

Public Health 2020: Promoting Exclusive Breast Feeding (EBF) among working mothers of Ready-Made Garment (RMG) sector of Bangladesh to ensure proper nutrition for their children – Mithun Gupta - BRAC

Mithun Gupta

BRAC, Bangladesh

Abstract:

According to Bangladesh Demographic Health Survey (BDHS 2014) only 55% infants aged 0-6 months are exclusively breastfed mainly due to traditional norms and lack of knowledge of mothers / family members about recommended practices (Formative Research Report, Ministry of Information & UNICEF, 2014). Moreover, according to the Bangladesh national labor force survey in 2010, around 3.2 million women are working in Garments sector. Most of them reside in urban slums where malnutrition rates are high. Despite having major contribution to the national growth, they have very limited access and rights to enjoy benefits like maternity leave, baby-friendly policies etc. Female workers in lactating stage often face challenges to ensure EBF. Through Mothers@Work initiative of UNICEF, BRAC is implementing this programme to improve EBF support and practice for working mothers in RMG factories by engaging public, private and civil society stakeholders.

The objective of the programme is to improve quality of breastfeeding counseling and support for pregnant and lactating mothers (PLW) during ANC and PNC as well as to improve EBF practices in the workplace.

This project aims to address the bottlenecks to practice EBF in workplaces. Two RMG factories were selected randomly of Dhaka district to implement seven minimum standards (such as maternity leave and benefits, day-care & breastfeeding centers, breastfeeding supportive environment, maternity health protection, breastfeeding breaks etc.) based on the Global and Bangladesh policy framework and guidelines to enhance breastfeeding support among working women through targeting senior, mid management and general workers of factories. Working PLW's are counseled every month on breastfeeding techniques and problem solving. Breastfeeding corners were also established. Monthly progress report and quarterly monitoring tools were used to track the findings.

The project after running almost one and half years could increase EBF rates from 17% (October 2016) to 72% (August 2018) in both factories. Factors that influenced the improved EBF practices were identified as functional breastfeeding corners, involvement of higher management and hands-on support to PLW mothers regarding attachment, positioning and manual expressions of breast-milk with labeling and storing.

The outcome shows how counselling, enabling environment and monitoring during ANC and PNC can improve EBF practice among working mothers.

Globally, mothers have identified work as one of the leading barriers to exclusive and continued breastfeeding and a main reason for not breastfeeding or early cessation of breastfeeding.¹ Findings from United States based studies suggest that the poorest and most vulnerable mothers are most likely to be affected, as they are often the ones who need to go back to work soon after delivery.² There is evidence, however, that workplace breastfeeding support programmes are able to contribute to increased rates and duration of breastfeeding. UNICEF's vision for breastfeeding is founded on the understanding that breastfeeding is not a one woman job – it requires government leadership and support from families, communities, workplaces and the health system to make it work. Illustrates this vision. For years, UNICEF has advocated for strengthening maternity protection legislation and encouraging employers to incorporate breastfeeding- and child friendly care, support and services within their workplaces.

UNICEF commissioned a review of published literature on effective evidence-based C4D approaches for delivering breastfeeding promotion, protection and support in workplace settings.

The review was conducted to inform planners of breastfeeding-in-the-workplace initiatives and included more than 900 open source peer-reviewed articles or abstracts. A total of 27 articles published between 1994 and 2017 were retained, including five systematic reviews and 22 quantitative and qualitative studies. Overall, few articles focused on C4D effectiveness. Rather, references associated with C4D were embedded in either the description of the workplace breastfeeding support programmes or the factors associated with success in combining breastfeeding and work. Most articles focused on high-income countries.

The social ecological model is UNICEF's guiding framework for C4D in maternal, newborn and child health and nutrition. This model helps to identify individual, household, community, workplace and other systemic and environmental leverage points and intermediaries for supporting breastfeeding in the workplace.¹⁴ The main participants of breastfeeding in the workplace C4D interventions are the adults who care for and support infants and young children, as well as people who influence both caregivers' and their children's lives within workplaces and communities. Indeed, multiple spheres of

influence come into play at the interpersonal level within the home, family and community, and in the health-care facility and workplace. These relationships are influenced by

business/trade and health systems and policies as well as prevailing socio-cultural norms and traditions