

What can research evidence tell us about:

How to Promote Exclusive Breastfeeding in Uganda's Informal Economy

Key messages

- ➔ The strategies to achieve exclusive breastfeeding are multi-pronged and can consist of the following interventions;
 - Engagement of women and other potential actors such as directors, supervisors, managers, and human resources staff in designing the intervention
 - Sensitising employers on how to effectively support breastfeeding and how it benefits their businesses
 - Sensitise supervisors, managers and co-workers about the importance of exclusive breastfeeding.
 - Consider social norms in the design of the interventions
 - Consider measures beyond the workplace
 - Set up care centres near workplaces
 - Sensitise mothers on exclusive breastfeeding
 - Setting up breastfeeding facilities
 - Considerations for maternity leave cash transfers
 - Monitoring and evaluation of the implementation
- ➔ The strategies are multi-pronged and rely on engagement, lobbying, sensitisation and advocacy for breastfeeding among employers in the informal economy.

Where did this Rapid Response come from?

This document was created in response to a specific question from a policymaker in Uganda in 2022.

It was prepared by the Center for Rapid Evidence Synthesis (ACRES) at the Uganda country node of the Regional East African Community Health (REACH) Policy Initiative.

Included:

- **Key findings** from research
- **Considerations about the relevance** of this research for health system decisions in Uganda

Not included:

- Recommendations
- Detailed descriptions



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Regional East African Community
Health Policy Initiative

Summary

Background:

Working with other government ministries, departments and agencies and different development partners, the Ministry of Gender, Labor and Social Development is leading efforts to develop regulations on "Breastfeeding and childcare facilities" in Uganda. However, the regulations are dominated by provisions for the formal economy, with little provisions for the informal economy. To address this gap, the planning meeting for these regulations requested for evidence on the different interventions that can be implemented to effect exclusive breastfeeding for mothers in the informal economy.

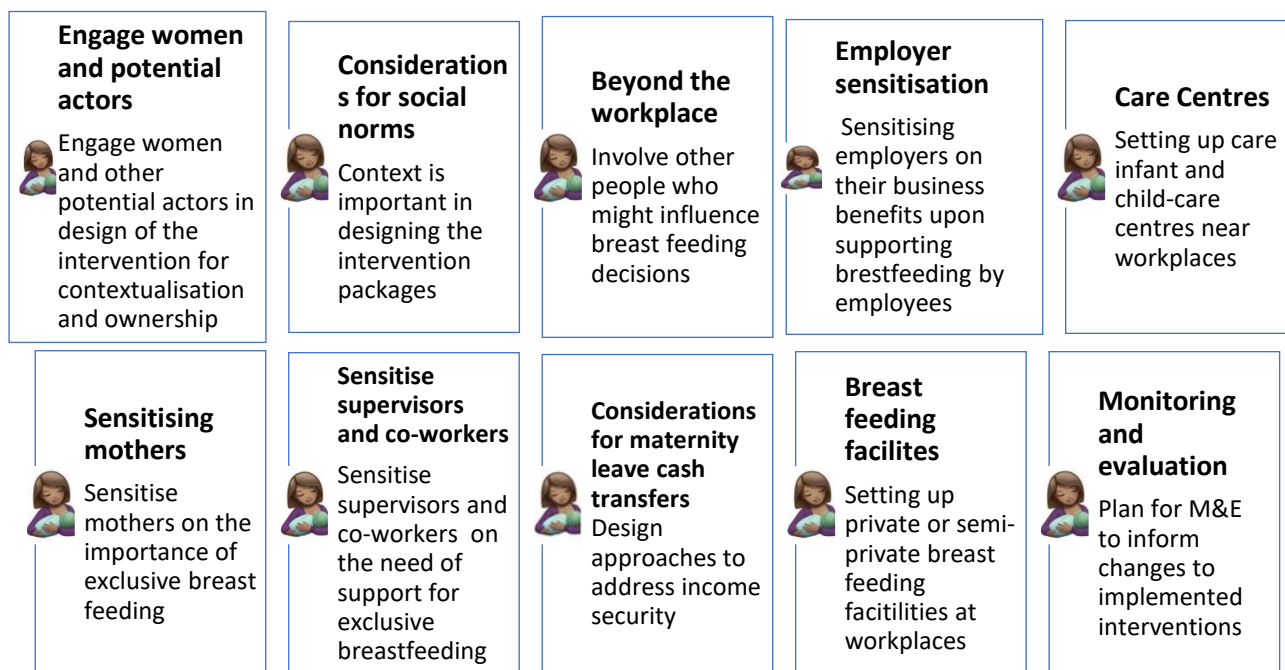
Rapid Response Question:

How can we promote exclusive breastfeeding in the informal economy in Uganda?

Findings:

There is limited evidence on interventions to address exclusive breastfeeding in the informal economy. To inform this brief, we have drawn from the limited evidence from the informal economy and adopted and contextualised evidence from the formal economy.

An informal economy is characterised as "consisting of units engaged in producing goods or services with the primary objective of generating employment and incomes to the persons concerned. These units typically operate at a low level of organisation, with little or no division between labour and capital as factors of production and on a small scale. The strategies to achieve exclusive breastfeeding are multi-pronged and can consist of the following interventions;



Note that regulation of the informal sector remains a challenge, and therefore the implementation of these interventions rely on engagement, advocacy and lobbying of employers in the informal economy.

Conclusions: There is limited evidence on strategies to inform exclusive breastfeeding in the informal economy. The strategies are multi-pronged and rely on engagement, advocacy and lobbying as policies and regulations of this economy remain a challenge in Uganda.

Background

The Ministry of Gender, Labor and Social Development, along with other ministries and development partners, is leading the national efforts to develop a policy on "Breastfeeding and childcare facilities" in Uganda. The policy is dominated by provisions for the formal economy, with little to no provisions for support in the informal sector because of the complications of addressing policy challenges in the informal economy. Upon this background, the planning meeting for this policy development process requested evidence on how to promote exclusive breastfeeding in the informal sector in Uganda. This evidence is to be used in the policy development planning meeting.

How this Rapid Response was prepared

After clarifying the question being asked, we searched for systematic reviews, local or national evidence from Uganda, and other relevant research. The methods used by the SURE Rapid Response Service to find, select and assess research evidence are described here: www.evipnet.org/sure/rr/methods

Rapid Response Question:

How can we promote exclusive breastfeeding in the informal economy in Uganda?

Summary of findings

In this rapid response brief, we summarise evidence on the different interventions that can be used to promote exclusive breastfeeding in the informal economy in Uganda. We present the working definition of Informal economy as used to inform the evidence synthesis in this Rapid Response brief before presenting evidence on the interventions.

Definition of Informal Economy

The definition of the informal economy is amorphous and interpreted differently by different institutions. For this Rapid Response Brief, we define the informal sector based on its characteristics. The informal economy is mainly characterised as "consisting of units engaged in producing goods or services with the primary objective of generating employment and incomes to the persons concerned. These units typically operate at a low level of organisation, with little or no division between labor and capital as factors of production and on a small scale. Where they exist, labour relations are based mostly on casual employment, kinship or personal and social relations rather than contractual arrangements with formal guarantees" [1].

The informal sector employs approximately 71% of women in Uganda [2]. Examples of the informal economy include markets, agriculture, small-scale saloons, restaurants and shops (retail, wholesale, hardware, and kiosks). An informal economy is characterised by little accountability by the employer and limited protection of the employees.

Interventions to Promote Exclusive Breast Feeding in the Informal Economy

There is generally limited evidence on how to promote exclusive breastfeeding in the informal sector [3]. To inform this brief, we draw on information from both the formal and informal economy, tailoring the information from the formal sector to fit the context of the informal sector. A mother needs the following resources to breastfeed her baby; adequate breastfeeding information, Protection from inappropriate marketing of breast-milk substitutes time with the baby, access to her baby, food for the mother's nutrition, and access to support for breastfeeding such as friends, family, or health care workers.

To promote exclusive breastfeeding in the informal sector, it should be a multi-pronged approach consisting of the following interventions; [1-9]

1. Engage women and other potential actors such as the directors, supervisors, managers, human resources staff in the informal economy in the program's design. It is important to design interventions involving key stakeholders and consider different contextual and underlying mechanisms such as individual, interpersonal and organizational for the implementation of interventions to promote breastfeeding among working women. This improves ownership of the interventions but also improves effectiveness and sustainability.
2. Sensitise employers in the informal sector about the importance of exclusive breastfeeding and how this can be implemented. Many employees in the informal sector do not get paid antenatal leave; with the few who get, it is less than the stipulated 60 days. However, provisions such as breaks during working hours and flexible schedules can allow mothers to breastfeed while at work exclusively. This, however, requires innovative solutions for mothers to have access to their babies when at work, which can include affordable day care centres, use of mobile facilities or allowing mothers to return home (for those near their workplaces) to breastfeed their babies.
3. Sensitise employers on the benefits of breastfeeding by the employee to the employer: Whereas many employers might not recognise the benefit of making provisions for breastfeeding mothers to breastfeed at the workplace, these do exist and need to be communicated to the employers. The most crucial benefit is retaining the best female employees after birth as these might stop working in order to breastfeed their babies. Other benefits include improved morale, better satisfaction of employees with their jobs and ultimately higher productivity.
4. Sensitise supervisors, managers and co-workers about the importance of exclusive breastfeeding. For example, in an environment where the working mothers work in shifts, it may require help or support from co-workers and supervisors. Supportive supervisors,

managers and co-workers can assign and take care of immediate tasks that need to be covered while the breastfeeding colleague takes a break to breastfeed. This behaviour or habit in turn provides the working mother with the needed time to breastfeed not only allows the working mother to use the breastfeeding break but also provides the needed time to breastfeed.

5. Considerations for social norms: Some norms and practices affect exclusive breastfeeding among women in the informal economy. It is crucial to pay kin attention to social norms and address these. For example, some market women might fear to breastfeed while in the market because of the presence of men. Whereas this might not apply to all market women, those affected will not be able to breastfeed exclusively.
6. Going beyond the workplace: It is essential to go beyond a workplace and incorporate other people who might influence the mother's life, such as the community, households and the media.
7. Provide support for infants and childcare at or near workplaces in the informal economy: Working with government and development partners, setting up infant and childcare centres near the workplaces of mothers in the informal sector can improve exclusive breastfeeding mothers. These centres should be heavily subsidised or free for mothers in the informal sector to afford, and mothers should be able to get time off to access these centres to breastfeed.
8. Sensitise mothers on the importance of exclusive breastfeeding: Sensitization on the importance of exclusive breastfeeding should occur from pregnancy. This can be done through training the VHTs and health facility workers (nurses and doctors who work at the antenatal clinics and provide post-natal care to mothers) to provide information to breastfeeding mothers about the importance of breast feeding. Other avenues of providing information to mothers are through brochures, mainstream and social media platforms. Strategies for mothers who decide to breastfeed once they return to work may be through support groups made up of mothers with prior breastfeeding experience, guided by breastfeeding counsellors or trained breastfeeding staff.
9. Where possible, setting up private or semi-private breastfeeding facilities should be considered. This is primarily applicable in settings where many women work within the same space, such as the marketplace and casual labourers in factories and warehouses, which will allow women to have the required privacy when breastfeeding.
10. Considerations for maternity leave cash transfers to informally employed mothers. Informally employed mothers are generally vulnerable to no income security while they are on maternity leave. This lack of income security interferes with women's ability to breastfeed exclusively as they have to resume work immediately. It is therefore important to advocate for actions at the level of public policy where the government and development partners can come up with

an approach to address income security. Paid maternity leave not only provides the income security needed to delay the decision to return to work among women in the informal economy but also reduces breastfeeding disparities with their counterparts.

11. Design a Monitoring and Evaluation plan: A monitoring and evaluation plan will be important in identifying what is and is not working among interventions in the implemented multi-pronged strategy. This allows for planning to improve or change the interventions that are not working while enhancing those that work.

Note: Regulation in the informal sector remains hard in many developing countries, Uganda inclusive. Therefore, developing policies to enforce exclusive breastfeeding in the informal economy will not yield the expected results. In the informal economy, more efforts should be placed on engagement, lobbying, sensitisation and advocacy for breastfeeding.

Conclusion

There is limited evidence on strategies to inform exclusive breastfeeding in the informal economy. The strategies are multi-pronged and rely on engagement, advocacy and lobbying as policies and regulations of this economy remain a challenge in Uganda.

References

1. OECD. *INFORMAL SECTOR – ILO*. 2001 Thursday, March 6, 2003 [cited 2022 July 11]; Available from: <https://stats.oecd.org/glossary/detail.asp?ID=1350>.
2. Nabunya, P., R. Mubeezi, and P. Awor, *Prevalence of exclusive breastfeeding among mothers in the informal sector, Kampala Uganda*. PLoS One, 2020. **15**(9): p. e0239062.
3. 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*. 2018, UNICEF, New York: UNICEF, New York.
4. Yimyam, S. and W. Hanpa, *Developing a workplace breast feeding support model for employed lactating mothers*. Midwifery, 2014. **30**(6): p. 720-724.
5. Vilar-Compte, M., et al., *Breastfeeding at the workplace: a systematic review of interventions to improve workplace environments to facilitate breastfeeding among working women*. Int J Equity Health, 2021. **20**(1): p. 110.
6. Tomori, C., et al., *What works to protect, promote and support breastfeeding on a large scale: A review of reviews*. Maternal & Child Nutrition, 2022: p. e13344.
7. Stumbitz, B., et al., *Maternity protection in formal and informal economy workplaces: The case of Ghana*. World Development, 2018. **110**: p. 373-384.
8. Hernandez-Cordero, S., et al., *Implementation of Breastfeeding Policies at Workplace in Mexico: Analysis of Context Using a Realist Approach*. Int J Environ Res Public Health, 2022. **19**(4).
9. Vilar-Compte, M., et al., *Costing a Maternity Leave Cash Transfer to Support Breastfeeding Among Informally Employed Mexican Women*. Food Nutr Bull, 2019. **40**(2): p. 171-181.

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What is a Rapid Response?

Rapid Responses address the needs of policymakers and managers for research evidence that has been appraised and contextualised in a matter of hours or days, if it is going to be of value to them. The Responses address questions about arrangements for organising, financing and governing health systems, and strategies for implementing changes.

What is ACRES?

ACRES – The Center for Rapid Evidence Synthesis (ACRES) is a center of excellence at Makerere University- in delivering timely evidence, building capacity and improving the understanding the effective, efficient and sustainable use of the rapid evidence syntheses for policy making in Africa. ACRES builds on and supports the Evidence-Informed Policy Network (**EVIPNet**) in Africa and the Regional East African Community Health (**REACH**) Policy Initiative (see back page). ACRES is funded by the Hewlett and Flora foundation. <http://bit.do/eNQG6>

ACRES' collaborators:



Regional East African Community Health Policy Initiative



EVIPnet

Glossary

of terms used in this report:

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