

**PROVISION OF INTEGRATED BREASTFEEDING CORNERS  
AT WORKPLACE: PERCEPTION OF WORKING MOTHERS**

By

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A thesis submitted to Brac Institute of Educational Development in partial fulfillment of  
the requirements for the degree of  
Master of Science in Early Childhood Development

Brac Institute of Educational Development  
Brac University  
2020

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## **Declaration**

It is hereby declared that

1. The thesis submitted is my own original work while completing degree at Brac University.
2. The thesis does not contain material previously published or written by a third party, except where this is appropriately cited through full and accurate referencing.
3. The thesis does not contain material which has been accepted, or submitted, for any other degree or diploma at a university or other institution.
4. I have acknowledged all main sources of help.

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## **Ethics Statement**

Title of Thesis Topic: Provision of integrated breastfeeding corners at workplace: perception of working mothers.

Student name: Fariha Afrin

1. Source of population: Working mothers from private and manufacturing sector
2. Does the study involve (yes, or no)
  - a) Physical risk to the subjects – no
  - b) Social risk – no
  - c) Psychological risk to subjects – no
  - d) discomfort to subjects – no
  - e) Invasion of privacy – no
3. Will subjects be clearly informed about (yes or no)
  - a) Nature and purpose of the study – yes
  - b) Procedures to be followed – yes
  - c) Physical risk – yes
  - d) Sensitive questions – yes
  - e) Benefits to be derived – yes
  - f) Right to refuse to participate or to withdraw from the study – yes
  - g) Confidential handling of data – yes
  - h) Compensation and/or treatment where there are risks or privacy is involved – yes
4. Will Signed verbal consent for be required (yes or no)
  - a) from study participants – yes
  - b) from parents or guardian – N/A
  - c) Will precautions be taken to protect anonymity of subjects? – yes
5. Check documents being submitted herewith to Committee:
  - a) Proposal – yes
  - b) Consent Form – yes
  - c) Questionnaire or interview schedule – yes

### **Ethical Review Committee:**

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## **Executive Summary**

Despite the benefits of breastfeeding, only 65% children are exclusively breastfed in the urban areas. Also, there has been an increase in the women workforce of Bangladesh and family disintegration; thus, working mothers have had less opportunity to breastfeed on demand especially if workplaces do not provide with adequate support. This mostly forces mothers to leave their infants at home or leave their job instead. Considering the significance of integrated breastfeeding corners at workplace, the key purpose of this qualitative study was to explore the perception of working mother in terms of accessing integrated breastfeeding corners at workplace. The qualitative study was conducted in Dhaka city with purposively selected participants and followed in-depth interview method to collect and analyze the data. From the responses of the working mothers, findings indicated that if there was no such supportive environment for breastfeeding at workplace, then working mothers might have to leave their work or choose between their work and child. It also found that mothers working at the garments sector are benefitted more than the working mothers at private sectors. The study recommended that workplace-based policies should be reviewed, and feasible framework and guidelines should be developed for better implementation of the policies.

**Key words:** breastfeeding; integrated breastfeeding corner at workplace; working mothers.

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## List of Acronyms

BDHS      Bangladesh Demographic Health Survey

ECCD      Early Childhood Care and Development

IFC      International Finance Corporation

ILO      International Labour Organisation

WHO      World Health Organisation



# **Chapter I**

## **Introduction & Background**

### **Introduction**

Breastmilk is one of the early nutrition supports that help a child to grow and develop. Through breastfeeding, a child receives the maximum micronutrients and supplements that helps a baby to flourish (WHO, 2018).

According to World Health Organization, exclusive breastfeeding means 6 months full breastmilk, not a single drop of water. Breastmilk is given the utmost health importance as it is clean, accessible, safe and contains antibodies that help protect infants and boost immunity. Consequently, breastfeeding contributes to protect infants from common childhood illnesses such as diarrhea and pneumonia, the two primary causes of child mortality worldwide (WHO, 2020). Breastfeeding forms the early bonding between a mother and child, initiate skin-to-skin contact, which is very important for early stimulation, quality interactions and nurturing care (WHO, 2018). Along with the children, breastfeeding is critically important for a mother too to recover from the post-partum condition. Breastfeeding positively effect on both physical and mental health of mother such as: returning the uterus to normal size, reduces the risk of postpartum hemorrhage, increases self-confidence, and contributes to the feelings of attachment between mother and child (Khatun et al., 2010).

Despite of all the well-documented health benefits of breastfeeding and the recommendations, Bangladesh is still far behind in the exclusive breastfeeding practices, only 65% (BDHS, 2017-18) of children under age 6 months are exclusively breastfed in overall Bangladesh.

On other hand, women's participation in the labour market has widely increased in Bangladesh which plays a major role in the economic development. According to International Labor Organization, 36.41% (ILO,2020) female are integral part of the workforce. However, in terms

of quality of employment, women are often engaged into low-paid and low-productivity activities, and over time there has not been much progress in their relative position on the occupational ladder. This also implies that less supportive environment at work can create a discouragement among the women. The term support becomes more acute when it come to a pregnant and breastfeeding mother. A strong, healthy and well cared workplace is essential for a working mother to continue her job and for further economic growth and success (IFC, 2019a). Inadequate provision of childcare and breastfeeding space at the private sector have been identified as a major reason for women unemployment.

Considering the national policies and recommendation on breastfeeding, working women should have proper accessible facilities for breastfeeding and be a part of the workforce. The advantage of breastfeeding will not only benefit the baby but benefit the mother physically and mentally. The purpose of this study is to explore perception regarding provision of integrated breastfeeding corners at workplace. The study would further identify the mother's knowledge and practice of breastfeeding at their workplace.

## **Definition of Key Terms**

Integrated Breastfeeding Corner at Workplace: According to Global Breastfeeding Guideline by UNICEF, breastfeeding space or room is an exclusive and properly equipped area for mothers to breastfeed their children, express milk and store it. The space or room should be clean, comfortable, safe and a private space for women. The main function is for mothers to effectively express and store milk during working hours (UNICEF, 2020). In this study, the term integrated breastfeeding corner at workplace is referred as workplace-based provision of breastfeeding room which has all the necessary facilities such as: childcare room, comfortable sitting arrangement, hand washing space and necessary tools for pumping and storing breastmilk.

Working Mother: A woman who has a job in addition of looking after a family and infants or babies. Working mothers are professionals who work for personal financial advancement or out of necessity. Working mothers must balance time between their families and their careers (Farlex Financial Dictionary, 2012). In this study the working mothers are referred as the mothers who are working with a child.

Perception: The term perception is defined as a thought, belief, knowledge or opinion, often held by many people based on appearances. In this study perception is referred to the thoughts, belief, knowledge of working mothers regarding breastfeeding and workplace based breastfeeding provisions.

## **Statement of the Problem**

Breastfeeding is proven to be the best for a child, yet many working mothers fails to address and bring breastfeeding in to practice level due to lack of supportive work environment. Despite of government supported policies and initiatives, most workplace do not have accessible or adequate provision for breastfeeding and thus created an obstacle for working mother.

According to WHO, exclusive breastfeeding (first 6 months) is highly recommended for infants, however, Bangladesh Labour Act (ILO, 2006) amended in 2018, suggests, maternity leaves of total 16 weeks of paid leave with 8 weeks commencing before the birth of the child. This provision is a contradiction within the policy itself for a working mother, who would have to join back to work before considering the breastfeeding necessity of her child.

Moreover, awareness and knowledge of breastfeeding plays a critical role in breastfeeding practices. Bangladesh government along with CSOs have initiated infant nutritional program focusing on breastfeeding corner at the workplace. This initiative has highlighted the benefits of exclusive breastfeeding through knowledge sharing and awareness to the pregnant mothers and ensure that even after coming back to work, a mother can ensure proper nutrition for her

baby. But in actual, women do not have access to such provisions, as a result, hiccups arises more when working and lactating mothers join back to work after their maternity leave. Workplace place-based daycare centers equipped with breastfeeding and lactation facility, can enable working mothers to breastfeed their children and express milk, which has proven benefits for families, businesses, and society (UNICEF, 2017).

In terms of economic development, a quality breastfeeding space would support a female worker to continue their contribution in the formal/ private sector. According to a research by UNICEF, support for maternal nutrition and breastfeeding during the first 1,000 days of children's lives should be a crucial aspect of family-friendly work environments, especially in a country such as Bangladesh. Based on the findings, government along with international development partners have initiated programmes that would promote breastfeeding at workplace in recent times. The first of its kind in Bangladesh, this national initiative is focus on protect the wellbeing of mothers and ensure that their children receive the early nutrition they deserve at the ready-made garments sector. In addition to breastfeeding rooms and a supportive workplace environment this programme focuses on paid maternity leave (6 month), health protection, cash and medical benefits, childcare and employment protection, and non-discrimination in the workplace (UNICEF, 2018). However, this programme is only introduced in the garments sector and in most of other private and public sector, women are widely deprived of such benefits. Considering the current working sector of Bangladesh, women are often faced with multiple dilemmas after delivering a baby. Apart from the painful physical condition, women are continuously juggling between their work and their responsibilities. And for many, breastfeeding the baby and staying with the baby becomes a prior choice than their jobs due to less supportive environment.

## **Purpose of the Study**

The main purpose of this study is to identify perception of working mothers regarding provision of integrated breastfeeding corners at workplace. The study would further explore the knowledge and practice of a working mother in terms of accessing the breastfeeding corners at workplace. For example, in urban areas, women working in the private sector, have adequate knowledge and awareness regarding breastfeeding however, most of their workplace are not equipped for breastfeeding support. As a result, availability and accessibility is affecting the choices and practices.

Lastly, the study would identify the challenges for a working mother regarding accessing breastfeeding space at workplace. As per the current maternity leave policy (16 weeks of paid leave), women are expected to return to the workplace just eight weeks after the birth of their child, within the exclusive breastfeeding window (0-6 months). As a result, many women are joining back to work almost within 2 months after delivery, which is the exclusive breastfeeding period. So, a proper space to feed the baby or at least a space to pump their breastmilk is very much required for these working mothers. Therefore, it is important to identify the gaps among the breastfeeding policies and practices. Policies should be revised to bring in more practical solutions and build on practical structures to support breastfeeding at workplace.

## **Significance of the Study**

The effect of breast feeding on young children's health and development has been the subject of scientific review for years. Evidence suggest that breastfeeding has positive effects on cognitive development, immunity of infant and it is more pronounced in premature infants. However, the actual breastfeeding rate stands very low, only 65% (BDHS, 2017-2018).

Therefore, it is important to analyze the factors associated with breastfeeding and if it associates with a mother's working status or not.

Broadly, supporting the Early Childhood Care and Development (ECCD) and national health policies, this research would contribute and act as a knowledge center for further research.

Despite government and private childcare providers, private employers in Bangladesh are often failing to address the challenges regarding breastfeeding for a working mother, and thus this research can also play an important role in addressing those challenges (IFC, 2019a).

In parallel to awareness raising campaigns and programmes, the research would pave on solid grounds for physical projects and programmes focusing on the workplace. It will also highlight the gaps between the policies and practices and thus provide directions for improvements.

A limited data is found in Bangladesh that has explored working mothers' perception and practices on breastfeeding and how that impact on the nutritional development factors of a child. Moreover, the relationship between breastfeeding awareness and in real practices has been explored very little at urban areas. Adding to that, on different social, economic structure and education level, breastfeeding practices and facilities have been different too (Nadia et al., 2016). This study would further elaborate on how a breastfeeding space can improve and impact exclusive breastfeeding and impact on better productivity of working mother.

## **Research Topic & Research Questions**

The research topic is provision of integrated breastfeeding corners at workplace: perception of working mothers. To answer this topic, the following research questions were developed:

1. What is the perception of working mothers on Integrated Breastfeeding Corners at workplace?
2. How it supports the working mothers in ensuring exclusive and continued breastfeeding?



3. What are the practices of working mothers in accessing the breastfeeding facilities at workplace?
4. What are challenges or barriers a working mother faces in accessing the facilities?

## **Chapter II**

### **Literature Review**

There have multiple studies based on breastfeeding knowledge, attitude, and practice. However, these articles and reports varies from practice, knowledge, and evidence. This section will attempt to highlight literatures on different aspects of breastfeeding practices along with workplace practice.

### **Definition of Breastfeeding and Exclusive Breastfeeding**

Breastfeeding have been marked as a critical nutritional factor in terms of child development and early child nutrition. Over the years, the importance of breastfeeding have been discussed and analyzed by many international and national bodies. While explaining the benefits, World Health Organisation (WHO) and UNICEF has standardized recommendation on breastfeeding, which are:

early initiation of breastfeeding within 1 hour of birth, exclusive breastfeeding for the first 6 months exclusively, not providing a single drop of water or any other additional foods. It further elaborates introduction of nutritionally adequate complementary (solid) foods from 6 months together with continued breastfeeding up to 2 years of age or beyond (WHO, 2020).

Alongside, exclusive breastfeeding is associated with early childhood development and early nutrition. Early initiation of breastfeeding protects infants from acquiring infections, diseases and reduces newborn mortality. This also marked the importance of colostrum feeding, which is often marked as the first vaccine of newborn babies (WHO, 2020). Breastmilk provides all the required nutrients, vitamins and minerals for an infant that is needed for growth for the first six months, no other liquids or food are needed. In addition, breastmilk carries antibodies from the mother that help prevent disease. Breastfeeding creates an unique attachment and bond

between mother and baby and the interaction breastfeeding has positive consequences for life, in terms of stimulation, behavior pattern, speech development, security and sense of wellbeing. Additionally, breastfeeding decreases the risk of chronic illness in adulthood, such as obesity, high cholesterol, high blood pressure, diabetes and childhood asthma (UNICEF, 2016). According to a study by Department of Education and Early Childhood Development, Melbourne (2014) breastfeeding is the most natural and healthiest way of providing infants and young children with the nutrients required for optimum growth and brain development. The risk of child mortality due to diarrhea, pneumonia and other infections can increase in infants who are either partially breastfed or not breastfed at all. Breastfeeding helps babies' brains grow and develop. Global research has explained that children who had been exclusively breastfed had more advancement in certain areas of their brains. The children who were breastfed for a year or longer, performed better on tasks that required planning, decision-making, expressing and managing emotions, and language (Deoni et al., 2013). According to the Lancet series, breastfeeding provides short-term and long-term health and economic and environmental advantages to children, women, and society. Yet globally, less than 45% of children under the age of 6 months are exclusively breastfed. This further emphasizes that political funding and financial investment, that are needed to protect, promote, and support breastfeeding and understand its long-term benefit both economically and globally (Rollins et al., 2016).

### **Definition of Workplace Based Breastfeeding Corner**

Following the benefits of breastfeeding, it is very important to protect and promote maternity rights and provide lactation support at every aspect, for working mothers it is more expected at their workplace. According to the CDC Guide to Breastfeeding Interventions, U.S. Department of Health and Human Services, support for breastfeeding in the workplace is defined as several

types of employee benefits and functional services which includes: written corporate policies to support breastfeeding women; teaching and aware employees about breastfeeding; providing designated private space for breastfeeding or expressing milk; allowing flexible scheduling to support milk expression during work; giving mothers options for returning to work, such as teleworking, part-time work, and extended maternity leave; providing on-site or near-site child care and offering professional lactation management services and support (Shealy KR et al, 2005). This guideline further emphasizes that setting such goals and including such programmes can increase both breastfeeding initiation and duration across the United States.

Workplace based breastfeeding support is identified as one of the major factors in determining the breastfeeding practices for a working mother. This can further impact the work-life balance and job retention for any working women. Globally research have shown that workplace breastfeeding support including physical structures, manager and coworker support, as well as adequate time to express human milk can enhance the lives of their breastfeeding employees both at work and at home (Jantzer et al, 2017).

Adequate nutrition, safe environments and responsive caregiving are the best ways to support healthy brain development and breastfeeding is one of the first early interventions that boost the development. Inadequate early nutrition undermines brain development in ways that can make it difficult for a child to recover later. Breastfeeding gives all children the healthiest start in life. It stimulates brain development, build immunity and leads to lower health care costs. Additionally, it protects and recovers the mother's health leading towards healthier families and a smarter workforce. Therefore, when mothers are encouraged to breastfeed, everyone benefits (UNICEF, 2016).

Breastfeeding facilitation at workplaces is productive for not only employees but also for employers. Breastfeeding support at work results in rise in the percentage of working mothers coming back to work and sometimes an earlier return. According to a research, support at

workplace can influence the duration of breastfeeding (Soomro et al, 2016). This further elaborates that national policies can play and enhance workplace supportive environment and further lead towards encouragement and facilitate breastfeeding friendly worksite environment. Workplace based support and benefits has been a recent addition to maternity rights and protection, after analyzing the positive association. Despite clear benefits of breastfeeding for child, research has found that returning to work without adequate support mechanisms can obstruct the breastfeeding practices and duration. Although breastfeeding support at workplace is a very crucial term, UNICEF (2020) suggests that employers can play a critical role in supporting families and enabling women to continue breastfeeding by implementing family friendly policies. The provision of workplace based breastfeeding space or rooms, paid maternity leave for 6 months or more, adequate nursing breaks during work hours and an enabling breastfeeding environment are low-cost interventions that can contribute to improve breastfeeding, job productivity and employee retention. The research further suggests that, these minimum intervention can further lead to greater benefits of company, such as: improving the corporate image of businesses, building upon a healthy relationship between the employers and working women, reducing the amount of leave requests made to attend doctors' appointments, for both mother and child, as well as the amount of sick leave, reducing maternity-related absenteeism and employee turnovers and increasing the retention of female workers, as they feel more supported by the company.

Breastfeeding and its importance are highlighted even in sustainable development goals (SDGs). To enhance economic development, both national and international, SDGs have underlined breastfeeding as the basic nutrition for child and to prevent child mortality. Adequate feeding practices are essential for the optimal growth and development of infants and young children. Increasing exclusive and continued breastfeeding practices improves nutrition for not only infants and young children, but for everyone, which is a positive step towards

improving nutrition, promoting health well-being and healthy lives for all globally (Katsinde & Srinivas, 2016).

### **Factors Associated with Positive or Negative Impact on Breastfeeding Rates**

Breastmilk is the most basic, simple and cost-effective means of ensuring better nutrition for a baby, the health benefits of breast milk for both infant and mothers have been well established. Besides nutritional value, breast milk is a rich source of hormones, enzymes, and antibodies that are protective for the child's health and development. Breastfeeding also contributes to mother-child interaction and to effective parenting by reducing maternal depression and improving maternal wellbeing (Tofail & Hamadani, 2015). However, lack of knowledge, practices and inadequate support wipes away the benefits of breastfeeding for the infants. In Bangladesh, the issue is more critical because there a mix group of people, urban, semi urban and rural. Government initiatives and projects have focused highly of broadcasting the information, but at times it fails to reach towards the actual consumer. A research assessing the breast-feeding practice and associated factors among children in an urban area of Bangladesh found out that frequency of exclusive breast-feeding practice was less in working mothers than housewife mothers. This study also showed that the speculation of not getting sufficient milk was one of the main reasons for not giving exclusive breastfeeding (Chowdhury et al., 2018). A cross sectional study by conducted in Dhaka city on women's awareness on breastfeeding and health benefits stated that educated mothers have a better knowledge on the importance of breastfeeding than the uneducated working mothers (Nadia et al., 2016). Global study also suggests that, breastfeeding has a big connection in terms of paid maternity leave and the duration of maternity leave. A study by Department of Education and Early Childhood Development, Melbourne (2014), suggest that the timing of return to work can influence the challenges for a breastfeeding mother and that is why country policy makers should encourage

longer paid maternity leave to successfully establish breastfeeding practices, for both exclusive and continued breastfeeding.

### **Workplace Breastfeeding Support (Global Scenario)**

Globally, breastfeeding has been identified as major challenge in terms of nutrition, maternal health and female workforce participation. An international report focused on maternity leave policies among various countries states that there is a lack of consistency globally on maternity leave length and workplace policy. This also emphasize that leave length and workplace-based policy as a major determinant of breastfeeding practice (Steurer, 2017). Another review report suggests that a dedicated breastfeeding space at work significantly increases breastfeeding duration and exclusivity (GAIN, 2019).

Evidence has proven that exclusive breastfeeding for the first six months is the optimal way of feeding infants because, among other benefits, it increases survival rates of infants, provides antibodies to combat disease, and stimulates an infant's overall healthy growth and development (WHO, 2020). Unfortunately, in Bangladesh as well as many other countries there tends to be widespread misunderstanding of maternity leave and benefits and workplace based breastfeeding support. As a result, business and private sector often fail to comply with the provisions of the labour law relating to breastfeeding and are confronted with high absenteeism as well as high turnover rates of female staff following maternity leave. A global evidence briefs by UNICEF (2019) concluded that there is a positive association between maternity leave policies and breastfeeding duration. This review shows that women who had a three-month maternity leave were at least 50% per cent more likely to breastfeed for a longer period than women returning to work prior to three months. Women with six months or more maternity leave were at least 30% more likely to maintain any breastfeeding for at least the first six months which means exclusive breastfeeding. This further emphasize on family-friendly

policies such as: workplace-based lactation support, extended paid maternity leave and childcare support which are critical to maternal health and well-being, infant health and development, and gender equity in the workplace. The brief concludes that by providing such support at workplace helps to maintain a stable workforce by reducing employee turnover.

In Vietnam business cases explores how forward-looking employers tackle the production / business challenge by investing in quality childcare support for their employees (IFC, 2020b).

When companies support childcare, they can hire and retain talented people, helping boost profits and productivity. In addition, children who have access to early nutrition, stimulation and care are more likely to be healthier and perform well in school as well as are more productive as adults. An ideal workplace-based example from Srilanka, (IFC, 2019c) suggests employer-supported quality childcare and breastfeeding support can yield business benefits and it can be a win-win for employees and business. Hence, workplace based childcare support can result in a win-win situation for employers, employees, children, communities, and economies. These accommodations have shown to enhance and encourage breastfeeding initiation, duration and exclusivity, as well as non-breastfeeding-related outcomes such as, retaining to work, job satisfaction and job commitment.

### **Workplace Breastfeeding Support (Bangladesh Scenario)**

Bangladesh's economic growth has seen a rising participation of the female workforce engaged in private sector, where working parents are not able to spend sufficient time with their children, especially those from 0 to 3 years old. While it is compliance for every workplace in Bangladesh to have a full-time day-care centre for workers' children, quality does vary vastly. According to Bangladesh Labour Act 2006, in every establishment, wherein forty or more workers are ordinarily employed, there shall be provided a suitable room or rooms for the use of children under the age of six years of such women. This further include the concern of trained



caregiver for the care of children and infants, comforting environment and maintained in a clean and sanitary condition (ILO, 2006).

However, this act or any other law in Bangladesh have not dealt with the matter of developing a system which may assist working women to win over the dilemma that they face at the end of the maternity leave on how they will ensure good care for their children when they are away from their babies and at work.

In reference to workplace based breastfeeding support programme, UNICEF (2020) further initiated a national programme at Bangladesh, launched in 2017 and titled Mothers@Work, to ensure maternity protection and breastfeeding support in the workplace. The programme has established 7 minimum principles, focused on paid maternity leave, provision of quality Daycare, breastfeeding accommodation, supportive workplace environment, cash and medical benefits, employment protection, non-discrimination and health protection. The idea is to establish that an investment in working mothers is an investment in business and towards economy.

Lack of quality childcare and support has become a concerning reason for female worker leaving their job. It further continues to lack of awareness about breastfeeding policy and provision, understanding the benefits and advantages of breastfeeding, maternal stress, and anxiety. According to a recent survey, it is shown that almost 90% of women are leaving their job and going back to village due to absence of workplace-based childcare and supportive facilities for breastfeeding (UNICEF, 2018). Lactating mothers at work often face these challenges to continuing breastfeeding when they return to work. Adding to this, due to such support, children are also getting deprived of the rights to proper nutrition and secured environment. As a result, at home, these children are exposed to hazardous and insecure condition, which hinders their development process.

In developing Bangladesh's stunning economic growth, the readymade garment sector has played a pivotal role. Approximately 60% women are employed as a major labour portion in this sector (ILO, 2020). Such employments have vastly changed the family structure and living status of the population. It is one of the reasons why people migrate to the cities, sometimes leaving behind children and other family members back home in the villages. A lot of population has now become urban population and currently living in nuclear families.

To support this booming population, government has further enhanced their services and programmes to reach out people and bring maximum benefit. Despite of such initiatives, there is low awareness among working women on maternity and breastfeeding rights and child rights. Available policy lacks practical approach to protecting a major part of the country's workforce. A recent study conducted by UNICEF (2018) suggests that, almost 97% of working mothers are leaving their job for 1 year soon after delivering the baby only due to lack of supportive child and mother friendly working provision. Evidence from the same study also suggests a large percentage of female garment workers, almost 88% had less knowledge regarding exclusive breastfeeding and its benefits. This is a major shortcoming of specific programmes that focus on awareness sharing and antenatal information for these working women. Lack of supportive working conditions and childcare support are one of the major problems for these garments workers for not continuing exclusive breastfeeding for their child (Afrose et al., 2012). Absence of supportive work requirements would take down the women participation and broadly impact the economy as well. Based on a survey report by Centre for Policy Dialogue (2018) less supportive working environment are taking women away from the formal / financial production sector and involving more into non-formal sector.

## **Chapter III**

### **Methodology**

Research methodology refers to the practical of “how” the study is conducted. More specifically, it’s about how a researcher systematically designs a study to ensure valid and reliable results that address the research questions and objectives in other words, the methodology chapter should justify the sample selections and findings pattern, by showing that the chosen methods and techniques are the best fit for the research aims and objectives and will provide valid and reliable results. (Jansen, 2020). Below the proposed method is discussed further.

### **Research Participant**

All participants were purposively selected for convenience and to assure that they meet a certain criterion which included geographical location, as well as the age of the mothers (20-40 years). Other criteria were to include both women from different income background and working in the private sector and manufacturing sector.

In total 6 mothers were selected as the sample, who are divided into two groups based on the following category: working mothers at garments factory (manufacturing sector) and working mothers at private sector (bank and NGOs) who have access to breastfeeding space at the workplace. All mothers were lactating mothers who have children aged 0-3 years.

### **Research Approach**

To study human behaviour/social trends it is difficult to measure and express the data in a quantifiable term. So, to explore any perception or behavioural pattern, a qualitative study should be devised (Hancock et al., 2007).

To have a deep and specific understanding, qualitative analysis was conducted focused on working mother's knowledge, attitude and practice of breastfeeding space at the workplace. All participants were selected purposively for convenience and to assure that they met certain criteria.

Overall content analysis technique was followed and focused on the collected data and then built-in association with findings from an in-depth interview and associated reports. Lastly, the analysis was summarized based on the researcher's findings and insights into the overall data.

## **Research Site**

The research site for this study is Dhaka district.

## **Data Collection Methods**

This study used qualitative data collection methods given the approach of the study. All data have been collected following In-depth Interview (IDI) method with a selected sample. Due to the given COVID situation, the interviews were conducted over the phone. For IDI, an open-ended questionnaire was developed first focusing on the education and understanding level of the participants. All the notes from IDI were documented in field note format. Along with that, systematic reviews and individual study of secondary data sources were considered as well for further analysis. To contend, qualitative research intends to contribute to the understanding of any phenomenon (Sargeant, 2012).

## **Sampling Procedure**

All data were collected by IDI with selected working mothers. Socio-economic and demographic information was collected before the interview and by building rapport through

discussion. Since the participants were from different background, prior consent and communication were done.

The IDI was conducted with semi-structured /informal and in-depth questionnaires. The overall idea regarding working place support, integrated breastfeeding space was documented during the discussion to understand the current service provision and about the mother's perception. All data were collected in detailed field note so that it can be reviewed again and again in the future. A recorder was used to record data, which was again used for transcription.

## **Data Analysis**

Qualitative analysis has been done using the IDI data as the unit of analysis. All data were transcribed in detail with the recording and later every statement or discussions was categorized under patterns and theme through keywords and phrase searches. All the transcripts were read and coded by hand following specific coding techniques to identify and summarize themes/domains that emerged from the data to answer the questions for specific areas of inquiry.

The theme of analysis was focused on the following keywords: 'exclusive breastfeeding', 'duration of breastfeeding', 'advantages of breastfeeding', 'breastfeeding space', 'supportive working environment for women', and 'workplace breastfeeding corners' focused essentially on Bangladesh being the context. The primary outcome was to find out the knowledge of breastfeeding and perception based on different components of early child development during infancy and beyond among working mothers.

After conducting several close readings of the transcripts, the data were summarized using the content analysis approach. If any discussion or data showed affiliation with any theoretical approach, then it was explained using the triangulation methods. For example, if several statements indicated that breastfeeding space is important for exclusive breastfeeding, then

using the grounded theory and with the help of secondary data sources, this statement was analyzed and established.

The data have also considered information based on an individual's belief and perception. Selected quotations and citations were used to support the objective and justify the problem. The patterns of responses, knowledge and practice were observed and analyzed as a theme and then summarized.

Lastly, depending on the overall content and context observation, the researcher has provided a summary capturing her own thoughts and insights. Lastly, the overall analysis and recommendation was provided as a statement justifying the objective and purpose of the research.

## **Ethical Issues**

This study included only those respondents who were easily available for data collection and gave information willingly. Before conducting the research, ethical approval would have had to be taken from BRAC IED, Brac University. Accordingly, prior to conducting the IDI, consent was taken from all the participants for recording and information sharing. Personal information taken from the participants has been preserved confidentially.

## **Validity & Reliability**

To ensure the validity of the study the data collection tools, in-depth interview questionnaire and observation protocols were reviewed by Brac University's Institute of Educational Development. Moreover, by using different data collection methods, data were triangulated to ensure the reliability of the study.

## **Limitations of the Study**

Due to the ongoing COVID-19 pandemic situation observation of existing workplace-based practices was not feasible. Also, a small number of samples for the study makes the generalization of the results difficult.

During the IDI, mothers did not provide any consent for recording, which, therefore, created a hurdle in transcribing the data. Also, due to the given COVID situation, it was not possible to get signatures of the samples on the consent form.

One major limitation of this study was again affiliated with the ongoing COVID pandemic since mothers are not currently using the breastfeeding corners at the workplace. Also, the researcher was not able to observe breastfeeding corners and breastfeeding practices physically. As a result, most of the information and data is completely based on the mother's information and discussion. There was yet again little scope or possibility for the researcher to cross-examine their practice and perception in real life.

There can also be an impact of external factors, such as, if any mother has participated in community-based awareness programmes/ home-based programmes which might have enhanced her knowledge. Also, given the current situation, IDI in person was not possible.

Despite all these limitations, the present study has opened ways for further research on this crucial issue.

## **Chapter IV**

### **Results & Discussion**

There are two sections in this chapter. First section would discuss about the response and findings collected from in-depth-interview from mothers who working in two different sectors. The purpose is to have a brief on the perception regarding workplace based breastfeeding corner. The captured response would elaborate further on the knowledge, practice and challenge that exists in the workplace based breastfeeding corners.

Second part of this chapter would broadly discuss the analyzed data considering the literature, mothers' responses and researcher's reflection. Lastly, the discussion will be summarized with a conclusion and generate recommendations based on the results and knowledge gained from the study.

### **Findings**

This section would elaborate the principal outcome of the research, focused on the responses from the in-depth interviews. Total six in-depth interviews have been conducted among the working mothers and the findings is discussed highlighting the core queries of the study.

The findings have focused on the purpose of the study which is to identify the perception of working mothers regarding provision of integrated breastfeeding corners at workplace. Also it captured the actual feedbacks from the working mothers regarding practice of a working mother in terms of accessing the breastfeeding corners at workplace. All responses below is collected from individual participant's perception and responses. In the following paragraphs research findings are presented under different thematic headings and subheadings.



## **Demographic information**

Total six working mothers were selected as sample for this study. All mothers are working and belongs to private and manufacturing sector (garments, bank and NGOs). All mothers are based in Dhaka district, close to their workplace. Age of the mothers are subsequently from 20-40 years old. Two of the mothers among the total, have completed Higher Secondary Certificate (HSC) degree, one has completed bachelor's and three mothers from the private sector have completed master's degree from private universities. One mother among them, have completed a certified caregiver course focused on early childhood development and she worked as a Daycare In-charge. One mother has worked as a caregiver at factory level with certified caregiving training and additional breastfeeding awareness training. Remaining four mothers have mostly learned about breastfeeding from online source, awareness raising trainings, information from peer or family members. Most of the mothers have babies age 5 months – 18 months old.

During the IDI period, three mothers were working from home and the remaining were working at the factories and due to COVID situation none could physically access the breastfeeding space. So mostly they have shared the information regarding what they have seen or practiced on pre-COVID period or what they have seen during their pregnancy period.

## **Working Mothers' Perception on Breastfeeding and Breastfeeding Corners**

This section describes the first purpose of this study of exploring the perception of the working mothers which includes perception of workplace based breastfeeding corners and knowledge of breastfeeding benefits for children and mothers. This further includes their understanding regarding breastfeeding policies at different level. For this, findings are presented below from direct responses from the mothers.

## Understanding the concept of mothers on the workplace based breastfeeding corners

Almost all the mothers mentioned that by the term breastfeeding corner at workplace they understand about a space which is used to breastfeed or express breastmilk for their babies. They further stated that they have a such space at their respective workplace, which is either inside childcare or located at a separate space for breastfeeding.

One mother mentioned that,

*“Breastfeeding corner at workplace can be define as a private, secured and baby friendly space for breastfeeding working mothers. The place or room would be equipped with all efficient facilities for working mothers to help her baby feed, either directly or even by pumping and storing”.* (IDI: 2, 1.1.2020).

One mother from the garments defined further,

*“Workplace based breastfeeding corner is a remarkable initiative taken by our factory management, where I can bring my baby and ensure breastfeeding.”* (IDI: 4, 3.11.2020).

According to another mother,

*“As a working mother, I felt relieved when I come to know that my workplace has a safe space where I can feed my baby. The place is very well decorated and equipped with breastfeeding facilities, more to express breastmilk and store. Such provision at my workplace actually took away all my tension and encouraged me further to breastfeed.”* (IDI: 3, 2.11.2020).

## Mothers’ knowledge on exclusive / continued breastfeeding benefits

During the IDI, most of the mothers said that they are informed about breastfeeding benefits and all of them are currently breastfeeding their baby knowing its benefits. Almost all mothers

responded that they have gathered knowledge regarding breastfeeding benefits from different sources.

Almost all mothers said that they have seen only few information on exclusive breastfeeding from online sources or from other media sources, which is a basic poster from government.

One mother said,

*“Breastfeeding helps to boost immunity and support healthy growth and development for my baby. I feel that due to breastfeeding, my baby has better immunity and get less sick”*. (IDI:1, 30.10.2020).

While explaining the breastfeeding health benefits, one mentioned,

*“I believe that breastfeeding has very long-term benefit, you don’t see the result immediately but rather you see lots of health benefits and value later”*. (IDI: 6, 3.11.2020).

In the context of brain development and weight gain, one mother stated,

*“Breastfeeding is very essential for weight gain and healthy growth, it helps babies to boost their immunity, babies get less sick, and thus it promotes healthy development to babies”*. (IDI: 2 1.11.2020).

All mother suggested that breastfeeding boost immunity and fights against diseases. They also supported that along with exclusive breastfeeding, continued breastfeeding helps to aid in long-term health benefits.

*“I have learned once from an online platform, that breastfed babies have better intelligence level, I think it’s more like, breastfeeding fights against diseases, and that is why babies are less sick and more active and thus it promotes better intelligence.”* (IDI: 1, 30.10.2020).

*“Breastmilk is clean, my own body is producing this food for my baby and that is why it’s healthiest for my baby”*. (IDI: 4, 3.11.2020).

All six mothers believed that breastfeeding is cost-effective, less sickness means less visit to doctor. They also included that breastfeeding also has health benefits for mothers as well. One mother stated,

*“For breastfeeding, I felt very much connected to my baby and thus it has created a secured attachment and recovered quickly from my post-partum phase.”* (IDI:1, 30.10.2020).

### Mothers’ understanding on breastfeeding policies

Almost all mothers participated in the IDI mentioned that they have not heard about any specific breastfeeding policies at international level. Three working mothers, who works for the private sector responded that they knew about workplace-based policy which is the maternity leave policy.

One mother from the private sector mentioned,

*“I have learned about a circular from Bangladesh Bank, which provided emphasis and guidelines on the implementation on Day care and breastfeeding corner establishment. I feel that this circular actually reinforced the implementation process of our childcare space.”* (IDI:1, 30.10.2020).

On the context of national policy focused on breastfeeding, participants from the garments sector said that they have got training on the policy focused on breastfeeding policies and guidelines from their workplace. One mother further stated,

*“Last year we got a training from NGO at our factory. We learned that there is a national policy on 6 month paid maternity leave, 7 minimum standards of maternity rights and protection, Breastmilk Substitute (BMS) Act 2013. These all are stated in our country policy; however, we see very less implementation of those.”* (IDI: 5, 2.11.2020).

Three mothers who are working at the garments sector responded that they have been oriented regarding their maternity leave policies when they initially joined the work as part of the HR

orientation programme. However, all of them participated in a technical and awareness raising breastfeeding support programme, where they have learned about national breastfeeding strategies and policies.

One mother who is currently working at private sector stated that,

*“My office, more specifically the HR has introduced me about national policy on breastfeeding such as ILO Maternity protection 2017, BMS Act 2013 and 7 minimum standards of maternity rights and protection. As a part of job, I have seen that UNICEF, ILO and other international bodies are working along with our national partner to standardize the maternity rights”.* (IDI: 2, 1.11.2020).

All six mothers responded that they have not heard about any international policies on maternity rights protection and breastfeeding support. However, they think that all western countries have better policies to support breastfeeding.

### Training and awareness on breastfeeding and breastfeeding corners at workplace for the mothers

All six mothers provided mixed responses regarding on-job training, awareness and orientation programme focused on breastfeeding and information on breastfeeding corners at workplace.

One mother stated that,

*“During my pregnancy period, our office was renovating the Childcare. As a part of that I, along with six other female colleagues were offered different workshops by our HR department focused on maternity rights protection, maternal nutrition, Childhood development and nutrition etc. Through these workshops I mostly gathered knowledge about available facilities at my workplace, such as: available maternal leave and maternity benefits, breastfeeding corner, Day care, breastfeeding breaks, facilities of Day care for children. Etc.”* (IDI: 1, 30.10.2020).

One mother also mentioned,

*“Breastfeeding has become a major concern for our country-based health programmes, however, we see very less informative materials on that. I feel the information should be more used-friendly and encouraging and workplace orientation programme can play a big role in that.”* (IDI: 2, 1.11.2020).

*“I feel we need more information on breastfeeding starting from the first day of pregnancy, as that prepares the mother mentally. I have once read in an online platform that breastfeeding have a big connection with mental preparation of mothers.”* (IDI: 1, 30.10.2020).

Three working mothers from the garments sector stated that they felt very good in participating different awareness and training programme at their workplace on breastfeeding during their pregnancy or post-delivery period. However, they felt that all information shared was very theoretical and most of the time they did not understand without further explanation.

*“I feel the shared information are very theoretical, this should be more given like a poster or wall-hanging format, so that it can be easily understood.”* (IDI: 6, 2.11.2020).

Three mothers stated that the training programme was very much informative for them and helped them to gain better knowledge during their pregnancy period.

Most of the mothers mentioned that they have learned most information either from online sources, healthcare workers, nurses or from elderly family members. However, they all stated that information sources are very limited and not always user-friendly.

### **Breastfeeding Practices at Workplace**

Due to current COVID 19 situation, all six participants mentioned that they do not access any physical access to childcare/ breastfeeding corner at their workplace. However, they all have practiced and witnessed the breastfeeding corners earlier. If there was no lockdown or COVID

situation, then they would have happily accessed and used the breastfeeding space for feeding their child.

This section would highlight the responses from the working mothers regarding their practices at workplace, how do they recognize the importance of breastfeeding corners at workplace.

### Breastfeeding corner setup / structures

Almost all six mothers have shared a mixed response regarding the setup of the breastfeeding corners at their workplaces. However, no mother has access to that breastfeeding space physically at this moment due to pandemic.

One mother has access to childcare along with a breastfeeding corner at her workplace, which allows children from 6 month till 2 years and can accommodate 3 mothers at a time to breastfeed their child. The childcare is outsourced by a third-party organization, who mainly supervise the daily maintenance. There is one supervisor and 1 cleaner, and the office HR monitor it regularly.

Two mothers have access to breastfeeding space at their workplace, which is titled as ‘breastfeeding corner’, monitored mainly by the office HR, supervised by a In-charge and the cleaner does the regular maintenance work. The space is equipped with chair, table, pillows and refrigerator which can accommodate only two mothers at a time. The space is more feasible for expressing / pumping milk and store them. However, if any women want, they can bring their baby and feed them and keep them for a certain time with their own caregiver. Three mothers from the private sector, must share a certain portion of the cost from their salary.

On other hand, three mothers from the garments sector have shared different feedback on the set up of the breastfeeding space. They all have a functional childcare, which mostly accommodate 15-20 children (aged 6 month to 2.5 years old) and co-supervised by a third-party NGO along with factory management. The breastfeeding space is located inside the

childcare center, either with a given curtain or with separate table-chair and pillows. Two of them mentioned similar response that,

*“Our daycare has 1 supervisor and 2 caregiver who are responsible to monitor the regular maintenance, hygiene and cleanliness, follow a standard routine for different activity with children, feed the children, counsel the mothers for breastfeeding and other nutritional support, organize monthly and quarterly meetings with mothers, etc. Sometimes, we also meet and discuss with the NGO-supervisor apa, along with out welfare and admin madam.”* (IDI: 4, 3.11.2020)

One further shared,

*“Our breastfeeding corner is located inside the childcare, as our daycare allows the children from 6 months onwards, so I planned initially to bring her at the childcare to continue breastfeeding. Along with that, the childcare has 2 supervisor and 2 cleaners, who regularly keep the place clean and they also follow a standard routine with the children.”* (IDI: 5, 2.11.2020)

### Joining back to work and access the breastfeeding corner

Nearly all the mothers mentioned that they joined back to their respective work after delivering the baby. Two mothers from the private sector mentioned that they only had sixteen weeks (4months) of paid maternity leave, and they joined immediately after that when their baby was respectively 3 and 3.5 months old.

One mother from the private sector mentioned that she enjoyed complete 24 weeks (6months) of paid maternity leave. Additionally, she took 1.5 month leave from her annual leave. So, when she joined back to her work her baby was 6.5-month-old.



All three mothers from the garments sector mentioned that they got full sixteen weeks (4months) paid maternity leave and their baby was around 2.5 months old (on average) when they joined back to work.

All the mother stated that when they joined back to work, they continued the practice of exclusively breastfeeding their child.

### Structural facilities at workplace based breastfeeding corner

Regarding the facilities at workplace based breastfeeding corner, approximately all mothers shared a mixed opinion in terms of: accessibility, security, ventilation, hygiene, space, decorations, furniture and equipment. All six participants mentioned that they have an accessible day care or breastfeeding space available at their workplace.

Regarding the setup, every mother has shared a different opinion, four said that they have childcare with breastfeeding space, and remaining two said that they have only breastfeeding space.

In terms of facilities, all mothers have shared satisfactory remarks in terms of basic facilities. Almost all the participants stated that the breastfeeding space is covered and secured with proper privacy.

*“Earlier, this space used to be a prayer space for women, now after the Bangladesh Bank circular, our office management renovated with additional furniture and set up and made it a breastfeeding space. I feel the space is more friendly for pumping breastmilk and storing for later.” (IDI: 2, 3.11.2020).*

All six mothers cited that the place is well air-ventilated and hygienic. The located breastfeeding corners or childcare have space for hand washing and all the cleanliness measures are checked and monitored regularly.

Two mothers added that there is sufficient space to sit and breastfeed baby and pumping facilities with proper chair and tables. One mother further stated that,

*“The day care management committee / HR and Admin staffs used to consult with all of our female staffs regularly and update the set according to the need. For example: you need proper milk storing facilities and refrigerator, if you are pumping milk for your baby, so that was included after consultation.”* (IDI: 3, 2.11.2020).

Two mothers working at the garments sector stated that the breastfeeding space is can only accommodate two mothers at a time and since the space is attached with Childcare, sometimes, mothers use the childcare space to breastfeed their child which has sufficient pillows and sitting space. One mother mentioned that,

*“Our factory has established this new childcare according to our growing need and separated the area for breastfeeding, with comfortable chairs and pillows. I felt that all these very more than sufficient to make me comfortable and breastfeed my baby.”* (IDI: 5, 2.11.2020).

Three mothers from the garments sector further added, that they do not have adequate facilities to pump/ express breastmilk and store them, like refrigerator and such.

*“Although we have got orientation on expressing breastmilk, but our Childcare does not have refrigerator, and that is why we don’t get encouraged to express and store milk at the workplace. Rather we can utilize the breastfeeding break and feed our baby, either by going home or bringing them to the childcare.”* (IDI: 4, 2.11.2020)

All participants shared that they feel there is a huge requirement of mother friendly informative materials, such as: posters, flyers etc. which would enhance the mother’s knowledge on breastfeeding, specially focused on breastfeeding positions, breastmilk express or pumping and storing the milk, etc. as they are working mothers, and these are very important for them.

*“During the training from NGOs, I made handmade materials and posters for the breastfeeding space decoration. I was also pregnant that time, so I was very keen to bring my baby to my workplace and provide her this excellent environment”.* (IDI: 6, 1.11.2020).

Around three mothers said that their breastfeeding space have adequate mother friendly furniture, like: comfortable chairs, pillows for a breastfeeding mother.

### Availability of supportive measures at the breastfeeding corner

Approximately all mothers mentioned that the breastfeeding space has proper fire and hazard safety measures installed. They all further added that the set up and structure seems to support the baby and mother, for example: the space is located at ground floor, so mothers does not need to climb and stairs often, the hygiene and cleanliness is healthy for the babies.

All mothers mentioned that they have adequate breaks as breastfeeding breaks, either they would feed the baby or express or pump milk for later.

Three mothers from the private sector shared similar responses regarding available breastfeeding breaks. They further mentioned that the breastfeeding space is accessible to every employees of that same organization, however mostly female employees access the breastfeeding space. One mother added:

*“As a breastfeeding mother, I am always allowed to pump or feed my child during my work hours.”* (IDI: 2, 1.11.2020).

One mother shared,

*“Because of the Childcare, we are always allowed to go, feed and look after the childcare as required. The general practice is that you can avail 2-3 breaks during your working hour to feed your child, but it can vary according to the need. I feel this is very convenient and supportive initiative from my office.”* (IDI: 1, 30.10.2020)

Around three mothers from the garments sector shared that although their childcare does not allow babies under 6 months, but they have a particular method of breastfeeding the child. One mother shared,

*“I usually get two breastfeeding breaks, so I would call my sister at home before the break, and she would bring my baby to my workplace and I would breastfeed my baby. As I live close to my workplace so often either my mother or my sister would bring their baby to the breastfeeding space. Before coming to the workplace and during lunch time, I would mostly express my milk so that my baby can be feed afterwards”.* (IDI: 4, 3.11.2020)

About three mothers from the garments sector shared that it would have been great if they could have the provision to bring their baby below 6 months. One mother further,

*“I think this was decided by the factory management, since the baby below 6 month are very sensitive and not everybody would be trained to handle them properly, that is why the rules have been mentioned as such. From 6 month onwards, the caregiver and supervisor can manage the baby very well.”* (IDI: 4, 3.11.2020).

### Availability of trained caregivers or supervisors

According to some mothers the breastfeeding space or the day care is managed and maintained by caregivers and supervisors or in-charge.

Few mothers mentioned that, monthly or quarterly, they also get to share feedbacks with the HR / admin or supervisory management committee. One mother stated that,

*“Our company has outsourced the day care management to a third-party organization, this was done after consulting with us. I feel they are doing a great job, like the supervisors are very much concern in taking care of the babies. They are always clean and very friendly in behavior.”* (IDI: 1, 30.10.2020).

Few mothers from the private sector mentioned that the caregivers and supervisors do not have certified knowledge of breastfeeding and managing the babies. One also said that,

*“The breastfeeding space does not have trained supervisor, as a result I do not feel comfortable to bring my baby in. Although the space is monitored by our HR, and well maintained by the In-charge, as the caregivers do not have any certified training and knowledge, I sometimes feel very anxious and worried on how they would manage the baby. They are very friendly and nice, but sometimes I feel they are not very professional in terms of the developmental phases of a child.”* (IDI: 2, 1.11.2020).

Around three mothers stated that,

*“We have trained caregivers and supervisors to manage and handle the babies, they are monitored by our admin and welfare madam. Also, an outside NGO supervise and monitor their work regularly. We have monthly meetings with them to share our feedbacks and opinions. We feel that such environment is very much required for our babies to grow and be healthy.”* (IDI: 6, 1.11.2020).

One mother further stated,

*“I joined back my baby was only 2.5 months. My sister used to bring her to my workplace, and I used to feed my baby, as my childcare does not allow children below 6 months. My senior colleague was extremely helpful to show me breastfeeding position. I feel that without her support I would not have learned so much about breastfeeding. Later she referred me for a training on breastfeeding, which has enhanced my knowledge more.”* (IDI: 4, 3.11.2020).

### Breastfeeding routine or practice at workplace

Almost all mother stated that they have available breaks and support from their work to breastfeed their child. Around three mothers from the private sector stated that only with such

facilities mothers can easily get back to their work without much tension. They further mentioned about 2 available breaks (from half an hour to 45 minutes) at workplace as 'breastfeeding break'. In this time, they would use the breastfeeding corner at workplace either for expressing milk or feeding the baby.

One mother suggested that after her delivery she could not have physically accessed the breastfeeding corner due to COVID pandemic.

One mother responded that she joined back to work when her baby was 4.5 months old. She used to bring her pumping machine and bottles and then pump twice at her workplace. After going back home she used to store the milk for next 24 hours.

*“Sometimes at work, I would sit in the breastfeeding space and pump. That was the most comforted moment for me as a mother, thinking that I have produced and gathered food for my baby, and now my baby would not stay hungry afterwards.”* (IDI: 3, 2.11.2020).

In such manner she managed to exclusively breastfeed her baby till 6 months. Later when her baby started solids, she used the breastfeeding space for pumping once during her work time and sometimes, her mother-in-law used to bring her baby to her office too. However, this only continued for a short period as due to COVID pandemic she started working from home.

Two mothers from the garments sector mentioned, they joined back to work when their baby was around 2.5 - 3 months old. So, their sister / mother from home used to bring the baby to the workplace and they used to feed the baby in the breastfeeding corner. With the knowledge of expressing milk, they used to express milk at home and store them so that the baby can also have milk in the absence of their mother. During that time, they felt comfortable at work. They never faced any physical sickness or engorgement pain while at work.

The remaining two mothers from both private and garments sector mentioned that they did not have chance to physically access the breastfeeding corners as due to COVID pandemic. However, if the situation were normal, they would have happily used the space.

## Training and awareness facilities for the mothers at workplace

In terms of training and awareness facilities, almost all the participants stated that, there is huge need for proper awareness and training regarding breastfeeding as this is a new subject for them. They further mentioned that without such awareness, training or orientation policies for mothers at workplace, breastfeeding can be a big problem.

Few mothers from the private sector responded that they have no prior training or awareness on breastfeeding during their pregnancy or even after the joined back. One mother stated that,

*“During my pregnancy, I did participate in workshops and seminars regarding maternal health and nutrition and child development, organized by my office, however those all seemed very typical and generic. There was less information regarding practical breastfeeding. Whatever I had gathered was mostly through internet. However, later I went to this lactation center and there I found all the answers to my questions.”* (IDI: 1, 30.10.2020).

Some mothers stated that, they were only informed about the colostrum feeding or exclusive breastfeeding immediately after their delivery via their nurses, midwives and elderly family members. However, they all stated that, before their maternity leave, they have a brief meeting their HR officer, who oriented regarding maternity leave and procedures of joining back to work.

Around three mothers from the garments sector mentioned that, during their pregnancy they did participated on a technical training, regarding maternal health rights and breastfeeding at their respective factories. That training was informative, and they had gathered maximum practical knowledge from there. One mother stated that,

*“Given my job responsibilities, I was determined that I would bottle-feed my baby. I even searched a good and cheap brand of formula for my coming baby. But later my supervisor nominated me for 3 days training on Mothers@Work programme. People came from an NGO and they talked a lot about importance and benefits of breastfeeding, workplace-based supports*

*and provisions. Only then I realized and decided to choose the best for my child.”* (IDI: 4, 3.11.2020).

Few mothers from the garments sector mentioned that the message on expressing milk was extremely helpful, because they have their mother and sister staying with them post-delivery and by expressing milk, they can ensure that the baby is receiving only breastmilk at required time.

Almost all the mothers shared similar opinion regarding home-based support and requirement of lactation consultants to understand breastfeeding practically.

### Support from management

In response to the support from management / workplace, around all mothers shared similar responses regarding the support of the management. One mother stated,

*“I feel that breastfeeding corners are blessing, it has created a peaceful state of mind for me. To support working mothers and to comply with maternity rights and protection, every company and organization must support with quality day care and breastfeeding support, because otherwise this will always be a vicious cycle and women will never participate in the economic development.”* (IDI: 3, 2.11.2020).

Few mothers shared that they feel that their management have positive attitude towards breastfeeding support. One mother stated,

*“There is adequate breastfeeding breaks and policies that establish the breastfeeding norms among our workplaces. Mothers feel that they do not have any obligations when they leave their workstations for expressing breastmilk.”* (IDI: 2, 1.11.2020)

One mother further stated,

*“To ensure women employment and encourage female leadership, this breastfeeding corner is an example. Our management did prioritize that the pregnant women can continue*



*their work at ease and can join back to work comfortably after delivery if there is a proper childcare and breastfeeding space. This has helped all our female employees to continue their work and balance the role of a mother.” (IDI: 1, 30.10.2020).*

Approximately all six mothers stated that in terms of establishing the breastfeeding corners at workplace, focus was given to reduce job switching and retaining the skilled employees. One mother further added that,

*“Now when my workplace is offering me a better option, I decided to bring my mother and stay with me. I feel much more relaxed and confident that I have chosen the best for my baby and all thanks goes to my supportive work environment.” (IDI: 6, 1.11.2020).*

However, now with the breastfeeding space at workplace, things and minds are changing among the mother, they shared. Given a quality breastfeeding corner, they feel to offer a good live to their baby.

### Support from supervisor / colleagues

Around all the mothers agree that, establishment of an actual and functional breastfeeding space at workplace has created a strong sense of acknowledgement of the practice among their colleagues. One mother stated,

*“With a given physical structure, now my boss knows that I would need an additional time to breastfeed my baby, so he is now more understanding with the timings and schedule of work.” (IDI: 4, 3.11.2020)*

Another mother further added,

*“During my breastfeeding phase, I was the only lactating mother at work, so I used to have lots of friendly attitude from my fellow colleagues. Often my fellow female colleagues would give suggestions on exclusive breastfeeding and I used to enjoy that. I later realized that*

*happy state of mind actually did helped me to breastfeed properly, I see it as a mental connection.” (IDI: 3, 2.11.2020).*

Three mothers from the private sector stated similar responses in terms of reconstruction and establishing a broad childcare. One mother stated,

*“I feel a childcare would also encourage my male colleagues to bring their children at emergency time.” (IDI: 2, 1.11.2020) \*

Few mothers from the garments sector shared, that their male colleagues are overall considerate and understanding regarding the breastfeeding breaks and practices. One added further,

*“My supervisor knows and acknowledge the factor of breastfeeding and supports me more in adjusting the shifting time and light work. I feel extremely happy when I see that even being a man, he is supportive, and all this is because he has participated in the training programme.” (IDI:5, 2.11.2020).*

### Breastfeeding support at workplace and job satisfaction

Almost all participants shared similar opinion that if there was no such physical support and concrete establishment for breastfeeding then they might have to leave their work or choose between their work and child.

Mothers who work at the private sector stated that they feel only because of the breastfeeding facility, they could come back to work happily. One mother stated,

*“knowing the benefits of breastfeeding, I was very excited about the breastfeeding corner at my workplace, I feel this completely support me as a working mother. I was so happy of my workplace-based support. Although because of lockdown, I didn’t have access to that center physically but knowing the fact is enough comforting.” (IDI: 1. 30.10.2020)*

All six mothers stated that breastfeeding corner at workplace have supported them to be a working mother and thus their family have also supported them to be a working mother. One mother stated,

*“If there was no such facility, then probably I would have quit my job and just complete my role being a mother.”* (IDI: 3, 2.11.2020)

Given the current facility of breastfeeding corner at workplace, all six mothers shared that they would like to continue breastfeeding for 2 years. One mother shared,

*“I knew that continued breastfeeding has further benefits for my child, so thus with such facilities, I have ensured that I continue my breastfeeding for 1 year along with my work.”* (IDI: 3, 2.11.2020)

Although given the current COVID situation, all mothers are working from home, they do not access the breastfeeding space with their child.

Three mothers from the garments sector responded that earlier the trend was most of the female employees would leave their job for around 1 year after delivery. One mother from the garments sector stated,

*“To continue my work, I would have had to leave my 2.5-month-old baby with my sister at village, this would have been very depressing and stressful for me. But given the breastfeeding space and childcare I felt very much satisfied and continue my job with my family support.”* (IDI: 6, 1.11.2020).

One mother further added,

*“According to our maternity leave policy, pregnant mothers get half salary for 56 days before going for maternity leave. So, most of the pregnant mother take that advance salary, leave their job and go to their village home for raising the child with proper care. After 1 year, they would leave the baby behind with their grandparents and only the mother would come back to work. In such way, the mother always used to feel very anxious and unmindful*

*regarding their baby and always mentally they would be upset. But such facilities at workplace have ensured that all mothers can feel more comfortable and have better job satisfaction.”*

(IDI: 4, 3.11.2020)

### **Challenges in Accessing the Breastfeeding Corners**

This section would highlight on the challenges that working mothers face in their work regarding breastfeeding and how the breastfeeding space are helping them to overcome that challenges.

#### Challenges in accessing the workplace based breastfeeding corners

Apart from minor issues, almost all the mothers stated a mixed response regarding the challenges in accessing the workplace based breastfeeding corners.

Few mothers from the private sector stated that, their breastfeeding space have only adequate facilities to feed or express breastmilk, however facilities with functional childcare would have been a better support.

A few mothers from the garments sector stated that there are no refrigerators or storing facilities, and that is why they cannot express milk at workplace. There is also a limitation in terms of children enrollment. One mother from the garments sector stated,

*“Our childcare does not allow children below 6 months. Also, there is limited seat, maximum 20 children can be at the childcare. Therefore, I feel it is not enough with our growing number of employees.”* (IDI: 5, 2.11.2020)

Some mothers from the private sector stated that there is a lack of training and orientation programmes regarding breastfeeding at workplace. This is a big challenge as not all mother has similar knowledge regarding breastfeeding, so pumping and storing can be difficult for them.

### Challenges from management or fellow colleagues

Approximately all mothers shared mixed responses regarding their management's support. They further stated that, the maternity leave policies should be modified along with the national policies, which is stated to be six month paid maternity leave.

Some mothers shared that there is a positive approach of their management regarding the breastfeeding corner. They think that without management's support the establishment of such breastfeeding corners would not have been possible.

Few mothers who are working at bank, shared that the circular from Bangladesh Bank did played a big role. It helped lots of female employees to come back to work. However, they also stated that a big group of their female employees are still deprived from such facilities, those who are working at smaller branch. Although bank management does a relocation of staff if any female employee is pregnant, but this is not a good practice, they think. One mother further stated,

*“Since we do a cost sharing in the maintenance of the breastfeeding space, I feel we could have access better childcare facilities, which would enable to bring us our child.”* (IDI: 3, 2.11.2020)

One mother who is working at private sector feels that the space is only suitable for pumping breastmilk, because of the space constrain and all. She stated that,

*“This breastfeeding corner was established to comply with maternal health right and employment protection. However, it would have been better if this were a complete Childcare with trained supervisors.”* (IDI: 2, 1.11.2020)

## **Discussion**

This section discusses the study results in the light of the core objective of this study, researcher's reflection, and other existing study findings. For better insight, the discussion has been presented under different sections in compliance with the findings of the present study.

### **Understanding the perception of mother on breastfeeding and workplace based breastfeeding corners**

The study found out that there is a very basic idea regarding the definition of a standard workplace based breastfeeding corners. All the participants shared similar opinion that a breastfeeding corner is a must at workplace, which would be secured, accessible and hygienic. Findings indicate mothers had different opinion regarding the definition of breastfeeding corner at workplace but practically all the mothers have answered same that this is the most required support for a working mother after delivery.

In terms of breastfeeding benefits mothers have mentioned that breastfeeding is the best as it protects babies from diseases, build immunity, enhance healthy growth and brain development. They also shared that after delivering a baby, the mother is often worried and juggled between her job and raising a healthy child. Therefore, a quality and functional breastfeeding space within the workplace, therefore, could be one of the best solutions. Similar to this study, research also showed that despite knowledge on exclusive breastfeeding and breastfeeding benefits, barriers at workplace, such as extreme workload, inadequate crèche facilities at work, has hampered and decreases the duration of exclusive breastfeeding (Hasan et al., 2020). Therefore, it can be stated an improved and quality support in the workplace can improve new mothers' job satisfaction, which could be advantageous to businesses broadly and that is why it is a must to have a functional and quality breastfeeding space at workplace.

### **Importance of workplace-based support for breastfeeding and health benefits**

All mothers have a fair understanding regarding breastfeeding benefits and even being a working mother how they can ensure exclusive and continued breastfeeding. Their opinions and views suggest that breastfeeding is the best way of providing essential nutrients to infants for their optimum growth and development. Despite from varied education and social background, mothers have similar understanding on what is the best for their children. According to UNICEF's research, support for maternal nutrition and infant feeding (breastfeeding) during the first 1,000 days of children's lives should be a crucial aspect of family-friendly work environments, especially in a country such as Bangladesh with a significant population of stunted children (UNICEF, 2017). However, prior research has shown that unsupportive work environments are frequently cited as reasons women abandon breastfeeding early. As a result, children can be at risk of malnutrition and health issues in later life. Therefore, it can be suggested that breastfeeding and lactation rooms, especially those that are on-site or near-site, can enable working mothers to breastfeed their children and express milk, which has proven benefits for families, businesses, and society.

### **Importance awareness and trainings for workplace based breastfeeding support**

The responses from the working mother suggests that, there is lack of proper awareness and training programmes focused on breastfeeding. Depending on the variety of workplace, it seems not everyone is aware about breastfeeding in the same manner. As the mothers from the garments sector shared that they all have participated in a specific factory based programme during their pregnancy which has enabled them to understand about the benefits and basic initiation of breastfeeding. As a result, they felt very prepared about breastfeeding.

On other hand, the mothers from private sector shared that they have very limited knowledge about breastfeeding. Most of the information were based on online or from family members.

As a result, often there was a concern regarding breastfeeding and if they practice the right method.

The findings from this study suggest that support and counseling from workplace should be introduced during pregnancy to prepare mothers and to help them initiate breastfeeding. Sector based workplace support can also encourage mothers to initiate and continue breastfeeding for a longer period. Working mothers should also be oriented on how to express their milk so that they can continue to feed their babies and store their milk properly while they are at work.

Resuming work is often considered an obstacle for continued breast feeding. However, study suggests that developing a support model can increase breastfeeding period and thus increase job participation. A study on workplace breast feeding support model was developed based on the concept of Mother-Friendly Workplace Initiatives by the World Alliance for Breastfeeding Action (WABA) and the Thai government's promotion of a workplace breast feeding corner. Within this model, a committee for breast feeding support was created for working with the research team to develop breast feeding activities and media for breast feeding education and breast-feeding support campaigns in the workplace. Result suggests that after implementation of this programmes. both exclusive and continued breastfeeding period rates have increased (Yimyam & Hanpa, 2014).

### **Breastfeeding practice and support at workplace and job satisfaction**

All the participants at this study mentioned different ways of accessing the breastfeeding corners or breastfeeding facilities at workplace. From the opinions of different groups of working mothers, all of them have stated one common requirement at work, that is facilities of expressing breastmilk at workplace. Which means that partially even if the babies are not with them, at least they are able to secure food for their babies. Although all mothers stated that there is a policy of having a breastfeeding corner at workplace, they feel sometimes the



organization may not have proper place or quality structures. Therefore, just a secured, equipped and covered place for expressing breastmilk or pumping could be enough helpful for the mothers. According to a regression study results suggests, provision of workplace breastfeeding support, particularly providing adequate time for milk expression and storing, predicted work improvement and better performance at work (Jantzer et al., 2017). Although given the current COVID situation, most of the mother could not physically bring their babies to workplace, however, given the space to express their milk is now more functioning to them. Therefore, it can be advised that there is concrete understanding of breastfeeding space among the working mother and working mothers are now more considerate about breastfeeding at any state. Study suggests that mothers' perceptions of workplace lactation support are often associated with job satisfaction (Waite & Christakis, 2015). Therefore, all lactating working mothers require a quality and secured space for expressing and storing breastmilk while they are at work and it does have a positive correlation with better job satisfaction and continuation to job.

Responses from the working mothers in this study shows that lack of access to good quality, affordable childcare or breastfeeding space at workplace or close to, often takes women out of the formal workforce, sometimes for a certain period. This further creates job shifts, drop out of skilled workers and less women empowerment. Lack of adequate and quality facilities at workplace sometimes also creates job frustration and sometimes physical difficulties and mental unhappiness as well. UNICEF's work with the RMG sector in Bangladesh reveals that many workers do not live with any or with all their children (UNICEF, 2018). The responses from the mother who work at garments sector adds further that lack of quality breastfeeding space and childcare creates a mental pressure on mother's mind, and for which she often cannot concentrate on her work properly. Consequently, the mothers who are working in the private sector have shared opinion is support of the workplace based breastfeeding corners. For them,

the space is currently a basic support which is motivating them to continue their work as well as giving the mental satisfaction in raising a healthy child. From this study analysis it can be stated practical and customized solutions on can establish better guidelines and expectations for workplace breastfeeding support and thus enhance better job satisfaction and job retention.

### **Challenges of breastfeeding for working mothers at workplace**

The findings of the study show that in different setting and category, mother have faced different challenges. Some mentioned about the physical facilities such as a breast milk pump, refrigerator, breastfeeding corner and jobsite crèche, some have mentioned about the breastfeeding breaks. However, all of them have agreed on proper accessibilities in breastfeeding space and thus can continue their breastfeeding practices. Although global studies have revealed that many mothers experience barriers to maintaining a breastfeeding relationship with their infants upon returning to work and, consequently, terminate breastfeeding earlier than recommended or intended. As such, employers are in a unique position to help further increase breastfeeding rates, durations, and exclusivity (Dinour & Szaro, 2017).

In present study, we saw that two different sectors had offered breastfeeding support to the female employees in different manner, but their goal was same: to ensure support for working mothers. Similar studies conducted in other places also shows that workplace-based support varies from job-to-job and most working mothers in the industry sector appear to be at a disadvantage position compared with other employment types. And thus, there is a need for more breastfeeding support programs that would target specific workplace characteristics (Snyder et al., 2018).

## **Disparity between policies and practices**

According to the results in this study shows that working mothers have less knowledge and awareness on nation policies, such as: female working hours, Bangladesh Labour Act 2015, labour law, pregnancy welfare benefit, maternal healthy and benefits, Nurturing care framework etc. As per the current maternity leave policy (16 weeks of paid leave), women are expected to return to the workplace just 8 weeks after the birth of their children and as such, within the exclusive breastfeeding window (0-6 months) ((IFC, 2019a). However, coming back to work rather becomes a burden to the lactating mother if she is not given enough workplace-based support. The participants from the private and garments sector in this study stated that prior to their join, information from fellow seniors, family members, awareness workshops were informative. Such customization would be helpful if it is normalized for every new mothers.

As more and more mothers of young children work outside the home, the need for more supportive breastfeeding policies at the workplace becomes quite obvious. The American Academy of Pediatrics and the World Health Organization have noted that the work environment, in both policy and structure, is often not supportive of women who choose to breastfeed. These include insufficiently comprehensive maternity leave policies, lack of childcare at or near the workplace, rigid time schedules that do not allow for nursing breaks, lack of a location providing privacy for breast-pumping, and no facilities for refrigeration of pumped breastmilk (Barber-Madden et al., 1987).

From this study, it can be suggested that breastfeeding policies for working women should be revised, to also include awareness sessions and training programs for employers about the cost effectiveness of worksite investment on breastfeeding and educate women about their right to practice and demand workplace based breastfeeding support.

## **Conclusion**

The present study was a qualitative study which intended to identify perception regarding provision of integrated breastfeeding corners. This focus on few basic themes which are the knowledge and perception of working mothers, practice and challenges of a working mother in terms of accessing the breastfeeding corners at workplace. For this, in-depth interview was conducted with selected working mothers from two profession and overall analysis was conducted to accomplish the objective of the study.

The findings of the present study show that all mothers certainly agree that if there was no such physical support then they might have to leave their work or choose between their work and child. Although all mothers have different education and working background but approximately all mothers are aware about the breastfeeding benefits for their children and that is why the continued breastfeeding even after joining back to work.

In terms of facilities and physical practices, it can be indicated that mothers who are working at the garments sector are benefitted with a more functional childcare along with breastfeeding space which makes their breastfeeding journey easier. On other hand mothers who are working at banks or other sectors, are accessing the facilities of breastfeeding corner at workplace are provided with basic set up.

Almost all the working mothers suggested that there is a need of formal training and awareness session on breastfeeding from the workplace, during their pregnancy period which would help the mothers afterwards. The findings also indicated that mothers have minimum knowledge on breastfeeding policies. Findings further suggested that there is a gap in policy implications and forming a standard for integrated breastfeeding corners at workplace.

From the study findings it can be also found that although there is a positive support from the workplace and management, there are existing challenges that need to be reviewed in terms of practical breastfeeding practices. As a summary it can be concluded that to continue

breastfeeding all working mothers should be offered with an integrated breastfeeding corner facilities at their workplace and that should comply with all the policies and law requirement.

## **Recommendations**

After reflecting on the findings and discussion of the present qualitative study on the perception of working mother on workplace based breastfeeding corners, the researcher has come up with some recommendations on the subject matter. The recommendations are:

- On-site childcare including breastfeeding space at workplace should be included in implementation guidelines.
- The childcare along with the breastfeeding space should have trained and professional caregivers or supervisors. On-job workshops or awareness programme should be introduced for expecting mothers focused on breastfeeding options upon their return to work such as return part time, extended maternity leave without pay, available facilities at workplace, i.e. breastfeeding breaks, childcare and breastmilk pumping corner, task adjustment etc.
- Workplace based policies should be reviewed and policy and implementation gap should be identified and feasible framework and guidelines (such as: maternity leave, workplace-based orientation, functional childcare and professional caregivers ) should be developed for better implementation of the policies.
- Similar study should be conducted on larger population to get the bigger picture in terms of the perception and practice of working mothers on workplace breastfeeding corner.

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## Appendix A: In-depth Interview Questionnaire

Research Title: A Study on the perception of working mother on integrated breastfeeding corner at workplace.

### Section A: Demographic Information

Interview Date:	
Start time:	End time:
Name:	
Age:	Age of your child:
Education:	
Profession:	

### Section B: Working Mother's perception on integrated breastfeeding corners at workplace.

1. What do you understand with the term 'breastfeeding corner at workplace'? Could you please explain it?
2. Do you know about information regarding breastfeeding and the importance of breastfeeding before your delivery? If yes, would you please share.
3. Could you please share your knowledge regarding exclusive breastfeeding and continued breastfeeding?
4. Have you heard about any breastfeeding policy at national level / workplace level / international level?
5. Does your workplace have any provision for breastfeeding or childcare at work? if yes, then how accessible or mother friendly are those facility?
6. Does your workplace have accessible breastfeeding space or is there any challenges?

### Section C: How your workplace based breastfeeding corner has supported your breastfeeding practices?

7. As a working mother, at what time did you join back to work and how old was your baby?
8. How did you felt while using that breastfeeding corner available at your workplace?

9. Do you have adequate time in between your work to breastfeed your baby?
10. Please explain about your available breaks, how do you bring your baby to the breastfeeding corner?
11. Does your breastfeeding space have trained supervisor or caregiver?
12. How do they support and assist you on breastfeeding?
13. Do you feel that your breastfeeding corner at your workplace have quality supportive measures, such as: milk storage facility, comfortable feeding environment, security, cleaning and hygiene facility, baby friendly facility, fire safety?
14. Do you feel comfortable and confident enough on your breastfeeding space at your workplace?
15. Do you think that there a room for possible changes that would enhance the quality of the breastfeeding space at your workplace?

**Section D: challenges or barriers a working mother faces in accessing the facilities**

16. What are the challenges for a working mother regarding breastfeeding?
17. As a lactating mother, do you feel that a designated breastfeeding corner have been a big support? If yes, please explain.
18. According to you, what is an ideal image for a breastfeeding corner at workplace?
19. What do you feel, how supportive is your work management regarding a breastfeeding corner? Please explain?
20. What responses do you expect from your male colleagues/ supervisors regarding such breastfeeding corners?
21. Breastfeeding corner can increase a woman's productivity – do you believe in such statements? Please explain.

## Appendix B: Consent Form

**Title of the Research:** provision of integrated breastfeeding corners at workplace: perception of working mothers

**Researcher:** Fariha Afrin

### **Purpose of the research**

I am conducting this research as a part of my master's degree requirement from the Institute of Educational Development (IED) - Brac University. The aim of this research is to explore the perception of working mothers on integrated breastfeeding corners at workplace.

### **Expectation from you**

If you agree, you will be expected to share information regarding your practice on breastfeeding, knowledge and sharing information regarding your breastfeeding being a working woman. The in-depth interview would take maximum 30 to 40 minutes, depending upon your response.

### **Risks and benefits**

There is no risk to you or your child for participating in this study; directly or indirectly.

### **Privacy, anonymity, and confidentiality**

All information collected from you will remain strictly confidential. I would be happy to answer any of your queries about the study and you are welcome to contact me.

### **Future use of information**

Some of the information collected from this study may be kept for future use. However, in such cases information and data supplied to other researchers, will not conflict with, or violate the maintenance of privacy, anonymity and confidentiality of information identifying participants in any way.

If you are willing to participate in this research, please provide your permission with your signature below.

Name of the Mother:	Name of the Researcher:
Signature of the Mother:	Signature of the Researcher:

Thank you very much for your cooperation. For any further query, you may contact me. My contact no is, \_\_\_\_\_ or you can email at \_\_\_\_\_