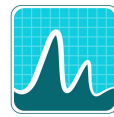




**WORLD Policy
Analysis Center**



MACHEquity
MATERNAL AND CHILD HEALTH EQUITY PROJECT

GLOBAL FINDINGS ON BREASTFEEDING BREAKS AT WORK

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About MACHEquity

The overall objective of the Maternal and Child Health Equity (MACHEquity) research program is to examine how social policies focused on reducing poverty, income and gender inequality have an impact on the burden of disease among children and women under the age of 50. Supported by the Canadian Institutes of Health Research (CIHR/IRSC), MACHEquity brings together an international group of researchers to work with unprecedented data on social policies and household-level survey data. The program makes datasets available to co-investigators and collaborators to facilitate empirical research and provides mentorship and training to a new generation of investigators.

About the WORLD Policy Analysis Center

The goal of the WORLD Policy Analysis Center (WORLD) is to improve the quantity and quality of comparative data available to policymakers, citizens, civil society, and researchers around the world on policies affecting equity, development, human health, and well-being. Under the leadership of Dr. Jody Heymann, Dean of the UCLA Fielding School of Public Health, WORLD is committed to making its broad, globally comparative findings publicly accessible to inform and encourage improvements in legal and policy frameworks worldwide, allow nations to learn from the approaches taken in other countries, facilitate studies of the feasibility and effectiveness of laws and policies in critical areas, and support global and local civil society in their efforts to hold decision-makers accountable.

About This Report

It has been 20 years since the international community committed to advancing equality for women around the world through the Beijing Declaration and Platform for Action in 1995. Using our global datasets capturing the legal and policy contexts shaping gender rights worldwide, we have created a series of policy briefs that highlight areas of progress and areas needing further improvement in education, constitutional rights, work and family, and child marriage. Both WORLD and MACHEquity are committed to making a lasting difference on the ground through interactions among researchers, policymakers and other stakeholders invested in translating evidence into practice.

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ABSTRACT

Breastfeeding is widely recognized as one of the most effective approaches to improving infant health. However, many mothers must return to work before their child is six months old, and need access to breastfeeding breaks at work to fulfill the World Health Organization's recommendation for six months of exclusive breastfeeding. The Beijing Declaration and Platform for Action calls on governments to promote breastfeeding for working mothers by providing legal, economic, emotional, and practical support. Since the Beijing Declaration and Platform for Action in 1995, the share of countries that did not have laws providing breastfeeding breaks decreased from 37% to 28%. Among the countries with available data for all years, 13 countries introduced paid breastfeeding breaks in this period while the United States and New Zealand legislated for unpaid breaks.

However, important challenges remain in terms of extending breastfeeding breaks to improve breastfeeding rates worldwide. In 142 countries worldwide, or approximately three-quarters of the world, women have this right (paid or unpaid), but 54 countries have still not legislated this important guarantee. Globally, there are 50 countries that provide neither paid maternal leave nor paid breastfeeding breaks for at least six months. Between 2000 and 2012 the global estimate for exclusive breastfeeding rate for infants under six months only increased from 38% to 41%. Adopting measures conducive to breastfeeding breaks is a critical opportunity for these countries to increase breastfeeding among the growing number of women in the formal economy.

BACKGROUND

The Beijing Declaration and Platform for Action calls on nations to “promote harmonization of work and family responsibilities for women and men.”¹ It also calls on governments to both “promote the facilitation of breast-feeding for working mothers”² and “enable mothers to breast-feed their infants by providing legal, economic, practical and emotional support.”³ This prioritization of breastfeeding is also reflected in the International Labour Organization’s (ILO’s) Maternity Protection Convention, updated in 2000, which establishes the right to paid daily time off for breastfeeding through either breaks or reduction in working hours.⁴

Breastfeeding is associated with increased rates of infant survival, reduced mortality, and a decrease in risks of childhood illness and death, including diarrheal, respiratory, ear, and other infections;⁵ breastfeeding has been identified in *The Lancet* as the single most effective child survival intervention.⁶ In addition to the immediate effects on infant health, breastfeeding has been tied to long-term outcomes including intellectual development, school performance, and productivity.⁷ Breastfeeding also has important effects on maternal health; women who breastfeed have a lower risk of postpartum hemorrhage,⁸ premenopausal breast cancer and a potentially lower risk of ovarian cancer,⁹ and many women effectively use exclusive breastfeeding to space their pregnancies.¹⁰ Because of this evidence for powerful health impacts, international public health recommendations from many organizations, including the World Health Organization, have for decades now agreed that exclusive breastfeeding for infants should last until six months (180 days) of age.¹¹

In practice, breastfeeding rates vary greatly around the world, but for the most part do not meet the recommendations described above. In most regions of the world only about a third of mothers exclusively breastfeed until the child is six months old; the sole exceptions are the Eastern and Southern African regions, where just over half of mothers (52%) exclusively breastfeed for at least six months. Between 2000 and 2012 the global estimate for exclusive breastfeeding rate has only increased from 38% of infants under six months of age to 41%.¹²

Despite the benefits of breastfeeding for both mother and child, women who work away from their homes and have to return to work following their child’s birth often discontinue breastfeeding.¹³ The literature shows that women who return to work full-time within twelve weeks of childbirth are less likely to introduce and maintain breastfeeding,¹⁴ even if their interest in breastfeeding their child is no different from that of non-working women.¹⁵ In the United States, women who work initiate breastfeeding at the same rate as their counterparts who do not work outside of the home, but they are much less likely to continue breastfeeding after returning to work.¹⁶

To counteract these trends, the ILO recommends 18 weeks of paid maternity leave, nursing breaks and, if possible, a reduction in working hours to facilitate breastfeeding after resuming work. Prior research indicates that these policies may help to ensure that mothers can continue exclusive breastfeeding during their infant’s first six months of life. Using WORLD Policy

Analysis Center data for 182 countries, our research group found that national policies that guaranteed breastfeeding breaks at work until the child was at least six months old were associated with a nine percent increase in breastfeeding rates.¹⁷

For breastfeeding rates to increase, especially during the exclusive breastfeeding period of six months, obstacles that hinder mothers' ability to breastfeed must be removed, including barriers erected by the workplace. To guarantee the ability of mothers to both earn a living and breastfeed their child, it becomes essential to monitor the availability of work policies that support breastfeeding around the world.

METHODS

We examine legal provisions as they are a first step toward improving outcomes. Laws lead to change by shaping public attitudes, encouraging government follow-through with regulation and implementation, and enabling court action for enforcement. Laws are a mechanism by which a social floor guaranteeing minimum humane conditions can be established.

In order to collect global legislative data about breastfeeding protections, the WORLD Policy Analysis Center systematically analyzed the national laws and policies in all 197 countries and Beijing Platform Signatories.¹⁸ This database is coded primarily from full-text legislation, in its original language whenever possible or in translation. Additional information was drawn from reliable secondary sources like the Social Security Programs throughout the World (SSPTW) reports. In preparing our dataset, we focused on national laws and policies and therefore did not capture subnational laws or policies based on collective agreements available to subgroups of employees or based on industry. Two researchers analyzed each country to translate a wealth of qualitative information into a set of consistent, comparable legal and policy characteristics.

McGill University's MACHEquity team expanded the 2014 dataset by collecting information for every year between 1995 and 2013 on whether breastfeeding breaks were legally available to nursing female employees, whether they were paid, the duration of the daily breaks, and the length of entitlement after birth. By expanding this dataset longitudinally, we were able to uncover changes in breastfeeding breaks policy since the Beijing Platform for Action among the 197 countries and Beijing Platform Signatories.

The primary sources of information were the labor and social security laws of these countries. The full-text copies, in addition to the information on the history of amendment and repeal of such laws, were located mainly through the ILO's NATLEX database, as well as through other reliable sources such as TRAVAIL, the ILO's Working Conditions Laws Database. If the full-text laws were not available, electronic or hard copies were obtained through official governmental websites, other websites and university libraries. When the laws were not accessible, ILO's *Conditions of Work Digest: Maternity and Work*¹⁹ was consulted to inform analysis.

For each country, two researchers from our multilingual team coded this information independently and compared their results to ensure accuracy.

FINDINGS

First, we provide a landscape of breastfeeding break policies around the world. Second, we analyze trends in these policies since the Beijing Declaration in 1995.

CURRENT STATE OF BREASTFEEDING BREAK POLICIES AROUND THE WORLD

Many mothers must return to work before their child is six months old, and need access to breastfeeding breaks at work to fulfill the World Health Organization's recommendation for six months of exclusive breastfeeding. In 142 countries worldwide, or approximately three-quarters of the world, women have this right (paid or unpaid), but 54 countries have still not legislated this important guarantee (see Map 1). Globally, there are 50 countries that provide neither paid maternal leave nor paid breastfeeding breaks for at least six months (see Map 2).

PROGRESS SINCE THE BEIJING DECLARATION

In 1995, the majority of countries for which data were available (113 out of 180) had a national policy guaranteeing breastfeeding breaks. In 109 of these 113 countries, the national policy guaranteed paid breastfeeding breaks until the infant reached at least six months of age; while in 4 countries breaks were either unpaid or guaranteed for less than six months. However, breastfeeding breaks were not guaranteed in 67 out of 180 countries, or slightly higher than one-third of countries.

Between 1995 and 2014, the share of countries that did not have laws providing breastfeeding breaks decreased from 37% to 28%. Among the countries with available data for all years, 13 countries (Albania, Belgium, Cuba, Cyprus, Ireland, Jordan, Kuwait, Macedonia, Maldives, the Philippines, Qatar, Samoa, and the Sudan) introduced paid breastfeeding breaks in this period while the United States and New Zealand legislated for unpaid breaks.

REGIONAL VARIATIONS

Currently, the East Asia and Pacific and the Americas regions have the highest share of countries that do not guarantee breastfeeding breaks (47% and 40% respectively) in contrast to Europe and Central Asia which has the lowest (13%). In other regions, around one fourth of the countries do not provide any breaks.

The increase in the proportion of countries providing breastfeeding breaks between 1995 and 2014 was the largest in South Asia and the Middle East and North Africa regions; both increased by more than 15% (see Figure 1). In Sub-Saharan Africa, the proportion of countries

guaranteeing breaks increased by only 4% during this period, although the overall rate of guaranteed breastfeeding breaks was above 70% for both years. In absolute terms, considering only the countries with available data, the numbers of countries that adopted guarantees during this period were relatively equal as one to three countries per region, except in Europe and Central Asia, where five countries introduced breastfeeding breaks.

BREASTFEEDING AND MATERNAL LEAVE LENGTH

Combining protections for maternal leave and paid breastfeeding breaks allows us to examine whether working mothers are guaranteed paid options to facilitate breastfeeding for at least six months. As of 2014, in 44 countries both paid maternal leave and paid breastfeeding breaks are guaranteed for at least six months. Eight countries provide paid maternal leave for at least six months but not breastfeeding breaks, and 94 countries provide paid breastfeeding breaks for this period but maternal leave lasting less than six months. A substantial 50 countries globally do not guarantee either policy.

Policies to facilitate breastfeeding for at least six months vary greatly by income group. While guarantees of at least one policy to facilitate breastfeeding increase slightly with country income levels (71% for low-, 74% for middle-, and 78% for high-income countries), significantly fewer low-income countries offer both (3% compared to 17% of middle-income countries and 43% of high-income countries). Provision of paid maternal leave longer than six months and breastfeeding breaks shorter than six months is exceedingly rare in low-income countries, present only in one country. Whereas the overwhelming majority of low- and middle-income countries guarantee paid breastfeeding breaks when only one policy is guaranteed (96% and 97% respectively), only 75% of high-income countries guarantee paid breastfeeding breaks with the remaining quarter guaranteeing paid maternal leave when only one policy is guaranteed.

Progress in this combined measure of breastfeeding facilitation in the world has been steady (see Figure 2). The number of countries that guarantee neither six months of paid leave nor six months of paid breastfeeding breaks has decreased from 61 countries (35%) to 50 countries (26%). Another positive development has been the increase in the number of countries that offer both policies, from 17 countries in 1995 (10%) to 44 countries (22%) in 2014. The percentage of countries that guarantee at least six months of paid breastfeeding breaks but not six months of paid maternal leave has remained stable over time, and is by far the most common policy approach adopted by about half of the countries.

GLOBAL SUCCESSES AND AREAS FOR IMPROVEMENT

Most countries in the world have policies that provide for breastfeeding breaks at work and in the vast majority of cases this is paid. However, this progress is not unfettered. Globally, 54 countries have not legislated guarantees for mothers to take breastfeeding breaks at work.

Adopting measures conducive to breastfeeding breaks is a critical opportunity for these countries to increase breastfeeding among the growing number of women in the formal economy. An important consideration specific to lower-income contexts is whether policies that allow for breastfeeding breaks at work can be extended to cover the informal economy, where it would be incumbent on small employers to provide these breaks. However, even if laws are limited at first to the formal sector, guaranteeing breastfeeding breaks can help to establish norms favorable to women employed in the informal sector, where many of the world's poorest women work.

Countries at all income levels have demonstrated the feasibility of guaranteeing paid breastfeeding breaks for working mothers. Unlike policies such as paid maternal leave or free education, breastfeeding breaks at work usually carry no costs for governments and relatively minor costs for employers, as the legislated length of breaks rarely exceed an hour. Any employer that can provide lunch breaks to all employees during their entire employment should be able to provide breastfeeding breaks to nursing employees for at least six months.

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3 Beijing Declaration. Art. 106 r).

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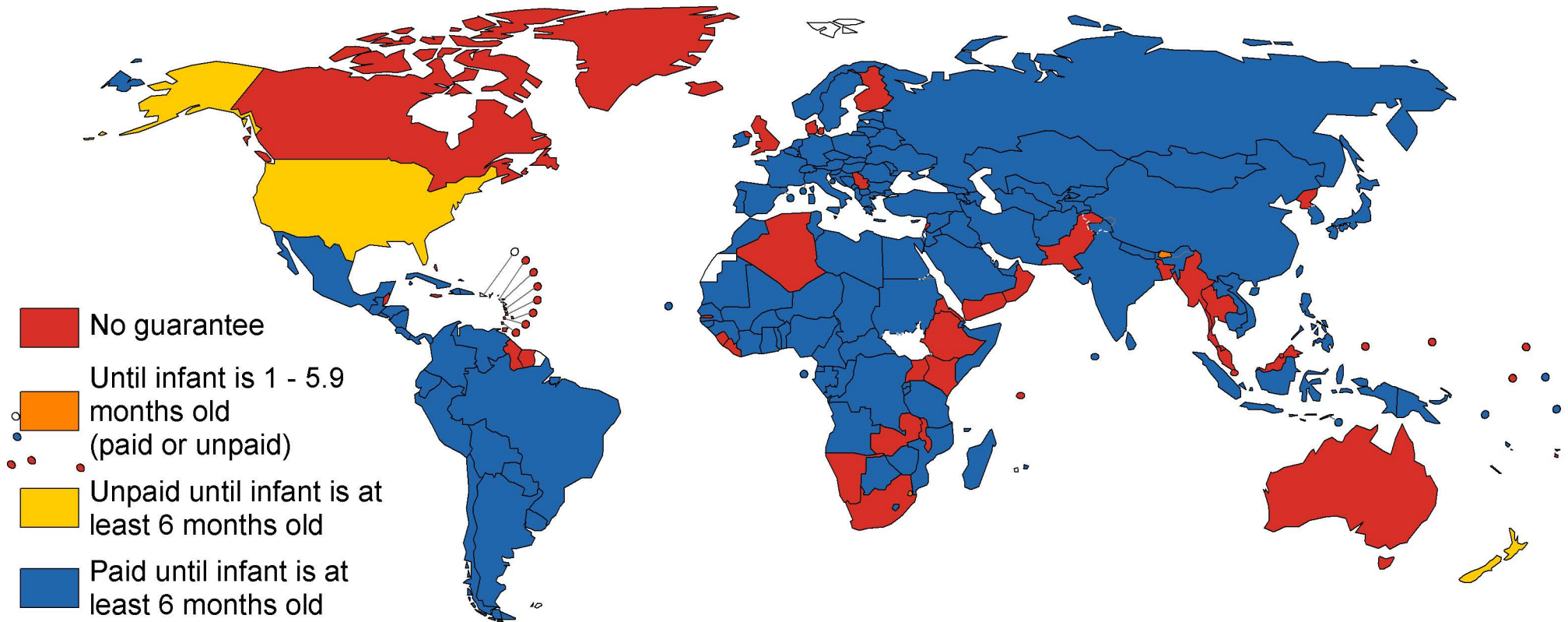
12 UNICEF. ChildInfo Database. Data retrieved April 15, 2014.

13 See, for example, Chuang C-H et al. "Maternal return to work and breastfeeding: a population-based cohort study." *International Journal of Nursing Studies*. 2010. 47 (4): 461-474., or Hawkins SS, Griffiths LJ, Dezateux C, Law C, "Millennium Cohort Study Child Health Group. The impact of maternal employment on breast-feeding duration in the UK Millennium Cohort Study." *Public Health and Nutrition*. 2007; 10:891-6.

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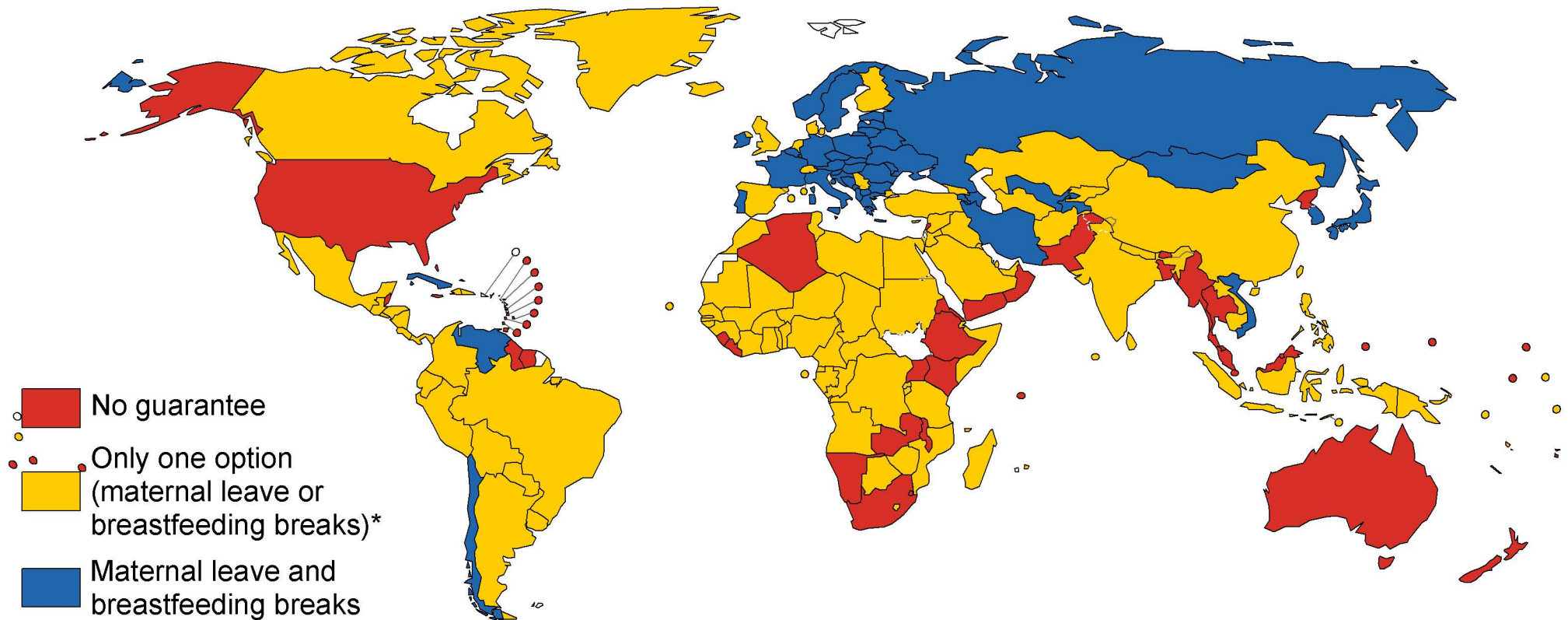
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- 15 Scott JA, Binns CW. "Factors associated with the initiation and duration of breastfeeding: a review of the literature." *Breastfeeding Review Journal*. 1999; 7:5–16.
- 16 Biagioli F. "Returning to work while breastfeeding." *American family physician*. 2003; 68(11):2201-8.
- 17 Heymann J, Raub A, Earle A. "Breastfeeding policy: a globally comparative analysis." *Bulletin of the World Health Organization*. 2013; 91(6):398-406.
- 18 Greenland is self-governing. WORLD data on adult labor reflects Greenland's legislation and policies where information is available. Greenland is omitted from country counts when calculating the number of countries that have a given policy.
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Map 1: Are mothers of infants guaranteed breastfeeding breaks at work?



The World Health Organization (WHO) recommends mothers exclusively breastfeed for 6 months.

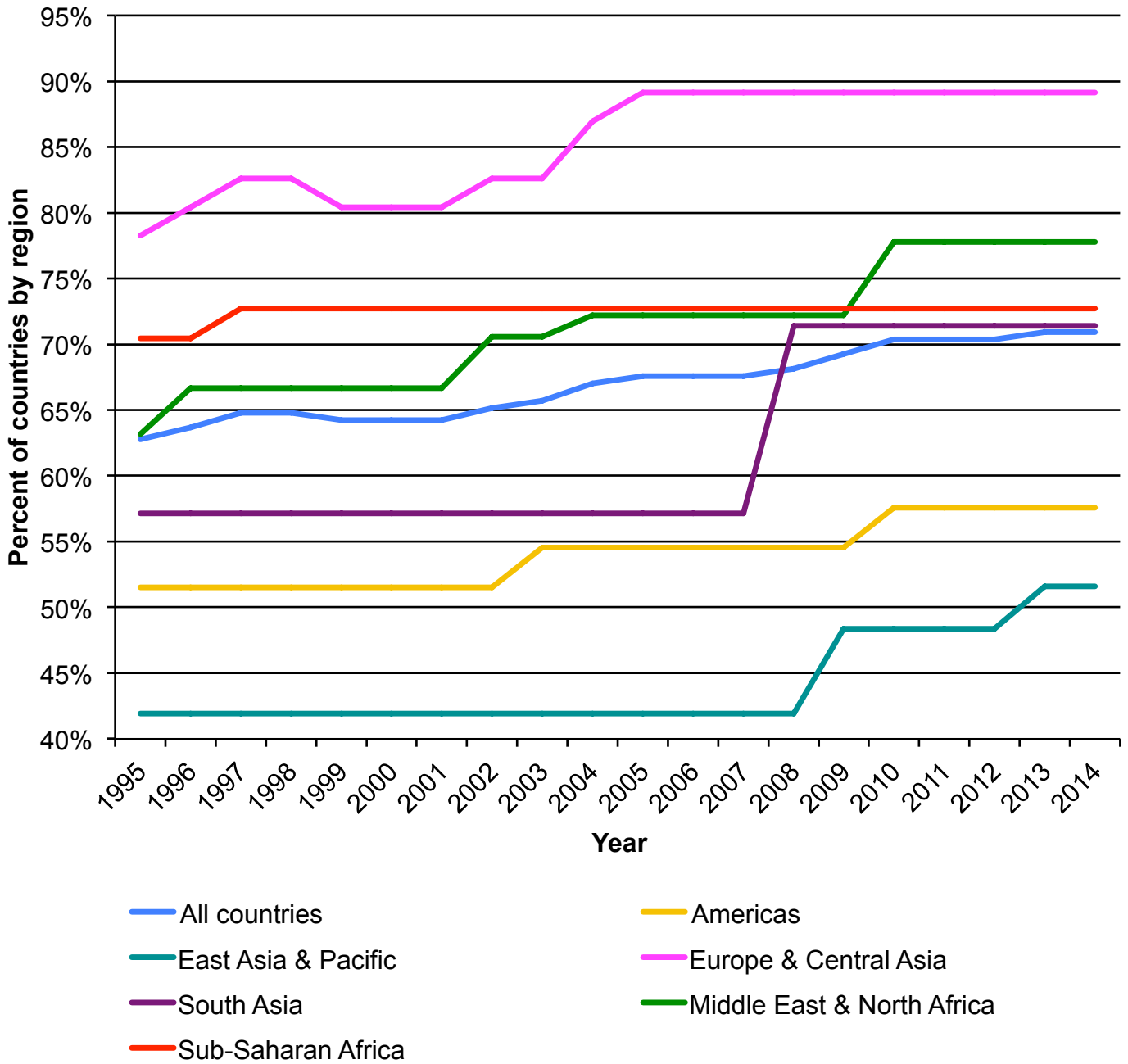
Map 2: Are working mothers guaranteed paid options to facilitate exclusive breastfeeding for at least 6 months?



**Maternal leave* includes both paid maternity leave, which is leave reserved for mothers of infants, and paid parental leave, which is leave for either parent of an infant that women or men can take.

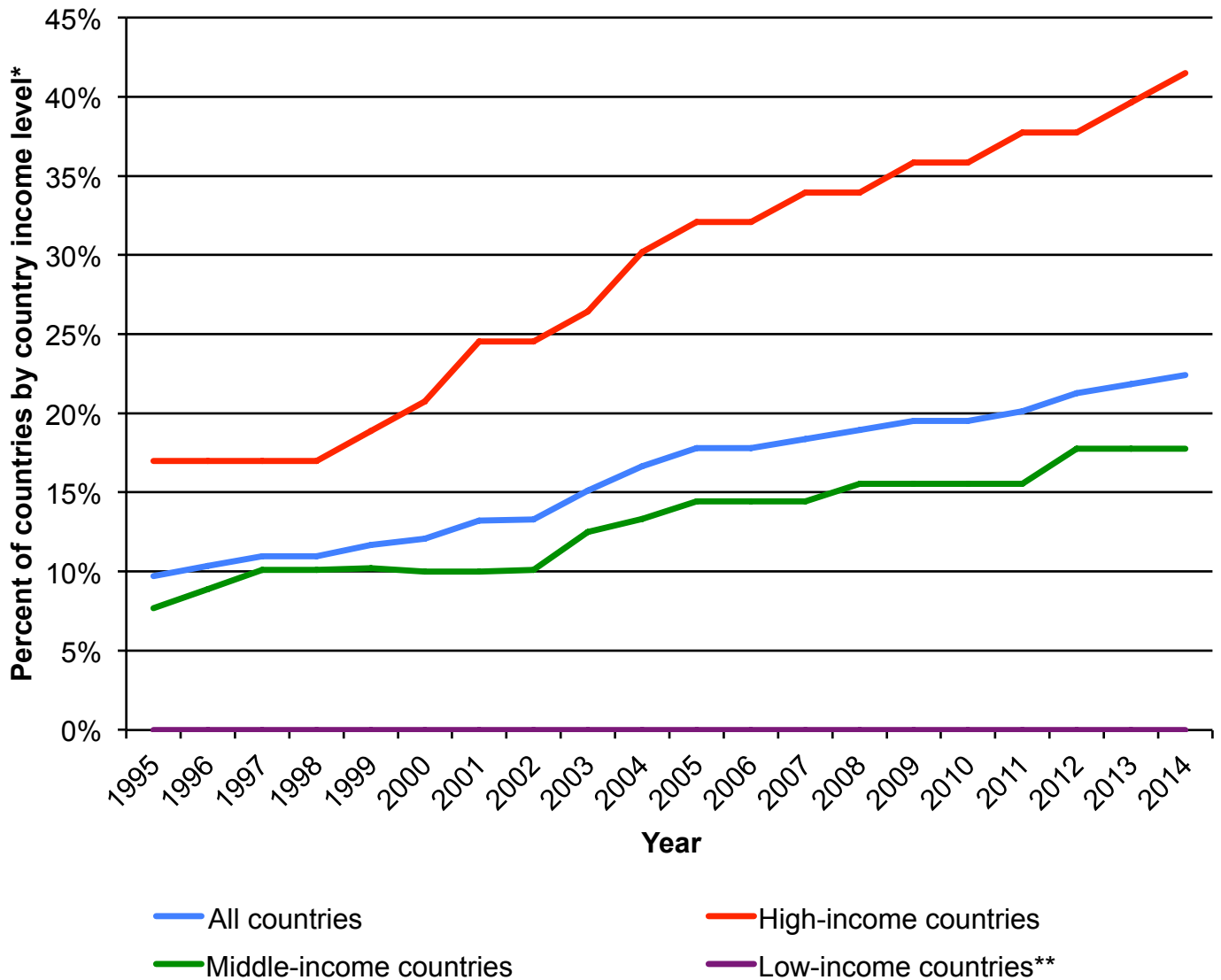
The World Health Organization (WHO) recommends mothers exclusively breastfeed for 6 months.

Figure 1: By region, how did the percentage of countries guaranteeing mothers breastfeeding breaks at work change from 1995 to 2014?



Source: MACHEquity & WORLD Policy Analysis Center, Adult Labor Database (1995-2014)

Figure 2: By country income level,* how did the percentage of countries guaranteeing mothers of infants both paid maternal leave and paid breastfeeding breaks for at least six months change from 1995 to 2014?



*Country income level is based on the World Bank's income level categorization in February 2014 and does not reflect change over time.

**There are no low-income countries with full policy data from 1995 to 2014 that guarantee both paid maternal leave and paid breastfeeding breaks for at least six months.

Source: MACHEquity & WORLD Policy Analysis Center, Adult Labor Database (1995-2014)