Factor affecting the knowledge, attitude and practice of exclusive breastfeeding among lactating working mothers in Garment factories of Bangladesh

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Abstract- Exclusive breastfeeding (EBF) is regarded as a fruitful way to provide balanced nutrition, better growth, and development of the infant, prevent stunting as well as protect from infectious and chronic diseases. Thus, aim of the study is to assess knowledge, attitude and factors associated on EBF practices among mother in garment factories of Bangladesh. The study was a cross sectional study and conducted from September 2022 to February 2023 in randomly selected several Garments factories situated in Dhaka division of Bangladesh. Data was collected face-to-face interview from garments factories by using simple random sampling process. Chi-square test and multiple logistic regression models were used to explore the association. The prevalence of exclusive breastfeeding practice was 48.8%. Good Knowledge ($p<0.001$) and positive attitude ($p<0.001$) on breastfeeding were significantly associated with breastfeeding practice among mothers. Mothers educational qualification graduate/post graduate (AOR=16.67, 95% CI: 1.28-216.6); worked as an operator (AOR=2.61, 95% CI: 1.49-4.56); delivery of child at hospital (AOR=3.59; 95% CI: 1.07-5.31, 0<0.05) and mode of delivery with normal/vaginal (AOR=2.65; 95% CI: 1.33-4.27, 0<0.05) are more likely associated with exclusive breastfeeding practices. Knowledge, attitude and some socio-demographic factors are remarkably associated with exclusive breastfeeding practice. Though majority of the respondents had knowledge about EBF, still there is a massive gap between actual practices although they have positive attitude in regard of EBF.

Index Terms- Garments worker, Exclusive Breastfeeding Practice, Knowledge, Attitude, Bangladesh.

I. INTRODUCTION

Breastfeeding is indispensable for growth and development of infants and it is one of the most cost-efficient interference to prevent maternal and child morbidity and mortality (1). For more or less all infants breastfed remains the simplest, healthiest and least exorbitant feeding method that attain the need of infant (2). Exclusive breastfeeding (EBF) is regarded as a fruitful way to provide balanced nutrition, better growth, and development of the infant, prevent stunting as well as protect from infectious and chronic diseases (3). Breastfeeding is associated with a lessen risk of otitis media, gastroenteritis, respiratory illness, sudden infant death syndrome, necrotizing enter colitis, obesity, and hypertension. Breastfeeding is also affiliated with improved maternal outcomes, including a reduced risk of breast cancer and ovarian cancer, type 2 diabetes, and postpartum depression (3). In addition, breastfeeding has been correlated with improved mother-infant bonding (4,5). Improper practices such as introduction of pre-lacteal foods, rejection of colostrum, delayed initiation of breastfeeding, water intake during early months (within 5 months), and complementary feeding (within 5 months), might often significantly increase the risk of morbidity and mortality, decrease milk intake and premature termination of breastfeeding (6). Breast milk is crucial for sustaining newborn infant health and wellbeing. Infants who are properly breast-fed grow better and experience less sickness and fewer deaths than other infants who are not breast-fed (7). It has been

delineated that the use of a bottle interferes with the maturation of oral functions as the child grows. There would be an increased risk of atypical swallowing, mouth breathing, masticatory dysfunction, difficulties of phono articulation and an alteration of body posture, among others. In addition, there is an increase in the risk of mouth breathing, which leads to inadequate ventilation, increased respiratory infections, decreased hearing, altered thoracic and body posture development and altered maxillofacial development. In addition, a review concluded that BF was associated with 68% reduction in risk of developing malocclusion (8). The prevalence of exclusive breastfeeding was among South Asian countries, 54.9% in India, 1.4% in China, 65.2% in Nepal, 37.7% in Pakistan and 82.3% in Sri Lanka. (WHO, 2018). In Bangladesh, the prevalence of exclusive breastfeeding was about 55% in under six months of age (9). A large part of Bangladesh's income comes from the garments sector. Bangladesh is the world's second largest exporter of apparel products with an export value of USD 34 billion in 2019 (Export Promotion Bureau, 2020). Earlier in 2015, we estimated that the sector employed nearly 4 million workers of whom 65% were women (10). In Bangladesh, children are affected by their mothers & employment in the RMG factories in several ways, they are lack of adequate maternity protection, inadequate breastfeeding support, poor access to quality childcare, long working hours and low wages can directly affect the situation of working mothers and their children, and this is supported by surveys that have shown breastfeeding prevalence to be as low as 10% among RMG workers (10). A strong, healthy and well cared workplace is essential for a working mother to continue her job and for further economic growth and success. Based on the findings, government along with international development partners have initiated programmers that would promote breastfeeding at workplace in recent time (11). However, Breastfeeding may be particularly challenging for female factory workers who have long working hours and inadequate approach to health information and care (10).

II. MATERIALS AND METHODS

The study was conducted in several Garments factories randomly selected situated in Gazipur, Narayanganj districts of Dhaka division of Bangladesh. The selected factories were Tusuka Fashions Limited, Amigo Bangladesh Limited, Ever Smart Bangladesh Limited, Remi Holdings Limited, Mahmuda Attires Limited and Fakir Fashions Limited. The study was cross sectional study. A total of 405 mothers were interviewed for the study who worked in the selected garments. The inclusion criteria were women who had 0-24 month's children. Some exclusion criteria were the medical conditions of mother; medications which interrupted breastfeeding; and mothers who were diagnosed with severe congenital malformations, who had >24 month's children. These conditions were verified by using prescription pad of lactating mother given by doctor.

The minimum required sample size was calculated by using a single population proportion formula $n = z^2pq /d^2$; 5% margin of error, 95% confidence intervals, estimated to practices EBF 65% national rate (Ref), desired sample size, n= 384, extra 5% sample was taken to recover mistake sample and finally estimated sample size was 403. For the study, purposive sampling technique was applied for selection and considering the inclusion and exclusion criteria, simple random sampling technique was done. Structured questionnaires were used to collect data. A random sampling approach was adopted to collect information like knowledge, attitude, and some sociodemographic factors through face-to-face interviews.

There were some general information questions in questionnaire like name, age, education level, husband education level, occupation, husband occupation, economic status, religion, place of delivery and types of delivery, etc. Some questions were asked to find out maternal knowledge on exclusive breastfeeding. Knowledge and attitude on exclusive breastfeeding was determined by asking the mother 10 question. Questions such as *e*ver heard about exclusive breast feeding, source of information, Initiation of complementary feeding, *d*uration of exclusive breastfeeding, did anyone encourage mothers to EBF their infant, did anyone get consultation about exclusive breastfeeding etc. Knowledge score estimated as: Good= 5-7, Medium= 3-4 and Poor=0-2. Attitude score was estimated as: Positive=5-7, Moderate=3-4, and Poor=0-2.

Statistical analyses were performed using IBM SPSS (version 23). Means and standard deviation (SD) were used for numerical data, whereas percentages were used for categorical data. Chi-square test was used to assess the association of knowledge and attitude on breastfeeding with exclusive breastfeeding practices. Multiple logistic regression analyses were done to utilize sociodemographic factors effect on exclusive breastfeeding practices. The model fitness was tested using Hosmer and Lemeshow test. The adjusted odds ratio (AOR) was observed to evaluate the strength association of sociodemographic factors with exclusive breastfeeding practices at 95% CI for the significance test. The p-value of (<0.05) was considered statistically significant.

This study was conducted in accordance with Bangladesh Medical Association Act (BMA) and following guidelines of the Helsinki declaration, 1975. Moreover, ethical consideration was taken from Institutional Ethical Approval Committee (IEAC), Primeasia University (Ref. PAU/IEAC/22/104). The purpose of the study was getting some information from lactating mothers of garments employees and a written informed consent was obtained before participation in the study and permission was granted from the Garments Managing Director of the selected garments.

III. RESULTS

Table 1: The Socio-demographic characteristics of the respondents

Characteristics	Total N (%)	Exclusive Breastfeeding Practices YES : N (%)	NO: N (%)	Chi-Square P-value
Age Range (Mothers)				
<20 years	1(0.2)	1(100)	0	
20 to 30 years	376(92.8)	185(41.2)	191(50.8)	0.367
>30 years	28(6.9)	12(42.9)	16(57.1)	
Age Mean		25.71 (±3.2)		
Religion				
Muslim	392(96.8)	193 (49.2)	199(50.8)	
Hindu	11(2.7)	3(27.3)	8(72.7)	0.244
Christian	1(0.2)	1(100%)	0	
Buddhist	1(0.2)	1(100%)	0	
Marital Status of Mother				
Married	403 (99.5)	196 (48.6)	207 (51.4)	0.147
Divorced	2(0.5)	2(100)	0	
Educational Qualification (Mother's)				
Illiterate	23 (5.7)	4(17.4)	19(82.6)	
PSC	111(27.4)	66(59.5)	45(40.5)	
JSC	155(38.3)	63(40.6)	92(59.4)	***0.001***
SSC	87(21.5)	43(49.4)	44(50.6)	
HSC/Diploma	18(4.4)	13(72.2)	5(27.8)	
Graduate/Postgraduate	11(2.7)	9(81.8)	2(18.2)	
Educational Qualification (Respondent's Husband)				
Illiterate	23(5.7)	6(26.1)	17(73.9)	
PSC	73(18.0)	38(52.1)	35(47.9)	
JSC	163(40.2)	71(43.4)	92(56.6)	***0.019***
SSC	104(25.7)	57(54.8)	47(45.2)	
HSC/Diploma	28(6.9)	15(53.6)	13(46.4)	
Graduate/Postgraduate	14(3.5)	11(78.6)	3(21.4)	
Working Position (Mother's)				
Assistant Operator	99(24.4)	30(30.3)	69(69.7)	
Operator	237(58.5)	131(53.3)	106(44.7)	***0.001***
Quality Inspector	36(8.9)	17(47.2)	19(52.8)	
Others	33(8.1)	20(60.6)	13(39.4)	
Working Position (Respondent's Husband)				
Garments worker	238(58.8)	100(42.0)	138(58.0)	
Rickshaw/Bus/Truck driver	41(10.1)	23(56.1)	18(43.9)	***0.001***
Mason	16(4.0)	13(81.3)	3(18.7)	
Vendor	34(8.4)	10(29.4)	24(70.6)	
Others	76(18.8)	52(68.4)	24(31.6)	
Types of Family				
Nuclear Family	324(80.0)	150(46.3)	174(53.7)	***0.037***
Joint Family	81(20.0)	48(59.3)	33(40.7)	
Monthly Family Income (BDT)				
<10000 Taka	3(0.8)	3(100)	0	
10000 to 20000 Taka	141(34.6)	76(53.9)	65(46.1)	***0.016***
20000 to 30000 Taka	221(54.6)	94(42.7)	126(57.3)	
>30000 Taka	41(10.1)	25(61.0)	16(39.0)	
Place of delivery				
Home	126(31.1)	57(45.2)	59(54.8)	0.323
Hospital	279(68.9)	141(50.5)	138(49.5)	
Mode of delivery				
Normal/Vaginal Delivery	185(45.7)	90(48.6)	95(51.4)	0.929
Caesarian Delivery	220(54.3)	108(49.1)	112(50.9)	
Child age				

	0-6 months	115(28.4)	56(48.7)	59(51.3)	
	7-12 months	149(36.8)	60(40.3)	89(59.7)	***0.021***
Socio-	13-18 months	88(21.7)	53(60.2)	35(39.8)	
	19-24 months	53(13.1)	29(54.7)	24(45.3)	

Bolded *Italic* values indicate statistically significance (p<0.001);

demographic characteristics of lactating working mothers in Garment factories of Bangladesh shown in table 1. About 405 participants; Most of the participants (92.8%) belong to age groups were between 20-30 years and mean (±SD) age of the participants was 25.71 (±3.2). Most of the respondents (96.8%) were comes from muslin religion group. About nearest half of participants (38.3%) and participants husbands (40.2%) educational qualification were Junior School Certificate (JSC). Majority person (58.5%) of the study participants working position were operator and about half (58.8%) of respondent's husband were garments worker. Moreover, most of the respondent (80%) lives with nuclear family. In our study population more, than half of the respondent has monthly family income ranged 20000 to 30000BDT (Bangladeshi Taka). About two-thirds (68.9%) respondent has delivered their child in hospital and only half of the mothers (45.7%) delivered their child by normal/vaginal delivery.

Table 2: The knowledge on EBF and attitude towards EBF among the respondents (N=405)

knowledge on EBF		Attitude of mother towards EBF	
Variables	**N(%)**	**Variables**	**N(%)**
Ever heard about exclusive breast feeding		**Duration of exclusive breast feeding**	
Yes	287 (70.9)	Up to six months	327(80.7)
No	118(29.1)	More or less than six months	78(19.3)
Source of information		**Do you want to breastfeed your next baby?**	
Health worker	273(67.4)	No	34(8.4)
Media	28(6.9)	Yes	371(91.6)
Husband	2(0.5)		
Social media	9(2.2)		
Friend/Colleague	39(9.6)		
Relatives	54(13.3)		
Initiation of complementary feeding		**Do you encourage mothers to EBF their infant?**	
From six months	348(85.9)	No	39(9.6)
More or less than six months	57(14.1)	Yes	366(90.4)
Reasons for breastfeeding		**Why do you encourage exclusive breastfeeding?**	
Ideal food for child	200(49.4)	To reduce disease and child death	150(37.0)
Natural gift from God	147(36.3)	To strengthen the child	237(58.5)
Easily available and free of cost	58(14.3)	No purchase	18(4.5)
Breastfeeding center in workplace		**Did you get consultation about exclusive breastfeeding?**	
Yes	312(77.0)	No	166(41.0)
No	93(23.0)	Yes	239(59.0)

[Table 2] shows knowledge on EBF and attitude towards EBF among the respondents. About two-thirds (70.9%) of the participants had previously heard about EBF and most of the participants about (85.9%) start complementary feeding from six months of child aged and most of the mothers (91.6%) wanted to breastfeed their next child. About two-thirds (77.0%) garments has breastfeeding corner and respondents were well award about breastfeeding corner. Among the total participants (90.4%), respondents encourage mothers to EBF their infant and half of the (59.0%) mothers consulted about exclusive breastfeeding.

Table 3: Results on EBF practice among participants

Variables	Categories	Frequency	Percentage
Breast feeding practice	Yes	309	76.3
	No	96	23.7
Exclusive breastfeeding practice up to six months	Yes	198	48.9
	No	207	51.1
Did you give colostrum after birth?	Yes	325	80.2
	No	80	19.8
Colostrum introducing time	Within one hour	161	39.7
	Within three hours	162	40.0
	Within six hours	44	10.9

	Next day	38	9.4
Did you give pre lacteal foods immediately after birth?	None	99	24.4
	Honey	134	33.1
	Cow milk	9	2.2
	Sugar water	56	13.8
	Formula milk	107	26.4
Breastfeeding frequency daily	Less than eight times	183	45.2
	Eight to twelve times	142	35.1
	More than twelve times and child desire	80	19.7
Giving other foods in addition of breastfeeding	None	46	11.4
	Cow's milk	56	13.8
	Formula milk	303	74.8

[Table 3] shows EBF practice among working mothers in Garment factories of Bangladesh. About three-forth (76.3%) participants practices Breastfeeding and half of the respondents (51.1%) practices Exclusive breastfeeding. Most of respondent's (80.2%) mother gives colostrum their child within 1 hour of birth and only one-fourth (26.4) respondents mother give pre lacteal foods immediately after birth.

Table 4: Multiple logistic regression analysis of factor affecting on practice of exclusive breastfeeding among lactating working mothers in Garment factories of Bangladesh

Variables	Exclusive Breastfeeding Yes (%)	No (%)	COR (95% CI)	AOR (95% CI)	P-value
Educational Qualification (Mother's)					
[R] Illiterate	4 (2)	19 (9.2)		1	
Five	66 (33.3)	45 (21.7)	6.96 (2.22-21.84)	6.32 (1.77-22.52)	***0.004***
Eight	63 (31.8)	92 (44.4)	3.25 (1.05-10.01)	3.12 (0.84-11.6)	0.089
SSC	43 (21.7)	44 (21.3)	4.64 (1.45-14.76)	3.54 (0.84-14.8)	0.083
HSC/Diploma	13 (6.6)	5 (2.4)	12.35 (2.77-54.91)	12.58 (1.99-79.25)	***0.007***
Graduate/ Postgraduate	9 (4.5)	2 (1)	21.37 (3.28-139)	16.67 (1.28-216.6)	***0.032***
Educational Qualification (Respondent's Husband)					
[R] Illiterate	6 (3)	17 (8.2)		1	
Five	38 (19.2)	35 (16.9)	3.07 (1.09-8.68)	2.67 (0.83-8.57)	0.099
Eight	71 (35.9)	92 (44.4)	2.18 (0.82-5.83)	1.79 (0.58-5.51)	0.306
SSC	57 (28.7)	47 (22.7)	3.43 (1.25-9.41)	2.99 (0.91-9.85)	0.071
HSC/Diploma	15 (7.6)	13 (6.3)	3.26 (0.99-10.75)	2.25 (0.56-8.96)	0.249
Graduate/ Postgraduate	11 (5.6)	3 (1.4)	10.38 (2.14-50.43)	1.86 (0.21-15.94)	0.570
Working Position (Mother's)					
[R] Assistant Operator	30 (15.2)	69 (33.3)		1	
Operator	131 (66.2)	106 (51.2)	2.84 (1.72-4.68)	2.61 (1.49-4.56)	***0.001***
Quality Inspector	17 (8.5)	19 (9.2)	2.05 (0.94-4.49)	1.6 (0.584.41)	0.363
Others	20 (10.1)	13 (6.3)	3.53 (1.56-8.02)	2.01 (0.78-5.15)	0.146
Working Position (Respondent's Husband)					
[R] Garments worker	100 (50.5)	138 (66.7)		1	
Rickshaw/bus/truck driver	23 (11.6)	18 (8.7)	1.76 (0.9-3.44)	2.16 (1.02-4.57)	***0.044***
Mason	13 (6.5)	3 (1.4)	5.98 (1.66-21.54)	7.58 (1.8-31.87)	***0.006***
Vendor	10 (5.1)	24 (11.6)	.57 (0.26-1.25)	0.58 (0.25-1.34)	0.206
Others	52 (26.3)	24 (11.6)	2.99 (1.72-5.17)	3.03 (1.65-5.56)	***0.001***
Place of delivery					
[R] Home	141 (71.2)	138 (66.7)		1	
Hospital	57 (28.8)	69 (33.3)	4.23 (1.81-9.88)	3.59 (1.07-5.31)	***0.003***
Mode of delivery					
[R] Caesarean delivery	108 (54.5)	112 (54.1)		1	
Normal/Vaginal delivery	90 (45.5)	95 (45.9)	1.01 (1.08-6.85)	2.65 (1.33-4.27)	***0.002***
Did you consult about exclusive breastfeeding?					
[R] Yes	112 (56.6)	127 (61.4)		1	
No	86 (43.4)	80 (38.6)	1.21 (0.82-1.81)	0.7 (0.43-1.16)	0.174

R= Reference value, **COR**= Crude Odds ratio, **AOR**= Adjusted Odds ratio, **CI**= Confidence interval
Bolded ***Italic*** values indicated Statistically Significant;
Model summary: Multiple logistic model fitted by Hosmer and Lemeshow test: (Chi-Square= 8, df=6, P=0.76).

[Table 4] shows the multiple logistic regression analysis used to identify factor affecting on practice of exclusive breastfeeding among lactating working mothers in Garment factories of Bangladesh. Model summary was found that Hosmer and Lemeshow test (Chi-Square= 8, df=6, P=0.76) which express the goodness and fitness shown bottom of the table. The adjusted regression model derive the following sociodemographic factors were statistically significant with exclusive breastfeeding practice among lactating working mothers in Garment factories of Bangladesh. Graduate/ Postgraduate mother (AOR=16.67; 95% CI: 1.28-216.6, 0<0.05); working position of mother as operator (AOR=2.61; 95% CI: 1.49-4.56, 0<0.05); working position of father without garments worker such as mason (AOR=7.58; 95% CI: 1.8-31.87, 0<0.05); delivery of child at hospital (AOR=3.59; 95% CI: 1.07-5.31, 0<0.05) and mode of delivery with normal/vaginal (AOR=2.65; 95% CI: 1.33-4.27, 0<0.05) are more likely associated with exclusive breastfeeding practices.

Table 5: The association of maternal knowledge, attitude score with exclusive breastfeeding practices

Variable	Total	Exclusive Breastfeeding		Chi-Square test	
	N (%)	Yes; N (%)	No; N (%)	$\chi 2$	P-Value
Knowledge Score					
Good	237(57.81)	170(71.7)	67(28.3)		
Medium	137(33.42)	105(79.5)	27(20.5)	10.06	**0.004**
Poor	36(8.78)	34(94.4)	2(5.6)		
Attitude Score					
Positive	243(59.27)	197(81.07)	46(18.93)		
Moderate	139(39.91)	99(71.2)	40(28.77)	18.29	**0.001**
Poor	28(6.83)	15(53.57)	13(46.43)		

Knowledge score: Good= 5-7, Medium= 3-4 and Poor=0-2;
Attitude score: Positive=5-7, Moderate=3-4, and Poor=0-2;
Bolded values indicate statistically significance (p<0.001);

Table 5 shows the association of maternal knowledge, attitude score on exclusive breastfeeding. More than half 237(57.81%) of the mother knowledge score was good and about 243(59.27%) mother had positive attitude. Maternal knowledge score (χ 2=10.06, p<0.005) and attitude score (χ 2=18.29, p<0.001) were statistically associated with exclusive breastfeeding practices among mothers was found by chi-square test.

IV. Discussion

This study explored Exclusive Breastfeeding (EBF) Practice among mothers worked at garments in Dhaka division of Bangladesh. This study reported that only five in ten of mothers (48.9%) were exclusive breastfeeding practice to their upto 6 months from birth which is lower than national level (65%) in Bangladesh (9). The prevalence of EBF in this study was lower than few studies such as Ghana 66% (12), southwestern Ethiopia 59.3% (13), East Africa 55.9% (14), Techiman Ghana 55.8% (15) and higher than few studies recorded in Vietnam 29% (16) , rural area of Rajshahi district in Bangladesh 27.9% (17). In case of workers of garments, they have to join in work when their children age is hardly 2 months or less. Sometimes it is not possible to breastfeed their baby when they are in work. Thus, they try to find a solution and the simple way they find is to give formula milk or cow milk to the children. This is the main reason that EBF rate is somehow lower in the current study related to the garments working lactating women.

This study demonstrated some sociodemographic factors such as-educational qualification and working position of respondent and her husband, types and monthly income of family associated with exclusive breastfeeding practices. A better education tends to give mothers more possibilities of EBF(18). The current study showed that, mothers education level graduate/post graduate were 16.67 times more likely to exclusive breastfed than mothers who were illiterate. Also those mothers with education level were HSC/diploma were 12.58 times more likely to exclusive breastfed than mothers who were illiterate. In contrary, a study conducted in Bangladesh found that primary educated mothers were 2.28 times more apparently to practice exclusive breastfeeding. Educated mother know the importance of breast milk and hazard associated with formula or cow milk for this reason they refuse formula/cow milk.

This study demonstrated two health service related factors such as types and mode of delivery associated with exclusive breastfeeding practices. However, women with normal/vaginal delivery were more likelihood EBF practices compared to the counterpart as Caesarian section delivery similar results were found in previous studies (19). Normal/vaginal delivered mother recovered from postnatal illness early than Caesarian section delivered mothers. On the other hand, Caesarian section delivered mother required few time to recovery from cesarean illness (Senseless, low blood pressure, unable to breastfeeding practice) and difficult to movement considered as for this reason most of the family likely introduced with formula milk and laydown to exclusive breastfeeding (11,20).

Furthermore, it was founded that hospital delivery respondents had good EBF practices compared with home delivery. Study results were similar with the previous study in Northwest Ethiopia (21) . Delivery in hospital easily counseling to prepare mother more positive toward EBF practices by duty doctor/nurse. Sometimes also, award them from hospital about the hazard of formula/cow milk for children (12). Exclusive breastfeeding in a study in northwest Ethiopia was significantly associated with breastfeeding counselling after delivery. Mothers who did not receive breastfeeding counselling after delivery were 0.43 times less likely to practice exclusive breastfeeding compared with mothers who received the services (12).

This study revealed knowledge and attitude score significantly associated with exclusive breastfeeding practices. In this, study good knowledge score mother, 71.7≈72 % significantly associated with exclusive breastfeeding practices similar with a study conducted in Bangladesh (19). In garments factories, women of reproductive age, pregnant women and lactating mothers get knowledge about EBF and other necessary information through health workers from medical team. But, sometimes they may not be able to attend those awareness programs and trainings for their own ignorance and/or due to their overwhelming workload. In factories, all of the employees undergo extreme work pressure more or less in a regular basis. Working women also get information about EBF and other issues from their friends and family and also from relatives. This current study found that the majority of the mothers knew about EBF from health care providers about 67.4% as the main source and 13.3% from relatives, 9.6% from friends and colleagues, 6.9% from media, 2.2% from social media, 0.5% from husband. Support from the health care providers may enhance the success of EBF. A similar findings was conducted in Bhutan, the main source of information was obtained from doctors and health workers (51.2%) followed by national television (24.4%). Other sources mentioned were neighbours, friends and families (5.9%), radio, posters, leaflets and books (9%) (22). A study showed that high proportion of the mothers (90.7%) in Ghana identified the health professionals as their best source of information on breastfeeding (12). This result was higher in comparison to our findings. Study in Malaysia revealed that the mother's knowledge alone was insufficient to ensure breastfeeding success (15). In Bangladesh, a study examined mothers with positive attitudes towards breastfeeding were 66.1% with continuing to breastfeed longer and improved EBF practice among mothers, which is lower than our study (23). In contrast other studies in East Africa (14), in India (24), in Mexico (25), found that mothers had the lowest level of attitude about EBF. Study from Rwanda indicates that there is 82.1% and Ethiopia 87.3% positive attitude towards EBF, which is similar in our findings (15,26). Our study observed that majority of mothers about 80.7% and in another study showed that most mothers 59.3% knew up to six months is the duration of EBF (13). It was observed that in this study, although mothers had an adequate knowledge and attitude on breastfeeding, their knowledge and attitude did not translate to practice of EBF. Good knowledge and attitude sometimes not enough to enable mothers for EBF. There by resulting in a big knowledge and attitude with practice gap.

Several strengths and limitations

This study has several strengths. It was one of the first study to explore the factor affecting the knowledge, attitude and practice of exclusive breastfeeding among lactating working mothers in Garment factories of Bangladesh. This study also provides current status of Eclusive breastfeeding practices and identify some factor associated with EBF practices. However, this study was not free from limitations. it was a cross-sectional study so that it didn't allow us to create any complete progressive association with knowledge, attitude and other factor on exclusive breastfeeding practices. In addition, health related factors on the study and outcome variable could result in recall bias. Moreover, participants were garments factory employees, it was difficult for them to manage time schedule for the interview. Another limitation was COVID-19 pandemic situation. As, we had to maintain distance during interview period that was not appropriate method of interview and difficult to measure anthropometric measurements.

V. CONCLUSION

The study found good knowledge and positive attitude and some sociodemographic factors such as educational qualification, working position etc. are remarkably associated with exclusive breastfeeding practice. The practice appraise of EBF was not as anticipated because some of the respondents accorded prelactecal food was high, while others ceased EBF before 6 months which is the recommended time frame for EBF. EBF practice rate is higher in literate mothers than illiterate mothers. Based on the findings of the current study, long working hours, low family income, lack of proper knowledge and awareness about EBF are responsible for non-EBF practice in garments working lactating mothers. Proper apprehension and cognizance about EBF and provision of facilities for EBF by the organizations can instigate a significant role in promoting EBF. Policy makers of those organizations should consider the barriers of nursing mothers for EBF. They may arrange more conventional perception program on EBF practice.

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