

**Barriers of Exclusive Breastfeeding Practice among
Readymade Garments working mothers in Bangladesh: A
qualitative exploration**

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Abstract:

Breast feeding is a critical aspect of infant well-being but exclusive breast-feeding rates among working mothers in ready made garments (RMG) sector in Bangladesh remain low. This qualitative cross-sectional study investigated the barriers and perceptions of exclusive breastfeeding among 30 female RMG workers with children aged at least 6 months. Data were collected through in-depth interviews, focus group discussions, and insights from healthcare providers.

Findings revealed that some mothers faced challenges with early initiation of breastfeeding, primarily due to cesarean sections and inadequate lactation knowledge. Despite 22 mothers providing colostrum, only 6 practiced exclusive breastfeeding up to 6 months. The demanding working hours and limited childcare facilities within RMG sectors hinder exclusive breastfeeding. Additionally cultural beliefs and familial pressure influenced prelacteal feelings and colostrum refusal.

Healthcare professionals and RMG sector managers acknowledged the importance of exclusive breastfeeding and recommended targeted educational programs. While some high-profile factories offered supportive initiative, comprehensive strategies are essential to empower working mothers for exclusive breastfeeding.

This study emphasizes the need for interventions that address specific challenges faced by working mothers in RMG sectors, including improved lactation education, supportive workplace environments, accessible childcare facilities, and cultural sensitivity. Targeted efforts can promote exclusive breastfeeding, leading to better health outcomes for both mothers and infants.

Key words: Exclusive Breast feeding, Early initiation of breast feeding, RMG factories, Lower Middle-income country, Bangladesh, ANC, PNC

Introduction:

Breastfeeding is the essential element of the child-existence strategy. It is the natural first food for babies that provides all the nutrients and energy that the child needs for the first months of life [1]. In the first hour of life, only breast milk and nothing but breast milk, not even any other foods or liquids like honey, sugar water, formula milk or even water is known as exclusive breast feeding [2]. Breast milk provides up to half or more of a child's nutritional requirements during the second half of first year, and in the second year of life up to one third part [1]. It is found that infants those are exclusively breastfed in first 6 months, 14 times less likely to die compared to non-breastfed infants and again, the infants who are partially and non-breastfed, at 5–9 times higher risk of death due to infection [3]. Moreover, it has been projected those 1.3 million deaths could be avoided if babies were exclusively breastfed from birth for six months each year [3]. The colostrum, first breast milk, which looks thicker and more yellow than mature milk and contains full of protein and nutrient compact like carotenoids, vitamin A, Zinc, minerals, magnesium [4]. It seems colostrum has nutritional and health value towards the infant, and it also works as first immunization of the infants' [5]. Moreover, breastfeeding in women delays the return of fertility and lowers the chances of postpartum hemorrhage, premenopausal breast cancer, and ovarian cancer [6]

Although knowing the positive impact of breastfeeding on infant survival and health, exclusive breastfeeding rate of globally is at a low level [10]. In 2015, 37% infants less than 6 months old were exclusively breastfed in LMICs. (90–95%) 823,000 deaths could have been saved in low and middle-income countries (LMICs) If breastfeeding were increased up to near universal level in 2015 [11]. Exclusive breastfeeding rates are following in: Benin 44%, Uzbekistan 26%, and Philippines 34%. Both Bangladesh and Uganda's exclusive breastfeeding rates remained flat at around 45% and 57%, respectively [12]. The prevalence of exclusive breastfeeding remained constant around 55% in Bangladesh, for the past two decades. In addition, the rate of early initiation of breastfeeding was 51% and 27% of the newborn got prelacteal feeds in their first 3 days of life in 2014 [13].

In proportion to BDHS (the Bangladesh Demographic and Health Surveys), the practicing of Exclusive Breast-feeding prevalence rate is 45% in 1993–94 and 1999–2000 [14, 15], 42% in 2004 [16] and 43% in 2007 [17]. Later, BDHS report revealed that the prevalence of EBF visibly increased to 64% in 2011 [18] which further dropped to 55% in 2014 [19]. Regrettably, during the time of collection BDHS on National

prevalence of EBF, it did not deliver comprehensive information about EBF although a recent study stated that prevalence rate was 36% in a rural sub-district in Bangladesh that indicated a drastically lower rate [21]. The improper feeding practice such as initiating pre-lacteal food, refusal of colostrum, prolonged initiation of breast feeding, water intake at early month of age like in 5 or 5+ months, starting weaning practice within 5 months are found as the causes of lower rates of EBF. These reasons may perhaps raise the risk of morbidity and mortality rate, reduce breast milk secretion and cessation of breast feeding at before 180 days [20,21]. Numerous study evident that the important factors of improper breast feeding, or early initiation of breast feeding are the lack of mother's education, urbanization, deficiency of lactating education and counselling during ANC and PNC checkup, maternal age and career, method of delivery [22-27].

Bangladesh, in urbanization process is undergoing rapidly and 50% will be increased of the current urban population by 2028 as per estimation. Bangladesh's recent and constant surge in economic growth has been propelled by an increase in entrepreneurship, the leading sector is the ready-made garments industry which takes the largest part due to the growth of this country [28]. 85% of women represent the total of 2.4 million employees in this sector [29]. Gradually, in Bangladesh, the number of female employees has been increased [30]. Among them, major number of female employees works in the ready-made garments (RMG) sector and 55% to 60% of women in RMG factories are at reproductive age [31]. Due to long working hours, they have not as much of chances to breastfeed their children, inappropriate lactating guidance, lack of childcare facilities, short break, lack of privacy for breast feeding. Though most of the compliance based RMG factories have childcare facilities at their locations, but maximum is not well ornamented, and those workplaces do not provide the facilities for preservation of pumped breast milk. [32].

Bangladesh Labour, BKMEA (Bangladesh Knitwear Manufacturers and Exporters Association) and BGMEA (Bangladesh Garment Manufacturers and Exporters Association) works together to establish a suitable setting in the workplace especially RMG factory and commission a labor law (Act 18) for 112 days paid maternity leave. The labor act also commands all corporations to deliver childcare facilities up to 6 years of age in their grounds at least 40 according to the employee quantity [32]. Except the larger factories, regardless of having facilities maximum RMG factories in no way maintain each rule appropriately specifically child facilities and female workers confronted lots of trouble such as family crisis, lack of support, work pressure, stress, anxiety [26,27,19]. So much research reported that partial number of high

profiled factory provide indoor medical services for their employees and medical team monitor and aware female maternity employee during ANC and PNC period [33,34].

Nevertheless, having that kind of supportive facilities, generally entire settings yet are not enough suitable for mother to continue EBF in their work time and so that numerous mothers are practicing early weaning in their maternity leave period because of time constraint and supportive atmosphere [35,36]. Now the purpose of this study to assess the barriers of breastfeeding exclusively and insights about exclusive breast feeding among mothers those who are working in the RMG sector. To promote EBF among low income working mothers working in RMG factories in Bangladesh a program design plan will be shared.

Objectives:

General Objectives:

The aim of this study is to measure the obstacles of breastfeeding exclusively and understandings about exclusive breast feeding among mothers those who are working in the RMG sector.

Specific objectives:

1. To identify the barriers of Early initiation of Breast feeding among the RMG workers.
2. To find out the perceptions about the EBF among those RMG workers

Methodology:

Study design

A descriptive qualitative cross-sectional study was conducted in selected 4 ready-made garments factories in 6 months period. These RMG garments were located at Gazipur (Sofipur, Tongi, Shreepur, Kaliganj) in Dhaka division. These factories had approximately 16000 workers. Among them, this study covered 30 female workers having at least 1 child within 6 months of age to explore the facilitators and barriers to optimal early infant feeding practices for the first 6 months of life. This age group was considered due to collection of current information about feeding status from mother. After completion of quantitative questionnaire participants were selected purposively. A focused group discussion has been done within these 12 female workers purposively preparing a structured questionnaire. During the interview ideal and basic feeding practices have been considered.

Study area

The study was conducted in selected 4 ready-made garments factories in 6 months period (June-November) named Libas Textile Ltd, Nippon Garments and Industries Ltd, Ever Smart Bangladesh Ltd and Amigo Bangladesh Ltd. These RMG garments were located at Gazipur (Sofipur, Tongi, Shreepur, Kaliganj) in Dhaka division.

Study population

This study contains 30 working women who have been selected purposively from the RMG sectors. The women who have 6 months aged child has been considered for this study. The selection was made among those who were accessible at that duration of the study.

Inclusion criteria:

The female workers who are working in these RMG sectors since their pregnancy period or before that and continuing working with 6 months of aged child has been considered in this study. It was made sure that the women have consent to seat for the interviews regarding this study.

Exclusion criteria:

The female workers who are with less than 6 months aged child, recently joined within this 6 month of period and those who are not willing attend the interviews are excluded from this study population.

Sampling:

A total of 30 women were selected from Libas Textile Ltd, Nippon Garments and Industries Ltd, Ever Smart Bangladesh Ltd and Amigo Bangladesh Ltd. From 510 women we have considered 30 women. The study participants were selected conveniently.

Data collection:

A designed questionnaire was required for data collection which were based on extensive literature review. Except those 30 workers in depth interview was taken of 2 doctors from same factories, 1 Manager of one factory and a local pediatrician of adjacent areas from those factories. Understanding of Exclusive breast-

feeding practice, pre lacteal feed, providing colostrum at very early stage of infant's life; these things have been asked to the workers by in depth interview.

Data Analysis:

Audio recordings has been taken from each interviewee and transliterated Bengali the same day. This qualitative analysis was conducted thematically. Transcripts were manually reviewed and coded which were relevant to infant feeding practices. Transcripts were double coded, and agreement of any discordant code was achieved through discussion. Lastly, a matrix was prepared based on the coding and translated into English. A categorization of barriers and facilitators was done in this matrix divided in external and internal factors. Internal factors refer to those intrinsic to the caregiver and external factors were those in which the caregiver has little (if any) control [28]. Any software has not been used in this study.

Result:

Qualitative analysis found that 8 mothers out of 30 did not initiate breastfeeding within 1 hour. Among these 30 mothers 6 mothers are found who fed their children up to 6 months and rest 24 mothers continued feeding up to 2-3 months. The main reason for failure of early initiation was because the mother had experienced sickness from post-surgical complications or unable to produce milk, some of them found lack of proper knowledge. Of the eight mothers who did not early initiate, five mothers are found who had incorrect knowledge regarding early initiation although delivered normally and two could not initiate due to the having caesarean section and experienced illness from complications and breast milk did not produce within 3 days and one's baby was premature and was too sick to have suckling reflex.

Mother's experiences by IDI:

All these mothers are currently working in RMG sector. Those eight mothers who did not provide breast milk at early stage has given pre-lacteal feed to their children. Helena, aged 24 from Libas Textile Ltd, described,

"I got sick after cesarean section and there was no milk secretion for three days. The time they handed me the baby, four hours have been passed and then I put the baby to suck but there was no milk". [1014].

One mother named Rupali had improper knowledge on early initiation, she delivered a preterm baby normally, could not initiate due to the admission of baby in NICU and having complications.

Colostrum and pre lacteal feed:

Among the 30 mothers who have been interviewed in depth 22 children got colostrum. They had idea about putting the baby to suck within 1 hour after delivery. 8 mothers have given their children pre lacteal feed. One given cow's milk because the grandmother of the child insisted. Few of them has given the child formula milk from very first day after delivery because no production of milk or sickness, and two of them were prescribed by doctors. A mother stated,

“Due to having complications after caesarean section as I could not put the baby to suck, my in laws gave sugar water to the baby. Even after 3 days I had to continued that with breast milk because of less production of milk” [1021].

One mother found during interview whose family insisted to give Goat milk to make the baby stronger even the mother had enough production of milk at that time. She uttered that,

“My Father-in-law believed that goat milk will make my baby much stronger, that's why he insisted for it!” [1025]

From Ever Smart Bangladesh Ltd a female worker whose baby conceived after 1 year of her joining told, *“I have been visited to doctor 4 times during my pregnancy and I delivered my baby to the same hospital, there during post-natal care the midwives and doctors suggested me to give the 1st milk to my child just after born ad I did so”* [1002]

In RMG sectors those 22 mothers who were found has given colostrum, 6 mothers were found who fed their children only breast milk up to 6 months of the babies' life. One mother, age 19 from Amigo Bangladesh Ltd, said,

“My parents, in-laws and neighbors have been recommended me not to give anything else before six months. I had the thought that only breastmilk is not sufficient for my baby and feel like he needs other food or formula to be stronger and healthier. But I resisted myself to give formula or other food because doctor also told me to not to do so” [1009].

Among these 6 mothers all of them had history of attending ANC and PNC during their peri natal period. 5 of them are keeping their baby in day care corner of the RMG sector and able to feed them. One's home is nearer to her working area. Rest 16 mothers have given formula milk and other milk along with breast milk because they mentioned about their working hour at RMG sectors.

Zayeda, age 24, working in Libas Textile Ltd, told,

“I had to join in garments after 2 months of delivery as our maternity leave is for 2 months. Due to the working hour (10 hours), I had to give other milk and formula milk to my baby” [1011].

One mother from Nippon Garments and Industries Ltd said during her interview that,

“It was not possible to go and feed the baby during working hour repeatedly as my home is far from the garment. So, my baby’s grandmother prepares formula feed for him” [1028].

Views from FGD:

In this study 12 female workers who have children between the age of 6-10 months were seated for a Focal group discussion. In this session a 30-minute discussion was made among the mothers. There it is found that very few of them had a conception about colostrum during their pregnancy. Those who went for Ante natal checkup was told about the Exclusive breast feeding. Few of them found had the idea from their neighbors’. 2 mothers are found whose family had misconception about EBF. A mother said during the FDG that,

“My baby was 2 months of age when I have joined to work after pregnancy leave, but as there was insufficiency of keeping baby at day care corner here, I could not keep him. I had to give him formula feeding for this reason”.

Health Care Providers’ view:

One of the doctors from RMG sector stated,

“Only and only breast milk must be given to children at their first six months of life. I found more children with diarrhea, constipation or common cold who are not having only breast milk.”

The pediatrician of one RMG sector told that mothers must know the benefits of breast milk because this will make their children stronger and healthier. He also suggested trainings or orientations can be done for these sectors to increase the EBF practice. The babysitter of one sector was interviewed about the system of day care there. She mentioned that only 5 babies’ provision is there at a time. Mothers are getting two and hours interval between their work to feed their babies. Even formula milk must give to the babies because of the workload of the sectors. One of managers from the sector was asked about his perception of EBF. He told,

“Yes, it is an issue for new mothers, although we have breast feeding corner and day care but due to working hour and workload it is sometimes challenging.”

Discussion:

This qualitative study directed to explore the factors and barriers to exclusive breastfeeding practice among working mothers in the ready-made garments (RMG) sector in Bangladesh. The findings provide valuable insights into the challenges faced by these mothers and shed light on the need for interventions to promote exclusive breastfeeding in this population.

The study revealed several factors that contribute to the low rates of EBF among working mothers in the RMG sector. One of the key barriers identified was the lack of adequate lactation education and counselling during antenatal care (ANC) and post-natal care (PNC) checkups. This finding suggests that there is a need for improvement of education and support for working mothers regarding the importance of EBF and strategies to overcome the challenges they face.

In this study it is found that few mothers had a cesarean section, which showed direct impact on early initiation of breastfeeding and colostrum administration. In addition, mothers who went through cesarean section qualitatively give explanation of their inability to provide early feeding due to their unconsciousness, sickness, pain, and medication. Early initiation of breastfeeding was found to be slightly higher in our study than compared to overall national average from BDHS 2014, 64.2% and 50.8%, respectively [13]. The estimate of EBF practice in Bangladesh was better than other LLMICs like India (46.40%), Nepal (53.10%) [37], Malaysia (43.1%) [38], Ethiopia (46.5%) [39], and Uganda (50.00%) [40].

In one study of Northwest Ethiopia has similar finding like our study and that is when the age of the baby increases, the mothers may return to work. Here we found that the long working hour at RMG sectors emerged as a significant barrier to EBF. The demanding work schedule leaves working mothers with limited time and opportunities to breastfeed their infants. Additionally, the lack of privacy for breast feeding in the workplace further complicates the situation. Though we found in our 4 study areas those all have a breast-feeding corner and even a day care center, but the provision is not spacious. At a time, they could provide support only for 5 children. This limitation puts additional pressure on the working mothers to find an alternative caregiving arrangement for their infants, making the EBF more challenging.

To enhance child survival and reduce child malnutrition, Infant and Young Child Feeding (IYCF) has always been a priority in Bangladesh national child health strategy [41]. The Government of Bangladesh (GoB) has implemented a round of national strategies of IYCFs, national health, population and nutrition sectors strategy plans, and five-yearly plans in collaboration with international agencies such as the WHO and UNICEF [42]. Different promotional campaigns such as the celebration of the World Breastfeeding week and intensive mass media programs contributed extensively to increase EBF practice among mothers in Bangladesh [43]. Nevertheless, it seems that such promotional campaigns do not contributing adequately to increase of EBF in Bangladesh in recent years a slight declined rate of EBF than the previous year's [44]. In depth interviews revealed that the initiation of prelacteal feeds and the refusal of colostrum were common among working mothers in RMG sectors. These practices are driven by cultural beliefs, familial pressure, and misconceptions about breastfeeding. Among the mothers who provided colostrum, a smaller portion continued EBF up to six months. This suggests that while some mothers were aware of the importance of EBF, they faced challenges with their long working hour and lack of childcare facilities in RMG sectors.

The perspective of the healthcare professionals, managers, and caregivers in the RMG sectors further validate the need for targeted interventions to promote EBF. Healthcare professionals stressed the importance of EBF and recommended educational programs for these working mothers.

It is noteworthy that despite the challenges faced by working mothers in RMG sectors, there are some supportive initiatives in place. Some high-profile factories provide indoor medical services and have medical teams. The findings underscore the importance of targeted interventions that address the specific challenges faced by this population, including improved lactation education, workplace support and accessible childcare facilities. By implementing comprehensive strategies, it is possible to empower working mothers in RMG sector to practice exclusive breastfeeding, leading to improved health outcomes for both mothers and infants.

Limitations:

In this study a few limitations need to be observed. The recording of Early initiation of breast feeding and the definition of Exclusive BF may subject to bias and misreporting. Moreover, causal association is absent due to the cross-sectional study.

Recommendations:

By this study it has been cleared that some actions are needed to take for the sake of improvement of Exclusive breast feeding,

- Comprehensive strategies are needed to promote exclusive breastfeeding.
- Improve lactation education and support during ANC and PNC checkups.
- Create supportive workplace environments with accessible childcare facilities.
- Address cultural beliefs and misconceptions related to breastfeeding.

Conclusion:

In conclusion this study highlights the need for targeted interventions that address the specific challenges faced by working mothers in the RMG sector in Bangladesh. Improving lactation education and counselling, creating supportive workplace environments, ensuring accessible and well-equipped childcare facilities, and addressing cultural beliefs are essential steps toward promoting exclusive breastfeeding practices. By implementing comprehensive strategies, it is possible to empower working mothers to overcome barriers and practice exclusive breastfeeding, leading to improved health outcomes for both mothers and infants. Further research and program evaluations are warranted to develop and implemented effective interventions tailored to the needs of working mothers in RMG sector in Bangladesh.

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