LET'S MAKE IT WORK!

Breastfeeding in the workplace

Using Communication for Development to make breastfeeding possible among working mothers

Acknowledgements

This document was written by Nathalie Likhite (UNICEF consultant) with contributions from:
Neha Kapil; Anuradha Narayan; Anu Puri; Sheikh Masudur Rahman; Mayang Sari (UNICEF Bangladesh); Susan Jobando; Bridget Job-Johnson; Grainne Mairead Moloney; Laura Kiige; Nicholas Kirimi (UNICEF Kenya); Maaike Arts; Yarlini Balarajan; France Bégin; Ketan Chitnis; Rafael Obregon (UNICEF Programme Division, New York). Editor: Brigitte Stark-Merklein. Design: Nona Reuter.

UNICEF gratefully acknowledges the support from the Bill & Melinda Gates Foundation.

Suggested citation:
United Nations Children's Fund, *Let's make it work!: Breastfeeding in the workplace – Using Communication for Development to make breastfeeding possible among working mothers,* UNICEF, New York, April 2018.

Photo credits: Cover: (top) Mayang Sari, UNICEF Bangladesh; (bottom) ©Wollwerth; page 4: ©UNICEF/UN0905/Paul; page 6: ©UNICEF/UN066558/Ohanesian; page 8: ©UNICEF/UN075308/Kealey; page 13: ©UNICEF/UN01477/Mawa; page 16: ©UNICEF/UNI123197/Khan; page 21: (left) Mayang Sari, UNICEF Bangladesh (right) Maaike Arts, UNICEF New York; Page 23: Maaike Arts, UNICEF New York; page 24: Lynette Aoko Dinga, Nutrition Support Officer, UNICEF; page 29: ©yotrakbutda; page 30: Susan Jobando, UNICEF Kenya; page 31: ©UNICEF/UNI95000/Pirozzi.

Abbreviations

ANC	antenatal care
APHRC	African Population and Health Research Centre
BDHS	Bangladesh Demographic and Health Survey
BRAC	Building Resources Across Communities
C4D	Communication for Development
EBF	exclusive breastfeeding
HCWs	health-care workers
HROs	human resource officers
ILO	International Labour Organization
KDHS	Kenya Demographic and Health Survey
MIYCN	maternal, infant and young child nutrition
NGO	non-governmental organization
PNC	postnatal care
RMG	ready-made garment
SWOs	social welfare officers

Contents

1. **Introduction** 4
2. **Review of evidence of effectiveness of C4D in improving breastfeeding practices of working mothers** 6
   - 2.1. C4D in workplace breastfeeding programmes 6
   - 2.2. Key attributes and personal experiences for managing breastfeeding and work 7
   - 2.3. Evidence gaps 7
3. **Conceptual models guiding C4D strategy design for breastfeeding and work** 8
   - 3.1. The social ecological model 9
   - 3.2. A theory of change for workplace breastfeeding support programmes 10
   - 3.3. 'Four Ps' of maternity protection and breastfeeding at the workplace 11
   - 3.4. C4D pathway for promoting breastfeeding among working mothers 12
4. **C4D objectives by participant groups who influence breastfeeding decisions** 14
5. **Bangladesh: Enhancing breastfeeding practices among mothers at work in Bangladeshi ready-made garment businesses – A Communication for Development case study** 16
   - 5.1. Background 17
   - 5.2. Designing a C4D strategy for the Mothers@Work model projects 18
   - 5.3. Achievements to date 22
   - 5.4. Key lessons learned 23
6. **Kenya: Designing social and behavioural change communication to improve working mothers' breastfeeding practices in a Kenyan tea estate – A Communication for Development case study** 24
   - 6.1. Background 25
   - 6.2. Designing a C4D strategy for the model project 26
   - 6.3. Achievements to date 29
   - 6.4. Key lessons learned 30
7. **Next steps** 31
8. **Resources** 32

Endnotes 34

1. Introduction

Globally, mothers have identified work as one of the leading barriers to exclusive and continued breastfeeding and a main reason for not breastfeeding or early cessation of breastfeeding.[1] Findings from United States-based studies suggest that the poorest and most vulnerable mothers are most likely to be affected, as they are often the ones who need to go back to work soon after delivery.[2] There is evidence, however, that workplace breastfeeding support programmes are able to contribute to increased rates and duration of breastfeeding.

UNICEF's vision for breastfeeding is founded on the understanding that breastfeeding is not a one-woman job – it requires government leadership and support from families, communities, workplaces and the health system to make it work. Figure 1.1 illustrates this vision.

For years, UNICEF has advocated for strengthening maternity protection legislation and encouraging employers to incorporate breastfeeding- and child-friendly care, support and services within their workplaces. More recently, these recommendations are being driven by UNICEF-supported initiatives in two areas:

- Promoting children's rights and business principles that advance children's rights to health and development through businesses and supply chain networks globally.[3]

- Advocacy on global breastfeeding commitments.[4,5,6] These underline the importance of promoting and supporting breastfeeding among working mothers through the implementation of enabling conditions.

In 2016, with support from the Bill and Melinda Gates Foundation, UNICEF launched two country-level initiatives to improve breastfeeding practices of infants of working mothers, in partnership with businesses operating in two distinct settings:

- **Ready-made garment (RMG) factory sites located in the urban and peri-urban areas of Dhaka, Bangladesh.**
- **A vast tea estate situated in Kericho County, Kenya.**

The objective of the mother- and baby-friendly workplace initiatives is to increase working mothers' demand for and access to facilities and services that support appropriate breastfeeding practices and care in the workplace." In doing so, the initiatives aim to generate evidence on the operational feasibility, effectiveness and cost-effectiveness of supporting breastfeeding in the workplace, and to showcase its benefits for children, families, communities and businesses. UNICEF applied the Communication for Development (C4D) process to design social and behavioural change communication strategies to increase acceptance of, and demand for, workplace breastfeeding programmes in each context.

This document presents accomplishments to date[7] and conceptual thinking in C4D for promoting breastfeeding support in the workplace, emanating from these two experiences and building upon available evidence and lessons learned from former experiences. The document is intended for programme planners within UNICEF as well as UNICEF partner organizations.

It includes:

- A summary of a review of evidence of the effectiveness of C4D in improving breastfeeding practices among working mothers.
- Conceptual models to help guide C4D design and implementation:
  - Social ecological model for breastfeeding support in the workplace.
  - A theory of change for workplace breastfeeding support programmes.
  - 'Four Ps' framework for breastfeeding support in the workplace.
  - C4D pathway for promoting breastfeeding among working mothers
- A table listing possible C4D objectives by setting and participant group.
- Two case studies illustrating Bangladeshi and Kenyan experiences in designing C4D strategies to support breastfeeding in the workplace initiatives.
- A list of open-source resources.

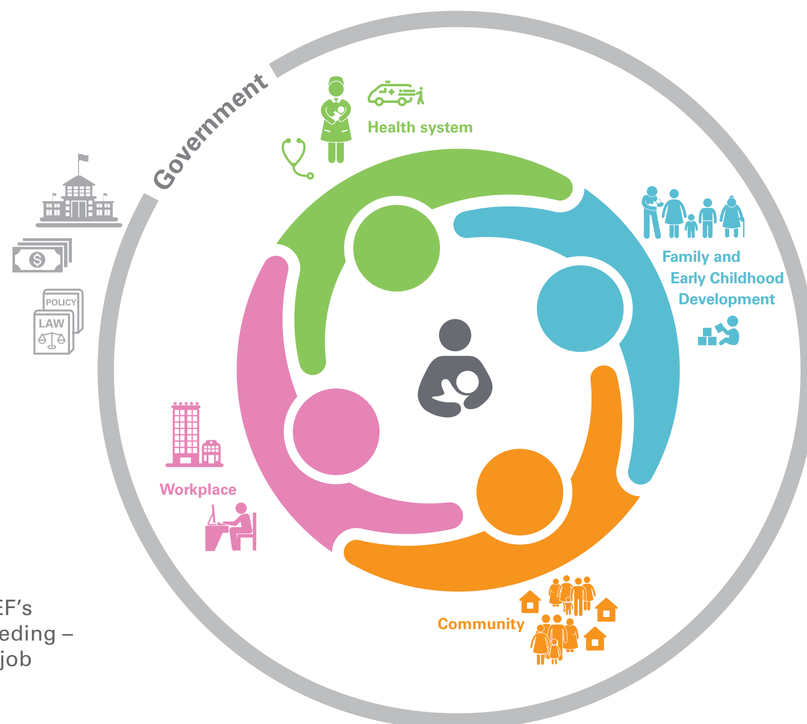


FIGURE 1.1. UNICEF's vision on breastfeeding – not a one-woman job

2.

Review of evidence of effectiveness of C4D in improving breastfeeding practices of working mothers

UNICEF commissioned a review of published literature on effective evidence-based C4D approaches for delivering breastfeeding promotion, protection and support in workplace settings.[8] The review was conducted to inform planners of breastfeeding-in-the-workplace initiatives and included more than 900 open-source peer-reviewed articles or abstracts. A total of 27 articles published between 1994 and 2017 were retained, including five systematic reviews and 22 quantitative and qualitative studies. Overall, few articles focused on C4D effectiveness. Rather, references associated with C4D were embedded in either the description of the workplace breastfeeding support programmes or the factors associated with success in combining breastfeeding and work. Most articles (19 of the 22 studies and two of the five systematic reviews) focused on high-income countries.[9]

2.1. C4D in workplace breastfeeding programmes

The review found evidence that the following features helped improve breastfeeding practices of working mothers:

- Working women's awareness of:
  - ✻ the existence of mother- and baby-friendly policies in the workplace;
  - ✻ the availability of child- and breastfeeding-friendly spaces;
  - ✻ the availability of breastfeeding breaks.
- Workplace-based encouragement, experience and support for breastfeeding at work, in particular from:
  - ✻ managers and supervisors;
  - ✻ colleagues;
  - ✻ co-workers who had successfully managed breastfeeding and working.
- Tailored information, counselling and capacity building for working mothers before, during and after maternity leave, including:
  - ✻ information on the benefits of breastfeeding for infants, mothers, families, communities and businesses;
  - ✻ training in breastfeeding techniques (expressing, storing, transporting and feeding breastmilk) before a mothers' return to work;
  - ✻ anticipatory guidance for managing exclusive and continued breastfeeding and work.
- Support from health-care workers (HCWs), including certified lactation consultants, in the workplace.
- Husbands', or partners', and other family members' emotional and practical support for sustaining breastfeeding while working.
- Community and social support and the creation of a culture where breastfeeding is valued and protected, and considered normal.[10]

Breastfeeding support programmes that included multiple components were most effective.[11] They resulted in: lower rates of breastfeeding discontinuation; longer duration of any breastfeeding; higher rates of any breastfeeding at 6 or 12 months; longer duration of exclusive breastfeeding; or higher rates of exclusive breastfeeding at 6 months.[12] Gatekeepers to workplace breastfeeding programmes – such as occupational health nurses, welfare managers, human resource managers or HCWs – played a pivotal role in ensuring that the programme's components came together.

2.2. Key attributes and personal experiences for managing breastfeeding and work

The review identified three broad categories relating to attributes and personal experiences of mothers who successfully combined breastfeeding and working outside the home.

Women who successfully breastfed and worked:

- ✎ **Received support –** which varied both in terms of quantity and quality. Types of support were: informational (any source of information used to cope with breastfeeding experiences); instrumental (behaviours that helped the women at times of breastfeeding needs); and emotional (related to empathy and demonstration of understanding, acceptance and value of breastfeeding). Mothers spoke of needing support to maintain exclusive breastfeeding at different degrees of urgency: (i) immediate support soon after the birth of the baby, often from partners, family members and friends, and (ii) routine support to sustain the practice, often sought from HCWs.

- ✎ **Planned –** by preparing in advance and developing organizational strategies to combine breastfeeding and work, taking into consideration elements such as time, maintenance of breastmilk supply and their physical health.

- ✎ **Exhibited specific personal traits –** such as commitment, assertiveness and strong belief in the importance and benefits of breastfeeding. Resilience was another important trait as women who breastfed and worked were able to overcome the distress caused by a feeling of internal conflict between being a 'good mother' and a 'good worker'. This was tied to experiencing professional and emotional stress, feelings of guilt and the need to make sacrifices.

2.3. Evidence gaps

From the review of the literature, the following evidence gaps emerged:

- Evidence from low- and middle-income countries on what works to improve breastfeeding practices among working mothers.
- Evidence from the informal sector.
- Evidence about the effectiveness of C4D as a strategy to help improve breastfeeding practices among working mothers.

3.

Conceptual models guiding C4D strategy design for breastfeeding and work

Four conceptual models guided the experience of developing and documenting C4D strategies promoting breastfeeding support in the workplace in Bangladesh and Kenya:

1) **The social ecological model**, a long-established framework for understanding the variety of factors that determine health behaviours at different levels of influence, and for choosing types of interventions to effect changes at each level.[13]

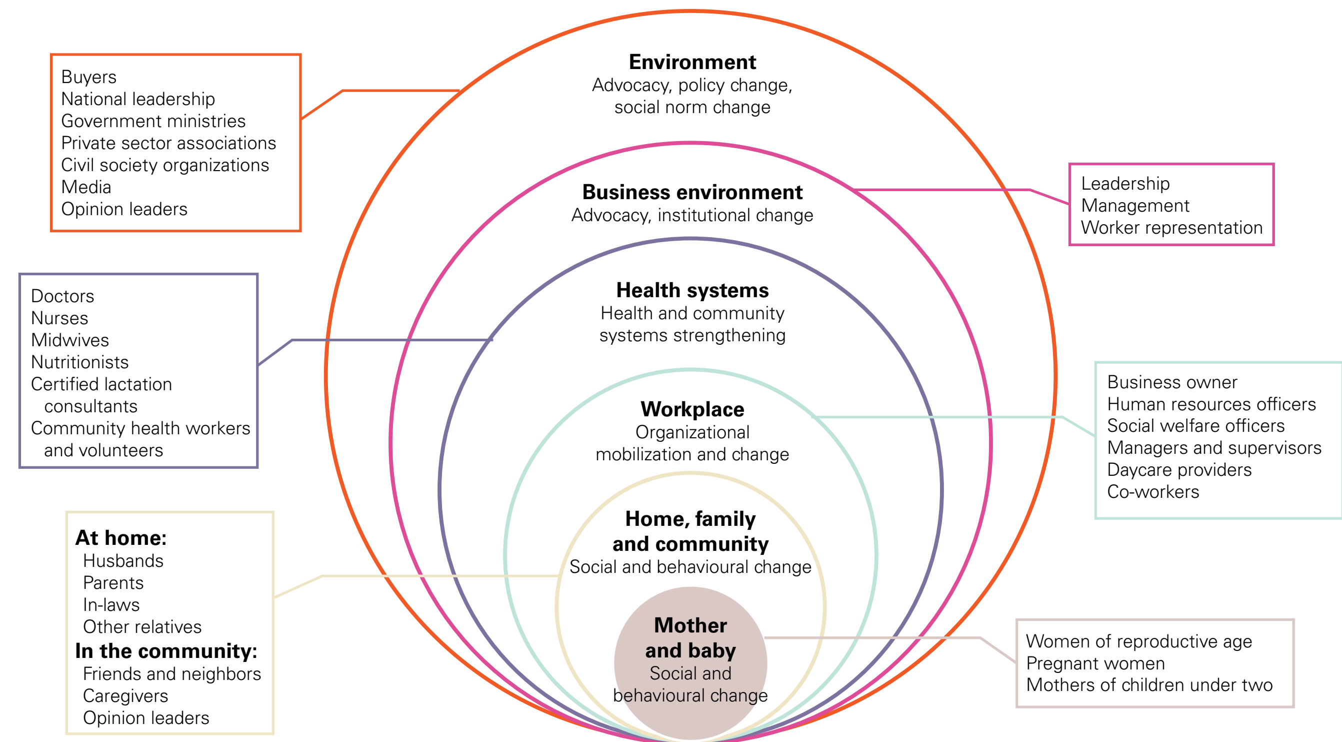
2) **A theory of change**, which was created to clarify the logical steps required to improve breastfeeding practices among working mothers, as well as underlying risks and assumptions.

3) **The 'Four Ps' of maternity protection and breastfeeding support** in the workplace, which were identified to provide a simple, easy to remember model describing the key components of any workplace breastfeeding programme.

4) **The C4D pathway** for promoting breastfeeding among working mothers, which identifies and describes the various touchpoints in the pathway of a working woman of reproductive age that represent opportunities for C4D.

FIGURE 3.1. An adapted social ecological model for the promotion of breastfeeding in the workplace

These models are presented here as tools that can be used to assist programme planners in the definition, design and implementation of a workplace breastfeeding support programme. While the social ecological model is a pre-existing model and UNICEF's guiding framework for C4D in maternal, newborn and child health and nutrition programmes, the remaining three models are new. They were developed in the course of designing the C4D strategies in the two countries as an iterative process. For this reason, they should also be viewed as 'works in progress', as it is possible that they will be changed based on feedback, results and lessons learned from implementation of the initiatives in Bangladesh, Kenya and elsewhere.



3.1. The social ecological model

The social ecological model is UNICEF's guiding framework for C4D in maternal, newborn and child health and nutrition. This model *(see Figure 3.1)* helps to identify individual, household, community, workplace and other systemic and environmental leverage points and intermediaries for supporting breastfeeding in the workplace.[14]

The main participants of breastfeeding in the workplace C4D interventions are the adults who care for and support infants and young children, as well as people who influence both caregivers' and their children's lives within workplaces and communities. Indeed, multiple spheres of influence come into play at the interpersonal level within the home, family and community, and in the health-care facility and workplace. These relationships are influenced by business/trade and health systems and policies as well as prevailing socio-cultural norms and traditions.

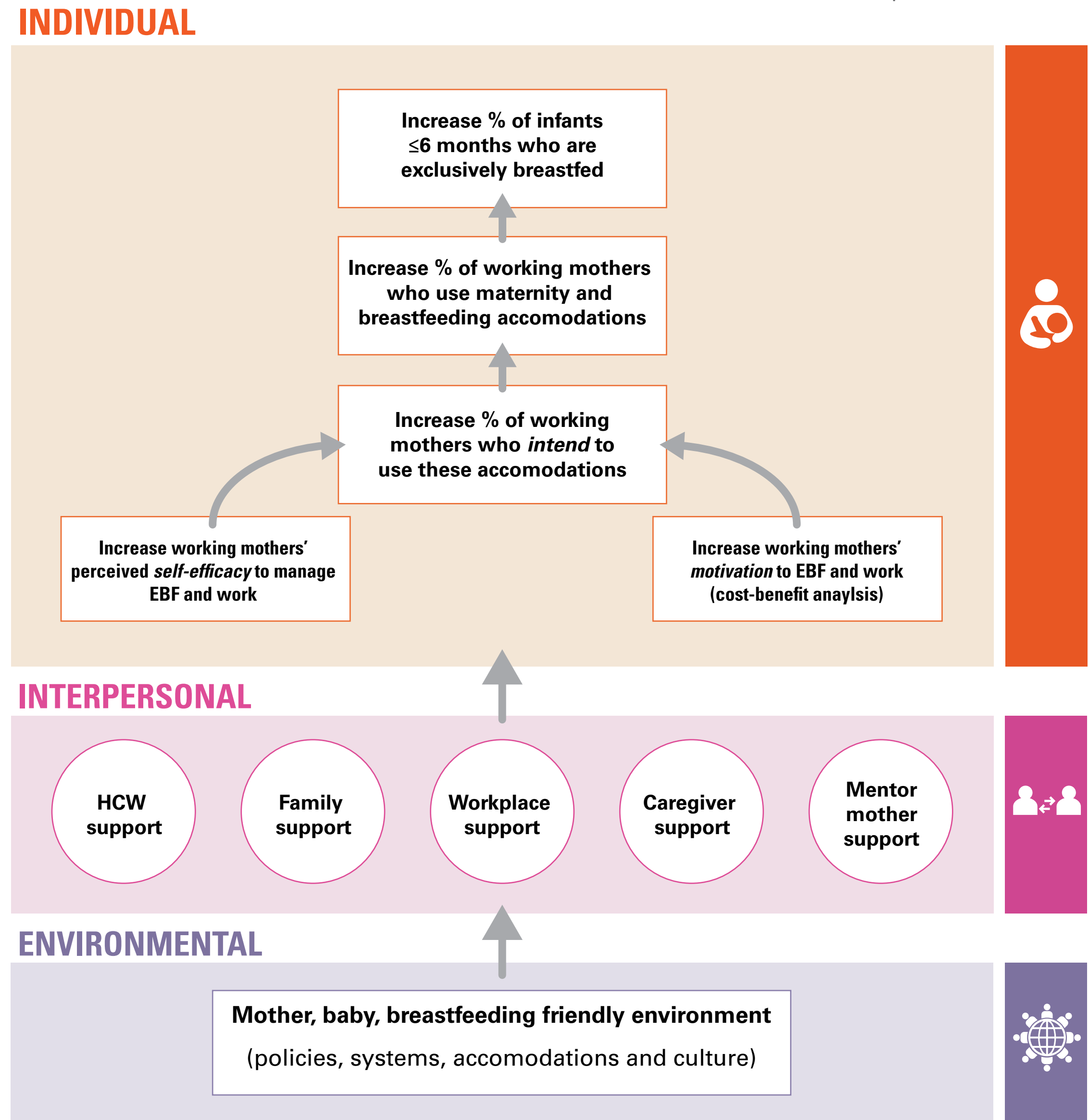
3.2. A theory of change for workplace breastfeeding support programmes

The theory of change *(see Figure 3.2)* posits that for infants to be exclusively breastfed up to six months, working mothers must use maternity entitlements and breastfeeding accommodations – meaning maternity leave, breastfeeding rooms, breaks and support. (This theory of change focuses on the business and the workplace. It assumes that both governments and businesses have established – or are on their way to establishing – a legislative and policy environment that enables and supports maternity protection and breastfeeding entitlements and accommodations.)

Uptake of maternity and breastfeeding entitlements and accommodations hinges on a working mother's intention to use those accommodations, which itself is influenced by:

- At an individual level, the working mother's belief in her ability to successfully breastfeed and work (self-efficacy) and her motivation to do so.
- A mother beliefs on the opportunity cost of taking breastfeeding breaks.
- At the interpersonal level, the technical, practical and emotional support she receives from HCWs, influential family members, her supervisors, her peers (including positive deviants, such as mentor mothers) and her infant's caregiver.
- Within her immediate work environment, the active adherence to a mother-, baby- and breastfeeding-friendly work environment. This is manifested through businesses' compliance with laws, choice of workplace policies, systems and accommodations, and the characteristics of the workplace culture that is promoted, including the encouragement and support from management.

FIGURE 3.2. Theory of change for improving breastfeeding practices through improved workplace interventions



The theory of change is accompanied by a certain number of assumptions and risks *(see Table 3.1).*

Assumptions
• Critical contributions (the 'Four Ps', *see Figure 3.3*, necessary for increasing breastfeeding among working mothers are available. • Workplace leadership and employees support and maintain their commitment to providing an enabling mother- and baby-friendly environment and culture. • Institutional systems are convenient, cost-effective and routinized. • Supportive supervision is regular and feedback improves quality. • Social misconceptions regarding breastfeeding at the workplace are addressed.
Risks
• Performance targets or incentive schemes are barriers to the use of breastfeeding breaks. • Child-care preferences prevent proximity of mother and baby. • Insufficient commitment of workplace leadership, social welfare unit, health and day-care systems to ensure sustainability. • Households do not prioritise actions required for recommended infant feeding practices.

TABLE 3.1. Assumptions and risks related to the theory of change for improving breastfeeding practices through improved workplace interventions

3.3. 'Four Ps' of maternity protection and breastfeeding at the workplace

The C4D strategies that were crafted focused on communicating different types of maternity- and breastfeeding-related accommodations, which are reflected in 'Four Ps' described in Figure 3.3 below.

The Four Ps

1 Policies

Pregnant workers and working mothers are entitled to comprehensive and timely information on available supportive workplace policies.

Supportive policies may be related to:

- Paid maternity leave.
- Place (including guidance on how to access maternal and child health care and breastfeeding space).
- Time.
- Support.

2 Practical solutions

A working mother may be entitled to choose from several options to manage breastfeeding and work, for example, placing her baby in day care; having a caregiver bring the baby to the workplace; and/or receiving a breastmilk expression pack, training and support.

This may also be related to decisions concerning (work) proximity, whereby the working mother is assigned to work in a location that helps her minimize time lost and associated stress.

3 Performance

Temporary provisions to a working mother's performance targets during the period of time that she is breastfeeding may be considered. These may be in the form of:

- Flexible working hours and options.
- Freeze on performance targets (postponed or decreased while she is breastfeeding with no loss of average income).
- Scheduling of breastfeeding breaks.

4 "People"

The pregnant worker and working mother are connected with people who act as gatekeepers to information, counselling, capacity building, services and other types of support.

FIGURE 3.3. 'The Four Ps' of maternity protection and breastfeeding at the workplace

3.4. C4D pathway for promoting breastfeeding among working mothers

The C4D pathway framework identifies potential touchpoints and types of approaches for communicating with, mobilizing or engaging working women in improving breastfeeding practices in the workplace. These are depicted in the pathway of care described in Figure 3.4. The icons in the figure indicate opportunities where it is recommended to include husbands/ partners and other influential family members.

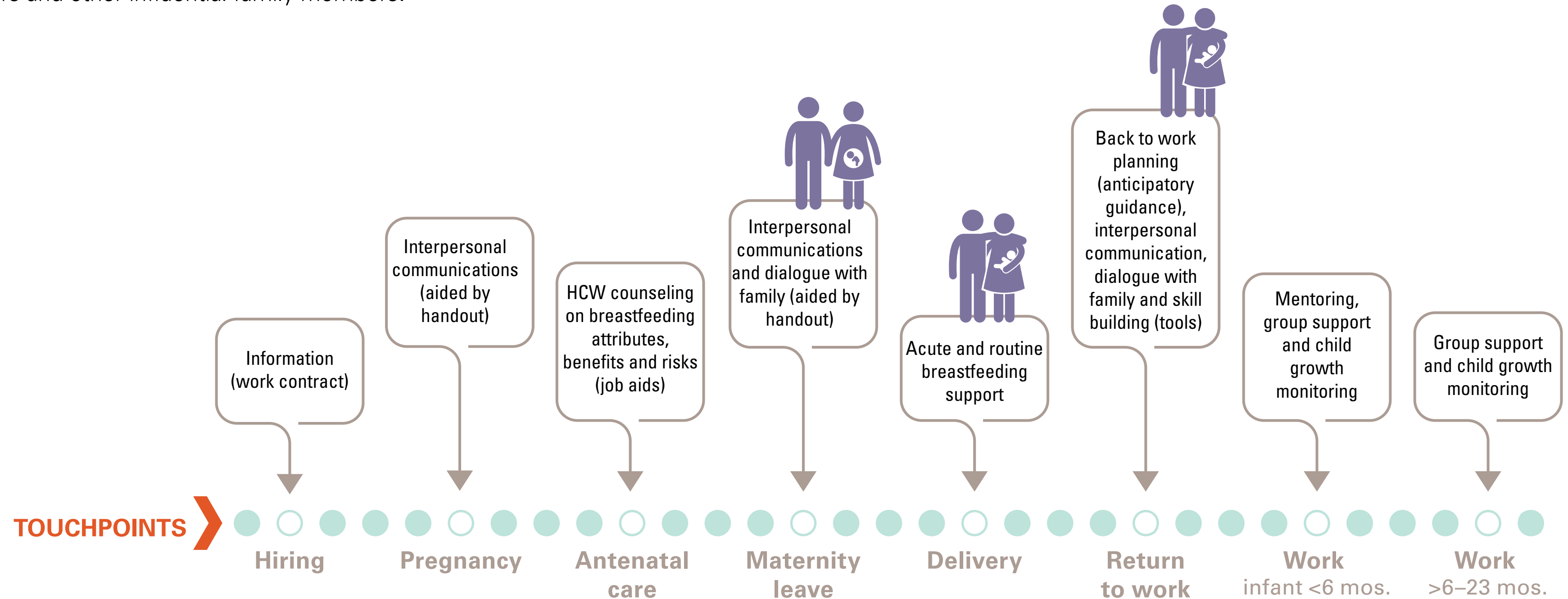


FIGURE 3.4. Pathway of care for the working woman and C4D opportunities

4.

C4D objectives by participant groups who influence breastfeeding decisions

Table 4.1 below lists key C4D objectives by participant group to be considered in C4D programming to improve breastfeeding in the workplace. (C4D objectives and programme approaches should always be tailored to each unique setting, based on thorough formative research.)

TABLE 4.1. C4D objectives by setting and participant group

Settings	Participant groups	C4D objectives
At work	**All**	• Improve correct knowledge of benefits of breastfeeding (in all settings). • Improve perceptions of the importance of breastfeeding (in all settings). • Increase correct knowledge of maternity protection and workplace breastfeeding rights and policies. • Improve perceptions of the availability of workplace breastfeeding accommodations and support. • Strengthen the belief that it is possible for mothers to manage breastfeeding and working. • Cultivate positive perceptions regarding relevance, feasibility, cost-benefit and sustainability of mother- and baby-friendly workplaces. • Increase advocacy for and engagement in improving policies that protect maternity and breastfeeding rights.
	Working women, especially pregnant women and mothers	• Increase perceptions that it is possible to discuss workplace maternity and breastfeeding accommodations with supervisors and other gatekeepers. • Improve perceptions of emotional and practical support for breastfeeding continuation, particularly on returning to work. • Increase skills in techniques that facilitate breastfeeding, including expression, storage and handling of breastmilk – before, during and after maternity leave/birth of the baby. • Strengthen perceived self-efficacy (including strategic planning skills) to manage breastfeeding and work.

Settings	Participant groups	C4D objectives
At work *(cont.)*	**Employers**	• Improve ability to create a mother-, baby- and breastfeeding-friendly workplace. • Increase capacity to provide encouragement and support for breastfeeding in the workplace.
	Supervisors, human resource officers (HROs), social welfare officers (SWOs), labour committees	• Increase capacity to provide encouragement and support (coaching) for breastfeeding in the workplace. • Increase skills in anticipatory guidance (including interpersonal communication) for workplace maternity protection and breastfeeding.
	Co-workers	• Increase perceptions that it is possible to discuss workplace maternity and breastfeeding accommodations in the workplace. • Increase motivation to provide encouragement and support for breastfeeding.
	Role models (positive deviants)	• Increase opportunities to share testimonials saying that it is possible to manage breastfeeding and work. • Improve capacity to provide coaching, encouragement and support to working women who are pregnant or mothers. • Improve ability to give guidance on breastmilk expression, storage, handling and feeding.
At home (this may also be in the workplace, when day-care facilities are available)	**Husbands or partners and other influential family members**	• Increase motivation and capacity to provide the emotional and practical support mothers need to manage breastfeeding and working, including handling and cup feeding breastmilk.
	Other caregivers	• Increase motivation and capacity to provide emotional and practical support mothers need to manage breastfeeding and working, including in particular: ➜ Handling and storing expressed breastmilk. ➜ Feeding the baby expressed breastmilk.
In the health facility (and extending into homes)	**Health-care workers**	• Build capacity in interpersonal communication and back-to-work or anticipatory counselling and guidance to working mothers and their families. • Improve ability to provide guidance on breastfeeding, breastmilk expression, storage, handling and cup feeding.
At level of society	**Communities** **National decision- and policy-makers**	• Advocate for policy changes to facilitate the establishment of an enabling social and work environment for the adoption and continuation of breastfeeding among working mothers.

The following case studies describe experiences in designing C4D strategies, using the above objectives for the workplace breastfeeding support programmes, in two ready-made garment factories in Bangladesh and in a tea estate in rural Kenya.

5.

BANGLADESH

Enhancing breastfeeding practices among mothers at work in Bangladeshi ready-made garment businesses – A Communication for Development case study

5.1. Background

Among the estimated four million garment factory workers, up to 85 per cent are women of reproductive age.[15] The potential benefits of working with the ready-made garment (RMG) sector in Bangladesh to improve the health and well-being of women and their children are remarkable.[16]

BOX 5.1.

Socio-demographic, maternal and newborn data for Bangladesh

Population:
157.9 million (national)

Under-five mortality rate:
41 per 1,000 live births (national, UNICEF. 2012)

Breastfeeding initiated within one hour:
69 per cent (Dhaka Division)

Median duration of predominant breastfeeding:
3.1 months (Dhaka Division)

Total fertility rate:
2.3 births (Dhaka Division)

ANC (medically trained provider):
64.3 per cent (Dhaka Division)

Delivery in a health facility:
40.5 per cent (Dhaka Division)

PNC within two days (mother – any provider):
59 per cent (Dhaka Division)

Source: Bangladesh Demographic and Health Survey (BDHS), 2014.

The UNICEF Bangladesh Country Office is facilitating a national initiative to reap these potential benefits by promoting breastfeeding practices among mothers working in the RMG sector. UNICEF-supported research[17] conducted in two factory sites in Dhaka among 121 of their women workers with infants aged below 2 years found that the exclusive breastfeeding rate of infants between 2 and 6 months of age was 17 per cent. This is much lower than the national average of 55 per cent for infants from 0 to 6 months.[18] In response, the initiative is implementing a C4D strategy – combining advocacy, workplace mobilization and social and behavioural change communication approaches – to improve exclusive breastfeeding rates among infants of mothers in the workforce.

In November 2016, drawing on successful experiences in promoting maternity protection and breastfeeding rights in the workplace, UNICEF, the Ministry of Health and Family Welfare and the Ministry of Labour and Employment convened public, private sector, academic and multinational stakeholders to form a task force to improve maternity protection and infant and child care in Bangladeshi businesses.[19]

UNICEF Bangladesh furthermore supported the establishment of Mothers@Work, a national programme to strengthen maternity rights and protect breastfeeding in the workplace aligned with a growing movement to address the health and safety of Bangladeshi RMG workers and their children.

Along with building momentum for policy change at the national level,[20] the Mothers@Work initiative is implementing model projects on breastfeeding in the workplace in two RMG factories where baseline research was conducted and that are serving as demonstration sites *(see Figure 5.1)*. These projects will be implemented until September 2018.

Situated in or near Dhaka, the Mothers@Work demonstration sites – Dulal Brothers Limited and Vision Apparel – employ 5,086 and 1,410 female workers respectively, representing 50 per cent and 70 per cent of their workforce. Both largely export-oriented businesses take pride in their progressive maternity protection and breastfeeding policies. Policies are especially advanced at Dulal Brothers Limited, where working women who are pregnant may be granted special accommodations, such as monthly antenatal care check-ups, identification with a white scarf (to ensure priority in case of an emergency) and permission to use the elevator.

Mothers@Work programme framework

Maternity rights and breastfeeding support in the workplace

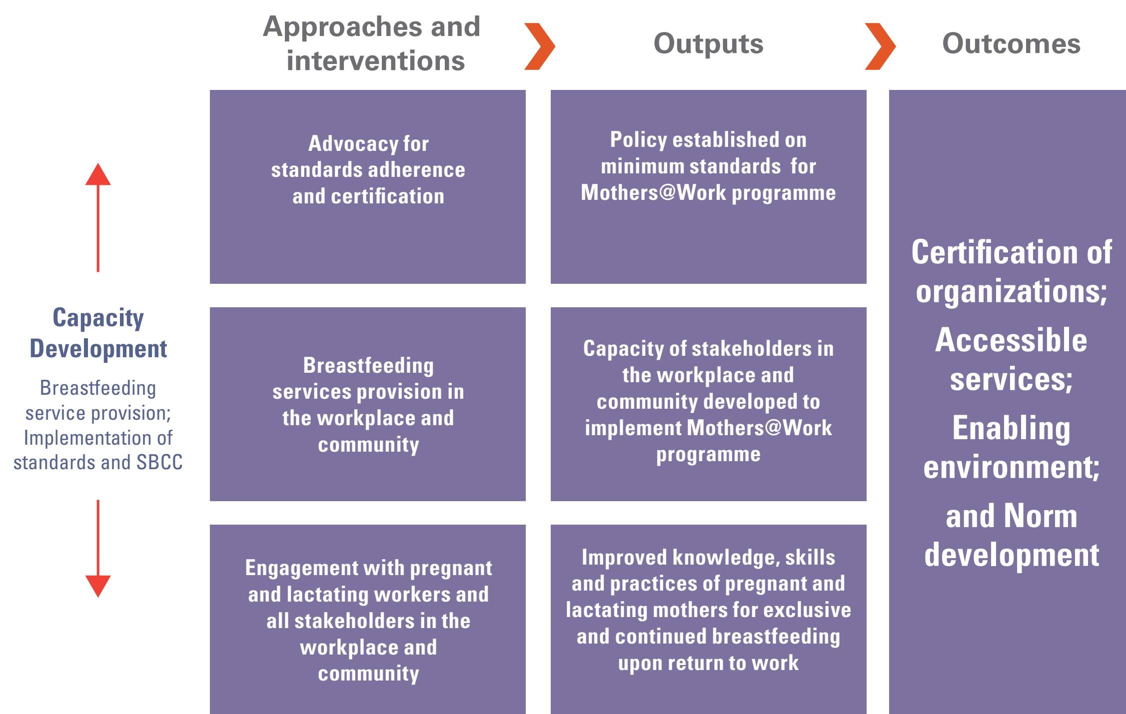


FIGURE 5.1. Mothers@Work programme framework

5.2. Designing a C4D strategy for the Mothers@Work model projects

In 2016/2017, UNICEF Bangladesh implemented an evidence-based C4D process[21] to design a strategy to motivate working mothers to exclusively breastfeed their infants up to 6 months of age, while addressing the social and behavioural barriers that prevent this practice. Three important steps in the C4D design process are described below.

Step One: Understanding the motivators and barriers to breastfeeding

Working in consultation with a multi-stakeholder task force that supports the national initiative, UNICEF conducted a situation analysis[22] and undertook baseline research in collaboration with the International Centre for Diarrhoeal Disease Research, Bangladesh in the two factory sites to identify factors influencing adoption and maintenance of appropriate breastfeeding practices among working mothers. The findings disclosed strong positive values and benefits associated with RMG factory work, motherhood and breastfeeding, and suggested that breastmilk expression and storage were generally accepted.[23] However, numerous barriers prevented mothers from exclusively breastfeeding. The list below describes these barriers presented for each level of influence as in the adapted social ecological model.

Related to knowledge, attitudes and practices of working mothers:

- Inadequate knowledge of protective benefits of breastfeeding and risks of giving water, porridge and other foods.
- Perception that breastmilk is not sufficient (babies need extra food).
- Low awareness of maternity and breastfeeding entitlements.
- Low self-efficacy to manage breastfeeding and work.
- High real and perceived costs associated with breastfeeding at work.
- Lack of knowledge and skills in breastmilk expression, storage, handling and cup feeding.
- High convenience of and positive beliefs around substituting breastmilk.

Related to household and community support:

- Low spousal, family and community support for exclusive breastfeeding.
- Traditional beliefs encouraging pre-lacteal and supplemental feeding.
- Mothers' low decision-making ability regarding infant feeding.
- Preference for family members to care for infants (based on anecdotal evidence).

Related to workplace support:

- Lack of positive workplace culture, encouragement and practical support.
- Low perceived quality of factory-based day-care and breastfeeding facilities.
- Lack of role-models.
- Lack of convenient solutions to ensure proximity with infants.
- Availability of subsidized breastmilk substitutes in the workplace.
- Lack of awareness among business leaders of the national law banning promotion and marketing of breastmilk substitutes.

Related to health system support:

- Suboptimal quality of breastfeeding counselling and lactation support from factory-based health-care workers (HCWs).

Related to national policies and laws:

- Low enforcement of maternity protection and breastfeeding-related laws and policies.

MOTHERS
@WORK

Step Two: Setting desired behaviours, C4D objectives and approaches by target group

A theory of change provided the driving social and behavioural objectives to guide C4D actions. Because the main sites of intervention were limited to factories, the C4D design process focused on actions that could take place within the workplace. In response, two main C4D approaches were prioritised: (1) social and behavioural change communication targeted to reach pregnant women and breastfeeding mothers in the workplace; and (2) workplace capacity building and mobilization of factory-based managers, HCWs, social welfare officers (SWOs), human resource officers (HROs) and day-care providers, to establish a positive culture and concrete support for workers who breastfeed. RMG factory leadership was positioned as both participant in the demonstration project and champion of national advocacy efforts to improve maternity protection and breastfeeding policies throughout the RMG sector.

The desired behaviours as well as C4D objectives and programme approaches that are being implemented are described in Table 5.1 below, by C4D approach and main target groups.

TABLE 5.1. Desired behaviours, C4D objectives and programme approaches in Bangladesh

1. Social and behavioural change communication for women of reproductive age, pregnant women and breastfeeding mothers at work		
Desired behaviours	**C4D objectives**	**C4D programme approaches**
Working mothers exclusively breastfeed their infants from birth to 6 months of age.	• Increase mothers' motivation, ability and resilience to practice exclusive breastfeeding. • Involve family members and caregivers at key moments to engage them in supporting exclusive breastfeeding practices.	• Positive deviance (mother mentors). • Interpersonal communication. • Group dialogue and discussion. • Breastfeeding counselling and support from HCWs before and after maternity leave.
Working mothers use breastfeeding breaks and other accommodations to fulfil exclusive breastfeeding practices.	• Increase women's awareness of maternity rights. • Increase pregnant women's intention to continue exclusively breastfeeding when they return to work. • Build mothers' confidence and capacity to continue breastfeeding when they return to work.	• Written documentation in work contract by HRO. • Prenatal/pre-maternity leave consultation. • Back-to-work preparatory consultation.
Working mothers who cannot breastfeed their infants in the workplace express and store breastmilk.	• Increase mothers' approval, skills and ability to express and store breastmilk for their babies when at work or away.	• Back to work counselling. • Capacity building of mother (and caregiver). • Mentoring. • Positive deviance.
2. Workplace mobilization of managers, supervisors, HROs, SWOs, HCWs and day-care providers		
Desired behaviours	**C4D objectives**	**C4D programme approaches**
RMG factory managers, supervisors, HROs and SWOs implement corporate maternity protection and breastfeeding policies.	• Increase managers', supervisors', HROs' and SWOs' ability and motivation to implement minimum standards of maternity protection and breastfeeding support policies and services.	• Institutional sensitization. • Institutional mobilization (written and verbal). • Workplace-based dialogue. • Compliance monitoring.
HCWs implement corporate reproductive and maternal health and breastfeeding counselling as well as support guidelines.	• Increase HCWs' ability and motivation to implement minimum standards of reproductive and maternal health care, and breastfeeding counselling and support.	• Institutional sensitization. • Capacity building. • Supportive supervision. • Job aids (checklist).
Day-care providers implement corporate guidelines for provision of infant and young child feeding, including breastfeeding support.	• Increase day-care providers' ability and motivation to implement standard guidelines for breastfeeding support (including management and feeding of expressed breastmilk, and no breastmilk substitutes).	• Institutional sensitization. • Capacity building. • Supportive supervision. • Job aids (checklist). • Growth monitoring.

Step Three: Establishing a Mother Mentor Initiative to support Mothers@Work

One component of the comprehensive Mothers@Work toolkit that UNICEF Bangladesh is developing is the Mother Mentor Initiative. The Mother Mentor Initiative is founded upon a successful model of support groups for working women, whereby experienced working mothers act as mentors to pregnant women and new mothers in the workforce.

The initiative aims to empower women by facilitating:

- Knowledge of benefits and successful experiences in lifesaving reproductive, maternal, newborn and child health and nutrition practices, as well as workplace entitlements.
- Motivation to use workplace maternity and breastfeeding entitlements.
- Dialogue, capacity building, emotional support and participatory problem-solving to overcome psychological, social and cultural barriers to the adoption and maintenance of lifesaving breastfeeding practices.
- Linkages with communities and health-care facilities situated outside of RMG factory sites.

BOX 5.2.

Maternity and breastfeeding provisions offered in the two demonstration sites (as per Bangladeshi labour laws)

- Paid maternity leave in two fractions of 56 days each.
- Two breaks of 30 minutes each to breastfeed in addition to lunch break.
- Medical facilities with free or discounted medical care.
- Day-care facilities for children (ages vary).

Source: Baseline assessment, International Centre for Diarrhoeal Disease Research, Bangladesh, 2017.

5.3. Achievements to date

The implementation of the C4D component of the Mothers@Work initiative started in August 2017, and the achievements to date reflect steady progress in the establishment of the initiative.

The launch

UNICEF, under the leadership of the National Nutrition Services - Institute of Public Health and Nutrition (NNS-IPHN) of the Ministry of Health and Family Welfare, led a vast consultation process to craft a brand name – Mothers@Work – for the initiative. The Ministry of Health and Family Welfare and the Ministry of Labour and Employment launched the national programme on 22 August 2017, with support from UNICEF and participation from government, private sector, civil society and development partners, as well as over 200 female RMG workers.

A package of resources

UNICEF developed materials to support C4D activities, including: an advocacy brief for business owners; a leaflet for working mothers; two posters on benefits of breastfeeding and expressing breastmilk; and a video introducing the Mothers@Work programme.[24] A breastfeeding kit was also produced. It consists of a bag and containers to store and transport expressed breastmilk between home and the workplace. A Mothers@Work comprehensive toolkit will be available at the beginning of 2018.

Monitoring and evaluation

The International Centre for Diarrhoeal Disease Research, Bangladesh initiated research to assess changes in breastfeeding knowledge and practice, prenatal care, birth preparedness and postnatal care, and perceptions of workplace support for breastfeeding. Four cohorts of working women were established: (1) women less than 28 weeks pregnant before maternity leave; (2) women more than 28 weeks pregnant and breastfeeding mothers with infants up to 2 months old; (3) breastfeeding mothers of infants aged 2 to 9 months; and (4) breastfeeding mothers of infants aged 9 to 23 months. Initial monitoring data indicate that some breastfeeding mothers have started to express and store breastmilk at work.

Capacity building

In the two demonstration sites, BRAC,[25] the implementing non-governmental organization (NGO), has carried out:

- Orientation meetings on minimum standards for maternity protection and breastfeeding support with 34 business owners and senior managers.
- Training on minimum standards and breastfeeding knowledge, skills and support to 14 HROs, 10 HCWs, 5 SWOs and 96 factory employees.
- Orientation workshops on breastmilk expression, storage, transport and cup/spoon feeding with distribution of the breastfeeding kits to 180 pregnant and breastfeeding mothers.

Partnerships

UNICEF signed a Memorandum of Understanding with the International Labour Organization (ILO) and a joint workplan with BetterWork Bangladesh, an ILO project working with the RMG sector in Bangladesh, to expand the Mothers@Work programme to 25 of BetterWork Bangladesh's partner RMG factory sites by middle of 2018.

5.4. Key lessons learned

The design of the Mothers@Work C4D strategy is yielding important lessons learned to consider when assessing its effectiveness, sustainability and scalability.

Lesson 1. **Engage working women in the programme.** Providing working women with opportunities to share their perceptions, voice their needs and be involved from the start and throughout the programme improves its relevance, effectiveness and sustainability.

Lesson 2. **Transfer C4D knowledge and capacity to gatekeepers in the workplace.** Though prenatal and back-to-work breastfeeding counselling and support are currently provided by the implementing NGO, capacity building of SWOs, HROs and HCWs through on-the-job training and mentoring is simultaneously taking place to ensure that maternity protection and breastfeeding knowledge, skills and support reside and are sustained within each RMG factory site.

Lesson 3. **Be attentive to social norms.** Social and gender-related expectations help guide maternal, newborn and child health practices and limit a woman's decision-making power. To shift social norms related to breastfeeding, influential family members, including husbands and in-laws, must also be included in C4D interventions.

Lesson 4. **Go beyond the workplace.** Evidence shows that multicomponent C4D programmes involving the multiple places and people that influence a working mother's life (such as health-care facilities, communities, households and the media) are most effective.

Lesson 5. **Involve RMG leadership.** To ensure sustainability of Mothers@Work, the initiative must go beyond simple proof of compliance and foster full engagement of RMG business leadership. The reasons for which Mothers@Work is adopted should stem from the commitment of businesses to the initiative.

Lesson 6. **Be flexible in the implementation of C4D approaches and activities.** A common strategic framework for C4D serves as guidance. However, flexibility in its design and implementation is also needed because work settings and/or conditions within and outside of the RMG sector vary.

Case study methodology:
This case study was written following a visit to RMG factory sites where the model projects are being implemented, interviews with UNICEF staff and a review of programmatic and research reports.

6.

KENYA

Designing social and behavioural change communication to improve working mothers' breastfeeding practices in a Kenyan tea estate – A Communication for Development case study

6.1. Background

With an estimated 60 per cent of women of reproductive age in the workforce in sub-Saharan Africa,[26] the potential benefits of tailoring breastfeeding support to working mothers are considerable.

Realized at the time of the approval of the landmark Health Act, 2017 in Kenya, the model baby-friendly workplace initiative strives to increase acceptance and uptake of breastfeeding of children aged under 2 years among working mothers by means of creating a positive and supportive workplace environment.

Supported by UNICEF, the baby-friendly workplace initiative is being implemented by a private company with support from Kericho County Ministry of Health in collaboration with the Kenya Private Sector Alliance and the African Population and Health Research Centre (APHRC) in a vast tea estate in Kericho County, where the baseline study found a low 22 per cent of infants under 6 months were exclusively breastfed[27] (in comparison with 61 per cent nationally[28]). This experience will be used to expand workplace maternity protection and breastfeeding solutions for women working in the formal agricultural sector across Kenya and beyond.

The design of a social and behavioural change communication strategy played an essential role in this endeavour by tailoring information, dialogue, support and services to the unique needs of tea workers who are or will become mothers.

BOX 6.1.

The Health Act, 2017 advances the breastfeeding rights of mothers who work

The Health Act, 2017 includes provisions that introduce fundamental changes to working mothers' rights and ability to continue optimally breastfeeding their children when they return to work.

The Act requires all employers to:

- Establish breastfeeding stations in the workplace with necessary equipment and facilities, including: handwashing equipment, refrigerators or appropriate cooling facilities, electrical outlets for breast pumps and a small table with comfortable seats.
- Grant all breastfeeding employees break intervals in addition to the regular times off for meals to breastfeed or express milk. The breaks for breastfeeding should not be more than a total of one hour for every eight hour working period.
- Take strict measures to prevent any direct or indirect form of promotion, marketing and or selling of infant formula and or breastmilk substitutes within the lactation stations.

Source: Government of the Repubic of Kenya, 'The Health Act, 2017', Kenya Gazette Supplement No. 101 (Acts No. 21), Nairobi, 23 June 2017, p. 415, <http://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/HealthActNo.21of2017.pdf>.

The tea estate

Founded in Kericho County in the early 1900s, the private tea estate operates on 8,700 hectares of land and hosts approximately 80,000 people living in 112 villages. It is estimated that 12,000 permanent workers and 4,000 to 5,000 seasonal workers work in the estate. Thirty-two per cent of tea workers are female.[29]

Workers typically reside on the tea estate with their spouses and children. They have access to housing, clean water, communal toilets and small solar panels to generate electricity. They also benefit from free health care and education for their children, as well as facilities for social gatherings and groceries.

Female workers who are permanent, and seasonal workers who are employed for more than six months, are entitled to three months paid maternity leave, as required by the Kenya Employment Act of 2007. In November 2016, the company enhanced maternity protection policies by granting working mothers two breaks of 45 minutes each to breastfeed their children as well as provisions for flexible work options and a lighter workload. Male workers may take up to two weeks in paid paternity leave by law.

As part of the initiative, in March 2017, the private tea estate and the Kericho County government launched two day-care centres for children of working mothers, from the time maternity leave ends to age 3 years, when pre-school begins.[30] Private breastfeeding rooms with facilities for washing as well as expressing and storing breastmilk were also established nearby.

BOX 6.2.

Socio-demographic, maternal and newborn data for Kericho County (or Rift Valley)

Population:
790,690

Under-five mortality rate:
45 per 1,000 live births (Rift Valley)

Breastfeeding initiated within one hour:
69 per cent (Rift Valley)

Median duration of exclusive breastfeeding:
3.1 months (Rift Valley)

Total fertility rate:
4 (Kericho County)

ANC (skilled provider):
97 per cent (Kericho County)

Delivery in a health facility:
62 per cent (Kericho County)

PNC within two days (mother):
46 per cent (Kericho County)

Source: Kenya Demographic Health Survey (KDHS), 2014.

6.2. Designing a C4D strategy for the model project

UNICEF applied the C4D process to integrate behavioural and social change approaches into the model baby-friendly workplace initiative.[31] Two important steps in the design process are described below.

Step One: Understanding breastfeeding behaviours, motivators and barriers

UNICEF commissioned quantitative and qualitative baseline research among people living and working on the tea estate to inform the design of the initiative. Between July and November 2016, in addition to conducting focus group discussions and key informant interviews, APHRC interviewed 637 mothers with infants up to 1 year of age; 195 pregnant women; and 139 tea estate managers and supervisors. Topics included work life; maternal, newborn and child care and nutrition, including breastfeeding; and knowledge, beliefs and practices. Patterns emerged regarding working and breastfeeding within the tea estate community.

Research findings

- Close to half of mothers interviewed worked on the tea estate.
- Breastfeeding was highly valued and regarded as important for the growth and development of children: 99 per cent of infants were ever breastfed and 98 per cent of infants were currently breastfed.[32] The large majority (85 per cent) of infants were breastfed within an hour of birth.
- Twenty-two per cent of all infants under 6 months were exclusively breastfed, well below the national average of 61 per cent.[33] A further breakdown by infant age showed that 35 per cent of infants less than 3 months were exclusively breastfed; this rate dropped to 9 per cent for infants between 3 and 6 months.
- Exclusive breastfeeding rates at 6 months differed by six percentage points between non-working and working mothers (25 per cent versus 19 per cent). While this gap echoes global and local evidence[34] placing employment as a barrier to exclusive breastfeeding, it also highlights that early introduction of complementary foods is a common practice among most mothers regardless of working status.
- After returning to work, mothers were absent from work for an average of four days a month due to issues related to child care or illness.
- Formative research disclosed multiple behavioural, community and workplace barriers to exclusive breastfeeding (EBF) among mothers working in the tea estate *(see Figure 6.1)*.

A mother's milk is very important... if you look at a child who has breastfed, he/she is usually in good health. Even if flu comes, the one who didn't breastfeed catches it immediately but the one who has breastfed does not contract flu.
(Focus group discussion with mothers)

Barriers to exclusive breastfeeding

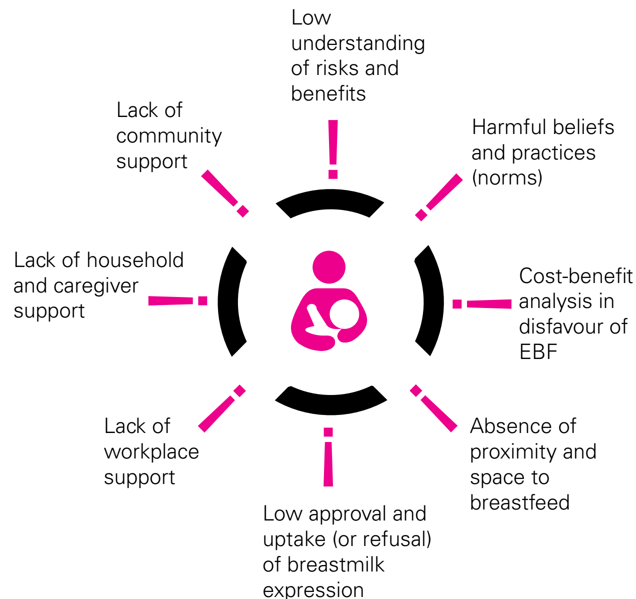


FIGURE 6.1. Barriers to exclusive breastfeeding among working mothers

"I do not like that issue [of expressing breastmilk]. I have seen them teach us in the clinics that you should express breastmilk in a clean container but I do not like it, I don't see the benefits." (Village elder)

"... the mother struggles to plan her day, since the manager says that he does not want to see mothers going to breastfeed the baby...the supervisor thinks that if he allows the women to go home, then they will not have fully done the work that is required." (Supervisor)

Step Two: Formulating behavioural and C4D objectives and appropriate C4D programme approaches

During the consultation meetings with key partners, such as APHRC and the representatives from the private company, UNICEF used a combined understanding of (a) the dynamics and determinants specific to breastfeeding behaviours on the tea estate; (b) evidence of the effectiveness of C4D approaches in improving breastfeeding practices;[35] and (c) strategies and resources available in Kenya to:

- Prioritise exclusive breastfeeding as one of the main behaviours to focus on for the C4D strategy.
- Identify the main communication objectives to facilitate behavioural change.
- Choose appropriate C4D programme approaches.
- Define relevant indicators for assessing their implementation and success.

Table 6.1 lists the behavioural and C4D objectives and C4D programme approaches that were prioritised to promote and support exclusive breastfeeding of infants living on the tea estate, by level of influence and based on the adapted social ecological model.

TABLE 6.1. Desired behaviours and C4D objectives and programme approaches in Kenya

Participant group: Pregnant women and mothers living and working on the tea estate		
Desired behaviours	**C4D objectives**	**C4D programme approaches**
Mothers exclusively breastfeed their infants up to 6 months of age.	• Increase mothers' motivation, ability and resilience to practice exclusive breastfeeding.	✓ Interpersonal communication by community-based volunteers. ✓ Group dialogue and discussion with mother-to-mother support groups. ✓ Maternal, infant and young child nutrition (MIYCN) and breastfeeding counselling by health-care workers (HCWs).
Working mothers use breastfeeding breaks and other accommodations to fulfil desired breastfeeding behaviours.	• Increase mothers' awareness of maternity protection and breastfeeding rights, and build up their confidence and ability to combine breastfeeding and work. • Increase pregnant women's intention to combine breastfeeding and work.	✓ Interpersonal communication. ✓ Back-to-work (anticipatory) counselling by social welfare workers and community-based volunteers. ✓ Positive deviance. ✓ Group dialogue and discussions.
Working mothers who cannot breastfeed their infants during working hours express and store breastmilk.	• Increase mothers' approval, skills and ability to express and store breastmilk for their babies when at work or away.	✓ Back-to-work counselling. ✓ Capacity building. ✓ Group dialogue and discussion. ✓ Positive deviance. ✓ Caregiver capacity building. ✓ Family support.
Participant group: Important influencers (husbands, parents, in-laws, HCWs, caregivers, peers, community leaders)		
Desired behaviours	**C4D objectives**	**C4D programme approaches**
Key influencers provide practical and emotional support for exclusive breastfeeding of infants.	• Increase the number of key influencers of mothers' breastfeeding practices who approve of and support desired breastfeeding practices.	✓ Baby-friendly Community Initiative. ✓ HCWs capacity building. ✓ Interpersonal communication and group discussion with family members. ✓ Community sensitisation. ✓ Positive deviance.
Participant group: Social welfare officers, unit managers and supervisors		
Desired behaviours	**C4D objectives**	**C4D programme approaches**
Social welfare officers, unit managers and supervisors adhere to corporate breastfeeding policies for working mothers.	• Increase motivation and ability of social welfare workers, unit managers and supervisors to implement breastfeeding policies.	✓ Institutional sensitisation. ✓ Institutional mobilisation. ✓ Workplace dialogue. ✓ Compliance monitoring.
Participant group: Tea estate leadership		
Desired behaviours	**C4D objectives**	**C4D programme approaches**
Company leadership and senior management improve, enforce and sustain an enabling environment for breastfeeding and children.	• Leadership and senior management believe that a baby- and breastfeeding-friendly workplace is important, feasible, beneficial, cost-effective and sustainable.	✓ Consensus building. ✓ Evidence generation. ✓ Advocacy.

BOX 6.3.

A tea picker's typical day

Tea pickers work six days a week (except Sunday) from 6:30 a.m. to 3 p.m. in units of 50–70 workers. Each unit is managed by supervisors and one unit manager. Performance targets set the minimum daily amount of 33 kg of tea to be picked per worker. Extra income may be earned by picking more.

Tea pickers most commonly walk 30 minutes to their worksite.

Source: African Population and Health Research Center (company communication), Nairobi, 2017.

6.3. Achievements to date

Implementation of the model baby-friendly workplace initiative in Kericho tea estate started in November 2016. As of November 2017, the following progress had been made:

Partnerships

National-level advocacy and social mobilization around maternity protection and breastfeeding in the workplace in partnership with stakeholders from public, private and NGO sectors have created the necessary platform from which to seek opportunities similar to the partnership with the private tea business. The collaboration with the private tea estate, though well-established, remains nevertheless fragile and requires both openness to consider issues from a variety of perspectives (business, health and human rights) and attentive nurturing.

Capacity building

UNICEF is mobilizing newly established baby-friendly community health systems in the tea estate, in partnership with communities, national and Kericho County Ministries of Health and the private company. So far, 90 community-based volunteers, three intervention monitors and one overall supervisor have been recruited. They, as well as 15 HCWs and 12 county government employees (from health, agriculture and education sectors) have been trained in MIYCN and the baby-friendly workplace initiative. Intervention monitors are housed within the tea estate's social welfare unit to facilitate integration between the workplace and community components of the initiative.

Package of resources

UNICEF produced information, education and communication materials to support social and behavioural change communication actions, including 350 copies of ministry of health-approved MIYCN counselling cards for use by community-based volunteers and intervention monitors. Forty-eight short videos on positive MIYCN practices, produced by Helsinki University, will be aired in appropriate social and management gatherings. They are available in English and Kiswahili

Monitoring and evaluation

By September 2017, the community-based volunteers had reached 269 mothers of infants under 12 months with social and behavioural change communication actions. Each mother is being followed on a monthly basis as defined in the accompanying research protocol.

6.4. Key lessons learned

Lesson 1. Work with C4D from the start. Internal collaboration between UNICEF C4D and nutrition units was initiated from the very start of the initiative. As a result, evidence-informed C4D planning is perceived as having added strategic focus to the initiative.

Lesson 2. Recruit young community-based volunteers to enhance social change. The recruitment of younger community-based volunteers (their average age was 22 years) is making a difference in tea estate communities because they are simultaneously able to serve as role models for their peers.

Lesson 3. Involve parents and communities in designing day care for children. The establishment of the two company-owned day-care centres that are affordable for working mothers has been a success. Making it responsive to parents' needs has been part of this success. A committee comprised of parents, social welfare officers and day-care attendants meets regularly to monitor the provision of day care, provide feedback and improve the quality of services.

Lesson 4. Understand what isn't working in order to improve. Partners are exploring the reasons why the use of breastfeeding rooms has been suboptimal, and adapting their approach in response. As a result, small signs of change can be seen as community-based volunteers have successfully motivated some working women to express and store breastmilk for their infants in day care. These working mothers are now champions and are, in turn, engaging their peers to do the same.

Lesson 5. Engage the social welfare unit, it's important. The private tea estate's social welfare officers play a pivotal role in showcasing the benefits of this initiative to the company's senior management, and provide opportunities to engage the employees and community within the tea estate.

Lesson 6. Make it win-win by working with the county and national Government. The expertise and regular supervision visits in baby-friendly community initiatives of the county health department and the Kenya's national MIYCN manager provide mentorship, on-the-job capacity building and continuous quality improvement to implementers. These same visits are building the county health department and the MIYCN managers' knowledge and skills in implementing mother- and baby-friendly workplace initiatives.

Case study methodology: *This case study was written following a visit to the private tea estate in Kericho County, interviews with UNICEF staff and a review of programmatic and research reports.*

7.

Next steps

There is still much to learn about the effectiveness, strengths and limitations of C4D approaches for the promotion of breastfeeding support in the workplace. Research confirms the effectiveness of workplace breastfeeding support programmes in helping mothers to manage working and breastfeeding. However, there is a paucity of evidence regarding which C4D approaches are most effective in promoting this practice.

The UNICEF-supported model projects in ready-made garment factory sites in Bangladesh and a private tea estate in Kenya will continue to be implemented throughout 2018, and their impact will be documented. The projects present opportunities to build evidence for C4D in this area. It is expected that much will be learned and that these lessons will be shared beyond the model projects, so that workplace breastfeeding support can be replicated in other workplaces.

8.

Resources

Below is a list of resources that can be consulted for the development of C4D interventions for the promotion, protection and support of breastfeeding practices among working mothers.

TABLE 8.1. Maternity protection and breastfeeding in the workplace resources

No.	Name	Author	Year	Description	Link
1	Breastfeeding and employment (website)	United States Center for Disease Control and Prevention (CDC)	2016	Contains CDC resources supporting breastfeeding and employment.	https://www.cdc.gov/breastfeeding/cdc-initiatives/employment.htm
2	Breastfeeding campaign in Vietnam (website)	Alive & Thrive	2009–2014	Describes country approach: In Viet Nam, Alive & Thrive worked in partnership with the Ministry of Health, the National Institute of Nutrition, the women's union, the General Confederation of Labour, the Institute of Legislative Studies, provincial authorities and UNICEF to improve infant and young child feeding.	http://aliveandthrive.org/countries/viet-nam/
3	Breastfeeding for working mothers	Global Health Media and UNICEF	2018	Provides guidance to working mothers on how to express breastmilk, store and use it.	https://globalhealthmedia.org/videos/
4	Children's rights and business principles (website)	UNICEF		Offers a comprehensive framework for understanding and addressing the impact of business on the rights and well-being of children.	https://www.unicef.org/csr
5	The Evidence for Maternity Protection – Research brief (paper)	Miriam Labbok on behalf of the Global Breastfeeding Advocacy Initiative	2015	Explores ten important issues related to evidence of the impact that paid maternity leave and maternity protection can have on breastfeeding and the workplace.	http://waba.org.my/newsite/wp-content/uploads/2015/09/The-Evidence-for-Maternity-Protection-Miriam-20-Aug15-Final.pdf
6	Exclusive Breastfeeding in the Workplace: Toward decent and productive work for all (video)	ILO Philippines	2012	Provides a glimpse of an ILO initiative in the Philippines to promote exclusive breastfeeding in the workplace under the MDG-F 2030 Joint Programme on Ensuring Food Security and Nutrition for Children 0–24 Months Old in the Philippines, funded by the Government of Spain.	https://www.youtube.com/watch?v=U0oaSy4DHUk

No.	Name	Author	Year	Description	Link
7	Healthy Beginnings for a Better Society: Breastfeeding in the workplace is possible – A toolkit. (publication)	ILO, UNICEF and European Union	2015	Weaves medical knowledge and practical sense into policy recommendations to help the user appreciate the impact of actions beyond compliance. It is the first of its kind to integrate perspectives from breastfeeding mothers, clinical breastfeeding experts, Philippine public health and labour sector contexts, and actual implementation efforts with standards set by the Department of Health, UNICEF and the World Health Organization.	http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-manila/documents/publication/wcms_493121.pdf
8	Investing in Workplace Breastfeeding Programs and Policies: An employer's toolkit (publication)	National Business Group on Health	2008	Provides guidance to employers on how to invest in workplace breastfeeding.	https://www.businessgrouphealth.org/pub/?id=f2ffe4f0-2354-d714-5136-79a21e9327ed
9	Maternity Protection Campaign Kit (publication, online version)	Maternity Protection Coalition/ WABA	2003	Updates breastfeeding advocates with the basic information about maternity protection, international law and the ILO and provides tips for successful campaigning. It also provides detailed information on breastfeeding and breastfeeding-related issues for use by trade unions, governments and employers.	http://www.waba.org.my/whatwedo/womenandwork/mpckit.htm
10	Maternity Protection Resource Package: From aspiration to reality for all (publication, online version)	ILO	2012	Provides inspiration and tools to help organizations and advocates everywhere strengthen and extend maternity protection to all women in all types of economic activity.	http://mprp.itcilo.org/pages/en/index.html
11	Nutrition Security and Maternity Protection : Through exclusive and continued breastfeeding promotion in the workplace (publication)	ILO Philippines, UNICEF & EU	2014	Based on the experience of partner organizations in the implementation of the NSMP programme, it packages instruments and resource materials developed through the programme to serve as useful guide to promote exclusive and continued breastfeeding in the workplace.	http://www.ilo.org/manila/publications/WCMS_351263/lang--en/index.htm
12	World Breastfeeding Week 2015 (website)	World Health Organization	2015	Provides print campaign materials advocating for breastfeeding at work.	http://www.who.int/mediacentre/events/meetings/2015/world-breastfeeding-week/en/
13	Workplace Lactation Support Program: Creating breastfeeding friendly workplaces – Toolkit (publication)	Alive & Thrive and Vietnam Confederation of Labour	2014	Aims to provide information and guidance for institutions, companies and other organizations interested in implementing policies and interventions to support lactation in the workplace.	http://aliveandthrive.org/wp-content/uploads/2014/12/VN-Workplace-Toolkit-English.pdf

Endnotes

1. Rollins, Nigel, et al., ‘Why invest, and what will it take to improve breastfeeding practices?’ *Lancet* [online], vol. 387, 2016, pp. 491–504.
2. Kimbro, Rachel Tolbert, ‘On-the-Job Moms: Work and breastfeeding initiation and duration for a sample of low-income women’, *Maternal and Child Health Journal*, vol. 10, no. 1, 2006.
3. United Nations Children’s Fund, United Nations Global Compact, Save the Children, ‘Children’s Rights and Business Principles’, UNICEF, New York, 2012.
4. World Health Organization, United Nations Children’s Fund, *Global Strategy for Infant and Young Child Feeding,* WHO, Geneva, 2003.
5. United Nations Children’s Fund, World Health Organization, ‘Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding’, 1990.
6. See UNICEF and WHO-led Global Breastfeeding Collective’s Call to Action, <https://www.unicef.org/nutrition/index_98477.html>.
7. While mother- and baby-friendly workplace initiatives are not new to UNICEF, knowledge and lessons learned within UNICEF are scattered and many were undocumented.
8. Likhite, Nathalie, ‘Applied Communication for Development Strategies for Increasing Breastfeeding Rates among Working Mothers: A Literature review of the evidence of impact on exclusive and continued breastfeeding’, UNICEF, New York, forthcoming in 2018.
9. Three of the five systematic reviews were global and two focused on the United States of America. Other articles documented quantitative and qualitative studies conducted in Australia (1 article), Chile (1), Ghana (1), Indonesia (1), Malaysia (1), New Zealand (1), Pakistan (1), Taiwan (4), Turkey (1), United Arab Emirates (1), United Kingdom (1) and United States of America (8).
10. Al Ghazal, Hessa, Shehnaz Rashid, Evelyn Ruf, ‘The Sharjah Baby-Friendly Campaign: A community-based model for breastfeeding promotion, protection and support’, *Breastfeeding Medicine*, vol. 10, no. 9, 2015, pp. 437–441.
11 The findings from Balkam and colleagues’ study suggest a dose-response effect, meaning that the number of breastfeeding support services received were being positively related to exclusive breastfeeding rates. See Balkam, Jane A., Karin Cadwell and Sara B. Fein, ‘Effect of components of a workplace lactation program on breastfeeding duration among employees of a public-sector employer’, *Maternal Child Health Journal,* vol. 15, no. 5, 2011, pp. 677–683.
12. Dinour, Lauren M., and Jacalyn M. Szaro, ‘Employer-Based Programs to Support Breastfeeding Among Working Mothers: A systematic review’, *Breastfeeding Medicine,* vol. 12, no. 3, 1027, pp. 1–11.
13. McLeroy, Kenneth R., et al., ‘An ecological perspective on health promotion programs’, *Health Education Quarterly,* vol. 15, no. 4, 1988, pp. 351–377.
14. For more information, see United Nations Children’s Fund, *A Global Communication for Development Strategy Guide for Maternal, Newborn and Child Health and Nutrition Programmes,* UNICEF, New York, May 2015 and United Nations Children’s Fund, *Improving Exclusive Breastfeeding Practices by Using Communication for Development in Infant and Young Child Feeding Programmes,* UNICEF, New York, June 2010.
15. Farhana, Kaniz, Md. Syduzzaman and Md. Shayekh Munir, ‘Present Status of Workers in Readymade Garments Industries in Bangladesh’, *European Scientific Journal,* vol. 11, no. 7, March 2015, pp. 564–574.
16. One study has extrapolated that nationwide, some 15 per cent of women between the age of 16 and 30 work in the ready-made garment sector in Bangladesh. See Heath, Rachel, and A. Mushfiq Mobarak, ‘Manufacturing growth and the lives of Bangladeshi women’, *Journal of Developmental Economics,* vol. 115, 2015, pp. 1–15.
17. International Centre for Diarrhoeal Disease Research, Bangladesh, ‘Intervention research on Breastfeeding-friendly Interventions in Public Health Facilities and Private Workplaces in Bangladesh: A mixed method approach’, baseline assessment report, received 26 February 2017.
18. Bangladesh Demographic and Health Survey, 2014.
19. UNICEF Bangladesh, ‘Workshop report on maternity protection and breastfeeding at the workplace’, National Programme for the Formal Sector (draft), November 2016.
20. Though Bangladeshi labour laws provide for comprehensive maternity protection (see official English translation of Bangladesh Labour Act 2006, available at <https://resource.ogrlegal.com/official-english-translation-bangladesh-labour-

act-2006/>), in practice, it is estimated that less than 1 per cent of working women receive it. What is more, many working women are subject to persistent gender-based discriminatory practices, including pregnancy testing before employment (ILO communication); pressure for pregnant women to resign from their posts (UNICEF, *The Ready-Made Garment Sector and Children in Bangladesh,* November 2015); and generally lower pay (Farhana, 2015).

21. For more information on the C4D design process, see UNICEF's 'Global Communication Strategy Guide for Maternal, Newborn and Child Health and Nutrition Programmes' from May 2015 and UNICEF publication Improving Exclusive Breastfeeding Practices by Using Communication for Development in Infant and Young Child Feeding Programmes: Web-based series for programme and communication specialists from June 2010.
22. In addition to those already cited, see also UNICEF Bangladesh, Private Fundraising and Partnerships, 'Hidden Consequences: A study of the child rights impact in the Bangladeshi garment sector' (draft report), 2014.
23. According to baseline research, 99 per cent of infants of working mothers had ever been breastfed; 73 per cent were breastfed within an hour of birth; and 64 per cent were currently breastfed (International Centre for Diarrhoeal Disease Research, Bangladesh, 2017).
24. See Mothers@Work launch AV, available at <https: //www.youtube.com/watch?v=1iSdFdY2q2w>.
25. BRAC was known formerly as the Bangladesh Rehabilitation Assistance Committee, then as the Bangladesh Rural Advancement Committee, and later as Building Resources Across Communities.
26. African Population and Health Research Center, 'Evidence-Based Implementation of Baby-Friendly Workplace Support Initiative and Evaluation of its Potential Feasibility and Effectiveness on Improving Maternal and Child Nutrition and Health', baseline survey report, May 2017.
27. *Ibid*.
28. Kenya Demographic and Health Survey, 2014.
29. Communication by social welfare manager.
30. The ECD policy was recently updated to start preschool at 4 years.
31. United Nations Children's Fund, 'Global Communication Strategy Guide for Maternal, Newborn and Child Health and Nutrition Programmes', UNICEF, New York, May 2015.
32. This finding is consistent with national data, whereby 99 per cent of infants are breastfed (KDHS, 2014).
33. Kenya Demographic Health Survey, 2014.
34. A cross-sectional study (with a small sample size) assessing exclusive breastfeeding practices among mothers attending an immunization clinic in Kericho County Hospital found that salaried employees were twice as likely to introduce foods other than breastmilk early as non-salaried employees (Taratisio Ndwiga in an online forum available at <http://www.texilaconference.org/article/231/public-health/ofu/assessment-of-exclusive-breastfeeding-among-mothers-attending-immunization-clinic-in-kenya-a-case-s.html>).
35. United Nations Children's Fund, *Improving Exclusive Breastfeeding Practices by Using C4D in Infant and Young Child Feeding Programmes: Web-based series for programme and communication specialists,* UNICEF, New York, June 2010.

© United Nations Children's Fund (UNICEF)
April 2018

Permission is required to reproduce any part of this publication. Permissions will be freely granted to educational or non-profit organizations.

Please contact:
UNICEF
Nutrition Section, Programme Division
3 United Nations Plaza
New York, NY 10017USA

nutrition@unicef.org