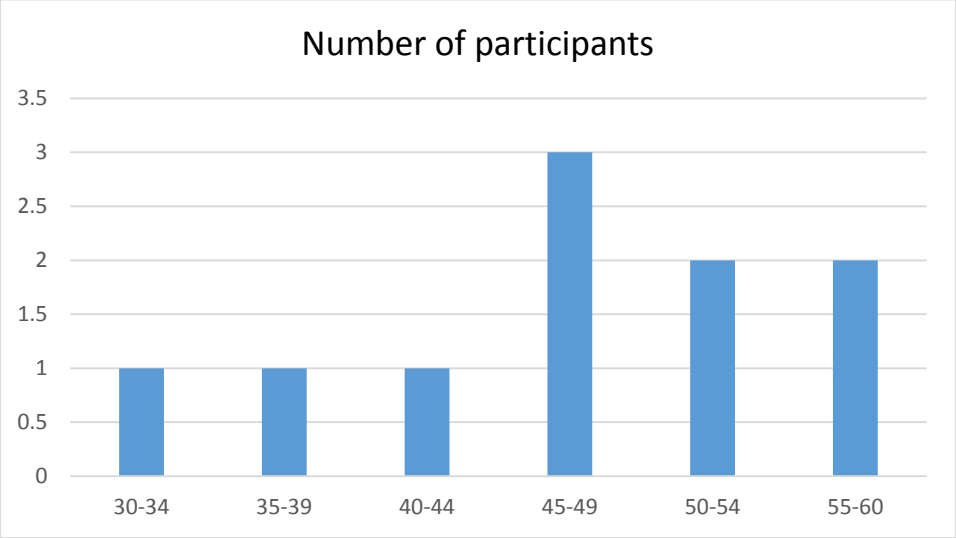

Figure 4.1 Age distribution of participants and key informants

The age distribution of the participants ranged from 31 to 60 years with Mean age of 46 years. Six (60%) participants were aged below 50 years with only two (20%) participants that were in their thirties (31 and 39 years). Participants aged 50 years and above were four constituting 40% of all the participants in the study. The youngest participant (31 years) was a male, which is an indication of the late starting of male nurses in the nursing profession in South Africa. It is only over the past 20-25 years that South Africa has experienced more males choosing the nursing profession (Ndou and Moloko-Phiri, 2018).

The age distribution of participants described above reflects the ageing nursing population in South Africa described by Schütz (2021) who argues that as per South African Nursing Council (SANC) statistics South Africa has an ageing nursing population. In 2020, the percentage of registered nurses and midwives aged 60 years

and above was estimated at 20%, 27% were aged 50 to 59 years, 26% aged 40 to 49 years, 21% aged between 30 and 39 years with only 6% aged between 20 and 29 years. Enrolled nurses and midwives statistics indicate that only 8% were aged 60 years and above with 21% aged between 50 and 59 years. Those aged 40 to 49 and 30 to 39 years constitute 33% each. The 20 year olds enrolled nurses and midwives constituted only 5%, which is a percent lower than that of registered nurses and midwives of the same age. The enrolled auxiliary/nursing assistants has 70% of its population between 30 and 49 years with the 50 years and above constituting 26% and 20 to 29 years constituting 4% of these healthcare workers.

4.2.3 Work experience of the participants

The work experience of the eight the participants ranged from 2 years to 19 years with half (50%) of the participants having 6 to 10years experience and three (30%) having 11 to 15 years' experience. The remaining two participants (20%), one had 0-5 years and the other with 16 to 20 years of experience (See Figure 4.2). The average work experience of all participants was estimated at 10.04 years working as healthcare workers.

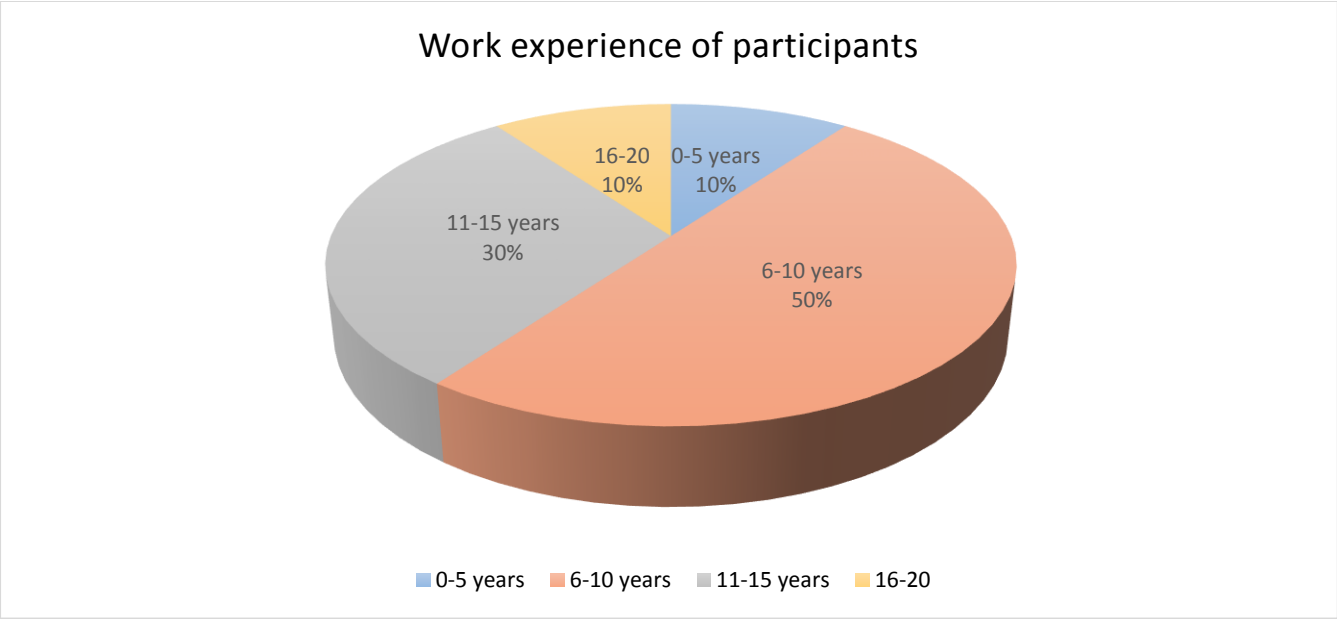

Figure 4.2: Work experience of participants

4.2.4. Participants' experience in implementing MBFI

Figure 4.3 shows that the majority of the participants eight (80%) were having 10 years and less years of experience. The experience of these participants is consistent with the introduction and implementation of MBFI in South Africa as MBFI started in 2012 to replace BFHI (Mgolozeli et al., 2019). Two (20%) participants had 11 to 15 years' experience, which is inconsistent with the introduction of MBFI. This could mean that these participants had been implementing BFHI that was introduced in South Africa in 1991 by UNICEF and WHO (WHO, 2013) and continued to implement MBFI when it started. The Mean experience of these participants is estimated at 6.2.

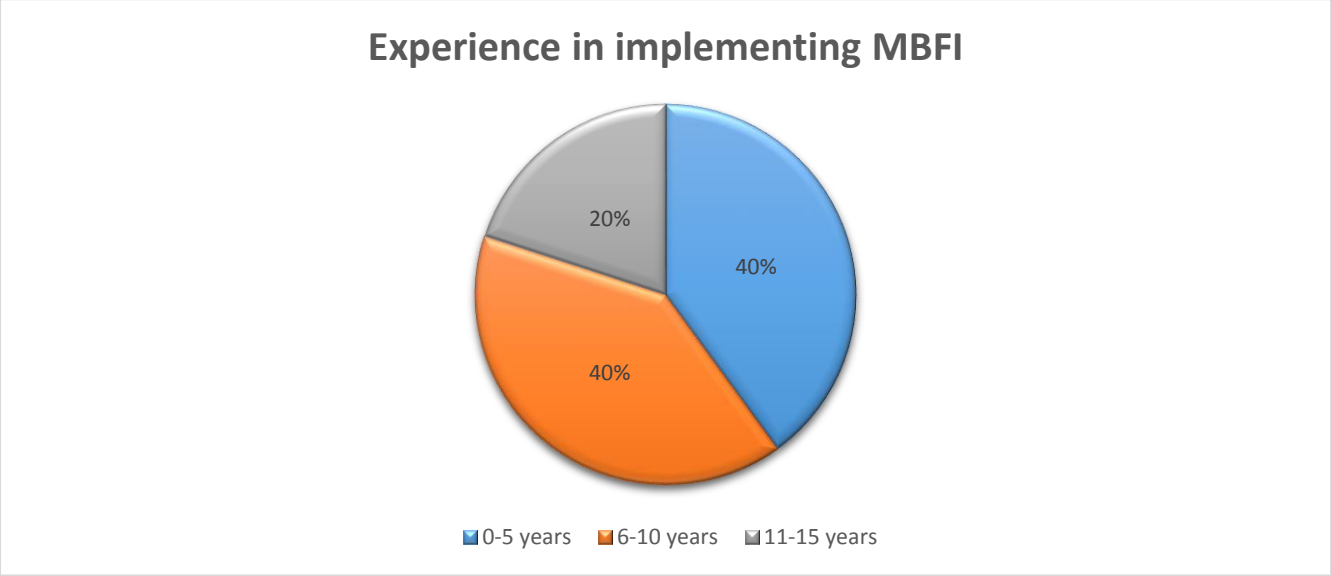

Figure 4.3: Experience in implementing MBFI

4.3 THEMES AND SUB-THEMES OF THE STUDY RESULTS

Creswell et al. (2018) describe themes as the subjective meaning and contextual message from the collected data in qualitative research. Themes give a description of the researcher's understanding of the views of the participants from collected data, and the researcher's interpretation of the collected data using both inductive and deductive analysis. They emphasise on the context, integration of manifest and latent contents and drawing thematic map based on the developed codes with common points of reference through which ideas are united and transformed into a themes (Creswell et al., 2018). Quotes from some of the participants on the key themes are used to give some perspective to the issues that that being are discussed. Creswell et

al. (2018) describe the inclusion of verbatim quotes in the discussion of results as evidence and illustration that deepen the understanding of the participants' views and give participants a voice in the study. The quotes and extracts in qualitative research demonstrate how the findings and the researcher's interpretations have arisen from the data (Brink et al., 2012). The results of the study are presented using themes and sub-themes developed from the analysis of the collected data are presented in Table 4.2 below.

Table 4.2: Themes and subthemes developed from the collected data

THEME	**SUB-THEME**	**RESPONSES**
Knowledge of nurses and operational managers in Standerton hospital regarding mother baby friendly initiative		
Theme:1 Knowledge of participants on MBFI at Standerton hospital	Sub- theme: 1.1 MBFI is a programme that promote breastfeeding	*A programme that promote breastfeeding to the mothers especially to those who don't have the support groups at home or the support from the family so it's easy for that mother (2).*
		It is important for educating mothers about the importance of breastfeeding and it is an accredited programme. (4)
		A programme made to avoid babies' morbidities and babies' mortality through mothers. (2)
		Mother must breastfeed on demand. (5)
		Encourages mothers to give baby breast milk and not mix feeding.(4)
		Encourage the mother to breastfeed (1)
	Sub-theme 1.2 MBFI encourages bonding, caring and keeping the	*Encourage the mother to keep the baby healthy and keep the baby growing and is to create a bond between the mother and the child and reduce risk of malnutrition (5).*

	baby healthy and growing	*Mother must care for the baby. It's easier to see if baby is sick when the mother is breastfeeding and It helps the baby to maintain body temperature (1).*
		Mother must look at the baby when breastfeeding to see if the baby is sick.(1)
		Promoting growth, the mother to differentiate when the baby is ill, when the baby has difficulty in growing and breastfeeding helps the baby to recognize the mother. (5) There is less allergies from babies (1)
		It prevents child abuse and neglect, promoting mother bonding (1).
		Reduce risk of malnutrition. (2) *Reduce malnutrition among babies (1)* *The hospital does not have babies that come in with severe malnutrition. (2)*
		Some mothers do not have money to buy baby formula resulting in malnutrition (1)
		Promote quicker evolution of the uterus after birth and maintain the health status of the community and mothers bond with their babies through breastfeeding within the first hour of delivery and bonding encourages the mother to love her baby(1).
	Sub-theme 1.3: Role of health care providers regarding MBFI	*Just to give education to mothers (2)*
		Assist and advice mothers with KMC- Kangaroo Mother Care (2)
		Is to teach this mothers to breastfeed and to check if the babies ill and to check the

		temperature of the child and to report abnormality of the child (2).
		Give mothers knowledge so that they can take care of their babies or their children at home especially mothers that lack in information of how to take care of their infants and young children. The bond becomes strong as they continue breastfeeding their babies (3).
		No bottle feeding is allowed in the ward, no formula representative are allowed in the hospital and MBFI policy promotes roaming in and skin to skin (2).
		So that you can prevent lots of diseases to the child (1).
		Promote bonding during and after birth(3)
		Make sure that the mother loves her child(1)
		Teach the mother on how to care for the child at home and keep the bond going at all times (2)
		Working mothers are taught how to express their breast milk and keep it safe for the baby to use when they are at work (2).
	Sub- theme 1.4: Consequences of not implementing MBFI	*Infant morbidity will be high obviously (2)*
		The babies can die (2).
		A lot of babies will be brought to the hospital malnourished and dehydrated(2)
		The child will not get the love they deserve from its mother (2)
		The baby might be neglected and even abandoned (1)

	Sub- theme 1.6: Contributing factors	*Shortage of staff leading to mother leaving the ward without training on breastfeeding (3)*
		Attitude of some of the mothers as they resist when they are being educated (2).
		Poor adherence to MBFI guidelines and lack of trainings (4).
Current practices of the mother baby friendly initiative in Standerton		
Theme : 2 Views about current practices of MBFI at Standerton - hospital	Sub- theme: 2.1 Educate mothers about breastfeeding and baby care	*During ANC mothers are taught about breastfeeding as part of their health education* *They are given a booking slip that has breastfeeding methods to read, practice and ask questions.* *Mothers are educated about:* *Proper breastfeeding and why it is hygienically (2)* *Breast milk being easy to handle and carry (2).* *Breast milk is having all the nutrients that the mother is getting and the baby also gets the appropriate nutrients from breast milk (3).* *Those that want to use the formula feed even after teaching them about MBFI we teach them to boil water or sterilize all bottle feeding things (3).*

		How to take care of their babies or their children at home (3). *Educate them according to the MBFI guidelines (4)* *Mothers are taught about MBFI at the clinic (3).*
	Sub- theme: 2.2 Practices after the birth of the child	*There is positive attitude towards breastfeeding among nurses as there are pamphlets that health professional use and Mammas app that mother are registered on however most nurses are not trained in MBFI and therefore cannot implement it properly (3).*
		It is very positive because every mother is asked how they are going to feed their baby at admission and teaching about breastfeeding starts upon admission (2).
		Mothers are encouraged to breastfeed their babies and there are policies that entails promotion and protection of breastfeeding (4)
		They do not practice too much MBFI because the ward is busy after delivery we just do skin to skin after bathing the baby then give mother to breastfeed (3).
		They show the mothers how to breastfeed and encourage the baby to suck after birth (3).
		Practice skin to skin after cleaning the baby and then give the baby to the mother to breastfeed (2).

		Mothers are not supposed to get any bottle feeding in the hospital they can only breastfeed or cup feed if necessary (3).
		Training is needed among nurses and all hospital staff members as MBFI is not implemented properly (5).
Challenges regarding mother baby friendly implementation		
Theme 3 : challenges regarding MBFI implementation at Standerton	Sub- theme 3.1: Lack of or inadequate information about breastfeeding given	*Lack or inadequate knowledge on MBFI among healthcare professional at primary care level (4).*
		Some mothers resist breastfeeding opting to use formulae (4)
		Sometimes the MBFI guidelines are not followed as they should leading to adverse events as lot of babies or infants that are coming through this ward are malnourished and dehydrated (1).
		Some mothers do not use the appropriate attire for breastfeeding and some mothers have a negative attitude towards breastfeeding (3).
		Mothers are not given the full information about how to breastfeed and how to take care of the baby, because the ward is too busy (5).
		Nurses don't have that too time to check how they are practicing what they were taught which leads to a lot of mothers do not know how to breastfeed correctly (2).
		Emergency and C/section deliveries that are sedated often have delayed initiation of breast feeding and sometimes the

		state of mind of the mother after delivery like psychosis can delay initiation of breastfeeding (1).
	Sub-theme 3.2: Lack of resources	*Shortage of staff - more staff needed so that they can have more time to teach this mothers correctly (4)*
		Some nurses don't teach about MBFI, but they talk about the importance of breastfeeding (4).
		There is a need to do the training often and to have the needed resources for MBFI (6)
		Lack or shortage of wrappers (3)
		Sometimes mothers are asked to do skin to skin wearing tight clothes making it difficult for them to do so (3).
		No educational tools are provided(4)
	Sub-theme 3.3: Ways of dealing with the MBFI challenges	*Normally after C/Section when the sedation is over the mother start to express the milk or assisted to start breastfeeding the baby and patients with postpartum psychosis start breast feeding when their state of mind is stable(2).*
		Making updated policies, because the current ones are old (2).
		The need to breastfeed must be stressed during ANC and More information must be given to HIV positive mothers about breastfeeding and ways to prevent transmission to their babies (3).
		Lack of wrappers in the ward must be attended to urgently and mothers must

		be given clear information on breastfeeding and time to practice (4).
		Mothers who leave the hospital without receiving breast feeding lessons must be taught when they come for postpartum care (3).
		MBFI staff at the hospital can assist clinics by providing health education at ANC level. Ensure that staff have enough to teach mothers about breastfeeding (3)

4.3.1 Theme 1: Knowledge of participants on MBFI at Standerton hospital

Theme 1 development was based on the following sub-themes that emerged from the coded data: MBFI as a programme that promote breastfeeding, encourages mother-child bonding, baby care and keeping the baby healthy and growing, role of health care providers regarding MBFI, consequence of not implementing MBFI and contributing factors. The sub-themes and participants responses will be used to discuss it.

Participants expressed their personal understanding on their knowledge of MBFI initiative. The majority of the participants (8) described MBFI as a programme intended to support breastfeeding, educate mothers about the importance of breastfeeding and improve child and maternal health. Similarly, Henney (2013) also found that MBFI has created an awareness of the benefits of breastfeeding among health professionals, health professionals are confident in teaching and equipping mothers with knowledge and skills on breastfeeding and mothers experienced less breastfeeding problems.

Only one participant in the current study indicated that MBFI was an accredited programme. This is concerning, because MBFI accreditation is a great and prestigious achievement which the participants should have been proud of and talk about it. Accreditation of MBFI is important worldwide, as it is the only way for assuring that hospitals implement the MBFI strategy properly and give quality care to mothers and

babies. By so doing, hospitals would meet the excellent standards set by WHO and UNICEF for maternity care. In essence, since Standerton hospital has achieved accreditation based on the 'Ten Steps to Successful Breastfeeding' that are used to assess maternity facilities worldwide. In the Western Cape Province, MBFI accreditation has been set to be one of the priorities among the eight common goals of the Department of Health. The adoption of MBFI is a priority to give the department the ability to measure the quality of care in maternity facilities and support the right of mothers to choose how to feed and care for their babies. This is different from what some participants indicated below:

No bottle feeding is allowed in the ward. No formula representative are allowed in the hospital and MBFI policy promotes roaming in and skin to skin.

We using cup feeding if necessary, otherwise the mothers are not supposed to get any bottle feeding in the hospital they can only cup feed if necessary or breastfeeding.

The above quotes suggest that mothers are not given any option to choose the method they want to use to feed their babies. According to Henney (2013), only 40% of infants younger than six months of age were being exclusively breastfed worldwide. This is despite the WHO recommendation that encourages breastfeeding up to two years or beyond. In 2016, South Africa recorded the lowest breastfeeding rate in Africa estimated at 67.3% of infants initiating breastfeeding within one hour of birth (Vitalis, Vilar-Compte, Nyhan and Pérez-Escamilla, 2021).

4.3.1.1 Sub- theme 1.1: MBFI is a programme that promotes breastfeeding

The participants described MBFI as a p programme that supports, educates and encourages mothers to breastfeed, promote health and care for the growing child. It also assists mothers that do not have family support related to breastfeeding. As some of the participants indicated below:

A programme that promotes breastfeeding to the mothers especially to those who don't have the support groups at home or the support from the family so it's easy for that mother (participant AA).

It is important to educate mothers about the importance of breastfeeding. Accredited programme (participant AD).

A programme made to avoid babies' morbidities and babies' mortality through mothers (participant AXY).

The quotes above show a good understanding of the MBFI programme and its purpose among health workers and operational managers on. Makhundu (2017) indicates that MBFI is a global effort aimed at ensuring that there are practices implemented to protect, support and promote breastfeeding in all facilities that care for mothers. In this study, nursing staff understood the concept of MBFI initiative, and described it as a way of encouraging the mother to breastfeed their infant for the benefit of the infant's health. They understood that breastfeeding is essential for child's health in order to obtain optimal growth and health (Makhundu, 2017).

The findings of the current study also show that the participants were aware of MBFI benefits for both mother and child. They also understand that as health care workers, they have a responsibility to encourage mothers to breastfeed. These findings are consistent with those of Amadhila (2017) who found that health workers had knowledge of MBFI and elaborated on its importance that included providing protection from illness to the infant reducing infant mortality, encouraged mothers to breastfeed on demand as late initiation of breastfeeding poses difficulty in sustaining breastfeeding. Similarly, Mgolozeli et al. (2019) found that all health care workers in their study were aware of the benefits of encouraging breastfeeding and viewed encouraging breastfeeding as the best thing a health professional can do for the benefit of both mother and child. However, not all their participants showed positive attitudes towards the MBFI strategy implementation, particularly the lower categories due to lack of knowledge, as they did not trained in the MBFI strategy. The lack of knowledge among staff members could interfere with adherence and implementation of the MBFI steps in a health facility (Mgolozeli et al., 2019).

As per the responses of the participants, MBFI does not only focus on the benefits of the child, but also that of the mother's wellbeing. They also had good understanding and knowledge of their role in this initiative and this will be discussed later in sub-

theme 1.4. These findings are supported by Alakaam et al., (2018) who found that breastfeeding has been shown to provide multiple health benefits for both infants and mothers as BHFI promotes breastfeeding within the hospital facility through the implementation of the ten steps of practices known as the 'Ten Steps to Successful Breastfeeding' which has shown to improve the rate of infant breastfeeding after the hospitals implement this steps.

4.3.1.2 Sub-theme 1.2: MBFI encourages bonding, caring and keeping the baby healthy and growing

The participants highlighted that the main consideration in MBFI is to ensure bonding between the mother and baby through breastfeeding within the first hour of delivery which encourages the mother to love her baby, improve child health, and reduce child neglect. Two of the participants indicated that the promotion of breastfeeding increases the bond between the child and mother. The participants indicated the benefits of promoting breastfeeding for the child as well as that of the mother. Dieterich, Felice, O'Sullivan and Rasmussen (2013) also state that breastfeeding has benefits for both mother and child as it promotes bonding between the mother and infant, calming the mother, breast milk is cost-effective and prevents child-distancing and post-partum haemorrhage. The participants indicated the following as benefits for the child: MBFI improves growth, baby care, love between mother and child, reduces risk of malnutrition, makes it easier for the mother to detect if her baby is sick, helps the baby to maintain normal body temperature and strengthens bonding between the mother and baby. The following quotes captures some of the responses given by the participants:

Encourage the mother to keep the baby healthy and keep the baby growing and is to create a bond between the mother and the child and reduce risk of malnutrition (participant OX).

This concurs with the study by Brittin (2015) that showed that breastfeeding promotes bonding and helps in the maintenance of the baby's temperature while it helps in the reduction of stress for the mother.

Mother must care for the baby, it's easier to see if baby is sick when the mother is breastfeeding and it helps the baby to maintain body temperature (participant AC and AXY).

Promoting, growth, the mother to differentiate when the baby is ill, when the baby has difficulty in growing and breastfeeding it helps the baby to recognise the mother (participant X).

The implementation of MBFI in the hospital plays a vital role in child health as the mothers are enriched with knowledge that helps them care for their children, prevent diseases, detect illnesses and growth problems early before complications that need hospitalisation. This is supported by Schmied, Gribble, Sheehan, Taylor and Dykes (2011) who argue that when nursing staff assist mothers with breastfeeding, this activity helps the nurses in a long run as infants that breastfeed do not frequently get ill due to the benefits that come with breastfeeding. Breastfeeding helps prevent frequent clinic visitations by infants to health facilities for curative measures as breast milk helps to prevent diseases, malnutrition and improve growth and development of the child, and this prolongs the life of the under 5 children. In other words, breastfeeding reduces child morbidity and mortality rates (Schmied et al., 2011).

The responses correspond with Khanal, da Cruz Jonia, Lourenca, Nunes, Karkee and Lee (2014) who state that breast milk saves money, as it is free and always available. According to Brittin (2015), South Africa is one of the countries with high infant mortality and morbidity rates as a result of, malnutrition and other illnesses and these illnesses can easily be averted through promotion of optimal breastfeeding and emphasising that complementary feeding starts at 6 months.

Breastfeeding reduces the risk of and prevents malnutrition as breast milk meets all the nutritional requirements required for babies aged six months and less. By implementing MBFI in this hospital, the participants were of the view that the risk of malnutrition among children in the community has been reduced particularly among families that cannot afford baby formulas. The participants indicated that MBFI:

Reduce risk of malnutrition (participant AD).

Some mothers do not have money to buy baby formula resulting in malnutrition (participant AA).

Although MBFI is part of promotion, protection and support of exclusive breastfeeding for the benefit of both the mother and child. It plays a significant role in reducing child mortality and malnutrition among the under-five children as mothers are educated to breastfeed their infants instead of formula feeding as breast milk is superior that formula milk. Due to challenges that nursing staff face in the implementation of MBFI malnutrition continues to be a challenge in many countries including South Africa despite global commitment on the implementation of MBFI (Du Plessis, Peer, Honikman & English, 2016).

According to the Global Nutrition Report (2021), there is little progress in South Africa towards achieving the Sustainable Development Goal (SDG) target for malnutrition among under-five children. Stunting among the under-five children is estimated at 27.4%, which is lower than the African average estimated at 29.1%. However, South Africa might be able to achieve the target for wasting and prevention of overweight among these children. Wasting in South Africa is lower and stands at 2.5%, when the average in Africa that is estimated at 6.4%. The prevalence of overweight is also than the African average and stands at 13.3% (Global Nutrition Report, 2021).

It is therefore, important for the hospital to continue to implement and maintain MBFI accreditation, fully adhere to the 'Ten Steps of MBFI' and International Code of Marketing of Breast-milk Substitutes in order to prevent childhood diseases, malnutrition and save the lives of children. The MBFHI initiative has the full potential to influence significantly the success of breastfeeding within institutions, also promoting bond between the mother and infant and enhance health (UNICEF and WHO (2018).The participants also indicated the benefits of MBFI for the breastfeeding mother, which were, quicker evolution of the uterus, saving money and having a healthy growing baby. The participants supported the initiative and its benefits for both the mother. As one participants indicated the below:

Promote quicker evolution of the uterus after birth, there is less allergies from babies and maintain the health status of the community and mothers bond with their babies

through breastfeeding within the first hour of delivery and bonding encourages the mother to love her baby (participant XXX).

These benefits are similar to those indicated by Cook (2018) that breastfeeding helps shrink the uterus back to its "new normal" and decreases postpartum bleeding. Furthermore, breastfeeding allowing the body to restore iron levels, extend the time between pregnancies by suppressing ovulation, decreases the risk of breast, uterine and ovarian cancer, hip fractures, osteoporosis, multiple sclerosis, obesity, heart disease, diabetes, stroke, rheumatoid arthritis and high blood pressure. Breastfeeding has emotional benefits for the mother. It helps the mother to feel relaxed, peaceful and sleepy (Cook, 2018; CDC, 2021). Another participant indicated the economical and travel benefits as important benefits for the mother. The participant indicated the following:

Because not all the people that is coming or the pregnant mothers can afford powder milk and it causes the babies to lose weight and suffer from malnutrition

It is easier for the mother to travel with the baby because she does not need to carry bottles and formula to feed her baby (participant AC).

The Centers for Diseases Control (CDC) argues that mothers that breastfeed travel without worrying, because they can breastfeed anytime and anywhere. They do not worry about having to mix formula or prepare bottles (CDC, 2021). According to WHO (2010), breastfeeding is the best feeding option for all infants hence reducing formula supplementation must be encouraged. Furthermore, Eckhardt, Lutz, Karanja, Jobe, Maupomé and Ritenbaugh (2014) argue that the promotion of optimal breastfeeding is important in the prevention of health problems and obesity amongst children and mothers. Breastfeeding also tends to promote healthy lifestyle among mothers for the benefits of their children's growth, development and health. Therefore, promoting MBFI South Africa can prevent all types of malnutrition and achieve its SDG target.

4.3.1.4 Sub- theme 1.4: Role of health care providers regarding MBFI

The participants were also asked about their role in the implementation of MBFI. The recurring response from the majority of the participants was that their duties were to

ensure that the mothers were breastfeeding consistently and correctly. The other response, which came through was that the participants indicated that they were responsible for providing education on MBFI, helping mothers with Kangaroo Mother Care (KMC) and creating awareness about the advantages of breastfeeding. They also discourage bottle feeding and teach working mothers to express breast milk for their babies and use cup feeding instead of bottle feeding. The following are some of their responses:

Give mothers knowledge so that they can take care of their babies or their children at home especially mothers that lack in information of how to take care of their infants and young children. The bond becomes strong as they continue breastfeeding their babies (participant AXY).

Assist and advice mothers with KMC (participant X).

Is to teach this mothers to breastfeed and to check if the babies ill and to check the temperature of the child and to report abnormality of the child (participant AC).

No bottle feeding is allowed in the ward, no formula representative are allowed in the hospital and MBFI policy promotes roaming in and skin to skin 0(participant AD).

Working mothers are taught how to express their breast milk and keep it safe for the baby to use when they are at work (participant AA).

As indicated above, the key roles that the participants perform include education, assisting the mother with KMC, promote bonding between mother and baby by ensuring that breastfeeding happens within the first hour of birth, and promotion of the breastfeeding policy. Healthcare professionals have the responsibility to care, encourage best practice, and ensure that parents are given appropriate, accurate and unbiased information to allow them to make fully informed choices (Makhudu, 2017; Henney, 2011). These roles are similar to the roles described by Sinhababu, Mukhopadhyay, Panja, Saren, Mandal, Biswas (2010) that indicate that the nurse's role is to promote optimal feeding, educate mothers about breastfeeding benefits as it is essential for both maternal and child health. Optimal feeding practices are important

in preventing illnesses amongst children, enhancing growth and development (Sinhababu et al., 2010).

According to Moore, Bergman, Anderson and Medley (2016), early initiation of breastfeeding through the practice of skin-to-skin is one of the first important step toward successful breastfeeding however there are delays to breast feeding initiation due to hospital routine. Nurses in the study mentioned that their role is to assist mothers with KMC, and give advice on the importance of KMC and advantages. This role is supported by Nahidi, Tavafian, Heidarzadeh and Hajizadeh (2015) who indicated that midwives should encourage mothers to initiate skin-to-skin contact with the infant soon after birth to facilitate early initiation of breastfeeding.

4.3.1.5 Sub- theme 1.5: Consequences of not implementing MBFI

MBFI plays a significant role in enhancing child and maternal health. An increased number of participant indicated that there will be negative impact if MBFI is fully not adhered to. Below are some of the quotes from the participants:

Infant morbidity will be high obviously (participant AXY).

The babies can die (participant AC).

A lot of babies will be brought to the hospital malnourished and dehydrated (participant AB).

The hospital does not have babies that come in with severe malnutrition (participant OX).

The child will not get the love they deserve from its mother (participant AA).

The baby might be neglected and even abandoned (participant Y).

The study findings are supported by Henney (2013) who reflect that South Africa has high mortality and morbidity rates amongst infants due to malnutrition. Efforts are in place to promote, support and protect breastfeeding in order to increase breastfeeding

rate and enhance infant and maternal health. Poor compliance to MBFI polices has a negative impact on the wellbeing of children and mothers. Rollins, Bhandari, Hajeebhoy, Horton, Lutter, Martines, Piwoz, Pichter and Victoria (2016), agreed that MBFI implementation helps reduce malnutrition rates in children and poor adherence to MBFI resulted in an increased mortality rates amongst the under 5 years of age. Rollins, Bhandari, Hajeebhoy, Horton, Lutter, Martines, Piwoz, Pichter and Victoria (2016) further elaborated that breastfeeding helped improve survival, development and health of all children as well as having beneficial health benefits for mothers such as preventing certain cancers. Nurses in the study were understaffed and understood the consequence of not implementing MBFI according to the policies as this would result in high mortality rates as some participants indicated that infant morbidity will be high, and others stated that a lot of babies will be bought to the hospital malnourished and dehydrated.

Breastfeeding benefits have the potential to prevent annual deaths of 82300 of children under the age of five years in both lower and middle income countries (Victor, Baines, Agho, and Dibley, 2013). Maternal deaths in low income countries contribute around 99% and similar to this findings nearly 2.6 million babies were stillborn in the year 2015 and these deaths could be prevented (WHO, 2016). Negative consequence that hinder the health of the mother and child can be prevented. BFHI accredited facilities have higher rates of successful breastfeeding initiation and women are more likely to continue breastfeeding for a longer period and increased the likelihood of infants being exclusively breastfed for six months (WHO, 2013).

4.3.1.6 Sub- theme 1.6: Contributing factors to poor adherence to MBFI

Majority of the participants indicated the major contributing factor to poor adherence to MBFI as staff shortage. Listed below are some of the contributing factors that were mentioned by participants:

Shortage of staff leading to mother leaving the ward without training on breastfeeding (participant AC)

Attitude of some of the mothers who resist when they are being educated (participant AA)

Poor adherence to MBFI guidelines and lack of trainings (participants AB)

The findings of this study which are staff shortages and lack of resources supported by Spencer, du Preez and Minnie (2018) as they reported that midwives who were working in primary healthcare facilities located in the rural areas faced the same challenges and overworked as a result of the large population size that is served. According to the study, some of the contributing factors that lead to poor compliance to MBFI include poor adherence to MBFI policies and lack of trainings. Goosen (2013) concurs with the hospital policy and health care workers' attitudes play an important role in infant feeding practices. Daniel et al. (2011) indicate that nurse's attitude towards MBFI implementation can be influenced by various factors such as the general staff attitude on MBFI as more workload added on their already heavy workload. Lack of knowledge about MBFI as a result of inadequate or lack of trainings and staff shortage are responsible for the resistance and negative perceptions and attitudes towards practicing MBFI in their wards. It is therefore paramount that MBFI awareness is created among healthcare workers to deal with the resistance to behavioural change, lack of advocacy for MBFI, implementation, lack of communication of MBFI issues, lack of support and motivation from unit managers in the implementation of MBFI that result in poor adherence to MBFI.

4.3.2 Theme 2: Views about current practices of MBFI at Standerton hospital

To determine the extent to which the accredited hospitals were fulfilling their accreditation, the participants were asked to explain the current practice in wards when it comes to MBFI. The sub-themes that emerged when it comes to ward practices were related to the promotion of breastfeeding to ensure that mothers get adequate breastfeeding education. These hinder the healthcare workers roles in MBFI.

4.3.2.1 Sub-theme 2.1: Educate mothers about breastfeeding and baby care

The findings indicate that opportunities for educating the mothers are explored so that when they eventually return home, they can continue practicing all the information they

learnt in hospital. The teaching takes place during ANC visits as part of their health education. They are also given a booking slip that has breastfeeding methods to read, practice and ask questions. Below are some of the participants' responses about what mothers are taught about:

Proper breastfeeding and why it is hygienically (participant AA).

Breast milk being easy to handle and carry. (Participant X).

Those that want to use the formula feed even after teaching them about MBFI we teach them to boil water or sterilize all bottle feeding things *(Participant AB).*
How to take care of their babies or their children at home (Participant OX).

Educate them according to the MBFI guidelines (Participant AXY).

The significance of ANC in the provision of information to mothers has also been noted in literature. Makhudu (2017) agrees that the messages or health education that the mothers receive during ANC visits play a vital role in equipping the mother with knowledge about the importance of breastfeeding. According to Daniel et al. (2011), nursing staff have the responsibility to support and assist mothers who have given birth to address breastfeeding related problems that the mothers may come across. The study further indicates the importance of nursing staff in the institutions to demonstrate to mothers the correct way to practise breastfeeding and be able to address the problems that they may come across regarding breastfeeding. This was in line with what one of the participants mentioned below:

Midwives have the responsibility to promote and support breastfeeding and ensure that the mother and baby are in a satisfactory condition.

The healthcare workers are supporting step 8 of the MBFI activities that indicate that mothers should be encouraged to breastfeed. This equips the mother with more knowledge regarding breastfeeding, improves the child's health and helps create bond between the mother and child. The current study has shown that nursing professionals educate the mothers about the importance of breastfeeding, the benefits of

breastfeeding and sustaining breastfeeding for the health benefit of the mother and child. The study's findings is supported by Weddig, Baker and Auld (2011) who indicate that Registered Nurses have the vital role of educating mothers about breastfeeding care and nurses play an important role in promoting and supporting the ten steps of successful breastfeeding in hospital setting. According to WHO and UNICEF (2018), health professionals need to familiarize themselves with MBFI policies as these policies are established to ensure patients receive evidence based care that is consistent and policies that are important tools for staff accountability as when effectively implemented they help to sustain practices and communicate set expectations for all health staff

4.3.2.2 Sub-theme 2.2: Perform the required practices after the birth of the child

There are conflicting messages regarding the practices after birth of MBFI as some participants stated that MBFI is not implemented whilst other participants stated that MBFI is implemented and healthcare workers have positive attitudes towards MBFI. These are some of the participant's responses:

There is positive attitude towards breastfeeding among nurses as there are pamphlets that health professional use and Mammas app that mother are registered on however most nurses are not trained and therefore cannot implement it properly (Participant XXX).

It is very positive because every mother is asked how they are going to feed their baby at admission and teaching about breastfeeding starts upon admission (Participant Y).

Mothers are encouraged to breastfeed their babies and there are policies that entail promotion and protection of breastfeeding (Participant X).

They do not practice too much MBFI because the ward is busy after delivery we just do skin to skin after bathing the baby then give mother to breastfeed (Participant AC).

Training is needed among nurses and all hospital staff members as MBFI is not implemented properly (Participant AA).

According to WHO (2012), there is poor adherence MBFI worldwide. This has resulted in low breastfeeding rates, implementation skin-to-skin and mothers separated from their babies resulting to delayed initiation of breastfeeding. The causes of these challenges are lack of training of nurses, poor understanding of the benefits of breastfeeding, increased number of mothers who mixed feeding and poor understanding of PMTCT. The study found that healthcare workers had a positive attitude towards the implementation of MBFI regardless that some of the participants were not trained on. It also found that MBFI is not fully implemented due to lack of knowledge from some participants as indicated by one participant who mentioned the follow:

Positive attitude, but most are not trained then they don't implement the guidelines.

The study also found that implementing MBFI guidelines within the hospital facility came with challenges. For example, some staff members experience attitude from mothers who insist on using formulas. These experiences often result in mothers being discharged without nursing staff advocating for MBFI and adhering to the steps of MBFI implementation. This indicates that step 5 of MBFI is not adhered to as nurses perceive that mothers are educated at clinic level on how to maintain lactation. However, according to MBFI step 5, mothers should be shown how to breastfeed their infants and how to maintain lactation after delivery. When these are not adhered to in the ward, it may result in mothers being discharged with inadequate knowledge to sustain their breastfeeding practices. According to Alakaam (2015), the contributing factors that hinder ward practices and implementation of MBFI were limited support shown from national and state governments, the resistance of staff to new policies and practices, and new routine practices. The study also found that MBFI initiative is not fully implemented as a result of work load as one participant indicated the following:

We do not practice too much because the ward is busy we just after delivery we make skin to skin after skin to skin we clean the baby and then we give the baby to the mother to breastfeed but we don't have that too much time because they taught in the clinic what to do.

The practice indicated above may hinder adhering to the steps needed to implement MBFI and mothers are not taught adequately in order for them to sustain breastfeeding post discharge. This is supported by Henney (2011), who demonstrated that MBFI activities were seen as extra work by the nursing staff, instead of being viewed as an integral element of maternal care. This may interfere with step 4 of MBFI implementation, which requires nursing staff to help mothers to start feeding their infants within half an-hour of birth. However, if this is not adhered to as participants indicated that MBFI increases their work load in the ward, compliance to breastfeeding will not be reached.

4.3.3 Theme 3: Challenges regarding MBFI implementation at Standerton hospital

The participants were asked to express some of the challenges they experienced in the course of implementing MBFI. The first challenge which emerged was that the staff within the hospitals were not trained. This was perceived to be compounding some of the challenges that the staff members are facing.

4.3.3.1 Sub- theme 3.1: Inadequate information about breastfeeding

The findings of this study indicate that health workers are not adhering to MBFI guideline as majority of the participants indicated that mothers are not given information about breastfeeding and it was noted that mothers tend to have attitude towards breastfeeding. Below are some of the quotes from participants:

Lack or inadequate knowledge on MBFI among healthcare professional at primary care level (Participant XXX).

Some mothers resist breastfeeding opting to use formulae (Participant AA).

Sometimes the MBFI guidelines are not followed as they should leading to adverse events as lot of babies or infants that are coming through this ward are malnourished and dehydrated (Participant AXY).

Some mothers do not use the appropriate attire for breastfeeding and some mothers have a negative attitude towards breastfeeding (Participant X).

Mothers are not given the full information about how to breastfeed and how to take care of the baby, because the ward is too busy (Participant OX).

Nurses don't have that too time to check how they are practicing what they were taught which leads to a lot of mothers do not -know how to breastfeed correctly (Participant AC).

Emergency and C/section deliveries that are sedated often have delayed initiation of breast feeding and sometimes the state of mind of the mother after delivery like psychosis can delay initiation of breastfeeding (Participant Y).

The other challenge that has been noted in literature is that even for accredited hospitals, the behaviour of the hospital staff is not what is expected from the accreditation guidelines. WHO, 2018 observes that many health professionals in institutions once they have received accreditation, they dwell much into hospital routines and less time is given to promote breastfeeding during antenatal visits and postnatal mothers. This has led to mothers not receiving adequate support to breastfeed within 1 hour after delivery as result of medical professionals not assisting the mother to initiate feeding and sustaining breastfeeding (WHO, 2011). The study found that there is poor compliance to the breastfeeding initiative as some of the participants indicated the following:

Sometimes MBFI guidelines are not followed as they should leading to adverse events.

The decreased breastfeeding rates may lead to high malnutrition cases and HIV positive mothers resorting to formula feeding as a result of inadequate education given about breastfeeding in the context of HIV. This is supported by Selvaggio (2013) who found that post discharge of 80% of the mothers resorted to formula feeding due to HIV positive mothers not effectively being educated about breastfeeding. This results into mothers opting to formula feed. Furthermore, in antenatal and postnatal care, teaching opportunities on breastfeeding are missed. It is therefore important that nursing professionals perform their role of educating mothers about breastfeeding. This will give mothers the necessary information needed to prevent illnesses that

caused by poor optimal feeding. This will deal with the challenge indicated by one participant:

Mothers are not given the full information about how to take care of the baby, because the ward is too busy.

Daniels et al. (2011) contend that it is very important that nursing staff in a facility should demonstrate to mothers the correct way to practice breastfeeding and be able manage any problems that may arise in relation to breastfeeding as nursing staff are the first line care workers that have direct contact with the mothers that have given birth.

4.3.3.2 Sub-theme 3.2: Lack of resources

One of the issues which kept on recurring was that the patients come into the hospital without the right attire. Ideally, there is a need for maternity dresses which facilitate breastfeeding and skin-to-skin contact. However, some of them come into the hospital with tight clothes, which inhibit both breastfeeding and skin -to-skin contact. Below are some of the comments that capture the perceptions of the participants:

Shortage of staff, more staff needed so that they can have more time to teach this mothers correctly (Participant Y).

Some nurses don't teach about MBFI, but they talk about the importance of breastfeeding (Participant AXY).

There is a need to do the training often and to have the needed resources for MBFI (Participant AA).

Lack or shortage of wrappers (Participant AD).

Sometimes mothers are asked to do skin to skin wearing tight clothes making it difficult for them to do so (Participant X).

No educational tools are provided (Participant AC).

Senarathm, Godakandage, Jayawickrama, Siriwardena and Dibley (2012) concur with various contributing factors that hinder mothers to exclusively breastfeed their infants. These factors include lack of information, because it was not given to mothers during antenatal care, the health condition of the mother, the work place where the mother works may hinder breastfeeding practices and the age of the mother.

The study found that lack of resources that are also needed towards the successful implementation of MBFI as one of the participants indicated that ‘we don’t have this wrappers any more usually we used to have but they got lost in the ward so now when you are asking the mother to put skin-to-skin, she is always wearing a tight t- shirt she won’t be able to do it because they don’t have clothes, its cold they complain about coldness especially now in winter’. Mgolozeli (2018) argued that as much as there is enthusiasm to adhere to MBFI recommendations, there are limitations that hinder the successful implementation of the mother baby friendly care such as negative attitudes from nursing staff, inadequate knowledge from health care professionals, health care staff lack motivation and working with non-cooperative mothers.

The study also found challenges that could not be avoided which involved mothers who experienced C/section delivery and mothers who experienced postpartum psychosis. Such challenges, participants found difficulty in successfully implementing MBFI. Therefore, It was also discovered from the study that lack of knowledge from the primary health care staff hindered successful implementation of MBFI steps 3, 4,5,8,9 and 10 as a result of health care staff in PHC provided incorrect information to the mothers regarding breastfeeding in the context of HIV as mothers are made to believe that breastfeeding is prohibited if you are HIV positive.

There is a great need for training as some of the health care staff are not trained regarding MBFI initiative and concerns were also raised as the facility receives new staff periodically and there is uncertainty that the coming new staff are trained and have adequate knowledge with regard to MBFI initiative. Step number 3 of the mother baby friendly initiative is not adhered to as the step entails that all the healthcare workers need to be trained in skills needed to implement the MBFI policy and the study found that some health care workers especially the newly appointed to the facility are not trained.

Training is important to enhance knowledge of the MBFI implementation because of lack of training from some nursing staff (Mgolozeli, 2017). It was revealed that only few nursing staff could clearly demonstrate to the mothers the correct way to position and attach the babies during breastfeeding education as a result of the staff lacking knowledge on how the baby positions and attaches on the breast due to MBFI trainings not being done. UNICEF (2012) emphasised the importance of health care providers requiring adequate training to create an enabling environment that supports women and allows woman to acquire confidence during childbirth and after childbirth.

The study also revealed that the health workers who were trained also required update as policies change and information is updated to equip their knowledge with updated MBFI guidelines and restore forgotten information regarding the implementation of the mother baby friendly initiative. Goosen (2013) elaborated that lack of knowledge amongst the health care professionals can significantly impact negatively on optimal breastfeeding when the women receive inaccurate, inadequate and inconsistent information. Smith, Moore and Peters (2012) state that to have an enabling mother baby friendly initiative, the nursing staff should complete an 18 hours of breastfeeding education and practices. The study also confirmed that there is poor compliance to step number one which indicates that breastfeeding policy should be routinely communicated to all the health workers. However, nurses who were previously trained still require knowledge regarding updated MBFI policies as these policies are not frequently communicated amongst the staff.

4.3.3.3 Sub-theme 3.3: Ways of dealing with the MBFI challenges

Participants reported many challenges they are experiencing and suggest ways of dealing with them as they hinder the implementation on MBFI. The resolution from the participants included ANC educations and addressing the issue of lack of wrappers to promote skin-to-skin. Below are some of the participants' responses:

Normally after C/Section when the sedation is over the mother start to express the milk or assisted to start breastfeeding the baby and patients with postpartum psychosis start breast feeding when their state of mind is stable (Participant Y).

Making updated policies, because the current ones are old (Participant AD).

The need to breastfeed must be stressed during ANC and more information must be given to HIV positive mothers about breastfeeding and ways to prevent transmission to their babies (Participant XXX).

Lack of wrappers in the ward must be attended to urgently and mothers must be given clear information on breastfeeding and time to practice (Participant X).

Mothers who leave the hospital without receiving breast feeding lessons must be taught when they come for postpartum care (Participant AB).

MBFI staff at the hospital can assist clinics by providing health education at ANC level. Ensure that staff have enough to teach mothers about breastfeeding (Participant AC).

Some of the participants indicated that solutions for dealing with MBFI challenges are similar to those suggested by Daniels and Jackson, (2011) that the need for training and the absence of trained professionals results in degraded services. Limited knowledge regarding breastfeeding can negatively impact optimal breastfeeding especially when women or mothers receive inadequate, inconsistent and inaccurate breastfeeding information. Similarly, Makhudu (2017) indicated that there was a need for training of all health care workers and this training should be ongoing, so that all health professionals should have updated information. This will assist them to be in a position to guide mothers and families properly and give them recent and relevant information that is evidence based. Healthcare workers in facilities should form breastfeeding support groups that will support women particularly adolescents, youth and older primigravidae. The support groups will ensure that women and their families are empowered to choose optimal feeding. There is also a need for healthcare workers at all level to ensure that information shared with their patients is understandable and easy to remember when they are at home. These should also be continued counselling and post-natal care (checking after birth) that mothers are continuing with breastfeeding. This can be done when they come for postnatal checks at six weeks and every time when they bring their children for immunisation. On the other hand, health care workers need to improve communication skills to ensure appropriate

translation and improve understanding of breastfeeding practices as required by the initiative. Healthcare workers must create time to establish breastfeeding support group in the clinics, and community that will assist mothers to cope with breastfeeding when they are at home.

Martin-Wiesner (2018), recommended that breastfeeding support groups need to be established to refer mothers to them upon discharge from the healthcare facilities. These support groups prevent discrimination against breastfeeding mothers who feed their babies in in public. There should also be support groups in the communities and intergrade them support with community health workers for easy access to breastfeeding mother at all times as they will be community based and accessible to all women (Martin-Wiesner, 2018).

There is a gap at clinic level when it comes to breastfeeding promotions and their solution was that clinic staff must be trained to be at the same level as those in the hospital. During interview some nurses suggested that staff members at PHC level should work in collaboration with the hospital in order to educate and support the mothers when it comes to breastfeeding promotion, protection and support. Selverago (2013) argues that health workers' knowledge and attitude are critical in ensuring that mothers receive consistent advice and accurate breastfeeding information. It is therefore important for health workers to be trained and be empowered with accurate information to ensure that they provide clear and adequate information about breastfeeding to mothers. In addition, it is recommended that shortage of staff at the hospital should be given a priority because it hinders MBFI implementation. They recommended that management should employ staff members and fill the vacant posts that the hospital has. According to the participants, adequate staff members will work effectively towards achieving the aims of MBFI and ensuring that all the steps are adhered to during its implementation.

Amadhila (2017) also suggests that healthcare managers should work hard towards restructuring and expanding staff establishments of clinics and hospitals. Also human resource management should speed up the processes of filling and advertising vacancies to ensure adequate staff within health facilities when there is vacancy. This will encourage and motivate health workers to do their best and nurse managers

should ensure that rotations are within minimum periods and staff members have enough time to for learn new skills.

The participants also suggested that antenatal clinics should educate mothers about the importance of breastfeeding and give more information about breastfeeding in the context of HIV to HIV positive mothers. It is important to educate mothers living with HIV about compliance to HIV treatment and exclusive breastfeeding of their infant in order to prevent HIV vertical transmission. This is supported by WHO and UNICEF (2018) which found that health facilities provide new-born and maternity services to comply with the ten steps of the mother baby friendly initiative which include breastfeeding education, skills of how to position and attach the infant, breastfeeding on demand, benefits of breastfeeding, risk of giving babies formula milk or breast milk substitutes. This includes ensuring that HIV positive mothers attend PMTCT and taught about exclusive breastfeeding and prevention of vertical transmission of HIV.

4.4 SUMMARY

This chapter presented the empirical findings of the study. There are some key conclusions, which came from the study. First, it emerged that within the hospital, MBFI was considered a significant practice that benefits the child, mother and community at large. Secondly, it emerged that there was an overall positive attitude among the staff regarding MBFI. Third, while there were general positive attitudes and testimonies from the participants on their role in MBFI and what their respective wards were doing, there also emerged that there were significant challenges. The participants also suggested some possible solutions and recommendations to the challenges related to the implementation of MBFI at Standerton hospital. The next chapter gives a summary of the findings, conclusions and recommendations based on the research findings.

CHAPTER 5: SUMMARY OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter presents the summary, conclusion and recommendations of the study. The chapter discusses the summary of the entire study and makes a conclusions regarding the findings in accordance with the aim and objectives of the study. The limitations of the study and recommendations of the study are also discussed.

5.2 SUMMARY OF THE STUDY

This study was a qualitative with a study design that was explorative and descriptive in nature that provided more information on healthcare workers' knowledge and challenges of implementing MBFI at Standerton hospital. It was conducted in the antenatal ward, postnatal ward and paediatric ward, which were the wards that were implementing MBFI during the time of the study. The objectives of the study were to assess knowledge and describe the challenges of healthcare workers in MBFI implementation at Standerton hospital.

Data collection was through in-depth interviews and key informant interviews. A total of eight healthcare workers participated in the study, eight healthcare providers working in the antenatal, postnatal and paediatric wards and two operational managers of two of the participating wards. During data collection, the researcher ensured that all ethical issues and trustworthiness are observed and adhered to. Participants' informed consents were obtained before the interviews and stored separately from the collected data to ensure that there is no chance of linking participants to the collected data.

Data analysis involved both quantitative and qualitative analysis. Quantitative analysis was used to analyse the demographic characteristics of the participants using frequency tables, Means and graphs. Qualitative data analysis was done using the eight steps proposed by Tesch's method, which resulted in the development of three themes from sub-themes and were discussed in details in chapter 4. The developed

themes were as follows: Knowledge of nurses on MBFI at Standerton hospital, Views about current practices of MBFI at Standerton Hospital and challenges regarding MBFI implementation at Standerton.

The findings of the study show that MBFI healthcare workers and their operations managers have knowledge about MBFI, its purpose and benefits for both mother and child including healthcare workers' role in the implementation of MBFI. MBFI was mainly described as a programme that promotes breastfeeding, and encourages bonding, caring and keeping the baby healthy and growing. Participants were also aware of their roles in MBFI, which were indicated as educating mothers about breastfeeding and baby care and performing the required MBFI practices immediately after the birth of the child to ensure bonding between the mother and child. They were also aware of the consequences of not implementing MBFI properly, which included high infant mortality, mother suffering from engorged breasts and increased malnutrition in the community. There will also be limited bonding between the mother and baby, which will interfere with their relationship and growth of the baby.

The participants were aware of factors contributing to lack or minimal or inadequate practice of MBFI at the hospital such as: 1.They were aware that breastfeeding practices have been practiced even by the past generations because of its benefits for both mother and child. 2. They were aware of decline in breastfeeding, because of rigorous promotion of breast milk substitutes, 3.inadequate practices of PMTCT programmes, 4.inadequate promotion and support of MBFI among healthcare workers. It is important to ensure that mothers are introduced to breastfeeding early during pregnancy and training clinic nurses in MBFI to ensure smooth breastfeeding experience for the baby and mother even when there is inadequate support during and after delivery due to staff shortages in the wards.

The knowledge of healthcare workers play a vital role in the implementation of MBFI. Healthcare workers, who are mainly nurses have a responsibility of promoting, supporting, protecting breastfeeding practices by ensuring that mothers are educated about the benefits of breastfeeding and sustaining breastfeeding even when returning to the workplace. The poor practices and lack of knowledge application of the nurses with regard to breastfeeding had negatively affected optimal breastfeeding, as mothers

received inadequate breastfeeding information and inconsistent MBFI practices from the nursing staff leading to low breastfeeding rates. Nurse's lack of promotion and support towards MBFI practices has contributed significantly towards the high maternal and neonatal mortality and significant decline of breastfeeding rates. The study has shown that application of MBFI through breastfeeding advocacy during antenatal visits may equip the mothers with sufficient information to help them choose optimal feeding which is beneficial for both the mother and the infant.

5.3 CONCLUSIONS

The conclusions to the study were drawn using the following objectives of the study.

- To assess knowledge healthcare workers regarding the implementation of the mother-baby friendly initiative at Standerton hospital, Mpumalanga Province.
- To describe challenges faced by healthcare workers in the implementation of mother-baby friendly initiative at Standerton hospital, Mpumalanga Province.

5.3.1To assess knowledge healthcare workers regarding the implementation of the mother-baby friendly initiative at Standerton hospital, Mpumalanga Province

The healthcare workers in the study showed that they were familiar with some of the concepts of the MBFI programme they understood MBFI as an accredited programme that promotes, supports, and encourages mothers to exclusively breastfeed their infants that are less than 6 months to reduce infant morbidity and mortality. The healthcare workers understood that MBFI plays a significant role in preventing malnutrition, as malnutrition is one of the contributing factors of infant mortality and morbidity particularly among low income groups in both rural and urban areas. They were aware that this initiative promotes the bonding between the mother and child as breastfeeding is greatly enhanced. It was noted that training and updating the knowledge of the healthcare workers towards the implementation of MBFI was needed as some of the healthcare workers indicated that they required yearly training updates to enhance their knowledge on MBFI. These healthcare workers have a crucial role to

play in ensuring that MBFI practices are adhered to within the hospital setting and at home.

The study revealed that Standerton hospital healthcare workers that were trained on MBFI were knowledgeable about the programme. However, those healthcare workers that were not trained on the programme were aware of its existence and were struggling with its implementation. They were also aware that mothers in the hospital were not receiving or enjoying the benefits of MBFI, as nurses did not fully implement MBFI due to shortage of staff and inadequate number of wrappers to do skin-to-skin. Furthermore, inadequate implementation of MBFI resulted in mothers not having adequate information about the benefits of breastfeeding in the context of HIV and making breastfeeding targets unreachable.

It is therefore recommended that the hospital should have continuous training on MBFI to ensure that the healthcare workers be knowledgeable and well trained to implement the programme effectively. It was also recommended that all healthcare workers responsible for antenatal services at all levels of care should be trained teach pregnant women during antenatal clinics. There should always conduct daily health talks in promotion and support of breastfeeding. Nurses required frequent training on updates of the concept of MBFI in order to obtain successful adherence to the programme and fully understand the implementation of the MBFI policy within the hospital setting so that they can understand the significance of adhering to the ten steps of successful breastfeeding.

5.3.2 To describe challenges faced by healthcare workers in the implementation of mother-baby friendly initiative at Standerton hospital, Mpumalanga Province

There were challenges mentioned in the study that hindered MBFI implementation at Standerton hospital due to shortage of staff, lack of training to update healthcare worker's knowledge on MBFI and train newly enrolled nurses that are not knowledgeable about MBFI practices. The MBFI hindering challenges have shown to contribute towards Standerton hospital not adhering to the MBFI policies and the initiative is not fully practiced to obtain high breastfeeding rates and improve infant and maternal health. These poor practices are also related to caregivers' attitude towards breastfeeding and poor compliance to provided guidelines by nurses which result in inadequacies in the education of mothers and promote MBFI to mothers.

The study has shown that although healthcare workers are aware of MBFI benefits for both the mother and child, challenges such as shortage of staff, lack of resources, poor MBFI implementation and lack of trainings to equip nurses with knowledge of MBFI hinders the successful implementation of the initiative. These challenges have led to decreased breastfeeding rates in the community. Poor compliance to MBFI might contribute to low breastfeeding rates and putting infants at high risk of malnutrition in the community. Thus, it is of importance to fully adhere to MBFI practices in order to reach the target of high breastfeeding rates and reducing malnutrition among children less than five years.

On the other hand, the hospital also fails to provide much needed materials needed to implement some of the MBFI steps. For instance, there are often shortages of wrappers needed to do skin-to-skin and ward policies are not updated. The participants suggested that the hospital needs to procure enough wrappers as many mothers do not have the appropriate close for skin-to-skin contact. By attending to all these challenges and implementing the suggested solution, the hospital will be able to implement MBFI fully.

5.4 LIMITATIONS OF THE STUDY

The study would have yielded more results but because of the following it was limited:

- The study focused on nurses at Standerton provincial hospital to determine circumstances of nurses from this hospital which may be different from nurses in other hospitals.
- The participants of the study were imbalanced regarding categories of healthcare workers and gender and the findings are mainly on the views of female nurses. Females were more dominant than males hence more views from the other gender could not be entailed.
- Due to covid-19, the process of receiving permission to collect data was lengthy as all applications were done online and it took quite some time to understand the application process and receive responses.

5.5 RECOMMENDATIONS

- All healthcare workers should be trained to promote breastfeeding education in order to reach as many women as possible and improve the lives of mothers and babies.
- Healthcare facilities should have breastfeeding support groups, conduct educational sessions in the support groups to ensure that women and their families are empowered to choose optimal feeding.
- MBFI implementation should be ongoing including trainings and breastfeeding educations.
- MBFI should be incorporated with other health programmes in the facility in order to have budget for reassessments.
- Trainings is also needed on MBFI, 20-hour lactation management course, and infant and child feeding practices on yearly basis
- Health care workers need to improve communication skills to ensure appropriate translation and improve understanding of breastfeeding practices as required by the initiative.
- Ensure that there are appropriate incentives to keep health workers motivated so that they are encouraged to implement all programmes successfully.

5.6 SUMMARY

The chapter was about the overall summary of the study's findings, discussion, limitations and recommendations. It showed that nursing staff had some knowledge of the MBFI initiative. However, they still require updates on the programme to enhance their knowledge even more as they failed to implement the initiative within their hospital settings, which has led to decrease in breastfeeding rates. A significant amount of challenges faced by the nursing staff hindered the successful implementation of MBFI, which had contributed to poor practices of MBFI and mothers not receiving adequate information on maternal and child health.

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ANNEXURE A: TIME FRAME

The study to commence from April 2019 to December 2021

Activities	**Time frame**
Proposal writing and submission	April 2019 - February 2020
Presentation to departmental research panel	23 February 2020
Correction and submission to SREC	27 March 2020 to July 2020
Correction and submission to FREC	September 2020
Submission to TREC	19 March 2021
Approval from TREC	26 April 2021
Data collection	July 2021
Data analysis	August 2021
Report writing and submission	NOVEMBER 2021

ANNEXURE B: CONSENT FORM

UNIVERSITY OF LIMPOPO ENGLISH CONSENT FORM

Statement concerning participation in the research project

I am Nokulunga Fiona Motha, a student at the University of Limpopo currently enrolling in Master's in Public Health. I am conducting a research project titled: Exploration of knowledge and challenges in the implementation of the mother-baby friendly initiative at Standerton Hospital, Mpumalanga Province, South Africa. MBFI is one of the programmes to enhance maternal and child health as the programme supports, promotes and protects exclusive breastfeeding.

I am asking you whether you will like to participate in discussion about compliance at Standerton hospital with the mother baby friendly initiative in Mpumalanga South Africa. If you agree, I will ask you to participate in a discussion for approximately one hour. I am also asking you to give me permission to audio tape record the discussion. I will audio tape record the discussions so that I can accurately record what is said. The audio recordings will be used for the research purposes. The audio tapes will not include your name or any other information that could link you to them. A code will be used not your name. The recordings will be stored in a password-protected computer linked with a code not your name. The audio tapes will be destroyed 10 years after publication of study result.

Please understand that your participation is voluntary and you are not being forced to take part in this study. The choice of whether to participate or not, is yours alone. If you choose not to take part, you will not be affected in any way whatsoever. If you agree to participate, you may stop participating in the research at any time and tell me that you do not want to continue. If you do this there will also be no penalties and you will not be affected in any way. Your participation is very important because the more people participate the more useful the findings will be.

I understand that this is a research project whose purpose is not necessarily to benefit me personally in the immediate or short term.

I understand that my participation will remain confidential.

…… ……..

Signature of participant Date

I hereby agree to the audio tape-recording of my participation in the study.

…… ……..

Signature of participant Date

ANNEXURE C: INTERVIEW GUIDE: HEALTHCARE STAFF

Interview guide used to guide interview with healthcare staff

Dear participants

Thank you for willing to participate in this research. Your involvement in the study would be clarified. This research is a mini-dissertation as requirements for Masters in Public Health which I am currently enrolling with the University of Limpopo. You can always ask anything if clarity is needed.

Research title: Exploration of knowledge and challenges in the implementation of the mother-baby friendly initiative at Standerton
Hospital, Mpumalanga Province, South Africa.

Section A: Demographic details

1. Indicate your age in years?

_____

2. What is your gender?

Male	Female

3. What is your highest professional qualification?

_____

4. How long have been working in the current position?

_____

5. Were you trained in MBFI?

_____

6. When were you trained in MBFI?

_____

Section B: Knowledge of nurses in Standerton hospital regarding mother baby friendly initiative

1. In your own understanding what is mother baby friendly initiative about?

Probing questions

1. In your view why is important to implement MBFI?

2. What is your role in the implementation of MBFI?

3. What might happen if you do not implement MBFI?

Section C: Current practices of the mother baby friendly initiative in Standerton

1. What are the current MBFI practices in your ward?

Probing questions

1. What guides you to perform this practices?

2. What are the implications if you do not implement this practices?

Section D: Challenges regarding mother baby friendly implementation

1. In your view what are the current challenges in implementation of mother baby friendly in Standerton?

Probing questions

1. In your view what are the contributing factors to this challenge?

2. In your understanding how can this be addressed?

ANNEXURE D: INTERVIEW GUIDE: KEY INFORMANTS

Interview Guide used to guide interview with key informants

Participant's salutation:

Dear participants

Thank you for willing to participate in this research. Your involvement in the study would be clarified. This research is a mini-dissertation as requirements for Masters in Public Health which I am currently enrolling with the University of Limpopo. You can always ask anything if clarity is needed.

Research title: Exploration of knowledge and challenges in the implementation of the mother-baby friendly initiative at Standerton Hospital, Mpumalanga Province, South Africa.

Section A: Demographic data

1. How old are you?

_____

2. What is your gender?

Male	Female

3. What are your professional qualifications?

_____

4. How long have been working in the current position?

_____

5. Were you trained in MBFI?

_____

6. When were you trained in MBFI?

_____

Section B: Knowledge of operational managers in Standerton hospital regarding mother baby friendly initiative

1. In your view, why is it important to be MBFI accredited?

Probing questions

1. Do you have knowledge of the importance of maintaining accreditation? Explain further
2. What information do you currently have regarding MBFI?

Section C: **Current practices of the mother baby friendly initiative in Standerton**

1. What is the attitude of the staff regarding MBFI implementation?

Probing questions

1. What are the current practices in ward regarding MBFI?
2. In your view is MBFI training needed and are staff members trained?
3. What educational tools is provided to staff regarding MBFI?

Section D: Challenges regarding mother baby friendly implementation

1. in your view what are the current challenges experienced?

Probing questions

1. How do you think this can be addressed?
2. Do you have access to updated feeding policies? Elaborate on what they entail

ANNEXURE E: LETTER TO THE DEPARTMENT OF HEALTH

P.O.BOX 1044
KANYAMAZANE
1214

Head of Department
Department of Health
NO 7 Government Boulevard
Building NO 3
Riverside Park
Mbombela
1200

Dear Sir/Madam
Request for approval

I am a student at the University of Limpopo currently enrolling in Master's in Public Health. I intend to conduct a research project titled "Exploration of knowledge and challenges in the implementation of the mother-baby friendly initiative at Standerton Hospital, Mpumalanga Province, South Africa". MBFI is one of the programmes to enhance maternal and child health as the programme supports, promotes and protects exclusive breastfeeding.

Attached to this letter of request please find attached Research Proposal and Clearance Certificate from Turfloop Research Ethics Committee. This is a letter to request approval to conduct the research study at Standerton Hospital, Mpumalanga Province.
I am hopeful this letter will get your most favourable attention and thank you in advance.
Kind regards

MOTHA N.F
Cell No: 082 958 6782

ANNEXURE F: LETTER TO STANDERTON PROVINCIAL HOSPITAL

P.O.BOX 1044
KANYAMAZANE
1214

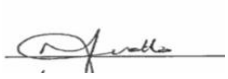
Standerton Provincial Hospital
10 Kruger Street
Standerton
2430

Dear: Mr Dladla
Request for approval

I am a student at the University of Limpopo currently enrolling in Master's in Public Health. I intend to conduct a research project titled "Exploration of knowledge and challenges in the implementation of the mother-baby friendly initiative at Standerton Hospital, Mpumalanga Province, South Africa". MBFI is one of the programmes to enhance maternal and child health as the programme supports, promotes and protects exclusive breastfeeding.

Attached to this letter of request please find attached Research Proposal and Clearance Certificate from Turfloop's Research Ethics Committee. This is a letter to request approval to conduct the research study at Standerton Hospital, Mpumalanga Province.

I am hopeful this letter will get your most favourable attention and thank you in advance.
Kind regards



MOTHA N.F
Cell No: 082 958 6782

ANNEXURE G: ETHICS CLEARANCE CERTIFICATE

University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email:anastasia.ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE

ETHICS CLEARANCE CERTIFICATE

MEETING: **13 April 2021**

PROJECT NUMBER: **TREC/69/2021: PG**

PROJECT:

Title:	Exploration of knowledge and challenges in the implementation of the Mother-Baby Friendly Initiative at Standerton Hospital, Mpumalanga Province South Africa
Researcher:	NF Motha
Supervisor:	Prof XT Maluleke
Co-Supervisor/s:	Mrs TJ Mashamba
School:	Health Care Sciences
Degree:	Master of Public Health

PROF P MASOKO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE
The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:

i) **This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.**

ii) **Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.**

iii) **PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.**

Finding solutions for Africa

ANNEXURE H: PROVINCIAL RESEARCH PERMISSION LETTER

health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

Indwe Building, Government Boulevard, Riverside Park, Ext. 2, Mbombela, 1200, Mpumalanga Province
Private Bag X11285, Mbombela, 1200, Mpumalanga Province
Tel I: +27 (13) 766 3429, Fax: +27 (13) 766 3458

Litiko Letemphilo | Departement van Gesondheid | UmNyango WezeMaphilo

Enq: 013 766 3766
Ref: MP_202105_009

Research Permission Letter

Ms NF Motha
PO BOX 1044
KaNyamazane, 1214

STUDY TITLE: EXPLORATION OF KNOWLEDGE AND CHALLENGES IN THE IMPLEMENTATION OF THE MOTHER-BABY FRIENDLY INITIATIVE AT STANDERTON HOSPITAL, MPUMALANGA PROVINCE SOUTH AFRICA

Dear Ms Motha

The Provincial Department of Health Research Committee has approved your research proposal in the latest format you sent, and hereby grant you permission to conduct your research as detailed below.

- Approval Reference Number: MP_202105_009
- Data Collection Period: 01/07/2021 to 15/12/2021
- Approved Data Collection Facilities:

* STANDERTON HOSPITAL.

Kindly ensure that conditions mentioned below are adhered to, and that the study is conducted with minimal disruption and impact on our staff, and also ensure that you provide us with a soft or hard copy of the report once your research project has been completed.

Conditions:
- *Researchers not allowed to make copies or take pictures of medical records.*
- *Kindly notify the facility manager a week BEFORE you start with data collection to ensure that conditions are conducive in the facility*

Kind regards

DR C NELSON
MPUMALANGA PHRC CHAIRPERSON
DATE: 29 | 06 | 2021

MPUMALANGA
THE PLACE OF THE RISING SUN

ANNEXURE I: STANDERTON HOSPITAL PERMISSION LETTER

P.O.BOX 1044
KANYAMAZANE
1214

STANDERTON HOSPITAL
PRIVATE BAG X2003
STANDERTON
2430

TO: STANDERTON HOSPITAL CEO, Mr DLADLA

I Nokulunga Motha dietitian hereby write this letter firstly thanking you Mr Dladla for giving me the opportunity to conduct the study titled: Exploration of knowledge and challenges in the implementation of the mother baby friendly initiative of Standerton hospital, Mpumalanga province South Africa. Permission to conduct the study has also been approved at provincial level and hereby ask to start data collection for my research study on the 15 of July 2021.

Data collection will be conducted in the form of interviews of operational managers and nurses, at least 8 of the staff working in antenatal, postnatal and paediatric ward. The interview will be done on one on one basis and the interview consist of open ended questions. During interview the informants will be recorded.

Thank you again for the opportunity and awaiting positive response.

Regards

MOTHA NF: _____

DATE 08/07/2021

SUPPORTED / NOT SUPPORTED

SIGNATURE: Mr DLADLA _____

DATE: 08/07/2021

ANNEXURE J: DATA ANALYSIS AND CODING LETTER

PINNACLE RESEARCH CONSULTANTS (PVT) LTD

Reg: 2014/142678/07

26 Inverleith TCE
Quigney
East London
5201
South Africa

tendaic@icloud.com
#27 71 3059714

04 August 2021

Dear

This letter serves to confirm that we independently analysed the qualitative data presented for the academic project entitled: ***Exploration of knowledge and challenges in the implementation of the mother-baby friendly initiative at Standerton Hospital, Mpumalanga Province, South Africa.***

Your work was analysed using ATLAS ti Version 9.1.1 (2072). The analysis involved generating codes, themes and corresponding quotations from the supplied interview transcripts. The analysis results in the form of an ATLAS ti file format are attached with this letter

Kind Regards

Tendai Chiguware (PhD).

Director: Research

ANNEXURE K: LANGUAGE EDITOR'S LETTER

P.O BOX 663

THOLONGWE

0734

26 November 2021

Dear Sir/Madam

This is to certify that the mini-dissertation entitled "Exploration of Knowledge and

Challenges in the Implementation of the Mother-Baby Friendly Initiative at Standerton

Hospital, Mpumalanga Province, South Africa" by Motha Nokulunga Fiona has been edited and proofread for grammar, spelling, punctuation, overall style and logical flow.

The edits were carried out using the "Track changes" feature in MS Word, giving the author final control over whether to accept or reject effected changes prior to submission, provided the changes I recommended are effected to the text, the language is of an acceptable standard.

Please don't hesitate to contact me for any enquiry.

Kind regards

Dr. Hlaviso Motlhaka (BEDSPF-UL, BA Hons-UL, MA-IUP: USA, PhD-WITS, PGDiP-SUN)

Cell number: 079-721-0620/078-196-4459

Email address: hlavisomhlanga@yahoo.com