



Women Working in Factories and Maternal Health - Focus on the Nutrition Component



Study under the UN-Joint Programme for
Children, Food Security and Nutrition in Cambodia
Model provinces: Svay Rieng and Kampong Speu

Consultant: Jutta Skau, MSc Public Health
Assisted by Mrs. Oum Chariya

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1. Introduction

The Joint Programme for Children, Food Security and Nutrition in Cambodia addresses issues of critical importance for the health of women and children, and is of highest priority for nutrition and food security as recognized by the Royal Government of Cambodia as well as by the UN Country Team and other key stakeholders in the country. The UN-Joint Programme will contribute to the achievement of three Millennium Development Goals: MDG 1 - eradicating extreme poverty and hunger, MDG 4 - reducing child mortality, and MDG 5 - improving maternal health. The International Labour Organisation (ILO) as a partner in the Joint Programme, is addressing issues related to maternal protection/health, children, food security and nutrition through the ILO's constituents (Government, Trade Unions and Employers), which is an important way to improve maternal health at the workplace for the mutual benefits of workers, employers and the society as a whole. The Joint Programme has selected the two provinces Svay Rieng and Kampong Speu as model provinces.

Objective

The current study will take place in the context of the overall outcome of the Joint Programme. Purpose of this current study:

To investigate the current situation regarding maternal health in factories, specific garment/shoe industries with focus on nutrition (especially: Breast Feeding (BF) and Complementary Feeding (CF) behaviour and Iron and Folic Acid supplementation (IFA)), which is under the umbrella of the Joint Programme. Furthermore, to highlight knowledge-gaps and give recommendations to ILO Cambodia on which activities could be suitable in the coming years regarding maternal health and nutrition.

Model provinces: Svay Rieng and Kampong Speu

Target group: Women in the reproductive age working in factories, specifically in the garment/shoe industry.

Specific Objective 1:

Highlight gaps/problems and constraints of implementing good maternal health and good nutritional status of pregnant women and children between 6-24 months of age which have mothers working at a factory.

Specific Objective 2:

Identify activities by stakeholders which apply to maternal health and the specific nutrition recommendation concerning BF, CF and IFA - supplementation

Specific objective 3:

Give recommendations and suggestions on which activities could be suitable for ILO and possible to implement under the framework of the Joint Programme.

2. Background

The Background section is based on the Joint Programme - programme document.

Maternal health

Maternal health has been a core issue in the scope and entitlements of women protection at work. The main concerns have been to ensure that women's work does not threaten the health of the woman or child during and after pregnancy. The Cambodian Constitution contains several important provisions regarding the rights of women. Cambodia also recognizes several international covenants and conventions that protect the rights of women in the workplace. Article 46 of the Constitution states that women shall not lose their job because of pregnancy and that they shall have the right to get maternity leave with full pay and with no loss of seniority or other social benefits. The Cambodian Labour Law provides maternity leave with pay as follows:

- ◆ Women have the right to 90 days of maternity leave;
- ◆ During the first 2 months after returning to work from maternity leave, women are only expected to do light work;
- ◆ Women employees cannot be laid off during maternity leave or at a date when the end of the notice of lay-off period would occur during the leave; and

- ◆ During maternity leave female workers receive half salary and benefits in cash and full benefits in kind, provided that the female employee has worked for a minimum of one uninterrupted year at the enterprise.

(Cambodian Labour Law, Article 182)

Maternal Nutrition

A comparison of Cambodia Demographic Health Survey (DHS) data from 2000 and 2005 reveals that there has been no substantial improvement in the nutrition status of women of reproductive age over the period. 47% percent of women in the reproductive age, and 57% of the pregnant women are anaemic. A recent review has shown that for every 1 g/dL increase in haemoglobin, maternal mortality decreases for both severely and moderately anaemic pregnant women (Zeng et al. 2008). The latter study also indicates that IFA supplementation starting from early pregnancy decreases anaemia and the risk of preterm delivery and significantly decreases neonatal mortality (Zeng et al. 2008).

The consequences of chronic malnutrition are carried across generations. Poor preterm nutrition is strongly associated with low birth weight and the child is less likely to grow to full potential (Fall 2009; Black et al. 2008). Furthermore, the child will not be able to grow and develop to the potential limit in terms of education. Additionally, studies have indicated that children with low birth weight are associated with a higher risk of heart diseases, hypertension and Diabetes 2 in their middle age (Barker & Osmond 1986; Barker 2004). Therefore, a low birth weight an outcome of poor preterm nutrition is adding another risk to the child's health in later life.

Child nutrition

The Cambodia DHS 2005 found that 44% of children below the age of five years were chronically malnourished (stunted), 28% were underweight and 8% were acutely malnourished (wasted) (National Institute of Statistics 2006). Anaemia rates were 62% of under-five children being anaemic. Cambodia has one of the highest child mortality rates in the region with a national under-five mortality rate of 32 per 1000 live births (UNICEF 2008). The Lancet series on nutrition concluded that 35% of under-five deaths can be attributed to undernutrition (Bhutta et al. 2008). Poor nutrition during the early life of a child's life will limit the child's ability to develop to the full potential and leads to reduced cognitive ability in adult life. Reduced productivity as a result of poor

nutrition is estimated to equal a loss of 2-3% of GDP (The National Nutrition Program of Cambodia 2008). Nutrition is intimately linked to poverty, child development and academic performance, and investing in improved child nutrition not only saves lives, but also support children's rights and contributes to equity and economic development in the society.

Breastfeeding

Exclusive breastfeeding is the most important protective factor during the first six months of a child's life. Although, the average of exclusive breastfeeding rate is as high as 60% in Cambodia in the 0-6 month age group, only 20% of infants are still exclusively breastfed when they reach six months of age. The median duration of exclusive breastfeeding is 3.2 months, and most children begin to receive complementary food before 4 months of age. More than half of the breastfed infants receive water and other pre-lacteal feeds, which increases the risk of infections (National Institute of Statistics 2006).

Complementary feeding

Complementary feeding practices in Cambodia are inadequate in frequency, amount and nutrient content. The CDHS 2005 shows that less than half of children aged 6-24 months receive adequate complementary feeding according to the recommended infant and young child feeding practices. Evidence suggests that interventions target early initiation and exclusive breastfeeding, and improvement of complementary feeding practices, will have a significant impact on reducing undernutrition and under-5 mortality (Bhutta et al. 2008).

The Garment Factories

Currently, 258 garment- and 33 footwear factories are registered at The Ministry of Commerce (MOC) in Cambodia (September 2010). The garment factories count for 316,941 employees, of which 91% of these are women, while the footwear factories employ 50,984 workers, of which 89% of them are women (MOC Sept 2010). The author was only able to obtain numbers on the garment and shoe industry, but it would be relevant to get a full employee-number of all labourers in Cambodia. This initial study does not only apply to the garment industry, but to the industry in general.

3. Methodology

The survey is divided into two parts:

- 1) Fieldwork, which included observations and Focus Group Discussions (FGD) on four factories in the two model provinces: Svay Rieng and Kampong Speu.
- 2) Search of different project/programme documents from stakeholders to detect activities which have been/are implemented and which aim is to reach the women in the reproductive age in the factories regarding maternal health and nutrition.

Fieldwork

The fieldwork was carried out in the two model provinces Kampong Speu (Factory 1, Factory 2) and Svay Rieng (Factory 3, Factory 4). Three garment factories and one bike factory were visited.

First a brief interview with the factory management was conducted, where it was asked to general facts of the factory and information regarding maternity leave. Afterwards, the FGD with the employees was carried out and lasted about one hour. If the factory had an infirmary, a meeting with a nurse or doctor was arranged. It was a brief interview regarding the health facilities at the factory and which performances they carried out in the clinic. Infirmaries were established at three of the factories, and able to visit at two factories.

At Factory 1 and Factory 4 the consultant was allowed to be shown around to see the production and to observe the eating areas for the employees. At Factory 2 and Factory 3 this was done briefly when the consultant was followed to the infirmary or in and out of the factory.

Focus Group Discussions (FGD)

At each factory one FGD was carried out. On forehand it was required that only women who had given birth in the last 36 months were asked to participate. The interviewguide for the FGD is presented in Annex 1.

The purpose of the FGD was to get an idea of the women knowledge on nutrition recommendations. Furthermore, to ask their opinion of which factors are needed in their daily-working-life to be better to apply to the nutrition recommendations on Breast-Feeding- , Complementary Feeding- behaviour and Iron-Folic Acid supplementation.

Stakeholder projects

Stakeholders (Table 1) were contacted requesting information on project/programme which was targeting the women in the factories. Two Non-Governmental Organisations (NGO) were willing to have a meeting/interview to discuss what they, as a stakeholder to ILO, would be able and willing to implement in collaboration with ILO in terms of supporting the target group to meet the nutrition recommendations.

Furthermore, meetings with other stakeholders (see Table 1) were arranged. These will be used as key-informants during the result section.

Table 1: Contacted Stakeholders

Stakeholder	Document been shared	Meeting
Cambodian Federation of Employers and Business Association (CAMFEBA)		
Care International	X	X
Garment Manufactures' Association in Cambodia (GMAC)		X
Marie Stopes	X	
National Nutrition Program (NNP)/WHO	X	X
PATH	X	
PSI		X
RACHA		
RHAC	X	
University Research Cooperation (URC)		
UNICEF		X

4. Result

The Result section will be presented as follows:

First the fieldwork will be presented, in order to identify gaps/problems and which constrains/challenges exist in terms of these gaps/problems. In the end the proposed activity will be presented which meet the identified constrains/challenges. The results will be presented under the headlines: *Pregnancy, Infant period and Complementary feeding period*, which all cover maternal health and each of the nutrition recommendations.

The visited factories

In total, the factories had between 500 to 3000 employees of which 90% of the employees are women. The factories were established between 2005 and 2009 and owned by Taiwan, Korean and Vietnamese people. All factories informed that when a women leaves for maternity leave they allocate her work to others in the working team – they do not get replacements.

Participants

In total, 28 women participated in the age group 19 to 29. They have been working at the factories between 5 months and 4 and a half year. 20 of them have had maternity leave (3 or 4 months) and 5 of them haven't yet worked at the factory in one year. Three of them quit the job to be with their child longer than 3 months.

Pregnancy period (Maternity leave and IFA supplementation)

Maternity leave

Labour Law ARTS 182-183:

Employers must give employees who give birth 90 days (30 months) of maternity leave. An employer may not terminate an employee: Because she is pregnant; while she is on maternity leave; or immediately before taking maternity leave

Employer must pay employees who have at least one year of seniority half their wages and benefits during maternity leave. Employers should calculate the payment on the basis of the employee's average pay during the 12 months prior to departing on maternity leave, not on the minimum wage or basic wage

(Better Factories Cambodia and International Labour Organisation 2008)

How to inform management about pregnancy

The women at all four factories had similar way of telling the employer that they were pregnant. Most of them told it in the first month of pregnancy and some waited until 3 or 6 months, mainly because they did not know they were pregnant. At Factory 2, 3 and 4 the pregnant women were given a scarf or a special ID card so the management could easily identify them, and make sure that they do not perform any heavy work. None of them described it as a negative experience to tell their boss about their pregnancy. At all factories the pregnant women were allowed to leave 15 minutes earlier to go home, without a reduction in their payment. But the pregnant women cannot get home before the other women leave from work, because they have to take the same truck home.

Pregnancy check-up (ANC-visits)

At Factory 1, the women are allowed to have two hours (or half day if the hospital is far away) of pregnancy check-up every month. At Factory 3 they have one day off each month for check-up if they live far away and a half day or two hours if they live close by the factory. However, Factory 3 reduces the salary with one dollar if it is one day off and 0.5 USD if it is a half day. The women at Factory 2 and 4 did not indicate that their boss was encouraging them to go for pregnancy check-up. However, they informed that they were allowed to go for the pregnancy check-up, but they had to ask for it. However, the management of Factory 2 informed that the women are getting two hours or a half day for ANC visit every month.

The women indicated that they have only done one ANC visit even though the recommendation is two visits.

The length of the maternity leave

All 20 women who had a maternity leave from their current workplace had three or four months leave. All of them were paid for the three first months, but not paid for the extra month – but they were guaranteed their job when they came back. Most of the women started their maternity leave before they gave birth (between ten days and one month). They left before giving birth due to not feeling good or a long distance to travel for work. One woman explained:

Woman from Factory 2:

At that time I drove motor by myself to work. And my house is about three or four km away. The road was bad and I need to cross the river. (...) I was afraid that I could harm my child and if I drove I could fall. At that time it was the raining season

When the woman starts her maternity leave one month before giving birth, she only had two months left after giving birth. The shorter time after given birth might result that the woman have to give up exclusive breastfeeding much earlier and the child will start to be given complementary food in the age of two months.

The women were asked if they preferred to have their maternity leave to start before giving birth and all women said yes – except two who felt that they were healthy enough to work until the day of giving birth.

The eight women who informed that they did not have maternity leave either quit their job during their pregnancy or did not have job when they were pregnant. However, their situation made it possible for them to stay with their child longer after giving birth (this will be further discussed related to breastfeeding behaviour).

The wage during Maternity leave

As the law states, the women have to have been working one uninterrupted year if they want to have a paid maternity leave. They will get 50% of their salary per month the law states. This was confirmed by the women at all four factories. However, the women at Factory 2 informed us that

they have to ask for their rights regarding maternity leave, where at Factory 1 the management informs their employees when they start working what their rights are regarding maternity leave.

A woman from Factory 2 knew that the law stated that the maternity payment has to be based on the calculation of the last 12 months of work. However, as was also informed in this FGD, not many factories practice this – they just base it on the last month payment – which mainly is the basic payment.

Iron-Folic Acid Supplementation

The National Guidelines for IFA supplementation for pregnant and post-partum women are:

At first ANC visit: the women are given 60 tablets of 60 mgs iron and 400 ug folic acid

At second ANC visit: the women is given 30 tablets of 60 mgs iron and 400 ug folic acid

During the postpartum period: the women are given 42 tablets of 60 mgs iron and 400 ug folic acid

(National Nutrition Program Cambodia 2007)

Furthermore the guideline combines it with complementary parasite control, and screening and treatment of anaemia, particularly severe anaemia.

The distribution of the IFA supplementation is done when the women has her ANC visit which should be done twice during her pregnancy period.

Knowledge on IFA – why it is important?

Overall, all women at all factories knew what IFA is and why it is necessary that they take it as supplementation. However, some women also explained that they need to take IFA because it protects their child from being handicapped or losing limbs. All women told that their doctor explained it to them when they did their ANC visit.

Compliance

All women took them before giving birth, but only few women did continue after giving birth. They all informed that they had received 90 tablets, but some women stated that they took 42 tablets before given birth and 42 tablets afterwards. Others took all 60 tablets and other took 90 tablets. One woman explained that she only took the supplementation before giving birth. She did not find it necessary to contact the health centre/hospital after giving birth and therefore did not get the last portion.

Infant period – 0-6 months of age (Breastfeeding behaviour)

Labour Law ARTS 184-185:

For the first year of a child's life, mothers have the right to one hour per day paid breast-feeding breaks during work hours. Mothers may take this hour as 2 periods of 30 minutes each (e.g. 30 minutes during both the morning and afternoon shifts). The exact time of breast-feeding should be agreed between the mother and her employer. If there is no agreement, the breaks should take place half way through each shift. Giving milk formula or payment instead of breast-feeding breaks is not allowed under the law.

(Better Factories Cambodia and International Labour Organisation 2008)

Labour law ART 186:

An employer who employs 100 women or more must set up an operational nursing room. The Arbitration Council has found that giving milk formula or payment instead of providing a nursing room is not allowed under the law.

An employer who employs 100 women or more must set up an operational day care centre. If an employer is not able to set up a day care centre for children over 18 months of age, then they must pay women employees the cost for providing day care for their children

(Better Factories Cambodia and International Labour Organisation 2008)

Knowledge versus actual practices in terms of breastfeeding

All women knew that the recommendation of exclusive breastfeeding is six months. The women informed that they got this knowledge from the doctor when they had been for the ANC visit or

from television. The mothers who were unemployed when they got pregnant or quit their job during their pregnancy managed to follow this recommendation.

Woman from Factory 1 explained:

For me, my house is near so I can breastfeed my baby. But those who are far from factory cannot, because they need to spend more time to go and come back.

Women from Factory 2:

The factory gave me one hour of paid-time off for breastfeeding, I never did it because my house was far away. So I just went out of the factory to relax (...). It is three to four km away, not so far – but I need to cross the river so I just go to market or sometime stay at my sister/brother's house.

That the women use the one hour of paid-time off for breastfeeding to themselves (e.g. to relax, get something to eat, visiting relatives), because they cannot manage to get home, was also confirmed at Factory 3 and 4. The majority of the women informed that after they are back to work they only breastfeed at night time when they arrive back from work. In the daytime the child was given formula.

A woman at Factory 3 describes how she has tried to mix formula and breastmilk. Her child got diarrhoea and she went to the doctor. The woman explained:

When I went to discuss with the doctor he said “you should try to give only milk [formula] because you keep your breast-milk for a whole working hours so it's hot”.

Though, another woman confirmed that her child got sick when she started on the formula – and she knew that formula is not good as her breast milk.

To “spin” breastmilk

Women at Factory 2, 3 and 4 talked about to “*spinning*” their breast milk. This means that they express breast milk and then wait until it is “cold” before they can give it to their baby. They believe that their breast milk is too “hot” because they have been working the whole day. Either

they keep the milk until it is cold to give it to their child or they throw it away and try to give some new milk to their child.

A woman from Factory 4 who is currently pregnant explains:

I think I will give my child only milk (formula) because I don't think I have enough time to spin my breast-milk for my baby after I come back from work at night.

Another woman from Factory 4:

Some doctors told me that I can spin my breast-milk and it's okay for three days if I refrigerate it, but the truth I cannot do it.

The women were asked if they had any suggestions as to how they could fulfil the recommendation regarding breastfeeding. At Factory 1 they suggested to extend the Maternity leave to 4 or 5 months. A woman at Factory 3 suggested extending the maternity leave to 6 months. The first 3 months the woman should receive 50% of their salary and the last 3 months they would receive 25% of their salary. One woman suggested that the factory bought the milk for the child, because she had heard that happens elsewhere. However, this is against the law (see above).

At Factory 1 and 2 they have a childcare centre but none of the women would bring their child, because the trip on the truck back and forth to the factory is too dangerous. At Factory 4, the labour-women discussed the possibility to establish a day-care centre at the factory. They agreed that there exist many constraints, as dangerous transport to the factory and late home from work. Therefore, the only option one woman saw was to quit her job if she wanted to do exclusive breastfeeding for 6 months. Also at Factory 1 the women were talking about child-care centre, but found it too dangerous to take the child with them to work.

Child 6-24 months of age (Complementary Feeding behaviour)

The complementary food given

The women reported that they gave their child milk formula and porridge as complementary foods. They gave normal *bor-bor sor*¹ with different ingredients and some also informed that they give *bor-bor kroeung*².

A woman from Factory 1 informs that she was told by her mother-in-law to give her child porridge with green vegetables, pumpkin and fish, but she still found her child too small to feed with such porridge. Another woman from Factory 1 supported her in this and explained that she only feeds her child with normal porridge, which means that she never adds green vegetables, meat or fish. A third woman explained that she did not find her child too small and feeds the child with the porridge described by the first woman. The latter woman continues to tell that she prepared porridge on her own early in the morning and again when she came back at 3.30 pm. However, at that time she worked in a weaving factory – and she could leave work earlier and therefore had time to come home at prepare the porridge.

The main constrains to not prepare a good porridge, is the late arrival at home from work. The women at Factory 4 explain that they work *over-time* everyday and arrive at home around 8.00 pm or 9.00 pm, and therefore do not have time to prepare the food. However, one woman from Factory 4 explains:

In one week I cook porridge by putting some potato, pork, carrot and then mix it together for my child - I cooked it 3 times a week.

All women at the factories confirmed that they have their knowledge from the doctors, from the health centres, by looking at posters and pictures, from their mothers, other elderly people in the village or from different organisations working in the villages.

¹ *Borbor sor* (plain porridge) means watery rice porridge and is the traditionally complementary food in Cambodia. *Borbor sor* is based on rice. . Usually the *borbor sor* is just rice with salt and sugar. Borbor is commonly given to children of all ages often starting too early or too late for infant needs.

² *Borbor kroeung* (porridge or rice mixed with other foods) is a watery porridge which do not contain much rice. *Borbor kroeung* contains different ingredients (vegetables, fish and meat).

Who takes care of the baby when the mother goes back to work

The majority of the women stated that their mothers cook and take care of their child when they are back to work on the factory. A woman from Factory 4 said that her mother got the knowledge from elderly people in the town regarding what to give the child, and therefore she is very relaxed by that the mother is taking care of the child. When asked what their mother's are feeding the child with, women from Factory 4 answers:

Woman 1: *How can I know (what she is giving my child) because I am at work, I am at home in the evening only (...) My mother has experience when I was young so when she has grandchild she will know a lot more.* Woman 2: *My mother mixed rice with something soft.* Woman 3: *There is only rice with soup because we are in the countryside we cannot have anything beside that, porridge with sweet food.*

Observation at the factories and brief interviews with nurses

Only Factory 4 did not have an infirmary, even though that the factory had more than 100 employees (Labour Law Arts 242-244: An employer who employs more than 50 employees at one workplace must set up an infirmary (Better Factories Cambodia and International Labour Organisation 2008). The nurses hired at the factories are paid by the factory. The nurses provide primary health care activities and take care of small injuries. If women ask for any advices regarding their pregnancy, they are referred to the health centres outside the factory. A doctor at Factory 3 stated that he would not mind giving the women more or better advice regarding pregnancy.

All factories had lunch zones, where the women can have their lunch breaks. At Factory 1 there were boards for announcements. Furthermore, televisions were also available at all factories.

Gaps/problems and constrains

Table 2 gives an overview of the gaps/problems and constraints which were identified above.

Table 2: Overview of Gaps/problems and Constraints

	Pregnancy	Infants 0-6 months	Children 6-24months of age
Gaps/problem	<ul style="list-style-type: none"> ● Low compliance of intake of IFA after giving birth ● Low compliance of de-worming treatment ● Lack of good nutrient-dense diet during pregnancy 	<ul style="list-style-type: none"> ● Working mothers not able to exclusively breastfeed for 6 months ● Lack of knowledge regarding the quality of breast milk 	<ul style="list-style-type: none"> ● The child is not getting good nutrient-dense food during the complementary feeding period
Constraints	<ul style="list-style-type: none"> ● Lack of De-worming treatment ● Lack of knowledge on why it is important to take IFA also after giving birth 	<ul style="list-style-type: none"> ● Only 3 months of maternity leave (some women start before giving birth, which reduces the maternity leave more) ● Are not able to get home and breastfeed the child during working hours ● No existing nursing room or Day-care centre at the factories or resources to have day-care close to the factory ● Dangerous to travel with child to the work site 	<ul style="list-style-type: none"> ● Women arrive late at home with no time to prepare a good meal for the child. Therefore, use an easy solution

Overview of project/programme documents

There are several programs currently operating, which address these issues. Table 3 gives an overview of the projects/programmes which are known by the author. These will be mentioned in the following section. There might be existing projects/programmes the author is not aware above.

Table 3: Projects/programmes implemented by other stakeholders

Project	Stakeholder	Objective/Goal	Duration	No beneficiaries/Location
Personal Advancement and Career Enhancement (P.A.C.E.)	CARE	To bring about positive changes in the lives of the female garment workers, their families and communities	April 2010- Marts 2011	1160 women – Bright Sky in Phonm Penh
Sewing for a brighter future (SBF)	CARE	To increase access to sexual/reproductive health and rights through HIV/AIDS information, microfinance/savings tools and mechanisms, health insurance, and other social protection services for garment factory workers in order to reduce their vulnerabilities/risks as young economic migrant workers.	Jan 2010- Jan 2011	10000 women in Kandal and Phnom Penh
Partnership with Garment factories to strengthen access to essential sexual and reproductive health services	Marie Stopes	To strengthen access to essential sexual and reproductive health services for garment factory workers (GFW's) in 40 garment factory infirmaries (GFI), which supports the Social Protection and Gender component of the Better Factories Cambodia program; particularly in the areas of increasing access to quality women's health services.	Oct 2010- Oct 2011	Women in 40 garment factories in Kandal and Svay Rieng
Sewing a healthy future	PATH	a) Training and capacity-building of formal and informal sector of health providers. To build the capacity of the health professionals to provide a quality of services to young people. b) Delivering intensive health education and life-skills training to GFWs in their places of employment. c) promoting advocacy and network-building activities among NGOs, private sector and government.	2000-2003	35000 women in Phnom Penh and Kandal
Addressing the Reproductive Health, HIV and Primary Health Care Needs of Cambodian Women and Influencing Related National Policies	RHAC	The project has worked with factory and plantation workers to improve their knowledge on reproductive health and primary health care through peer educators and project staff, increased workers' access to clinical services by addressing financial barriers and improve referral system, and contributed to the formulation and implementation of related workplace health policies. The project includes different Activities and especially Activity 5: Provision of clinical services to workers through RHAC – is relevant for the current study.	Jan 2009-	35000 women in Phnom Penh an Kampong Speu and Kampong Chan

Proposed activities

Pregnancy

Challenge: To give the pregnant woman the best conditions during her pregnancy to improve the condition of the foetus.

Marie Stopes and RHAC are two NGOs that work with improvement of the clinics at the factories and with improvement of access to better healthcare. Marie Stopes is currently in the preparation phase of the project *Partnership with Garment factories to strengthen access to essential sexual and reproductive age*. The goal is to strengthen the activities at infirmaries at 40 garment factories in Kandal and Svay Rieng. RHAC has an ongoing project called *Addressing the reproductive health, HIV and primary health care needs of Cambodian women and influencing related national policies*. This project is divided into different activities, where Activity 5: *Provision of clinical services to workers through RHAC clinics*, aims is to strengthen the access of a range of health care services which also includes the ANC visit. Furthermore, CARE International also has a project: *Personal Advancement and Career Enhancement P.A.C.E*, which aims to bring positive changes into the lives of the women at the garment factories. This project is divided into six training modules where Module 5 is about Health and Nutrition.

To improve the infirmaries at the factories enough to carry out ANC visits is very ambitious and might not be so beneficial. After meetings with WHO and UNICEF it would be preferable to strengthen the public health clinics to carry out the ANC clinics. Therefore, an effort to encourage the women to take leave from work to do the ANC visit should be strengthening. A suggestion would be to allow women to take one whole day off for the ANC visit without any reduction in payment.

Regarding the existing projects by Marie Stopes and RHAC, it is suggested that these activities can strengthen the compliance of IFA supplement and parasite treatment. Therefore, the infirmaries should be able to distribute extra IFA supplement and parasite drugs, and with this support and strengthen the components of the ANC visits. Furthermore, it is strongly recommended that the CARE international P.A.C.E project (the module 5) is in line with the activities of Marie Stopes and RHAC. Furthermore, it is worth mentioning that especially NNP and RACHA have developed information material and TV spots which are targeting women of the reproductive age, which can be used in the above mentioned projects.

As mentioned in the Background section, studies have shown that poor prenatal nutrition is related to low birth weight, which will limit the child's potential growth. Therefore, to improve the child's start in life, interventions targeting the pregnant women's diet are very necessary. Most of the women buy their lunch outside the factories from street-food vendors and it could be very interesting to conduct surveys of the kinds of food which are sold from the street vendors. Furthermore, it is proposed to look at the possibilities for the factories to develop canteens that can serve a good nutrient-dense lunch. The canteen does not have to serve free food, but identify a cost which is payable for the women. A canteen project can easily be pilot-tested on two to four factories.

Proposed activities

- Support existing NGOs as Marie Stopes, RHAC and CARE International in their projects and further support the collaboration between NGOs
- Use existing material from NNP and others at the factories to inform/educate about the importance of ANC visits and taking IFA supplementation
- Give one whole day off for ANC visit without reduction in payment
- Development of canteens in the factories which will prepare a good nutrient-dense meal for the women. Start as a pilot project on 2-4 factories in the model provinces.
- Survey of the food sold by the street vendors

Infants (age 0-6 months of age)

Challenge: To improve the length of exclusive breastfeeding.

As mentioned above, the women have three months of maternity leave. The easiest solution would be to extend the women's maternity leave to six months, but in a brief interview with the representative from GMAC, would a six month maternity leave never be supported by GMAC.

Based on the FGD discussion it is strongly recommended to conduct a survey on how many factories implement the laws regarding nursing room and day-care centre and how many women are

truly going home to breastfeed. Furthermore, conducting a study on how these day-care centres can be better used (e.g. how to make the transport safer to the factories).

Another suggestion is to encourage the women to *express breast milk*. This can be done in the morning before the women go to work. To express breast milk is an unknown practice for the women and therefore good practical training and monitoring is needed, which also includes advices on storing the breastmilk. Human milk Bank association of North America state that the storage of expressed breastmilk at room temperature is safe for up to 6-8 hours (Israel-Ballard et al. 2006). Therefore, it is recommended that ILO take contact to NNP and WHO on how specific campaigns can be developed for targeting the labour women at the factories regarding improvement of their knowledge and awareness of express breast milk for their child. Additionally, training of expressing breast milk could be included in the ongoing projects by RHAC and CARE International.

Proposed activities

- Conduct survey on numbers of factories with functioning nursing room and day-care centre and on how many women are truly using the breast feeding hour to breastfeed. Identify how day-care centres can be improved
- Conduct studies on how transport of women back and forth to the factories can be improved.
- Develop targeted campaigns to the labour women on how to express breast milk. Take contact to NNP, WHO, RHAC and CARE International

Children 6-24 months of age

Challenge: To give the women the time to make good nutrition-dense complementary food.

The majority of the women have knowledge of what is a good meal for their children. However, they do not have the time to cook and therefore often resort to the easy solution, which is rice based *bor-bor sor*, which lacks good nutrients and energy.

An option could be to improve the day-care centre with a canteen where the child can receive a good nutrient-dense meal with the mother. Currently, projects in Cambodia are working on

developing a good nutrient-dense ready-to-use complementary food product, which is targeting children in the complementary feeding period (e.g. NutriKhmer from GRET, Winfood). It can be recommended that ILO support a distribution of these products to the women at the factories.

Proposed activities

- Give the women an hour earlier off from work in the afternoon
- Improve the Day-care centre at the factories and make it possible for the women to buy/make a good meal for the child or link it with a canteen project
- Encourage the women to buy ready-to-use nutrient-dense complementary food.
- Distribute good ready-to-use nutrient-dense complementary food

Table 4: Overview of proposed activities

	Pregnancy	Infants 0-6 months	Children 6-24months of age
Gaps/problem	<ul style="list-style-type: none"> ● Low compliance of intake of IFA after giving birth ● Low compliance of de-worming treatment ● Lack of good nutrient-dense diet during pregnancy 	<ul style="list-style-type: none"> ● Working mothers not able to exclusively breastfeed for 6 months ● Lack of knowledge regarding the quality of breast milk 	<ul style="list-style-type: none"> ● The child is not getting good nutrient-dense food during the complementary feeding period
Constraints	<ul style="list-style-type: none"> ● Lack of De-worming treatment ● Lack of knowledge on why it is important to take IFA also after giving birth 	<ul style="list-style-type: none"> ● Only 3 months of maternity leave (some women start before giving birth, which reduces the maternity leave more) ● Are not able to get home and breastfeed the child during working hours ● No existing nursing room or Day-care centre at the factories or resources to have day-care close to the factory ● Dangerous to travel with child to the work site 	<ul style="list-style-type: none"> ● Women arrive late at home with no time to prepare a good meal for the child. Therefore, use an easy solution
Proposed Activity	<ul style="list-style-type: none"> ● Support existing NGOs as Marie Stopes, RHAC and CARE International in their projects and support the collaboration between the NGOs ● Use existing material from NNP and others at the factories to inform/educate about the importance in ANC visits and taking IFA supplement ● One whole day off for ANC visit without reduction in payment ● Development of canteens at the factories which will prepare a good nutrient-dense meal for the women. Start as a pilot project on 2-4 factories in the model provinces. ● Survey of the food sold by the street vendors 	<ul style="list-style-type: none"> ● Conduct survey on numbers of factories with functioning nursing room and day-care centre and on how many women truly use the 1 hour to breastfeed. Furthermore, identify on how day-care centres can be improved ● Conduct survey on how transport of women back and forth to the factories can be improved ● Develop targeted campaigns to the labour women on how to express breast milk. Take contact to NNP, WHO, RHAC and CARE 	<ul style="list-style-type: none"> ● Give the women one hour earlier off from work in the afternoon ● Improve the Day-care centre at the factories and make it possible that the women can buy/make a good meal for the child or link it with a canteen project ● Encourage the women to buy ready-to-use nutrient-dense complementary food. ● Distribute good ready-to-use nutrient-dense complementary food

Limitations

The participants of the current study are not at all representative of the whole target group. Only 28 women from four factories were included in the current study. Initially, it was also proposed to

include women in the hotel and casino industry but none of the contacted casinos would let a FGD take place. However, the suggested activities can also address these women.

The current study is only drawing the general outlines of issues which can be further addressed, but further in-depth surveys are needed to get a better knowledge of these women before major interventions are implemented (e.g. surveys of how many women live further than 3 km from the factory, number of women taking the truck to work, number of accidents with these trucks, survey of the food sold outside the factory, number of factories with day-care centre and how many are using these).

5. Conclusion

The majority of the target group seems to have the knowledge regarding breastfeeding-, complementary feeding behaviour and intake of Iron-Folic Acid. The constraints of meeting the recommendations are linked to contextual factors and therefore, the current study has suggested activities addressing these. Furthermore, the results presented should target women in the reproductive age working at all kind of factories.

6. Literature

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Annex 1: Interview-guide for the FGD for the women at the garment factories

Purpose: To get knowledge of their knowledge on specific subjects regarding their rights for maternity leave and on nutrition recommendation which are relevant for them

Participants: 5-8 women who have given birth to a child in the last 36 months.

Introduction

Good morning everyone. My name is Chariya and I will control the discussion. This is Jutta Skau and she is from Denmark and she is the one who have asked you to be gathered today. We will in the next hour talk about your rights and possibilities to get maternity leave when you are pregnant and furthermore what you know about specific nutritional recommendations and how you managed to implement these in your daily workday.

First I will ask you to answer the few questions on the paper in front of you. If you need help to answer them please do not hesitate to ask me.

I also will like to highlight that all you tell us here is strictly confidential and your answers will be treated anonymous – which means, even though you tell your name to us and all your answers will be recorded, nobody will ever know who said what. I want to highlight this strongly – so please don't be afraid to be honest.

5 minutes for reply the questionnaire

First I will like you to present yourself – by telling me your first name.

Turn on the recorder

Maternity Leave

When did you inform your employer that you were pregnant?

Can you please explain me what happened when you told him/her that you were pregnant?

How long was your maternity leave?

When did your Maternity leave starts? Before or after you have given birth?

If the answer is after they gave birth:

Would you prefer that your maternity leave was started before you gave birth?

Do you remember how much you were paid doing your maternity leave and can you maybe tell me how much you were paid?

Does the amount of pay cover your monthly expenses?

Why – Why not?

Do you find the payment fair?

Why – Why not?

Breast feeding behaviour

After birth of your child, how long did you only give your child breast-milk (exclusive breastfeeding)?

Are you still only given your child breast milk?

If yes:

Can you please explain be how you breastfeed when you also is working at the same time?

Did you still breastfeed when you returned back from your maternity leave?

How does that work doing working hours?

Can you please tell me how long it is recommended to Breastfeed?

Do everybody know this?

Who informed you about the 6 months exclusive breastfeeding?

Can you please explain me why you stopped before 6 months of age of your child?

Complementary feeding behaviour

Can you please tell me who are taking care of your child when you are working?

Who prepare the food for your child?

If she is preparing the food:

Can you please describe for me what kind of food you prepare for your child?

How many times per day, do you feed your child with this food?

What kind of food?

Why this food?

Do you still breastfeed?

If another person is preparing the food:

Can you please tell me how this person is related to the child?

Do you know what (The person who takes care of the child) kind of food is given to your child, when you are here?

What kind of food?

Why this food?

Has somebody guided you in how to feed your child after you stopped breastfeeding?

If yes:

Who was this person?

When did this happen?

If no:

Can you please explain me where you got the knowledge from on how to feed your child?

Iron-Folic Acid Supplement

Do you know what Iron-folic-Acid is?

If yes: Can you please explain me what Iron-Folic Acid is?

If no: Read this aloud or explain this:

Iron-Folic Acid supplement protect you against a specific illness called anaemia. Iron-Folic acid is also very important to you when you are pregnant, because you need lot of iron, when your small child is growing inside you. Iron-Folic Acid keep you fresh and not sleepy.

Can you please explain me why Iron-Folic-Acid supplement is good for you?

Are any of you taking Iron-Folic-Acid supplements currently?

If yes:

How long will you be taking Iron-Folic-Acid?

How long are you recommended to take Iron-Folic-Acid supplement?

When you were pregnant did anybody tell you about Iron-Folic-Acid?

If yes:

When were you introduced to IFA?

Did they provide you information on why it is important?

Information and Communication (also part of the observation)

If you should change something in your daily work – so you were able to breastfeed until your child is 6 months, what would that be?

Why – Why not?

Would you prefer that you had/have access to your child everyday doing your work-hours?

Why – Why not?

Do you think it is possible?

How?