

Exploring the gaps in the provision and quality of daycare in ready-made garment factories in Bangladesh

Briefing

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Key messages

Quality daycare is vital for women in Bangladesh's ready-made garment sector, yet most factory-based daycare serves more as symbolic compliance than child-focused services.

Daycare use is associated with better maternal wellbeing, including fewer depressive symptoms, lower odds of anxiety and higher quality of life scores among users compared to non-users.

The quality of existing daycare centres is low, with over 90% scoring poorly on hygiene practices, learning materials and caregiver capacity.

Demand for daycare is shaped by social norms as well as by availability, with family disapproval and a lack of trust discouraging use even when services are available.

Improving daycare quality requires coordinated system-level action, including standards, trained caregivers, sustainable financing and multisector collaboration.

About this briefing

This briefing presents evidence from a mixed-methods study of factory-based daycare in Bangladesh's ready-made garment sector. It exposes gaps between legal compliance and service quality, shows how childcare influences women's wellbeing and retention, and outlines priority actions to strengthen daycare systems for workers, factories and children.

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Background and purpose

Bangladesh's ready-made garment (RMG) industry employs over 4 million workers, the majority of whom are women, whose participation is essential to household income, mobility, and national exports. However, the lack of reliable and affordable childcare continues to limit women's employment, job continuity and emotional wellbeing, while also affecting children's development during the most critical early years.

Although the Bangladesh Labour Act 2006 requires factories employing 40 or more female workers to provide daycare, compliance is inconsistent, and existing centres vary widely in quality, accessibility and usefulness. Many centres function as symbolic 'checkbox' spaces rather than child-centred environments.

To address this gap, icddr,b, in collaboration with Bangor University, Oxford Policy Management and the Bangladesh Garment Manufacturers and Exporters Association (BGMEA), conducted a mixed-methods study under the Thrive programme to examine childcare realities among RMG workers, explore enablers and barriers to establishing quality factory-based daycare, assess the structural and process quality of existing centres, and co-develop an actionable improvement plan with key stakeholders.

The study aimed to generate evidence that can inform policy, strengthen workplace practices, and guide the RMG sector toward scalable, high-quality childcare solutions.

Study objectives

The study sought to:

- Describe current childcare practices and workplace conditions relevant to working mothers in RMG factories.
- Examine maternal mental health, anxiety, depression, quality of life and empowerment, and compare outcomes between daycare users and non-users.
- Assess the quality of existing factory daycare centres, including structural and process elements.
- Understand the perceptions of mothers, caregivers, supervisors and managers regarding daycare use and barriers and opportunities for improvement.
- Co-develop an actionable plan with government, industry and development partners to strengthen childcare provision across the RMG sector.

Methods

The study followed five phases to gain a comprehensive understanding of worker experiences, caregiver capacity, and institutional practices.

- **Literature review.** Mapping global, regional and country evidence on workplace childcare standards, quality indicators, and implementation lessons.
- **Quantitative survey.** Interviews with 800 mothers (407 daycare users, 393 non-users) across 40 factories¹ (16 large factories² and 24 medium factories³) using validated tools (CES-D, GAD-7, WHO-QoL, WAS-61)⁴ to assess mental health, quality of life, empowerment and child morbidity.
- **Qualitative research.** In-depth interviews with 74 participants, including daycare users, non-users, daycare staff (caregivers), social welfare staff and factory managers.
- **Quality assessment.** Direct observation of 43-day care centres⁵ using a structured tool (Family Child Care Environment Rating Scale) comprising six subscales: space and furnishings, personal care routines, language and books, activities, interaction, and programme structure.
- **Stakeholder consultations.** Co-development of an action plan with representatives from the relevant stakeholders of government and non-government counterparts.

¹ BGMEA actively supported the research team in factory selection and data collection, coordinating the necessary approvals from management and trade unions across factories with on-site daycare facilities in Narayanganj, Savar, Gazipur and Mymensingh.

² Factory with 3,000 or more employees.

³ Factory with 1,000–2,999 employees.

⁴ Center for Epidemiologic Studies-Depression Scale (CES-D), Generalised Anxiety Disorder-7 (GAD-7), World Health Organization Quality of Life (WHO-QoL), Women's Agency Scale 61 (WAS-61).

⁵ Including 22 factories listed as the UNICEF Mothers@Work initiative programme.

Key findings

Current childcare practices and workplace realities

The childcare burden remains highly gendered: 85.5% of the primary caregivers in our study were mothers. Fathers mainly engaged in play and routine care but had low involvement in language stimulation, such as talking and storytelling.

Low breastfeeding rates: The exclusive breastfeeding rate for children under 6 months was only 21.7%, far below the **national average of 55%**.

Work-family challenges drive attrition: Mothers left their jobs due to family disapproval (27.3%), pregnancy (24.8%) and **lack of day care (21.2%)**.

"I had no one to look after my child. Without day care, I would have had to quit my job." Mother, user of daycare services.

Separated children under emotional risk: Around one third of mothers among non-users left their children in rural homes with grandparents. This separation is strongly linked to **maternal depressive symptoms (99.2%)** and **reduced attachment (49.6%)**.

"My child does not see me frequently. Maybe that is why the child calls me 'stepmom'. However, I find it difficult to accept this label, as it causes me significant emotional pain. Sometimes, when I call to chat, the child reacts with anger and refuses to speak, which is profoundly distressing for me." Mother, non-user of daycare services.

Maternal mental health, quality of life and empowerment

Findings showed that daycare use is associated with higher maternal wellbeing:

- Depression was significantly lower among daycare users ($\beta=-0.68$, $p=0.023$).
- There were lower odds of anxiety (**AOR=0.24**, $p=0.002$).
- There were higher quality-of-life scores ($\beta=0.56$, $p=0.034$).
- **Access to day care alone did not appear to enhance women's empowerment**, pointing to underlying structural barriers that must also be addressed.

Child morbidity rates did not differ significantly between users and non-users, although many families depend on unregistered providers for childcare.

Quality of daycare services (structure and process)

Observations revealed substantial gaps in both structural set-up and caregiving processes:

- **Over 80%** of centres lacked adequate child-sized furniture, storage, toys and learning materials.
- **95%** were rated poor on hygiene and sanitation practices, despite providing meals and toileting support.
- **95.3%** had limited child-friendly displays or stimulation activities.
- **Outdoor play opportunities** were extremely limited due to space constraints.
- **Caregiver training was limited** – most caregivers had completed only brief training courses, with no formal early childhood development training or subsequent refresher sessions. Their performance is monitored by immediate supervisors, who have usually received no relevant training.

“We want training. We manage with love, but proper training would help us understand children better.” Caregiver.

Despite this, **some factories** maintain clean (60%), well-ventilated rooms (74%), provide meals (98%), implement safety measures (95%) and offer breastfeeding support (100%).

Perceptions, barriers and enablers (users, non-users and management)

Mothers highly valued daycare when accessible:

- They highlighted benefits such as reduced **separation anxiety due to proximity (78%)**, **better focus at work (59.1%)**, **ability to continue in the job (72%)**, and **reduced financial burden (56%)**.
- They also reported that daycare supports their **child’s development (89%)** through play, peer interaction, daily routine care activities, and that their **child is safe (74.7%)** and has **opportunities for socialisation (68.2%)**.

“I can work peacefully knowing my child is close and safe.” Mother, user of daycare services.

“The baby is learning polite behaviour, staying healthy, sleeping well, and everything is fine.” Mother, user of daycare services.

Reasons given for use of daycare:

- Primarily, (i) **no alternative caregiver was available (100%)**, (ii) **to improve work performance (51%)**, and (iii) **to ensure children’s safety (50.6%)**.

Reasons given for non-use of daycare:

- Primarily, **(i) an alternative caregiver is available (94%), (ii) age restrictions for younger infants (17.9%), (iii) family disapproval (22%), and (iv) limited trust due to inconsistent quality (2%).**

“My husband does not trust factory day care. He says the baby is safer with my sister, even if it means I miss work.” Mother, non-user of daycare services.

Management ambivalence:

- Employers recognised daycare’s role in worker retention but were **deterred by perceived costs and unclear operational models.**

“We created a room because it is required, but we lack guidance on what quality truly means or how to improve it.” Factory manager.

Policy and system-strengthening priorities

The study and subsequent stakeholder consultations highlighted several priorities for improving access to safe, reliable and developmentally appropriate childcare within the RMG sector. These priorities were jointly identified and endorsed by government, BGMEA, industry, buyers, and representatives of non-governmental organisations (NGOs) to address regulatory gaps, caregiver capacity, financing, and social norms that shape both the provision and uptake of daycare services.

Establish regulation and strengthen oversight

- Establish national minimum standards for factory-based day care, including space requirements, hygiene protocols, child-caregiver ratios, learning materials, safety provisions, and operating hours.
- Create a national registry of workplace daycare centres to improve accountability and monitoring.
- Integrate childcare quality indicators into routine labour inspections under the Ministry of Labour and Employment.

Build a skilled childcare workforce (caregiver)

- Develop and institutionalise a structured training curriculum for caregivers and integrate it into the BGMEA and the Ministry of Labour and Employment systems.
- Establish tiered certification and mandatory refresher training for caregivers and supervisors.
- Build management capacity in child protection, supervision and quality improvement.

“Without trained caregivers and minimum standards, mothers will not trust daycare – quality must come first.” Government stakeholder.

Introduce practical financing models

- Provide financial incentives such as tax rebates, subsidies, or low-interest loans for daycare establishments, especially for small and medium-sized factories.
- Encourage corporate social responsibility to improve infrastructure, purchase learning materials and fund caregiver training.
- Promote shared or cluster-based day care models within industrial zones to reduce costs and ensure sustainable service quality.

Improve service delivery models and operations

- Ensure daycare operating hours align with factory shifts, including overtime and peak production periods.
- Promote flexible, co-located, or cluster-based day care options where factories face space constraints.
- Enhance safety, ventilation and opportunities for child stimulation, including creative and safe use of rooftops or shared outdoor spaces.

Strengthen family and community engagement

- Implement awareness campaigns targeting husbands, in-laws and extended family to increase trust in factory daycare and address social norms discouraging uptake.
- Establish parent committees or parent-provider communication channels to improve transparency, build trust and encourage feedback.

Promote cross-sector coordination

- Foster collaboration between the Ministry of Women and Children Affairs, the Ministry of Labour and Employment, BGMEA, buyers, NGOs/civil society organisations (CSOs) and development partners to align standards, support factory compliance, and harmonise monitoring roles.
- Encourage buyers to integrate daycare quality into social compliance and sustainability requirements.

Insights and learning

- **Compliance alone does not equal quality.** Most factories technically ‘meet’ the legal requirement by allocating a room to daycare, but without trained caregivers, play materials or basic hygiene practices, these arrangements do not support children’s optimal development or parents’ trust. Compliance must shift from room allocation to child-centred quality.
- **Daycare strengthens worker productivity and retention.** Daycare is not only a welfare measure; it contributes directly to reduced absenteeism, improved concentration, and sustained female labour force participation. This is a compelling business case argument for RMG owners and buyers.
- **Cultural norms shape demand.** Even when daycare is available, husbands and in-laws often discourage use due to misconceptions, safety concerns, or cultural preferences for family-based care. Strengthening awareness and trust-building with families is critical to uptake.
- **Caregiver capacity is the strongest quality determinant.** Training emerges as the single strongest determinant of quality. Without formal early childhood development-related training, even well-resourced centres underperform; with training, even modest spaces can support learning and safety.
- **Cost, space and operational clarity remain management barriers.** Challenges such as space constraints, high production pressures and unclear operational standards discourage factories from investing in quality. Factories need practical, standardised guidance on how to comply and improve.
- **Shared or cluster models present promise.** Leveraging corporate social responsibility funds and government-NGO collaborative resourcing through zone-level or cluster-based daycare models can help reduce costs while enhancing quality and supervision.
- **Multi-stakeholder collaboration is essential.** Sustainable improvement requires joint commitment from the Ministry of Women and Children Affairs, the Ministry of Labour and Employment, BGMEA, buyers and NGOs/CSOs. No single actor can deliver quality daycare alone, but coordinated roles and incentives can make the system work.

Thrive

Thrive is a multi-country research programme that aims to support countries to turn what we know about positive early childhood development into practical, scalable, low-cost programmes, able to transform societies over multiple generations. Working closely with policymakers and other stakeholders, Thrive aims to build understanding of early childhood development service delivery models and how they can be provided cost effectively and at scale, and how these systems can innovate, improve, and better serve children and communities in low- and middle-income countries.

Our five focus countries are Bangladesh, Ghana, Kiribati, Sierra Leone and Tanzania.

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