

Exclusive Breastfeeding Practice among the Working Mother of Garment Sector in Bangladesh

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ABSTRACT

Introduction: Exclusive breastfeeding (EBF) up to six months offers unbelievable health benefits to both the infant and mother. It protects the child health by providing necessary nutritional needs for the infants up to first six months of life. The aim of this study was to explore the EBF practice among the working mothers in garments sector and to observe the reasons for nonexclusive breastfeeding (NEBF) among them.

Methods: This cross sectional study was conducted among the working mothers of garments sector in the locality of Ashulia, Dhaka, Bangladesh. A total of 121 working mother in garments sector with at least one children of age range 1-6 years were included in this study. Data were collected purposively among one hundred twenty-one respondents during the period of January, 2019 to April, 2019 by face to face interview with pre tested semi structured questionnaire. Analysis was done by computer using statistical package for social sciences (SPSS-17). **Results:** The mean age of the respondents was 23.07±4.46 years and nearly half of them (57, 47.1%) belong to the 21-25 years age group. Majority of respondents (54, 44.6%) had received primary education followed by secondary education (46, 38.0%). Nearly half of the respondents (60, 49.6%) had one child. Most of the respondents (116, 95.9%) had the history of receiving antenatal care (ANC) during pregnancy. Regarding level of knowledge on exclusive breastfeeding, maximum (105, 86.8%) respondents had partial knowledge on EBF. Majority respondents (108, 89.3%) had maternity leave during their last pregnancy. Maximum respondents (83, 68.6%) had the history of hospital delivery. About 54.6 % (66) respondents had normal vaginal delivery. Among 121 mothers, 91.7% (111) started breastfeeding to their last child just after birth and remaining respondents started that with prelacteal feeding. Majority of them practiced EBF (80, 66.1%) and rest of the mothers (41, 33.9%) failed to maintain exclusive breastfeeding for six months. The higher rate of EBF was especially found among mothers who were in the age group of 21-25 years ($p < 0.05$). Relatively less educated (primary school) mothers were more likely to exclusively breastfeed their children than higher educated mothers ($p < 0.05$). Higher rate of EBF was found among mother who got maternity leave and had delivered their last child at hospital. The association between mothers with normal vaginal delivery and exclusive breastfeeding was statistically significant ($p < 0.01$). **Conclusion:** There was higher prevalence of exclusive breastfeeding practice among mothers of younger age group and who had normal vaginal delivery for their last child. The result of this study indicated that breastfeeding promotional campaign and insurance of provision of maternity leave in the garment factory can enhance the practice of exclusive breastfeeding.

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INTRODUCTION

Exclusive breastfeeding (EBF) provides health benefits to the infant as well as the mother. It delivers necessary nutrition to the infants for the first six months of life.^{1,2} Breast milk is an ideal food for the children which provides all nutrients adequately and which is easily digestible.³ Breast milk has immunological and anti-inflammatory properties that protect both mothers and children against various infections and diseases. The WHO (World Health Organization) and UNICEF (United Nations Children's Fund) recommended EBF for the first six months of age and giving no other food or drink to the infant, not even a single drop of water in this period.⁴ Globally, the EBF rate is only 41% of infants under six months of age.⁵ Breastfeeding protects the infants against allergies, illness and obesity; at the same time it reduces the risk of having childhood infections e.g. ear infections and diseases e.g. diabetes and carcinoma. Breastfeeding also protect the infant from constipation, diarrhea or stomach upset. Moreover, it delays the return of a woman's fertility and reduces the risks of postpartum hemorrhage, premenopausal breast and ovarian carcinoma etc.⁶

In Bangladesh, the prevalence of EBF is about 55%.⁷ Proper intervention should be needed to improve EBF rate. Otherwise we will not able to achieve the target of Sustainable Development Goals-3 (SDG-3) by 2030.⁸ According to WHO, the beneficial impact of EBF is not confined to the lactation phase; it lasts for years after cessation of lactation. The benefits of EBF are greatest in areas of poverty, low nutrition, and poor cleanliness.⁹

According to a global risk assessment of inadequate breastfeeding, 96% fatalities of infant

in underdeveloped nations are due to incorrect feeding during the first six months of life.¹⁰ Breastfeeding should be started within one hour of delivery to avoid around 20% of newborn fatalities.^{11,12} Prime breastfeeding has the potential to save 13% of all fatalities in children under the age of five in low and middle-income nations.¹³ Childhood mortality rates are high in poor and middle-income countries with low EBF prevalence.¹⁴

Maternity benefits in Bangladesh are governed by Sections 45 to 50 of the Bangladesh Labor Act, 2006 (subsequently modified as the Bangladesh Labor Act, 2013 [amended]). Working women are entitled to four months of maternity leave i.e. eight weeks of prenatal leave, and eight weeks of postnatal leave under Section 46 of the law.¹⁵

Despite the fact, access to the maternity rights is one of the most crucial safety-net concerns for working women. The majority of women employees in Bangladesh do not have access to these benefits. Moreover, a lack of awareness about the advantages of EBF practice, inadequate assistance for mothers at work, and insufficient support from the healthcare system compel mothers for discontinuing nursing before the recommended six-month period.³ The tendency to expand EBF practice has lately slowed, despite its inclusion as one of six worldwide nutritional objectives to be met by 2025 that interrupts a major component of the global mother and child health program.¹⁶ As a result, international organizations such as the World Bank, the United Nations Children's Fund (UNICEF), and the WHO are prioritizing challenges, providing funding, and forming public-private partnerships (PPPs) to increase the rate of EBF, particularly in low and lower-middle income countries (LLMICs).^{16,17}

Exclusive breastfeeding is regarded as an

effective intervention for decreasing infant illness and mortality worldwide, with the potential to save 1.4 million children's lives each year.¹⁸ Thus, by promoting EBF practices, neonatal and infant mortality can be lowered.¹⁹

So, this study was conducted to explore the EBF practice among working mother of garment sector and to find the reasons for nonexclusive breast feeding (NEBF).

METHODS

This cross-sectional type of descriptive study was conducted in the Department of community medicine, Kumudini women's medical college, Tangail, Bangladesh from January, 2019 to April, 2019. The study place was selected in the garments area of Ashulia, Dhaka, Bangladesh. Purposive sampling technique was adopted to select the study subject the from working mother of garments sector. Total number of 121 study subjects was enrolled for this study according to selection criteria. Women garment workers who had at least one child of 1-5 years and willing to participate in the study were recruited. Data were collected by face to face interview with the help of a semi structured questionnaire. Informed written consent was taken from respondent

before data collection. After meticulous checking and rechecking, all data were entered and analyzed by computer using statistical package for social science (SPSS-17). Level of significance was measured by using Chi-square test. A *p*-value <0.05 was considered statistically significant.

RESULTS

This study was done on exclusive breastfeeding practice among garments working mother in the Locality of Ashulia, Dhaka, Bangladesh. Among 121 respondents, the mean age of the respondents was 23.07±4.46 years and nearly half of them (57, 47.1%) belong to the 21-25 years age group. Majority of respondents (54, 44.6%) had received primary education followed by secondary education (46, 38.0%). Religion of maximum respondents (104, 85.9%) was Islam followed by Hindu (17, 14.1%). Nearly half of the respondents (60, 49.6%) had one child and (51, 42.2%) respondents had two children. Most of the respondents (116, 95.9%) had the history of receiving antenatal care (ANC) during pregnancy. Regarding level of knowledge on exclusive breast feeding maximum (105, 86.8%) respondents had partial knowledge on EBF (Table I).

Table I: Demographic and biological characteristics of respondents (n-121)

Characteristics	Number	Percentage (%)
Age in years	≤20yrs	33.1
	21-25yrs	47.1
	26-30yrs	12.4
	≥31yrs	7.4
	Total	121
Educational status	Primary	44.6
	Secondary	38.0
	Higher secondary	17.4
	Total	121
Religion	Islam	85.9
	Hindu	14.1
	Others	0
	Total	121

Number of Children	One Children	60	49.6
	Two Children	51	42.2
	Three Children	9	7.4
	Four Children	1	0.8
	Total	121	100.0
Received antenatal care (ANC) during last pregnancy	H/O Received ANC	116	95.9
	H/O no antenatal visit	5	4.1
	Total	121	100.0
Level of knowledge regarding benefits of Exclusive Breast Feeding(EBF)	Have complete knowledge on EBF	0	0
	Partial knowledge	105	86.8
	No knowledge	16	13.2
	Total	121	100.0
Got maternity leave	Yes	108	89.3
	No	13	10.7
	Total	121	100.0
Place of last delivery	Hospital	83	68.6
	Home	38	31.4
	Total	121	100.0
Mode of last delivery	Vaginal delivery	66	54.6
	Caesarean Section	55	45.4
	Total	121	100.0
History of their last child giving only breast feed just after birth	Initiates breastfeed just after birth	111	91.7
	Given Prelacteal feeding	10	8.3
	Total	121	100.0

Majority respondents (108, 89.3%) had maternity leave during their last pregnancy. Maximum respondents (83, 68.6%) had the history of hospital delivery and rest (38, 31.4%) had home delivery. Most of the respondents (66, 54.6%) delivered their last child per vaginally. Among 121 mothers, 111 (91.7%) started breastfeeding to their last child just after birth and remaining

respondents started that with prelacteal feeding (Table I).

Among the 121 respondents, majority of them practiced EBF (80, 66.1%) and rest of the mothers (41, 33.9%) failed to maintain exclusive breastfeeding for six months (Figure 1).

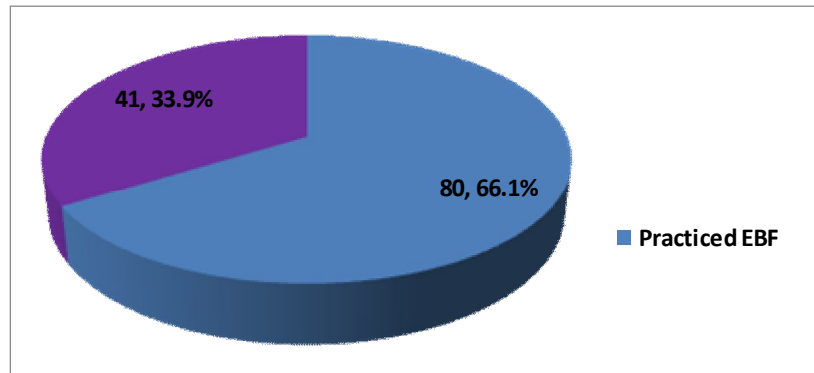


Figure 1: Distribution of respondents according to their practice of EBF (n-121)

Out of 41 Non Exclusive breastfeeding (NEBF) respondents, most of them gave breast feeding (22, 53.7%) for 3-5 months and remaining (19,

46.3 %) mothers fed their last babies for ≤ 2 months (Figure 2).

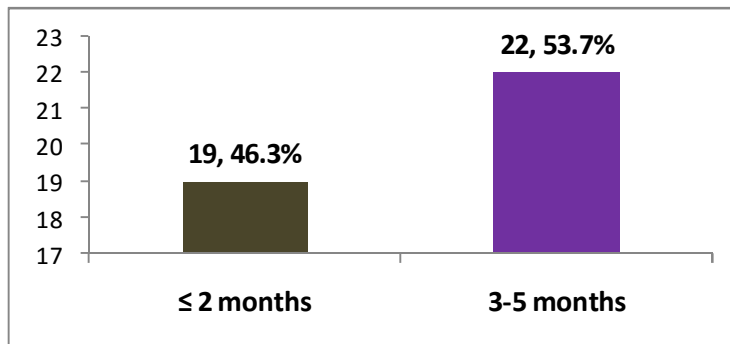


Figure 2: Distribution of NEBF respondents by duration (n-41)

Regarding reasons of failure to provide exclusive breast feeding, about half of them (n-41) gave the history of insufficient milk ejection (20, 48.8%), rest half complained of having no

maternity leave (20, 48.8%), and only 2.4% mother gave the history that her baby was unable to sucking breast milk properly (Figure 3).

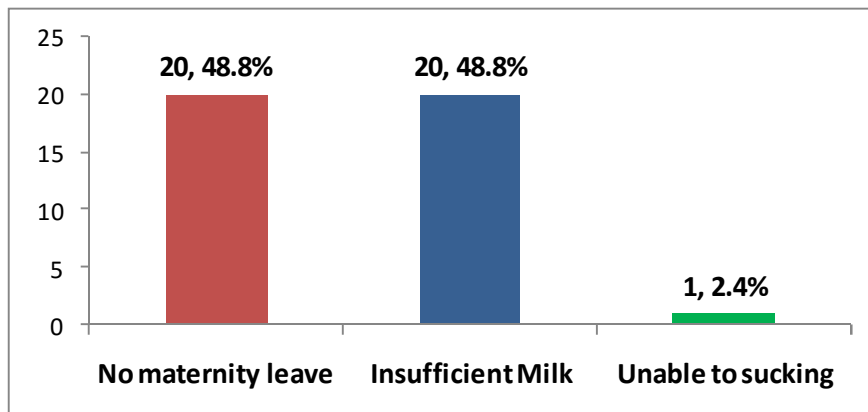


Figure 3: Distribution of respondents by reasons of failure to provide EBF (n-41)

Among 121 respondents, we found higher rate of practicing EBF in 21-25 years age group ($p=0.016$) and primary level educated mothers ($p=0.028$). Majority of the Muslim respondents are practicing EBF. Most of the respondents had

partial knowledge on the benefits of EBF. EBF is not significantly associated with maternity leave and place of delivery but significantly ($p=0.000064$) associated with mode of last delivery (Table II).

Table II: Relation of exclusive breastfeeding to respondent's demographic and biological characteristics (n-121)

Demographic and biological characteristics	Frequency of Exclusive Breast Feeding (EBF)			p-values
	Practicing EBF (n-80)	Non practicing EBF (NEBF) (n-41)	Total	
Age in Years:				
≤20yrs	32	8	40	0.016183*
21-25yrs	38	19	57	
26-30yrs	7	8	15	
≥31yrs	3	6	9	
Total	80	41	121	
Educational status:				
Primary	36	18	54	0.028443*
Secondary	35	11	46	
Higher secondary	9	12	21	
Total	80	41	121	
Religion:				
Islam	70	34	104	0.493229 ^{ns}
Hindu	10	7	17	
Total	80	41	121	
Level of knowledge regarding benefits of Exclusive Breast Feeding (EBF):				
Partial knowledge	71	34	105	0.370774 ^{ns}
No knowledge	9	7	16	
Total	80	41	121	
Got maternity leave:				
Yes	73	35	108	0.322515 ^{ns}
No	7	6	13	
Total	80	41	121	
Place of last delivery:				
Hospital	54	29	83	0.716964 ^{ns}
Home	26	12	38	
Total	80	41	121	
Mode of last delivery:				
Vaginal delivery	54	12	66	0.000064*
Caesarean Section	26	29	55	
Total	80	41	121	

*significant; ns-not significant

DISCUSSION

Exclusive breastfeeding (EBF) practice during the first six months of infant's life is the most effective intervention for providing balanced nutrition and for the prevention of child mortality and morbidity. This study demonstrated that about two-thirds of mothers (66.12%) are practising EBF, which is close to the national level (65%) in Bangladesh.²⁰ The prevalence of EBF in this study was higher than other studies conducted by Hossain et al.²¹ (35.9%) and Rana et al.²² (34.4%) in Bangladesh. This study finding is also higher than other Low and Lower-Middle Income Countries (LLMICs) like India (46.40%), Nepal (53.10%),²³ Debre Markos of Northwest Ethiopia (60.8%).²⁴ The variations persisting in EBF rate in different regions worldwide might be due to cultural, economic and socio-demographic differences across areas. The mean age of the respondents was 23.07±4.46 years and nearly half of them (57, 47.1%) belong to the 21-25 years age group. More or less similar picture was found in other studies.^{21,25} Another study²¹ which reported mothers' age has been found as a major determining factor significantly associated with EBF ($p < 0.001$).

In this study, less educated (primary education) mothers were more likely to provide EBF to their infants and the practice rate of EBF was significantly reduced with the increase in mothers' educational status. This could be explained as the fact that educated mothers have better job opportunities in Bangladesh and they are likely to join services. Therefore, educated and employed mothers may not have or may not be able to manage sufficient time during working hours to breastfeed their infants. However, these results do not essentially mean that education and employment cause failure to EBF. More or less similar result was found in another study.²¹ In Bangladesh, only working mothers in government organizations, but not in non-government organizations, are given six months of maternity leave. Moreover, the opportunities of breastfeeding in most of the work places are quite unacceptable to breastfeed. These may lead the educated-employed mothers not to breastfeed their infants as compared to illiterate and housewife mothers.

Mothers who received ANC more likely to provide EBF to their infants compared to those mothers who did not receive the ANC. This could be due to the ANC programs that include breastfeeding counseling which in turn improves breastfeeding knowledge of mothers and motivates them to exclusively breastfeed their infants. Breastfeeding counseling during ANC was also identified as a significant factor associated with EBF practice in other studies conducted in Bangladesh²¹ and Ethiopia.²⁴

Higher rate of EBF was found among mother who got maternity leave and had delivered their last child at hospital. The association between mothers with the history of normal vaginal delivery and EBF was statistically significant ($p < 0.05$). This finding could be explained as the fact that most of the mothers are till now used to giving birth to their babies in home with the help of midwives. They get admitted into health care institutions only when they face any complication and the expected mothers are in a critical situation. Even in many cases, several pregnant women were reported to get admitted in to hospital, once they failed to give birth to the baby at home. This study found few health service-related factors such as types and mode of deliveries are associated with exclusive breastfeeding. However, women with caesarian delivery were less likely to practice EBF compared to those with vaginal delivery; similar results were found in previous several studies.^{26,27,28}

In this study, there is no significant association between EBF practice and the place of delivery, but mothers who gave birth to their children at hospital were more adherent to practice EBF compared to mothers who delivered their children at home. This result is consistent with the Hossain et al.²¹

Regarding reasons of failure to provide EBF, nearly half of them gave the history of insufficient milk ejection, rest half complained of having no maternity leave and only one mother gave the history that her baby was unable to sucking breast milk properly. Similar result was found in another study conducted in Popular Medical College, Dhanmondi, Dhaka, Bangladesh by Chowdhury et al.²⁹

In spite of researchers endeavor, following limitations could not be overcome while conducting the study. The sample was collected purposively from working mother during lunch break, may not be the true representative of the whole nation. Due to time constraints the sample size was small and purposeful selection of study place would likely to produce few bias results. Recommendations are given to ensure EBF to the child including maternal health and to reduce the infant mortality for workers in the Readymade Garments (RMG) sectors. The recommendations include providing regular health checkups in the factory and advise on care for pregnant women and about EBF. Also, ensure factories to provide fully-equipped daycare centers with an adequate number of trained caregivers.

CONCLUSION

Provision of maternity leave can enhance EBF resulting lower infant mortality rates and health benefits for the working mother. Specific awareness programs related to EBF, work-site day care centers for infants would be the best approaches for the promotion of exclusive breast feeding in Bangladesh.

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