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World Breastfeeding Trends Initiative (WBT*i*)

Labour Lost

Countries Failing to Enforce Maternity Protection

The WBT*i* Assessment Report on the Status and Enforcement of Maternity Protection Laws across 57 countries

2015

IBFAN
defending breastfeeding

bpni
putting child nutrition
at the forefront
of social change

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World Breastfeeding
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(WBT*i*)

Labour Lost

Countries Failing to Enforce Maternity Protection

The Assessment Report on the Status and Enforcement of Maternity Protection Laws across 57 countries

2015

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Report writing and production
Written by: Radha Holla
Edited by: Dr Arun Gupta, Dr J P Dadhich, Dr Shoba Suri
Contributors: Ms Ines Fernandez, Yatziri Zepeda, Joyce Chanetsa, Barbara Nalubunga, Siti Norjinah Abdul Moin, Faizah Jamal, Nia Umar
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शंकर अग्रवाल, आई०ए०एस०
भारत सरकार के सचिव
SHANKAR AGGARWAL, I.A.S.
Secretary to Govt. of India

सत्यमेव जयते
MINISTRY OF LABOUR & EMPLOYMENT
SHRAM SHAKTI BHAVAN
NEW DELHI - 110001

श्रम एवं रोजगार मंत्रालय
श्रम शक्ति भवन
नई दिल्ली-110001
Tele : 91-11-23 71 02 65
Fax : 91-11-23 35 56 79
E-mail :secy-labour@nic.in

Message

As maternity protection is increasingly being considered a Human Right, it accords to women several entitlements. Nevertheless, in spite of the existence of legislation, maternity protection is the least protected of all labour laws.

Adequate maternity protection provides not just for the healthy recovery of the mother from the stress of childbirth, it also provides her with the opportunity of giving the best start to her infant through breastfeeding, especially to be able to be with her baby during exclusive breastfeeding period.

In spite of the benefits of breastfeeding, working women do find it difficult to practice optimal breastfeeding as per global recommendations. While most countries have laws related to maternity protection, these laws are often restricted to women working in the formal organized sector. Yet the majority of the world's women work in the unorganized, informal sector, where labour laws may not apply.

The World Breastfeeding Trends Initiative (WBTI), highlights the lacunae in both the scope and the implementation of maternity protection laws in 57 countries. This report is more than a call to action for Governments to bridge the gaps that exist in labour laws and extend it to women working in the informal sector. It is a call for the recognition of the importance of reproductive work of women as child bearers, as nurturers and care givers, and Governments must heed this call to ensure the health and safety of our future generations.

International Baby Food Action Network (IBFAN) has done a commendable work in this direction through this report; I compliment IBFAN for this excellent piece of work that can be used for advocacy around the world on this critical social intervention.

21/X

(Shankar Aggarwal)

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A Labour of Love

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Arun Gupta
Regional Coordinator
IBFAN Asia

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FOREWORD

Labour Lost

Countries Failing to Enforce Maternity Protection

Breastfeeding *is* work! It takes energy. It takes time. It takes skill.

It is *productive* work. It produces the perfect food for infants and young children. Breastfeeding mothers deliver to consumers a 'custom made' health product, a medicine; human milk, which creates a healthy human microbiome, a healthy immune system, and a healthy human brain.

Breastmilk. This perfect food endorsed by health authorities as optimal for most babies on the planet—delivered with the perfect 'packaging', the mother—supports both child development and maternal health like nothing else. In this ageless mother-to-baby symbiosis women generate and deliver 'food security' and 'health services' to millions of babies and children every year. It is an unparalleled service of nation building delivered at enviable levels of physiological efficiency and minimal environmental cost.

Yet the work of breastfeeding has to compete with other work, especially 'market work'. A mother's workload already heavy with the 'unpaid' work of breastfeeding and infant care is constantly challenged by her paid work. Unlike the value of labour, neither

markets not governments have calibrated the value of a mother's breastfeeding and infant feeding work in economic terms. So this priceless yet 'unpaid' work is constantly being challenged by a woman's paid work in a society driven by markets.

Markets also promote competing food products—commercial baby foods—targeting time-pressed working mothers to replace breastfeeding and traditional infant foods with formula feeding. This is done with little concern for a mother's health or that of the next generation of babies. Unfettered markets have turned virtuosity into vice. A life-saving formula milk product for orphan babies developed early last century turned into a for-profit opportunity and then a killer of children.

This century, the valuable food that is a mother's milk may be commercialised to help or hinder optimal feeding of infants and young children. Just recently, a US company began paying mothers for their milk. Such a market gives some women what their government and employers do not; a way to finance maternity leave. Elsewhere, such as in India, South Africa and Thailand, the growing commercial surrogacy market generates earnings to mothers for providing 'womb services' that may keep her and her family from destitution.

As the market system spreads throughout the globe one hopes that it may be made to work better. Especially labour markets. Because employers rarely accommodate a mother's family care work, discrimination in jobs, pay and promotion is rife. Even governments making policy rarely account for the family care work done invisibly and for free by mothers. In 2014, world leaders pledged to reduce the so-called 'gender gap' in work, but their focus was increasing women's workforce participation. They did not address motherhood and the adverse overt and covert pressure markets and employers apply on mothers to reduce their infant and family care responsibilities.

If properly regulated, can markets work for humanity? Are present day market trends delivering what is best for humans? Is humanity well served by mothers selling their milk to finance their maternity leave? Does a nation really grow when a mother must grow and sell babies to others so she and her own children can eat? Is a growing market in commercial baby foods an advance when it is displacing breastfeeding and home foods?

Human progress is a sum of many parts. As this document shows, maternity, and the role of a mother has a huge part to play in it. Maternity has to be given its due respect socially, economically and officially. This recognition and support to a mother's work is long overdue. Of the many decisions they can take to build strong productive nations—governments, employers and societies—must reward and support a mother's family care work (especially childbearing, breastfeeding and infant feeding) by offering her maternal role total protection. Protection in the form of mother friendly workplaces, mother friendly employment conditions, economic, healthcare and nutrition support so they are healthy and economically secure to raise the next generation optimally.

Dr Julie Smith
Fellow, Australian Centre for Economic Research on Health, College of Medicine, Biology and the Environment
Australian National University

Status Update

All women work. Women work in the formal and the informal economy. Women work for wages and also without pay. Almost all reproductive work of women, including care and other domestic work like cooking, cleaning, washing, and so on, is unpaid, and thus, till recently, has not been considered as work. As an increasing number of women in the child-bearing years enter the job market, they have to carefully achieve a work-life balance and juggle between their productive and reproductive roles to take care of themselves, their children and their families. Often this entails difficult choices especially about how to combine work responsibilities with breastfeeding and infant feeding responsibilities.

Maternity protection systems make these choices easier. And such protection is essential to safeguard the life and health of women and their children during pregnancy and after birth. Over the years, as the short-term and long-term benefits of breastfeeding—early and exclusive breastfeeding of infants—have been demonstrated for both the mother and the child, the concept of maternity protection has evolved to include the period of breastfeeding. The International Labour Organization (ILO) has, from its inception, sought to safeguard and expand maternity entitlements of women workers including workers in the informal economy through Conventions and Recommendations. Several countries have incorporated these Conventions and Recommendations in national labour legislation and many countries have gone beyond them. However, some countries have still to legislate on maternity protection adequately.

As maternity protection is increasingly being considered a human right, it accords to women several entitlements. These include paid maternity leave, cash benefits, health protection, job protection and non-discrimination, and provision of breastfeeding breaks and childcare facilities. Nevertheless, in spite of existing legislation, maternity protection is the least protected of all labour laws. There is increasing concern that globalisation and the need to attract foreign investment, as well as recurring economic crises are pressurising countries to dilute labour laws. Data from several national and international sources highlights the fact that women are disproportionately disadvantaged in this situation, with pregnant women and mothers being the most badly off (see reference 86 to 105).

The International Baby Food Action Network (IBFAN) has consistently advocated for enabling women to realise their entitlement to maternity protection. IBFAN believes that breastfeeding is a

collective right of women and children, and has regularly called upon governments to make maternity protection legislation effective by extending it to all women and enforcing provisions such as paid leave and adequate number of nursing breaks[1]. IBFAN Asia developed the World Breastfeeding Trends Initiative (WBT*i*) as a tool to assess the policies and programmes related to breastfeeding. One of the indicators assessed is maternity protection. Till date, 57 countries have completed assessing their national policies and programmes. Some of them have conducted more than one assessment.

Labour Lost examines the status of policies related to maternity protection with a focus on countries that have completed the WBT*i* assessment.

It is divided into three parts.

Part I – A Mother's Rights
Through three rights—mothers' right to work, workers' right to motherhood, and the right to maternity protection—it reviews why maternity protection is essential for mother and baby and the benefits of supporting breastfeeding. It examines the nature of women's work and how breastfeeding fits into this. It lists the ILO Conventions and Recommendations related to maternity protection, and how workplaces can empower women to combine their productive and reproductive roles optimally.

Part II – Status of Maternity Protection
It focuses on WBT*i* assessments on specific areas of maternity protection such as maternity leave, paternity leave, health protection at the workplace, job protection and non-discrimination,

Maternity protection, as a human right, accords to women paid maternity leave, cash benefits, health and job protection, non-discrimination, and provision of breastfeeding breaks and childcare facilities. Nevertheless, in spite of legislation, is the least protected of all labour laws

breastfeeding breaks and childcare facilities at the workplace. It proposes additional interventions that complement and supplement existing legislation and implementation of maternity protection to ensure optimal breastfeeding practices.

Part III – Other Related Interventions
It identifies additional interventions and examines their status according to WBT*i*.

The Way Forward lists steps that need to be taken to create an enabling environment where women can combine their productive and reproductive work, including breastfeeding, effectively.

IBFAN STATEMENT

Maternity protection at work

IBFAN believes that all women have the right to enjoy a safe and healthy maternity and to make informed decisions about their infants' and young children's feeding – including full support to exclusively breastfeed for the first 6 months and to continue breastfeeding until their child is 2 years or more (a). While maternity and breastfeeding are natural processes, they are particularly threatened by afflicting circumstances such as poverty and gender-based discrimination, as well as by work situations. The world over, women face institutional and societal discrimination that often result in fear or coercion – impacting directly upon their health, nutritional and educational status, their reproductive rights to decide freely and responsibly of the number and spacing of their children, as well as the means and ways of feeding them. This is particularly manifest among poor women who are, in general, the most vulnerable of all women.

Breastfeeding is a collective right of both women and children; it falls within the framework of women's 'reproductive rights' developed at the United Nations International Conference on Human Rights (1968) and re-endorsed over the years in several other international instruments (b). From a human rights perspective, this means that the State—the primary duty bearer—is under the obligation of enabling all women to enjoy their reproductive rights to safe maternity and optimal breastfeeding. The State thus bears the responsibility to ensure that all women, whatever their economic or educational status, their age or marital status, have adequate and affordable access to information concerning reproduction and contraception, to quality nutrition, to healthcare services during pregnancy and lactation, to safe birthing practices, as well as to infant feeding counselling and assistance.

IBFAN adheres entirely to this reproductive rights perspective. However, IBFAN also recognises that working women face specific challenges—and more so if they are breastfeeding—and that maternity protection at work also needs to be translated at the national level into strong protective labour-specific legislation. Indeed, since the 1990s, IBFAN's work on maternity protection has centred almost exclusively on the protection of working women.

Thus, from a human rights perspective, maternity protection at work has meant so far for IBFAN, securing the rights of all working women (the rights holders), through the obligations of the State (the duty bearer) to respect, protect, and fulfill these workers' rights. At the same time, employers too have the responsibility to respect their workers' rights by complying with

national legislation or other regulations and agreements.

Concretely, this means that the State must make sure that working women enjoy, over and beyond the reproductive rights mentioned above, a period of rest before and after birth (maternity leave), income security and the guarantee of reintegrating into their job after the period of leave, protection from all forms of discrimination related to their reproductive role, sound breastfeeding counselling for breastfeeding initiation and continuation, a supportive environment enabling to follow World Health Assembly (WHA) recommendations regarding optimal infant and young child feeding practices, as well as flexible working time.

This position paper discusses IBFAN's conception on what we mean today by 'maternity protection at work'. It also presents how we view our way forward.

WHY PROTECT WORKING WOMEN SPECIFICALLY DURING MATERNITY?

Women are generally defined by and hold a double role, that of *reproducing society* (maternity), and of *producing for society* (work) (c). For IBFAN these two roles are, together, the means of women's empowerment and emancipation. However, they often stretch women's capacities by pulling them in two opposite demanding directions that frequently lead to exhaustion, ill health and stress, with negative outcomes for all concerned.

Women's reproductive role includes pregnancy, giving birth, caring for and nurturing their newborn, including through breastfeeding, for periods of several months to several years. During much of this time, women need additional support such as medical follow-up and care, adequate foods, assistance and counselling, support to reduce stress and rest to replenish energy.

Women have also always participated in producing goods and in caring for the group they belong to–cooking, gathering and growing foodstuffs, weaving material, and, in more recent times, working, often outside of the home, for pay. The 20th century finally made visible the worldwide phenomenon of a woman's double workday. Statistics show that overwhelming proportions of women hold two jobs, the unpaid domestic work that is generally not even acknowledged or valued as work, and the 'real' paid work at a 'workplace' often other than the household.

Today, the numbers of women working for pay outside of their homes are higher than ever. Moreover, globally, the children of working mothers are significantly younger than in previous decades.

In order for women to accomplish their two main roles with relative ease, they need maternity protection at work and are entitled to it.

WHAT DO WE MEAN BY 'MATERNITY PROTECTION AT WORK'?

Maternity protection measures at work promote gender equality and contribute to dismantling barriers which prevent women from obtaining economic autonomy on an equal footing with men. It means defending women's right to work, to choose their job and to keep it.

It also means that women are entitled to work in dignity, and to benefit from decent work conditions that bar out discrimination and discriminatory practices based on their sex and their reproductive role. It signifies fair salaries that meet their basic needs as well as those of their family–including when they are temporarily not producing goods or services because they are procreating children and caring for them.

Maternity protection also means that mothers–and their babies–are entitled to safety at work and to healthy surroundings at the workplace. It stands for allowing new mothers to take an adequately paid maternity leave from work that is long enough to ensure their own health and rest, and the healthy beginnings of their child–at least enough time to bond with him or her, to establish a sound breastfeeding routine and to follow WHA recommendations concerning 6 months of exclusive breastfeeding. Women also have the right to work in an environment that facilitates breastfeeding when they return to work and thus are entitled to breastfeeding breaks and to breastfeeding facilities at the place of work.

WHICH INSTRUMENTS FAVOUR MATERNITY PROTECTION AT WORK?

In a society that upholds human rights, implementing maternity protection measures is the State's obligation. In other words, the collectivity ensures that maternity protection measures are adopted and enacted, and that women duly benefit from them. Legislative measures are those most commonly in use to ensure this. It follows that the citizens, including the employers and the workers, also have to perform their specific duties and obligations concerning the legislation in place.

Since the 1880s, the vast majority of States worldwide have taken measures to safeguard maternity, and today practically all countries of the world have legislated to protect at least some categories of their working women. Only a few countries still leave maternity protection entirely in the hands of the individual parents. National legislation is, therefore, the first and basic means of protecting working women and their families. For this reason, it is necessary for maternity protection advocates to know their laws and to engage in strengthening them.

In parallel, several global instruments establish the obligation of States to protect mothers and parents in their maternity and parenting roles and have provided minimum global standards for national laws. In 1919, the first ILO maternity protection convention (C3, 1919) was adopted by the tripartite ILO conference, and since then two more conventions on the same issue (C103, 1952; and C183, 2000), as well as two recommendations (R95, 1952; and R191, 2000) have been adopted. Each of them entitles women workers to a larger range of rights than its predecessor; and the recommendations show the way towards even stronger protective measures. Countries that have ratified an ILO convention have the obligation to adapt and implement their national legislation to meet at least the ILO standards defined in that convention; and all other Member states are expected to improve their legislation over the years so as to be in a position to ratify the convention

in due time. Other ILO conventions (and recommendations) also relate to specific elements pertaining to maternity protection. For example, social security (C102, 1952; C118,1962; C157,1982; R202, 2012), domestic workers (C189,2011), non-discrimination (C111, 1958), health at the workplace (approximately 40 conventions) should also be taken into account.

Amongst the human rights instruments, CEDAW in 1979 adopted several measures aiming for the protection of maternity and specifically of maternity protection for working women (Art.11.1.f & 11.2.a-d). And in 1989, the CRC stipulated the right of the child to adequate nutritious food (Art.24.2.c), the right of the mother to pre- and post-natal care (Art.24.2.d), and the rights of parents to measures assisting them in their work and parental responsibilities (Art.18.2) and to material assistance and support (Art 27.3). Almost all countries of the world have ratified these two conventions and are, therefore, obliged to comply by them.

Other global documents, which focus more specifically on breastfeeding, also advocate for maternity protection at work. The two *Innocenti Declarations* (1990, 2005) elaborate on four operational targets to promote, protect and support breastfeeding, the fourth of which urges States to enact imaginative maternity protection legislation protecting the breastfeeding rights of working women. In 1995, the *Beijing Platform for Action* underlined the numerous areas where women at work need protection, as well as the specific actions to be led by government and other actors to meet these needs. In 2002, the WHO *Global Strategy on Infant and Young Child Feeding* insisted in several paragraphs on the importance of strong protective maternity legislation for working women, enabling them to balance their work and family responsibilities. As for the *Millennium Development Goals*, Goal 1 (eradicate extreme poverty), Goal 3 (promote gender equality), Goal 4 (reduce infant mortality), and Goal 5 (improve maternal health) are all relevant to maternity protection in general, as well as to maternity protection at work.

Within a given country, collective bargaining agreements are signed between concerned parties (employers, trade unions) of a branch of activity, or a group of enterprises, or a firm. These agreements have to meet, at the minimum, the provisions of national legislation; but they can be stronger. At this level too, maternity protection regulations can be included.

WHO BENEFITS FROM MATERNITY PROTECTION AT WORK?

Everyone benefits from measures protecting maternity at the workplace. The mother and her baby are healthier and happier, more rested, less stressed and more focused on each other. The entire family manages more smoothly the arrival of the newborn, accepting it more wholly and often learning to take on new roles. Employers too find various advantages: their financial input is compensated by a contented workforce, by increased production, less staff turnover, less absenteeism and increased

loyalty. As for the State, the added value includes lower health costs, a decrease in morbidity and mortality rates, an overall healthier population, increased social and economic peace and welfare and a more egalitarian attitude towards gender relations. By protecting its female workers and fulfilling their maternity rights, the State contributes to developing its own wealth and the well-being of its people.

THE BASIC ELEMENTS OF MATERNITY PROTECTION THAT IBFAN STANDS FOR

IBFAN adheres to all of the following provisions and advocates for them, as a whole, in national legislation and other instruments:

Maternity protection measures concerning all women:

• *Maternity protection provisions should cover all women, including both non-working and working women; amongst working women, maternity protection should include those working in both the formal and the informal economy.*

Worldwide, an overwhelming majority of women are not included in maternity protection legislation. This is clearly the case of non-working women. Amongst working women too, large numbers are excluded because of their category of work (domestic work, agriculture), or because they are not declared officially (informal workers), or because they work part-time, or because they are independent, or because they have not worked for the same employer long enough. Steps need to be taken *everywhere* to extend protection to all categories of women, with special attention to the most vulnerable of all, those living below the poverty line, and those in the informal economy, in domestic service and in agriculture.

• *Maternity protection should cover affordable access to adequate nutrition based on food diversity and to quality healthcare services, including nutrition and breastfeeding counselling.* Such services should be provided through the development of innovative schemes such as, for example, food or cash transfers, local healthcare insurances and mutual counselling as part of public healthcare, etc.

Maternity protection measures specific to working women:

• *Maternity leave (and adoption leave) should be of at least 26 weeks, including a period of compulsory leave of 6 weeks after birth*; added to these, there should also be *4 weeks compulsory leave before birth*, making the total leave at least 30 weeks long (the remaining non-compulsory period should be taken at the mother's convenience). Such a leave allows mothers to follow WHA recommendations regarding 6 months of exclusive breastfeeding, as well as to rest before giving birth, and after birth, and to bond with their infant.

• *Paid paternity leave of at least 5 days* should be given to fathers at the time of birth so as to fully support their partner and bond immediately with the newborn.

• *Both parents should be entitled to a period of paid parental leave of several months* – with the guarantee of returning to their original post. Such leave should be shared by both parents in order to encourage fathers' involvement in family life, care and responsibilities.

• *Maternity leave should be paid for the full duration of the leave at the rate of 100% of the worker's average salary over the past year. It should be paid by the State* (social security, social insurance) rather than by the employer, to avoid discrimination against female workers of reproductive age. Parental leave should be supported with sufficient income benefits to allow for decent living conditions.

• *Medical expenses related to maternity should be covered by national insurance*: pre- and post-natal visits, professional assistance/hospitalisation at birth, breastfeeding counselling, medication, transportation.

• *All work that is potentially dangerous to the health of the mother, the foetus or the baby should be forbidden for pregnant and breastfeeding workers*. Workers should be transferred to another post in case of danger, or stop working temporarily (with pay) if a transfer is not feasible. Moreover, *all work that exposes the male or female worker of reproductive age to substances or particles* potentially harmful to their reproductive functions should be forbidden or modified so that such exposure ceases.

• At the end of her maternity leave, *the worker should have the guarantee that she will return to the same or an equivalent post*, without loss of pay or of other benefits (seniority, etc.).

• *She should not be dismissed during her pregnancy, her maternity leave and for a determined period after the end of her leave (and at least while she is still breastfeeding).*

• In the case of dismissal, *the employer carries the burden of proof* concerning the reason of dismissal.

• *A female worker in the reproductive age should not be discriminated against because she is or may be, pregnant or breastfeeding. An employer should not request a pregnancy test or proof of sterility*, either before or during employment except in very specific cases where the job itself may jeopardise the health of the worker and/or of her foetus or breastfeeding baby.

• *Breastfeeding workers should be entitled to daily paid breastfeeding breaks* of at least 2x30-minutes *(or to a shorter workday) for the whole duration of breastfeeding*. This time should be considered work-time and thus *be paid by the employer*.

• *Breastfeeding facilities should be set up* at the workplace or at the crèche of the enterprise.

• *The State should ensure that employers develop, in consultation with their female workers, family-/baby-/child-friendly policies* that enable workers, both female and male, to balance their work and family responsibilities which can include: written policies, information sharing, flexible schedules, home work, in-house crèches and children's rooms, job sharing, daytime scheduling of meetings, longer breastfeeding breaks, etc.

These elements are all part of a whole and should be considered in their entirety, not separately.

?

CONCLUSIONS

IBFAN supports global human rights statements and instruments with the basis of just and equitable protective labour legislation everywhere, and it commits to defending the full rights of working mothers at all levels of society and in all societies. It, thus, works actively to support governments, communities, workplaces as well as individuals and families towards implementing and enjoying maternity protection measures for all working women.

Though maternity protection legislation for working women differs from one country to the other, it still needs to be improved everywhere. In numerous countries the scope is much too narrow and qualification criteria too strict, thus excluding large groups of workers; in many others, legislated maternity leave is too short or not adequately remunerated, or not for the full period of leave; in still others, breastfeeding breaks simply do not exist... In advocating for improved maternity protection as a working woman's right, the various specific goals have to be prioritised, based on the national or local urgency or feasibility with which they can be met. Analysing the situation will help IBFANers and their allies decide how best to protect working women during maternity and breastfeeding.

However, IBFAN's mission goes far beyond improving the maternity protection measures of female workers alone. The network has come to the point where it needs to widen its purview in this field, to reflect upon and defend the reproductive rights of all women during maternity and lactation. All women, be they working women or not, be they accounted for or not as part of the active population, be their work officially considered of value or not by the State, be they married or single, be they rich or be they poor, have maternity rights and the right to their enjoyment. This is the direction that IBFAN will take in future: from now on, we will be making the obvious step forward – from advocating for 'maternity protection at work' to advocating even more urgently for 'maternity protection for all women'.

a. 54th World health Assembly: WHA54.2, Resolution on Infant and young child nutrition

b. To name but a few: the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979), the Convention on the Rights of the Child (CRC, 1989), the ILO conventions on Maternity Protection (No. 183, 2000), on Social Protection (2012) (http://www.ilo.org/wcmsp5/groups/public/@dgreports/@gender/documents/genericdocument/wcms_114221.pdf).

c. Some women with access to family planning methods opt not to take up their reproductive role.

PART I
A MOTHER'S RIGHTS

MOTHERS' RIGHT TO WORK
WORKERS' RIGHT TO MOTHERHOOD*
THE RIGHT TO MATERNITY PROTECTION

- Maternity protection is essential for mother and baby
- Benefits of breastfeeding
- Women, work and breastfeeding
- Maternity vulnerabilities in the informal economy
- Maternity protection and maternity entitlements: A human right
- Maternity leave and breastfeeding
- Women's agency and breastfeeding
- Other necessary interventions

*A slogan from the Phillippines

A Mother's Rights

MATERNITY PROTECTION IS ESSENTIAL FOR MOTHER AND BABY

Breastfeeding is the natural way of providing infants with nutrition. Research increasingly informs us that breastfeeding protects infants against several diseases both in the short-term and in the long-term.

While there has been significant progress made to reduce child mortality, globally in 2013, 4.5 million infants died within the first year of life. This accounted for 75 percent of all under-five deaths[2]. Approximately 44 percent of these deaths occurred in the first 28 days of life[3]. The majority of deaths are attributable to pre-term complications, asphyxia, and infectious diseases such as pneumonia (17 percent), diarrhoeal diseases (8 percent), and malaria (5 percent).

Pre-term birth is the most common direct cause of neonatal mortality[4] accounting for 1.1 million deaths annually. Known as low-birth weight (LBW) babies, pre-term births and intrauterine growth retardation that cause small for gestation age (SGA) births are important indirect causes of neonatal mortality. Taking care that pregnant women are healthy and get adequate nutrition and rest is crucial to prevent both pre-term and SGA babies. Morbidity and mortality in LBW infants can be prevented by supporting mothers to practice breastfeeding, thermoregulation, infection prevention, and clinical management of illness for pre-term or SGA babies. (http://www.who.int/maternal_child_adolescent/topics/newborn/care_of_preterm/en/)

Adequate maternal nutrition and rest during pregnancy reduces the risk of low birth weight babies[6-7]. Stress during pregnancy has been linked to premature birth[8] and among factors linked to low birth weight babies are inadequate rest and nutrition during pregnancy, and a mother's height and pre-pregnancy weight[9-11]. Low birth weight babies face not only increased risks of prenatal mortality and morbidity; they are more at risk developing non communicable diseases such as diabetes and cardiovascular disease later on in life[12-14].

WHO has identified 'poor infant feeding' as a risk factor for the survival of the child[15]. 53 percent of pneumonia and 55 percent of diarrhoeal deaths are attributable to poor feeding practices during the first six months of life[16]. Various studies published, such as the *Lancet series on child survival, neonatal survival, and maternal and child undernutrition*, reiterate the importance of exclusive breastfeeding for the first six months and continued breastfeeding with appropriate complementary feeding after six months[17-19].

Breastfeeding is linked to reduction in infant mortality, reduced risks of diseases such as obesity, cancer, diabetes among others in later life, and to reduced premature deaths from breast cancer and postpartum haemorrhage in women[20-21]. However, globally, less than 40 percent of children under six months of age are exclusively breastfed[22].

BENEFITS OF BREASTFEEDING

In many countries, it has been shown that formal sector employment is associated with reduced breastfeeding, especially where pregnancy and breastfeeding are not accommodated in workplaces, and mothers lack access to adequate maternity leave and lactation breaks. Given the benefits of breastfeeding for both, the baby and the mother, in the human rights context, babies have the right to get breastmilk, and mothers have the right to breastfeed successfully and practise optimal breastfeeding.

Suboptimal breastfeeding practices are a significant cause of deaths of children under five years of age. Besides saving lives of women, optimal breastfeeding practices reduce malnutrition, promote health and development, and ensure a healthier life to the growing child. WHO's systematic review of the long-term effects of breastfeeding also lists benefits for children in the context of intelligence[23]. A recent published cohort study has also shown benefits related to better performance at employment besides intelligence among breastfed children when they reached adulthood[24].

Economic benefits of breastfeeding

A report by Unicef UK shows that in UK alone, in total, over £17 million could be gained annually by improved rates of breastfeeding which would result in avoiding the costs of treating four acute diseases in infants. Increasing breastfeeding prevalence further would result in even greater cost savings. For the mother, the reduction of premature death and postpartum haemorrhage would result in an incremental benefit of more than £31 million, over the lifetime of each annual cohort of first-time mothers[25].

In addition to the health advantages of breastfeeding for mothers and their children, breastfeeding also results in economic benefits for families, employers, and the nation. A study conducted more than a decade ago estimated that families who followed optimal breastfeeding practices could save more than $1,200–$1,500 in expenditures for infant formula in the first year alone[26]. In addition, better infant health means fewer health related expenditure for the family, less employee time off to care for sick children, and higher productivity, all of which concern employers[27].

Increasing rates of breastfeeding can result in lower healthcare costs nationally. For example, a study conducted in 2001 on the economic impact of breastfeeding for three illnesses—otitis media, gastroenteritis, and necrotizing enterocolitis (NEC)—found that increasing the proportion of children who were breastfed in 2000 to the targets established in *Healthy People 2010*[28] would save an estimated $3.6 billion annually in terms of direct costs (e.g., costs for formula as well as physician, hospital, clinic, laboratory, and procedural fees) and indirect costs (e.g., wages parents lose while caring for an ill child), as well as the estimated cost of premature death[29]. A more recent study found that if 90 percent of families in the United States followed guidelines to breastfeed exclusively for six months, the country would save $13 billion annually from reduced direct medical and indirect costs and the cost of premature death[30].

Despite its importance in women's and children's health, why does breastfeeding face so many challenges?

Women are critical to breastfeeding as only their bodies can produce breastmilk. Yet it is a paradox that breastfeeding is an act that needs

to be negotiated within the contexts of gender, class and socio-economic realities – the realities of women's world.

WOMEN, WORK AND BREASTFEEDING

Women live in a gendered world divided further by economic status, race and in some countries, caste. Despite the progress in recent years, women and girls still account for six out of 10 of the world's poorest people. One in three women faces violence against them in their lifetime. Women are routinely excluded from decisions that affect their lives[31].

In most societies, women, including low-income women, play a double role: the reproductive and the productive role. These roles are usually played simultaneously, and women have to balance the demands of each within their limited time constraints. The responsibilities in each of the spheres often ignore the demands and constraints of the other sphere, and thus further deepen women's secondary status both in the home and in the labour market. In addition, they have to negotiate within cultural, institutional, physical and economic constraints, many of which are rooted in systematic biases and discrimination.

BOX 1

Attaching and Detaching Concurrently

Factors involved in combining breastfeeding and paid work, India

The successful combination of breastfeeding and employment has important implications for maternal and child health as well as for labour markets. Breastfeeding practices have a major public health impact in a country such as India. A qualitative study on combining breastfeeding and paid work in public education and health sector has revealed that in spite of a generous maternity leave of six months, several individual, familial and workplace factors can both hinder as well as facilitate the process of combining breastfeeding and employment. Thus, tension, negotiation and compromise are inherent to the process.

Negotiating the tensions of having to attach and detach concurrently: A qualitative study on combining Breastfeeding and employment in public education and health sectors in New Delhi, India. The analysis of this study of urban Indian mothers working in two public sectors resulted in the development of a model that mapped several categories of factors involved in combining breastfeeding and employment. They are as follows:

Negotiating the tensions of having to attach and detach concurrently: This main category revealed the factors involved in combining breastfeeding and employment. Mothers negotiated the tensions of having to attach to and detach from the infant, the family roles and the workplace. Attaching and detaching could be physical and/or emotional/mental and occur concurrently over the time

period of pregnancy, childbirth, maternity leave and return to work. Negotiation was a process of dialogue and inherent compromise with other people about how to manage the competing interests of the infant, the family roles and the workplace. This implied tensions such as frustration, resentment and guilt when the compromises were too great, but also ful?lment when things worked out well.

Competing interests: The second category delineated the mothers' experiences of managing various needs and interests of the infant, the family, home environment and workplace. This category highlights the holistic context in which combining breastfeeding and employment takes place.

Ensuring trusted care and nutrition at home: One important factor involved in the combination of breastfeeding and employment was that of ensuring trusted care and nutrition at home. This factor encompasses all aspects of infant care, such as feeding, nutrition, bathing, changing, carrying, massaging, and play. Mothers were often willing to sacri?ce their own needs for the rest, nutrition, and personal care for the care of the infant.

Meeting roles and responsibilities in the family: Factors in this category related to role dynamics and cooperation within family members that affected the way women combined breastfeeding and employment. These sometimes infringed upon women's time and priorities. The joint and extended family set-up in many Indian households put a great deal of responsibility on the woman, as daughter-in-law. Household chores and social obligations often continued during the maternity leave period, sometimes competing with breastfeeding. Mothers-in-law were important actors in the joint and extended family arrangement. Their support or lack of support appeared to be critical to the success of combining breastfeeding and employment.

Facing conditions at the workplace: During maternity leave the mothers detached completely from work or tried to maintain their attachment by bringing work home. Detachment from work could be prolonged by applying for additional childcare leave. Returning to work after maternity leave was perceived by these mothers as the most stressful phase. Being at work, a mother's mind might be on her baby, making it difficult to concentrate on her work duties with resulting tension. Despite having access to paid maternity leave for a period of six months, and stipulated rights to breastfeeding breaks at work, they faced unconducive workplace conditions of regulatory/procedural, structural/conditional and attitudinal natures. Feeling discriminated against, let down, and wanting to resign from the job were issues the women in the study spoke about.

'Satis?cing' actions: The interviews revealed a variety of 'satis?cing' actions women took for managing the competing interests. 'Satis?cing' relates to selecting, not necessarily the most optimal tactic, but rather a 'good enough' option. As these women often had a clear goal of, for example, having to ?nd a place and a person who could care for their child once they returned to work, the criteria for satis?cing were ful?lled. These actions can be broadly clustered under anticipatory strategies and troubleshooting tactics.

Anticipatory strategies depended very much on knowledge, expectations and plans that the mother had. They could include working to the very end of pregnancy, breastfeeding exclusively and on demand during maternity leave, adjusting the baby's feeding schedule a few weeks before return to work, or moving the home closer to the workplace. Other anticipatory strategies included ?nding out what regulations exist

regarding leave and maternity bene?ts, negotiating for longer childcare leave and suitable shifts, or by planning to reduce the time spent away from the baby in innovative ways.

Troubleshooting tactics are generally, mothers' expectations in relation to expected support of various types from family members and colleagues at their workplace. However, more support was seemingly expected from the family compared to the workplace. The types of expected support ranged from practical and trusted care of the baby during her absence at work, to being relieved of certain household and workplace obligations. Mothers also had expectations on themselves, from wanting to be the best mother for their baby to being a role model for other mothers they met, either in their work setting or amongst friends.

Dr Shoba Suri,
Policy and Programme Coordinator,
BPNI, India

Full article available at
http://www.midwiferyjournal.com/article/S0266-6138(15)00003-0/abstract

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Midwifery 31 (2015) 473–481.

A woman's reproductive work

This includes domestic tasks like cooking, cleaning, childbearing, rearing, and care as well as maintenance of the workforce (other members of the family), that women do to guarantee the reproduction and maintenance of the labour force. While unrecognised as work and unpaid, this role is crucial for the functioning of the economic system. In this role, the woman is both a consumer, purchasing commodities from the market, as well as a supplier of labour force to the market for a wage; the labour may be her own, or that of the various members of the family (mostly male) she has nurtured. Domestic work often extends itself into tasks such as collecting water and firewood for domestic use; growing and picking vegetables; drying cereals and pulses, and preserving meats for daily meals, or, in the case of landowning classes, cooking and transporting meals for farm labour.

Chronic anaemia and women

In poor households, the overwhelming domestic work invariably translates into chronic anaemia and malnutrition, especially in situations where women's low social status means that they eat last and least. According to a systematic analysis of the global burden of anaemia from 1990 to 2010, the global prevalence of anaemia was 32.9 percent, with iron-deficiency being the single most important cause[32]. The study found an increase in the already striking magnitude of the gender gap in the prevalence of anaemia with women having a higher prevalence and mean severity of anaemia in all regions throughout adulthood[32]. New agricultural technologies, international trade in commodities and food including aggressive advertising have resulted often

in the disappearance or devaluation of several cheap and freely available indigenous foods that could improve women's nutritional status at little cost.

Inadequate nutrition is often compounded by heavy work that continues into the last trimester of pregnancy. This when the need for adequate nutrition is greatest. In many parts of the world, cultural taboos on food during pregnancy also contribute to some extent towards intensifying the problem of malnutrition and anaemia.

A woman's productive work

The term 'productive work' is usually linked to work that is paid in cash or kind; the 'productive' nature of reproductive work is ignored. Globally, women represent only 40.8 percent of the total workforce in the formal economy[33]. Though women perform 66 percent of the world's work, including producing 50 percent of the food, they earn only 10 percent of the income[34], averaging less than 78 percent of the wages given to men for the same work outside of the agricultural sector[35]. They account for 70 percent of the people living on less than a dollar a day[36].

Women work mainly in the informal economy, often at its most marginalised end. *The Millennium Development Goals Report 2014* notes that more women than men are in vulnerable employment in developing regions, with the largest gender gaps being in Africa and Oceania[37]. Women tend to spend fewer hours in remunerative work, primarily because of the unpaid care work they have to do. This also often restricts them to own-account or home based work, often for longer hours and lower income.

BOX 2

The Invisibility of Women's Economic Work and its Consequences

Breastfeeding and women's work 'counting for nothing'

In 1988, a New Zealand feminist, Marilyn Waring, published a classic book called *Counting for Nothing*, which used the example of breastfeeding and human milk production to scathingly critique the gender bias in how the United Nations measures the economy. Excluding unpaid household and subsistence work from key economic measures in the UN System of National Accounts (SNA) such as Gross Domestic Product (GDP), renders this important economic work women do politically invisible. Waring argued that unpaid work—including reproductive and care work such as breastfeeding—should be 'counted' in GDP. Despite some improvements in 1993, the worldwide statistical system for measuring and comparing economic activity still excludes the economic value of most unpaid work.

Accounting for the time costs of breastfeeding

Failing to properly account for the value of women's time distorts public policies and results in long-term economic loss, as it results in governments favouring formal employment and the market economy over economically valuable but unpaid care work and maternal nourishment of infants and children. The failure to value breastfeeding is part of a worldwide pattern of undervaluing (and under-resourcing) women's economic contribution. As Waring observed, “an inadequately fed infant is a cost to the health system..., to the education system (because of brain development), and to society generally”. Economic experts

increasingly acknowledge the crucial, unmeasured role of families in building the 'human capital' that expands national economies. Leading economists have demonstrated the economic importance of early investments in children, including quantifying how the cumulative effects of early childhood experiences influence development of cognitive skills, socio-emotional functioning and health, and how this measurably affect later life earnings and productivity.

'Time' is important to understanding that some mothers cannot afford to breastfeed, or 'rationally' decide not to. Earlier studies of time use in developing countries such as the Philippines and Egypt have shown that mothers' time must be taken into account in developing and implementing child health and nutrition policies. Where transport is poor, and modern retailing lacking, breastfeeding saves mothers time in acquiring milk powder, and preparing breastmilk substitutes. However, as economies and food systems develop and modernise and commercial baby food and milk formula becomes more accessible and heavily marketed, this balance changes.

An Australian survey of 156 new mothers found that having an infant added 44 hours a week to a woman's unpaid workload, and revealed the high time-cost of breastfeeding in an urbanized, developed country setting. Exclusive breastfeeding of infants aged 6 months took around 17-20 hours a week. This was much more than that spent by mothers of partially breastfed or formula-fed infants. Importantly, another Australian study of more than 2000 babies showed that breastfed infants also spent more time being cuddled or held, activities which are beneficial to child development.

For mothers without adequate family support, early weaning from breastfeeding may be perceived to give them more time, whether for leisure, housework, personal care or employment. This may more than compensate for extra costs of commercial baby food and time spent obtaining healthcare for a sick baby. A recent US study also argued that breastfeeding mothers suffered greater earning losses than other mothers due to longer labour force withdrawal.

Although some blame breastfeeding for preventing mothers earning, the true picture is more complex. Factors such as travel time and distance to work, poor employment conditions, and unsupportive workplace arrangements may determine whether employed mothers can maintain breastfeeding. Women may not have any real decision-making power over infant feeding if they are to earn a living; it is not simply a matter of personal choice nor biology.

Breastfeeding, maternity protection and economic justice for women

Partly because the value of women's unpaid work is not highlighted in economic statistics, the time women need for breastfeeding is not considered in their workload, and governments fail to give attention to policies to protect their valuable production of human milk. Hence, there is a worldwide lack of maternity leave or entitlements to protect women from the time pressures of combining their care work with income earning and subsistence activities. Extraordinarily, the 2014 meeting of the G20 countries declared an intention to reduce the gap between men and women in paid labour force participation, without also committing to reducing the gender disparity in unpaid work burdens, or the inequality in women's wages, or to improve maternity protection and breastfeeding facilities for the world's hard working new mothers.

Research in Canada, the US and the UK shows that breastfeeding rates are

increased by extending the length of paid maternity leave. Australia's 2011 paid maternity leave scheme was also found to result in longer breastfeeding duration. On the other hand, breastfeeding was reduced by US welfare reforms, which encouraged return to work by the time the infant was 12 weeks old.

There is a need to make more visible the links between pursuing economic justice for women and the economic aspects of breastfeeding and maternity protection. One feminist has pointed out that promoting breastfeeding as free or costless has been 'a convenient tool used by states to avoid responsibility for taking on more costly solutions to children's and women's health' (Rippeyoung, 36). Though governments claim to lack revenue, many provide subsidies for milk formula use, and give generous fiscal and tax concessions which create inequity and disincentives for women to take maternity leave and care for their infants and young children.

It is also important to understand that this double burden of paid and unpaid work on mothers—and the time pressures and other stresses which it produces—leaves women vulnerable to exploitation by baby food companies. These companies heavily market breastmilk substitutes and baby products to busy mothers. Their market strategies for increasing sales of milk formula or highly processed complementary (weaning) foods are closely focused on the rising labour force participation of women in emerging economies of Asia and the Pacific. There is an urgent need to confront the formula feeding epidemic that is arising in the new era of trade and investment liberalisation.

Dr Julie P Smith,
Fellow, Australian Centre for Economic Research on Health, College of Medicine, Biology and the Environment, Australian National University.

Time used in childcare

Studies by Popkins, Greiner et al, and Huffman found that breastfeeding mothers held their babies for 2-3 hours every day, in comparison with less than an hour in the case of bottle-feeding mothers[38]. Smith and Elliot[39], analysing data from a nationwide time use survey of new mothers in Australia to understand the intensive time and other demands of the infant on a new mother, found that new mothers on an average spend

- 54 hours a week on sleep, of which 5-6 hours are sleepless;
- 14 hours a week on housework;
- 14 hours a week on recreation/leisure;
- 11 hours a week on feeding the baby;
- 7 hours a week on soothing and settling the baby;
- 8 hours a week each on social activities and playing with the baby;
- 5-6 hours a week each on cooking , personal care, physical care of children, shopping, and so on;
- 4 hours a week each on employment, supervising children, and eating/drinking alone or with partner.

For mothers with a newborn baby, the time off from any childcare responsibility was one hour a week; and those with older infants, it was 2-3 hours a week.

MATERNITY VULNERABILITIES IN THE INFORMAL ECONOMY

Traditionally, the informal sector has been viewed as one where those unable to find employment in the formal sector find ways and means to earn a

livelihood. In 2003, the 17th International Conference of Labour Statisticians expanded the categories of work covered under the term 'informal economy'[40] to include:

- Own-account workers (self-employed with no employees) in their own informal sector enterprises;
- Employers (self-employed with employees) in their own informal sector enterprises;
- Contributing family workers, irrespective of type of enterprise;
- Members of informal producers' cooperatives (not established as legal entities);
- Employees holding informal jobs as defined according to the employment relationship (in law or in practice, jobs not subject to national labour legislation, income taxation, social protection or entitlement to certain employment benefits (paid annual or sick leave, etc.);
- Own-account workers engaged in production of goods exclusively for own/ final use by their household.

Trade liberalisation and the demands of a market economy are resulting in increasing unemployment in developing and transition economies[41] and increasing informalisation of women's labour as well. In 2013, the informal economy accounted for 56 percent of all employment in developing regions[42-43]. According to the *Millennium Development Goals Report 2014*, the informal economy accounts for 60 percent of women workers, ranging from 31 percent in Western Asia to 85 percent in Sub-Saharan Africa and 80 percent in Oceania and Southern Asia[37]. The period 2008-2013 also saw a slowdown in the rate of reduction of this sector globally than the preceding five-year period; in fact, the proportion of such workers increased in the Latin America Caribbean (LAC) region. The move towards vulnerable or precarious work is also visible in developed countries of the European Union[44]. The Queen's Speech 2014 made a reference to "improve the fairness of contracts for low paid workers'[45] by 'strengthen[ing] UK Employment Law by [...] cracking down on abuse in zero hours contracts'[46].

While not all those working in the informal economy are poor, the majority are. They have little or no choice in the nature of the work they do, or in altering the conditions of work.

A key feature of the informal economy is the lack of social protection and welfare measures, including maternity entitlements. It is not surprising, therefore, that in very poor households, especially in economies where the mother has to carry out tasks like fetching water and firewood, productive work and reproductive work vie with each other, and often time poor women have to weigh the opportunity cost of giving up work for breastfeeding and childcare with income from employment.

MATERNITY PROTECTION AND MATERNITY ENTITLEMENTS: A HUMAN RIGHT

Acknowledging the multiple roles of women, especially their reproductive role, and the obligations of society to offer social services to women, the *Universal Declaration of Human Rights* and the *International Convention on Economic, Cultural and Social Rights* have recognised maternity protection as a fundamental human right. *The Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW) has proclaimed the provision of maternity protection and childcare as essential rights that will allow women to combine family responsibilities with work and participation in public life. Besides

the Preamble, Art. 4 of CEDAW makes a special note that maternity protection measures is not regarded as gender discrimination *The Convention on the Rights of the Child* has put the onus on the State to 'ensure the development of institutions, facilities and services for the care of children' and make them available to all children. (see box 3)

Box 3

Human Rights Treaties and Maternity Protection

Universal Declaration of Human Rights (UDHR), 1948
Art. 25(2): Motherhood and childhood are entitled to special care and assistance.

International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966
Art. 10(2): Special protection should be accorded to mothers during a reasonable period before and after childbirth. During such period, working mothers should be accorded paid leave or leave with adequate social security benefits.

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), 1979
Preamble: Women's right to non-discrimination, including in maternity: leading implicitly to maternity protection at work, to paternity and parental leave, and to understanding society's responsibility towards women vis-à-vis maternity.

Art. 11: Non-discrimination in employment; health and safety at work; prohibits dismissal during pregnancy and maternity leave; maternity leave with pay; services enabling women to combine family obligations and work (child-care facilities); protection against work harmful during pregnancy.
(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular: [...]
(f) The right to protection of health and safety in working conditions, including the safeguarding of the function of reproduction.
(2): In order to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work, States Parties shall take appropriate measures:
(a) To prohibit, subject to the imposition of sanctions, dismissal on the grounds of pregnancy or of maternity leave and discrimination in dismissals on the basis of marital status;
(b) To introduce maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances;
(c) To encourage the provision of the necessary supporting social services to enable parents to combine family obligations with work responsibilities and participation in public life, in particular through promoting the establishment and development of a network of child-care facilities;
(d) To provide special protection of women during pregnancy in types of work proved to be harmful to them.

Art. 12.2: ...States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

Convention on the Rights of the Child (CRC), 1989
Art. 18(2): For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.

Art. 18(3): States Parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible.

The *Innocenti Declaration* of 1990 set the creation of legislation for maternity protection as a specific target; in 2005, the *Declaration* reiterated this demand. The *Global Strategy for Infant and Young Child Feeding* (2003) made a specific demand to enact legislation that extended maternity protection to women in the informal economy, specifying that women in paid employment should be provided with paid maternity leave, part-time work arrangements, on-site crèches, facilities for expressing and storing breast-milk and breastfeeding breaks. (see boxes 4 and 5)

BOX 4

Global Strategy for Infant and Young Child Feeding and Maternity Protection

Paragraph 4: Scope
Maternity protection legislation should include all working women in agricultural, formal and informal sectors.
Paragraph 12: Specific measures of protection
Women in paid employment can be helped to continue breastfeeding by being provided with minimum enabling conditions, for example, paid maternity leave, part-time work arrangements, on-site crèches, facilities for expressing and storing breastmilk and breastfeeding breaks.
Paragraph 28: Role of governments
Mothers should also be able to continue breastfeeding and caring for their children after they return to paid employment. This can be accomplished by implementing maternity protection legislation and related measures consistent with ILO Maternity Protection Convention, 2000 No. 183 and Maternity Protection Recommendation, 2000 No. 191.

Maternity leave, day-care facilities and paid breastfeeding breaks should be available for all women employed outside the home.
Paragraph 34: National legislation
A comprehensive national policy, based on a thorough needs assessment, should foster an environment that protects, promotes and supports appropriate infant and young child feeding practices...

For protection: Adopting and monitoring application of a policy of maternity entitlements, consistent with the ILO Maternity Protection Convention and Recommendation, in order to facilitate breastfeeding by women in paid employment, including those whom the standards describe as engaging in atypical forms of dependent work, for example part-time, domestic and intermittent employment...

Paragraph 45: Role of employers and trade unions

Employers should ensure that maternity entitlements of all women in paid employment are met; including breastfeeding breaks or other workplace arrangements, for example, facilities for expressing and storing breastmilk for later feeding by a caregiver to facilitate breastmilk feeding once paid maternity leave is over. Trade unions have a direct role in negotiating adequate maternity entitlements and security of employment for women of reproductive age.

Paragraph 46: Child-care facilities

Other groups:...child-care facilities, which permit working mothers to care for their infants and young children, should support and facilitate continued breastfeeding and breastmilk feeding.

Paragraph 48: International organizations

Specific contributions of international organizations to facilitate the work of governments include the following:...to support policy development and promotion;...advocating ratification of ILO Maternity Protection Conventions, 2000 No. 183 and application of Recommendation 2000 No. 191, including women in atypical forms of dependent work.

BOX 5

Innocenti Declarations, 1990 and 2005

Operational targets (1990)

Target 4: Enact imaginative legislation protecting the breastfeeding rights of working women and establish means for its enforcement.

Innocenti Declaration on Infant and Young Child Feeding, 2005

It reinforced the original four targets which were as follows

1. Appoint a national breastfeeding coordinator with appropriate authority, and establish a multisectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organisations, and health professional associations.
2. Ensure that every facility providing maternity services fully practises all the "Ten steps to successful breastfeeding" set out in the WHO/ UNICEF statement on breastfeeding and maternity services.
3. Give effect to the principles and aim of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions in their entirety.
4. Enact imaginative legislation protecting the breastfeeding rights of working women and establish means for its enforcement. Five additional operational targets:

And adopted five new ones including target 9. They are:

5. Develop, implement, monitor and evaluate a comprehensive policy on infant and

young child feeding, in the context of national policies and programmes for nutrition, child and reproductive health, and poverty reduction. 6. Ensure that the health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require – in the family, community and workplace – to achieve this goal. 7. Promote timely, adequate, safe and appropriate complementary feeding with continued breastfeeding. 8. Provide guidance on feeding infants and young children in exceptionally difficult circumstances, and on the related support required by mothers, families and other caregivers. 9. Consider what new legislation or other suitable measures may be required, as part of a comprehensive policy on infant and young child feeding, to give effect to the principles and aim of the International Code of Marketing of Breast-milk Substitutes and to subsequent relevant Health Assembly resolutions.

Maternity entitlements emerge from the fundamental human right of maternity protection. Entitlements require government action either in the form of creating and enforcing legislation, or provision of services or both.

Maternity protection has been a core issue at the International Labour Organization (ILO) since its establishment. Three Conventions on maternity protection have so far been adopted – No. 3 in 1919, No. 103 in 1952 and No. 183 in 2000, which have expanded maternity entitlements of working women. Further, Part VIII of the Social Security (Minimum Standards) Convention, 1952 (No. 102) also covers maternity entitlements to provision of healthcare and cash benefits to replace lost income.

Convention No. 183 (C183), which covers all employed women, including those in atypical forms of dependent work, includes[47]:

- **Leave:** A minimum of 14 weeks of maternity leave, including six weeks of compulsory post-natal leave;
- **Benefits:** Cash benefits during leave of at least two-thirds of previous or insured earnings provided from social insurance or public funds; adequate cash benefits out of social assistance funds for women who do not meet qualifying conditions.
- **Medical care:** Access to medical care, including pre-natal, childbirth and post-natal care, as well as hospitalisation when necessary;
- **Health protection:** the right of pregnant or nursing women not to perform work prejudicial to their health or that of their child;
- **Employment protection:** Insulating women from discriminatory employment decisions during pregnancy, whilst on maternity leave or whilst nursing.
- **Breastfeeding:** minimum of one daily break, with pay.

ILO Recommendation 191 (R191) extends the entitlements, and specially mentions the provision of breastfeeding facilities. For instance, a recommendation on maternity leave seeks to extend the period of paid leave to 18 weeks. Item 6 on Health Protection introduces the idea of risk assessments of and elimination of risk at the places where pregnant or lactating women work, paid leave if transfer to a safer place of work is not possible, detailed definitions of arduous and hazardous work, and so on. Item 10 extends the scope of maternity protection to adoptive parents. Table 1 gives a detailed comparison of C183 and R191.

TABLE 1

SELECTED CLAUSES OF ILO CONVENTION 183 AND RELATED ILO RECOMMENDATION 191

SCOPE

ILO Convention I83 Article 1

For the purpose of this Convention, the term woman applies to any female person without discrimination whatsoever and the term child applies to any child without discrimination whatsoever.

ILO Recommendation 191 Item 10

(9) Where national law and practice provide for adoption, adoptive parents should have access to the system of protection offered by the Convention, especially regarding leave, benefits and employment protection

ILO Convention I83 Article 2

1) This Convention applies to all employed women, including those in atypical forms of dependent work.
2) However, each Member which ratifies this Convention may, after consulting the representative organizations of employers and workers concerned, exclude wholly or partly from the scope of the Convention limited categories of workers when its application to them would raise special problems of a substantial nature.
3) Each Member which avails itself of the possibility afforded in the preceding paragraph, shall, in its first report on the application of the Convention under article 22 of the Constitution of the International Labour Organization, list the categories of workers thus excluded and the reasons for their exclusion. In its subsequent reports, the Member shall describe the measures taken with a view to progressively extending the provisions of the Convention to these categories.

HEALTH PROTECTION

ILO Convention I83 Article 3

Each Member shall, after consulting the representative organizations of Employers and workers, adopt appropriate measures to ensure that pregnant or breastfeeding women are not obligated to perform work which has been determined by the component authority to be prejudicial to the health of the mother or the child, or where an assessment has established a significant risk to the mother's health or that of her child.

ILO Recommendation 191 Item 6

(1) Members should take measures to ensure assessment of any workplace risks related to the safety and health of the pregnant or nursing woman and her child. The results of the assessment should be made available to the woman concerned.
(2) In any of the situations referred to in Article 3 of the Convention or where a significant risk has been identified under subparagraph (1) above, measures should be taken to provide, on the basis of a medical certificate as appropriate, an alternative to such work in the form of:
a) elimination of risk;
b) an adaptation of her conditions of work;
c) a transfer to another post, without loss of pay, when such an adaptation is not feasible; or
d) paid leave, in accordance with national laws, regulations or practice, when such a transfer is not feasible.
(3) Measures referred to in subparagraph (2) should in particular be taken in respect of:
a) arduous work involving the manual

lifting, carrying, pushing or pulling of loads;
b) work involving exposure to biological, chemical or physical agents which represent a reproductive health hazard;
c) work requiring special equilibrium;
d) work involving physical strain due to prolonged periods of sitting or standing, to extreme temperatures, or to vibration.
(4) A pregnant or nursing woman should not be obliged to do night work if a medical certificate declares such work to be incompatible with her pregnancy or nursing.
(5) The woman should retain the right to return to her job or an equivalent job as soon as it is safe for her to do so.
(6) A woman should be allowed to leave her workplace, if necessary, after notifying her employer, for the purpose of undergoing medical examinations relating to her pregnancy.

MATERNITY LEAVE

ILO Convention 183 Article 4
1) On production of a medical certificate or other appropriate certification, as determined by national law and practice, stating the presumed date of childbirth, a woman to whom this Convention applies shall be entitled to a period of maternity leave of not less than 14 weeks.
4) With due regard to the protection of the health of the mother and that of the child, maternity leave shall include a period of six weeks' compulsory leave after childbirth, unless otherwise agreed at the national level by the government and the representative organizations of employers and workers.

ILO Recommendation 191 Item 1
MATERNITY LEAVE
(1) Members should endeavour to extend the period of maternity leave referred to in Article 4 of the Convention to at least 18 weeks.
(2) Provision should be made for an extension of the maternity leave in the event of multiple births.
(3) To the extent possible, measures should be taken to ensure that the women is entitled to choose freely the time at which she takes any non-compulsory portion of her maternity leave, before or after childbirth.

LEAVE IN CASE OF ILLNESS OR COMPLICATIONS

ILO Convention 183 Article 5
On production of a medical certificate, leave shall be provided before or after the maternity leave period in the case of illness, complications or risk of complications arising out of pregnancy or childbirth. The nature and the maximum duration of such leave may be specified in accordance with national law and practice.

ILO Recommendation 191 Item 10
Related Types of Leave
(1) In the case of death of the mother before the expiry of postnatal leave, the employed father of the child should be entitled to take leave of a duration equal to the unexpired portion of the postnatal maternity leave.
(2) In the case of sickness or hospitalization of the mother after childbirth and before the expiry of postnatal leave, and where the mother cannot look after the child, the employed father of the child should be entitled to leave of a duration equal to the unexpired portion of the postnatal maternity leave, in accordance with national law and practice, to look after the child.
(3) The employed mother or the employed father of the child should be entitled to parental leave during a period

following the expiry of maternity leave.
(4) The period during which parental leave might be granted, the length of the leave and other modalities, including the payment of parental benefits and the use and distribution of parental leave between the employed parents, should be determined by national laws or regulations or in any manner consistent with national practice.

FINANCING BENEFITS

ILO Convention 183 Article 6
8) In order to protect the situation of women in the labour market, benefits in respect of the leave referred to in Articles 4 and 5 shall be provided through compulsory social insurance or public funds, or in a manner determined by national law and practice. An employer shall not be individually liable for the direct cost of any such monetary benefit to a woman employed by him or her without that employer's specific agreement except where:
(a) such is provided for in national law or practice in a Member State prior to the date of adoption of this Convention by the International Labour Conference; or
(b) it is subsequently agreed at the national level by the government and the representative organizations of employers and workers.

ILO Recommendation 191 Item 4
Any contribution due under compulsory social insurance providing maternity benefits and any tax based upon payrolls which is raised for the purpose of providing such benefits, whether paid by both the employer and the employees or by the employer, should be paid in respect of the total number of men and women employed, without distinction of sex.

EMPLOYMENT PROTECTION AND NON-DISCRIMINATION

ILO Convention 183 Article 8
1) It shall be unlawful for an employer to terminate the employment of a woman during her pregnancy or absence on leave referred to in Articles 4 or 5 or during a period following her return to work to be prescribed by national laws or regulations, except on grounds unrelated to the pregnancy or birth of the child and its consequences or nursing. The burden of proving that the reasons for dismissal are unrelated to pregnancy or childbirth and its consequences or nursing shall rest on the employer.
2) A woman is guaranteed the right to return to the same position or an equivalent position paid at the same rate at the end of her maternity leave.

ILO Recommendation 191 Item 5
(1) A woman should be entitled to return to her former position or an equivalent position paid at the same rate at the end of her leave referred to in Article 5 of the Convention. The period of leave referred to in Articles 4 and 5 of the Convention should be considered as a period of service for the determination of her rights.

BREASTFEEDING MOTHERS AND BREASTFEEDING FACILITIES

ILO Convention 183 Article 10
1) A woman shall be provided with the right to one or more daily breaks or a daily reduction of hours of work to breastfeed her child.
2) The period during which nursing breaks or the reduction of daily hours of work are allowed, their number, the duration of nursing breaks and the procedures for the reduction of daily

hours of work shall be determined by national law and practice.
These breaks or the reduction of daily hours of work shall be counted as working time and remunerated accordingly.

ILO Recommendation 191 Items 7 and 8

(7) On production of a medical certificate or other appropriate certification as determined by national law and practice, the frequency and length of nursing breaks should be adapted to particular needs.
(8) Where practicable and with the agreement of the employer and the woman concerned, it should be possible to combine the time allotted for daily nursing breaks to allow a reduction of hours of work at the beginning or at the end of the working day.

ILO Recommendation 191 Item 9

Where practicable, provision should be made for the establishment of facilities for nursing under adequate hygienic conditions at or near the workplace.

MATERNITY LEAVE AND BREASTFEEDING

Several studies have shown the link between postnatal leave and breastfeeding, particularly exclusive breastfeeding. A study from Ethiopia has concluded that employed mothers were less likely to breastfeed exclusively, necessitating the need for creating an enabling environment and implementing policies for exclusive breastfeeding at the workplace[48]. A recent international ecological study[49] demonstrated that national policies guaranteeing breastfeeding breaks in the workplace were associated with an increase of 7.7 percentage points in the rate of exclusive breastfeeding of infants less than six months of age in countries where the share of females in the labour force is higher.

A study from South Carolina[50] found that compared with those returning to work within one to six weeks, women who had not yet returned to work had greater odds of initiating breastfeeding, continuing any breastfeeding beyond six months, and predominant breastfeeding beyond three months. Women who returned to work at or after 13 weeks postpartum had higher odds of predominantly breastfeeding beyond three months. Another study from California has revealed that a post-delivery maternity leave of six weeks or less or six to 12 weeks after delivery was associated, respectively, with a four times and two-times higher odds of failure to establish breastfeeding and an increased probability of cessation after successful establishment[51]. Staehelin et al conducted a review of literature on the length of maternity leave and health of mothers and children to evaluate the Swiss situation with regard to the maternity leave policy implemented in 2005[52]. They concluded that there was a

positive association between the length of maternity leave and the mother's mental health and breastfeeding duration. A Brazilian study carried out in 2008 with a sample of 15,315 children under six months of age noted that of the 37.2 percent of children were exclusive breastfed; according to maternal employment, availability of maternity leave accounted for 54.6 percent of these children while lack of maternity leave entitlement accounted for 25.6 percent, clearly indicating the role of maternity leave in enabling working women to exclusively breastfeed their babies[53].

WOMEN'S AGENCY AND BREASTFEEDING

As noted above, care of infants, especially exclusive breastfeeding is time consuming. Can women exercise agency in their infant feeding decisions? That is, can they turn their intentions into successful action? While many women breastfeed, it is often at the expense of losing work-time or income earning opportunities. For women who work outside the home, there is invariably a potential conflict between breastfeeding and her ability to juggle and maintain the balance between demands of work and family. Neither employers nor public policy adequately recognise mothers' needs, or support their family responsibilities. Many new mothers face resiliency challenges such as role overload, family stress, challenges of combining breastfeeding with professional workload, financial and psychosocial issues when they return to work[54].

Studies from across the world have shown that maternity leave, especially paid leave and breastfeeding breaks, can enhance rates of exclusive breastfeeding[55]. However, while the availability of maternity protection is an important facilitator for breastfeeding, it is alone not sufficient to influence a woman's decision whether to breastfeed or not; several other factors act as either barriers to or enablers for breastfeeding.

BOX 6

Women's Agency and Breastfeeding

Findings from a qualitative study, India

Women's agency, or intentional actions, in combining breastfeeding and employment is significant for health and labour productivity. Previous research from India has shown that mothers use collaborative strategies to choose 'good enough' tactics to combine breastfeeding and employment demands. *A qualitative study among health workers in New Delhi, India* has shown that women's agency to combine breastfeeding and employment depends on various factors. Factors that have implications for supportive health and workplace services. The 'agency' features and elements are complex, dynamic and involve family members. A big part of agency comprises intentionality, forethought, self-reactiveness and self-reflectiveness.

What emerged as elements of *intentionality* in the analysis were: type and duration of breastfeeding / infant feeding, care of baby during working hours; the importance of knowledge/experience and commitment; timing of when intentions were

formed; and proxy setting. Intentions are firmly grounded in the knowledge of the importance of breastfeeding, good nutrition and the individual's own professional experience. Some participants, but not all exhibited intentions with a firm commitment and the crafting of concrete plans to achieve their goal. Intentions may have formed as early as during pregnancy; they may have been reaffirmed later on or revised depending on the situations or challenges faced.

Forethought includes elements of temporality, knowledge or experience as a reference point, mental and physical preparedness, considering the consequences of various actions and the importance of their jobs. As all women interviewed were first time mothers the lack of previous experience or reference point could have been an issue. Theoretical knowledge is, thus, not always enough to make substantive plans. The mental preparedness of having to separate from the baby and physical preparedness such as expression of breastmilk, adjusting the feeding or sleep patterns was of concern. *Forethought* is also considering different options available and weighing pros and cons. It encompasses the motivation to return to work. The role of husband and mother-in-law in discussing various options appeared to be a prominent factor.

Self-reactiveness includes collaboration, timing and prioritising tasks, being the driver/initiator, working within the system and trying to push the limits of the system. Most of these actions required collaboration—with mother-in-law, husband or other family members—to be implemented. *Reactiveness* can start as early as pregnancy and can include prioritising tasks to be able to spend as much time as possible with the baby during the maternity leave.

Several elements of *self-reflectiveness* give the perspective and the unique experience of women becoming a mother and forging the bond with their baby. The importance of their own knowledge and skills about breastfeeding and how to manage scheduling breastfeeds upon return to work, breastmilk expression and complementary feeding were prominent elements.

Four distinct approaches emerged, with which women who were interviewed exercised 'agency' to manage baby care and employment.

1. *All within my stride or the knowledgeable navigator*: "I had help from my mother and there were hardly any factors that hampered, I could easily switch back to work.... It basically went as I planned." (Preeti)

2. *Much harder than expected, but ok overall*: "We didn't know that so many problems will come...will have to be dependent on breastfeeding... and also have to do the job... and 6 months after all is not so long a duration that it won't end" (Gaura)

3. *This is a very lonely job*!: "My mother-in-law once said, 'You are not the only one who is bringing up children, we have also done that... it's not such big task'.... Most of the things i manage on my own nobody else helps." (Priya)

4. *Out of my control*: "Things don't work as per plan...i thought that someone will take care of the baby but then i was more stressed... my pregnancy was very traumatic emotionally....i saw the loss of my father... then i had to stay back with

my mother; she was all alone so i took the [maternity] leave earlier... [leaving her with only two months' postnatal maternity leave]." (Mukta)

Dr Shoba Suri
Policy & Programme Coordinator, BPNI, India

Full article available at http://www.ncbi.nlm.nih.gov/pubmed/25108676

Amal Omer-Salim, Shoba Suri, Jai Prakash Dadhich, Mohammad Moonis Akbar Faridi, Pia Olsson. *Theory and social practice of agency in combining breastfeeding and employment: A qualitative study among health workers in New Delhi, India.* Women and Birth 27 (2014) 298-306

Box 6a

Wet Nursing – A Possible Option for Optimal Breastfeeding

Wet nursing, as a mother-to-mother support intervention, is a possible option for ensuring exclusive breastfeeding. Once common throughout the world, this practice fell into disuse; however, it is now re-emerging as a practical intervention for the working woman. For the wet nurse, often a lactating woman, this is valuable paid work; at other times, she is paid for in kind with family foods.

Ines Fernandez
Coordinator, IBFAN Southeast Asia

Several studies[56-58] have concluded that maternity support at workplace requires four elements: time, space, person and policy. They recommend that there should be a written policy supporting breastfeeding; staff should be taught about the importance of support to breastfeeding; women should be given space and flexi-time to breastfeeding or to express breastmilk to maintain production. They further suggest that employers need to give women flexible opportunities to resume work – such as working from home, tele-working, and part-time work. Workplaces should provide childcare services and that employers could also provide high quality breast pumps or subsidise them. A very important service they could provide is professional lactation counselling for working mothers.

BOX 7

Banking on Human Milk

True story of how a bank championed the cause of maternity, Philippines

Back in 2008, first and foremost in my mind when i was about to go back to work after having my first-born Naima, was whether i would have the opportunity to express milk. Naima was fully breastfed. Even if i went back to full-time work when she was already 7 months old, i still intended to continue providing her with breastmilk.

Fortunately, i had a very supportive boss in the person of former Philippine Press Secretary, Ignacio R. Bunye. He had been appointed as member of the Monetary Board of the BangkoSentralngPilipinas (BSP The Central Bank of the Philippines, the

country's central monetary authority) and was looking for a Chief of Staff. I applied for the position and during the job interview, i informed him of my intention and requested that i be allowed to express milk every 3 hours while at the office. Mr Bunye agreed and let me use his refrigerator to store my expressed milk.

During my first 6 months, i religiously expressed milk in the office. I met a fellow breastfeeding mom, Claire Mogol, who shared with me how she had to express milk in their stockroom since BSP had no lactation room. Claire and i put our heads together and recognised the importance of setting up lactation rooms in the workplace. I had also been just accredited as a Lactation, Attachment, Training, Counselling Help (LATCH) certified peer counsellor then.

Claire and I also recognised the importance of promoting breastfeeding awareness in our workplace. Hence, we emailed the head of our facilities management, then Deputy Governor (now Monetary Board Member) Armando L Suratos and asked for his support and permission to hold a Breastfeeding Awareness Seminar at the BangkoSentral (BSP). We were very fortunate that he supported our efforts.

Initially, we were unsure which department to approach – the Health Services Office or the Human Resource Management Department (HRMD). We were eventually led to our HRMD's Wellness Department. With the support of the Wellness staff, Ms Daisy Sanchez, Ms Ada Marie Cruz and Ms Cynthia Gencianeo, Claire and i successfully organised the first BSP Breastfeeding Awareness Festival in 2009. Aimed at promoting awareness among the employees, we had talks on the importance of breastfeeding, how to continue breastfeeding while working, nutrition of breastfeeding mothers, and how dads can support their partners in breastfeeding.

It was also in 2009 that the first lactation room in BangkoSentral was established. However, considering that the BSP main office has more than 3,000 employees, having just one lactation room was not enough. In 2010, a second lactation room was set up. The lactation rooms used to be female executive toilets. The toilet bowls were removed and the rooms were outfitted with tables and chairs. Meanwhile, the breastfeeding moms organised themselves and purchased additional equipment such as electric kettles, magazine holders and the like.

The Wellness Department has been very supportive and continues to hold breastfeeding classes and workshops during our 'Lunch Learning Sessions' activities. Meanwhile, since Claire also obtained her LATCH certification, we volunteered to share breastfeeding information and advice to our fellow mothers in BSP.

I am proud to say that even before the passage of the Republic Act No. 10028 or the Expanded Breastfeeding Law of 2009, BSP was ahead in setting up lactation rooms and informational activities. With the issuance of the Implementing Rules and Regulations which detailed the requirements of a lactation policy, Claire and i worked with the HRMD's Wellness Department for BSP to have its own lactation policy.

It took several meetings and discussions and finally, in August 2013, the BSP Lactation Policy was issued. However, our work is not finished. The median age of BSP employees is now lower, which means that there are younger employees being hired. Hence, we foresee the increase in mothers, requiring the establishment of more lactation rooms or stations.

Interestingly, because of the lactation rooms, BSP now has two informal mother communities, comprising of the moms who use different lactation rooms. These moms have become a support group and even conduct outreach programmes

such as visiting the Grace to be Born orphanage in Pasig, to educate the mothers there about breastfeeding.

Fondly called 'LR Moms,' the group also conducts 'milk drives' by collecting breastmilk donations. Aside from donating to UP-PGH Milk Bank, the LR Moms have donated to babies of fellow BSP employees who are in need of breastmilk. Indeed, BSP is not just the bank of all banks but has also become a 'bank for human milk.'

Atty. Jennifer Joy C. Ong
Peer Counselor, LATCH (Lactation, Attachment, Training, Counselling Help), Philippines

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Box 8

Nurturing Leaders

How workers in the informal economy asked for and got lactation rooms, Philippines

ALLWIES - Alliance of Leaders of Workers in the Informal Economy/Sector—comprises 37 leaders representing federations of informal sector workers throughout the country—including vendors, transport drivers, waste pickers, etc. In 2014 they attended the Breastfeeding Peer Counselling Trainings using Arugaan authored *Manual on Peer Counselling*. Since then they have started the Lactation Management Program focusing on maternity protection for workers in the informal sector. Two groups amongst them are outstanding.

PARE is the name of the garbage scavenging group, now called segregators, living in the periphery of the dumping site called Payatas. Entire families are engaged in the business. Having received micro-financing from the World Bank, they have formed a Cooperative with an office in Payatas, where junk dealers come and purchase the segregated recycled material. Following their training in lactation management, the PARE leader initiated discussions with the leaders of the Cooperative who agreed to set up a lactation station at the Cooperative office. Many breastfeeding workers have availed of the lactation breaks in the station.

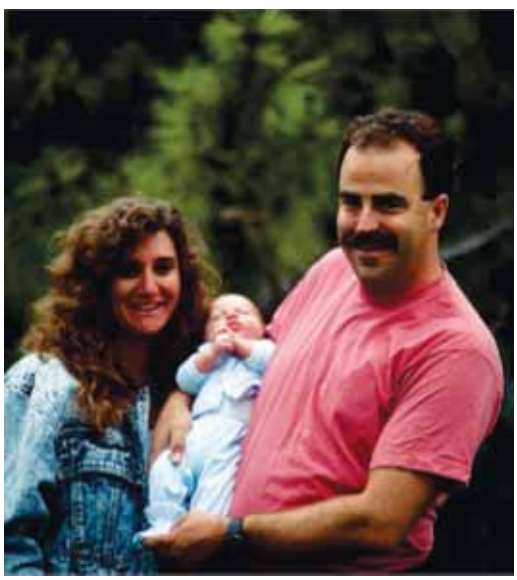
NAMASFED - Naga Market Stall Holders Federation, in provincial Naga City, Camarines Sur, comprises vendors who sell fish, meat, vegetables, crafts, clothes, cooked food, etc. They nominated leaders from every cluster of products to attend the Breastfeeding Peer Counselling Trainings. Soon after the training, a lactation room was established in the first floor of the market building. The leader vendor, who sells hair clips, bracelets, etc., has been assigned the task of managing the lactation room; she is also a breastfeeding counsellor. The federation members contribute P50.00 monthly ($1.00) to maintain the lactation room and nominally remunerate Breastfeeding Counsellors who devote time to maintain the rooms. The lactation room and breastfeeding management is open to the public and other customers.

Babes, Gloria and Nenita
Leaders of ALLWEIS, Philippines
as told to **Ines Fernandez,** Coordinator, IBFAN Southeast Asia

recommends a 'transdisciplinary' approach to creating the enabling environment to support women in breastfeeding[61]. In other words, several disciplines need to come together to both define and address the problem.

Maternity entitlements and financial assistance during lactation work best when linked to programmes promoting optimal infant feeding practices and appropriate breastfeeding counselling services support. Simultaneously, countries need to monitor and enforce diligently the *International Code of Marketing of Breastmilk Substitutes* and subsequent related World Health Assembly resolutions, which regulate baby milk and food manufacturers from aggressively promoting their products to caregivers.

Other interventions that are necessary to support the mother in her decision to breastfeed her baby are the Baby-friendly Hospital Initiative, availability of skilled counselling and an effective communication strategy that informs women both about their maternity entitlements and of the benefits of breastfeeding optimally. These interventions will be looked at in greater detail in Part III of this publication.



PART II
STATUS OF MATE

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PART II
STATUS OF MATERNITY PROTECTION

- Maternity protection in the World Breastfeeding Trends Initiative (WBT*i*)
- Status of maternity protection
- Maternity leave
- Paternity leave
- Parental leave
- Health protection at the workplace
- Job protection and non-discrimination
- Breastfeeding/nursing breaks
- Breastfeeding and childcare facilities

Maternity protection in the World Breastfeeding Trends Initiative (WBT*i*)

IBFAN Asia developed the World Breastfeeding Trends Initiative (WBT*i*) to assess the status of implementation of the *Global Strategy for Infant and Young Child Feeding* by countries and its impact on infant and young child feeding (IYCF) practices (see box 9).

BOX 9

World Breastfeeding Trends Initiative (WBT*i*)

IBFAN Asia has developed the WBT*i* as a system for tracking, assessing and monitoring (TAM) the implementation of the *Global Strategy for Infant and Young Child Feeding*, using a web-based toolkit. It clearly identifies gaps to help governments, donors, bilaterals and UN agencies to commit resources where they are most needed. It helps NGOs to define areas for advocacy and action and thus focus their efforts. It helps to develop and to effectively target strategies that can improve infant and young child feeding.

The WBT*i* consists of two distinct activities: (i) to assess the policy and programmes of a country using the assessment tool which has enumerated indicators, and (ii) to use the gaps for advocacy for change at the national level. National teams led by IBFAN groups and comprising government representatives, professional health organisations and civil society, assess the existence of policy, and the implementation of programmes for each indicator. Each of the 10 indicators has subsets of questions that elicit detailed information on the indicator. Once the gaps are identified, the team builds consensus on actions that need to be taken, and makes recommendations based on this. Repeat assessments are carried out every three or four years to note changes, identify further gaps and study trends. Often the team becomes more stringent and quality conscious during subsequent assessments perhaps due to greater understanding of the tool, which is meant to generate action rather than just a score.

The web-based toolkit scores the responses to the questions and generates report cards that can be used for advocacy. The total score of an indicator falls into one of the four colour-coded categories – excellent (green), good (blue), fair (yellow) and poor (red). An additional five indicators are based on the infant feeding practices. The total tally of the scores for all the 15 indicators shows which category the country belongs to. The toolkit also generates tables, graphs and maps as required.

Fifteen indicators are divided into two parts – the first part with 10 indicators deals with national policies and programmes related to infant and young child feeding (IYCF), and the second part deals with IYCF practices. All data used is national in scope. Table 2 gives the list of indicators.

TABLE 2
INDICATORS IN WORLD BREASTFEEDING TRENDS INITIATIVE (WBT*i*)

Indicator No.	Scope
	PART I
1	National Policy, Programme and Coordination
2	Baby-friendly Hospital Initiative (10 steps to successful breastfeeding)
3	Implementation of the International Code of Marketing of Breastmilk Substitutes
4	Maternity Protection
5	Health and Nutrition Care System (in support of breastfeeding &IYCF)
6	Mother Support and Community Outreach (Community-based support for the pregnant and breastfeeding mother)
7	Information Support
8	Infant Feeding and HIV
9	Infant Feeding During Emergencies
10	Mechanism of Monitoring and Evaluation Systems
	PART II
11	Percentage of babies breastfed within one hour of birth
12	Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours
13	Babies are breastfed for a median duration of how many months
14	Percentage of breastfed babies, less than 12 months old, receiving other foods or drink from bottles
15	Percentage of breastfed babies receiving complementary foods at 6-8 months of age

Each indicator has a maximum score of 10. The scores are colour coded as follows:

- 0-3.5 – Red
- 4-6.5 – Yellow
- 7-9 – Blue
- >9 – Green

The WBT*i* has been introduced in 106 countries since 2005, of which 57 have completed national assessments till date; some have completed more than one assessment.

Table 3 gives number of assessments carried out by a country.

TABLE 3

NUMBER OF WBT*i* ASSESSMENTS CARRIED OUT BY COUNTRIES (2005-2015)*

Region	One assessment
Africa	Botswana (2011) Cape Verde (2008) Ethiopia (2013) Ghana (2008) Kenya (2008) Lesotho (2012) Mauritius (2015) Sao Tome And Principe (2010) Seychelles (2015) Sierra Leone (2013) Swaziland (2009) Zambia (2008)
Francophone Africa (Afrique)	Burkina Faso (2013)
Arab World	Eqypt (2011) Kuwait (2011) Jordan (2012) Lebanon (2011) Saudi Arabia (2012)
East Asia	Taiwan (2008)
South East Asia	Indonesia (2008) Philippines (2009) Thailand (2011) Vietnam (2008) Timor Leste (2014)
South Asia	
Oceania	Fiji (2012) Kiribati (2012)
Latin America and the Caribbean	Argentina (2009) Bolivia (2008) Colombia (2009) Ecuador (2008) El Salvador (2012) Guatemala (2011) Honduras (2014) Mexico (2008) Nicaragua (2010) Peru (2009) Uruguay (2008) Venezuela (2012)

Two assessments	Three assessments	Fourth assessment
Cameroon (2012) Kenya (2012) Malawi (2012) Mozambique (2012) The Gambia (2015) Uganda (2012) Zimbabwe(2012)		
China (2013) Republic of Korea (2013) Mongolia (2013)		
Maldives (2008) Pakistan (2009)	Afghanistan (2012) Bangladesh (2012) Bhutan (2012) India (2012) Nepal (2013) Sri Lanka (2012) Maldives (2015)	India (2015)
Brazil (2014) Costa Rica (2012) Dominican Republic (2012)		

* Latest year of assessment given in brackets

This report focuses primarily on the status of maternity protection in the countries that have completed the WBT*i*. However, Information available from countries which have not yet conducted assessments has been added to the analysis to give a global perspective to the report.

STATUS OF MATERNITY PROTECTION

Indicator 4 of the WBT*i* deals with the status of maternity protection. It explores whether there is legislation and/or other measures (policies, regulations, practices) that meet or go beyond the ILO standards for protecting and supporting breastfeeding for mothers, including those working in the informal sector. The indicator covers maternity leave, breastfeeding breaks, breastfeeding facilities at work, paternity leave and recourse in the case of violations.

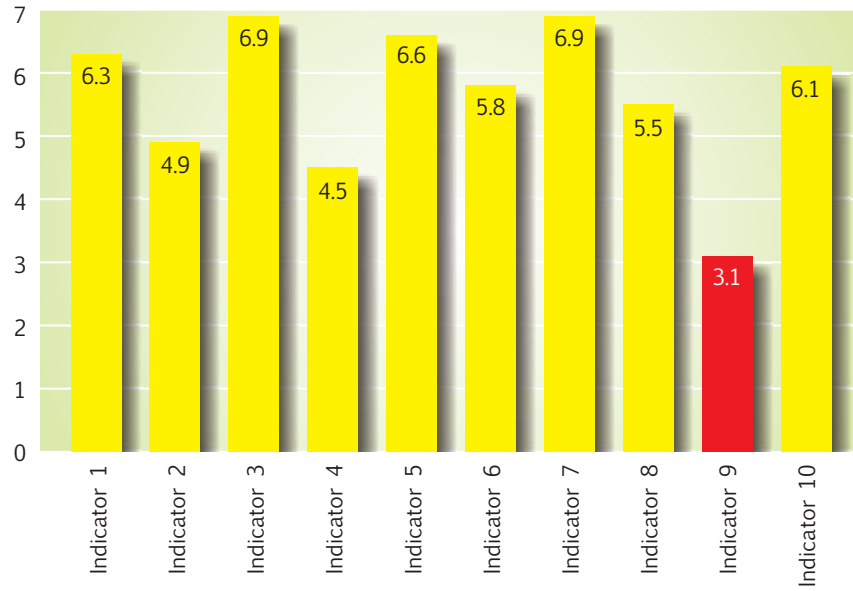
TABLE 4
SUBSET OF QUESTIONS AND GUIDELINES FOR SCORING

Criteria	Scoring	Results Check ✓ that apply
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	
b. 14 to 17weeks	1	
c. 18 to 25 weeks	1.5	
d. 26 weeks or more	2	
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.		
a. Unpaid break	0.5	
b. Paid break	1	
4.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. (more than one may be applicable)		
a. Space for breastfeeding/breastmilk expression	1	
b. Crèche	0.5	

Criteria	Scoring	Results Check ✓ that apply
4.5) Women in informal/unorganised and agriculture sector are: a. accorded some protective measures b. accorded the same protection as women working in the formal sector	 0.5 1	
4.6) (more than one may be applicable) a. Information about maternity protection laws, regulations, or policies is made available to workers. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	 0.5 0.5	
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	
4.9) There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	
Total Score:	**___ /10**	

Figure 1 gives the average score of the 55 countries for the 10 indicators related to policy and programming. The score is based on the last assessment conducted by the country.

FIG. 1
AVERAGE SCORE FOR INDICATORS 1-10*
(WBT*i* Assessment)



*Excludes Mauritius and Seychelles

The above scores reveal the inadequacy of maternal protection (Indicator 4) in the countries. Even when it falls in the colour code yellow, the indicator gets the second lowest average score 4.5 out of 10; only infant feeding during emergencies gets a lower score. The dismal situation of maternity protection is clearly visible in Figure 2.

The scores range from a low of 0.5 for Thailand to 9 for Venezuela. Only 10 of the countries fall in the colour code blue, while 28 have colour code yellow in maternity protection policies and programmes. No country is in the green colour category.

In both Africa and South East Asia, about 80 percent of the countries are in the red category. In Africa, 14 out of 17 countries are in the red category and only two in blue, while in Southeast Asia, only Vietnam is in the yellow category, the rest are in red. Around 60 percent of the South Asian countries are in the yellow category, and two in the red, with only Sri Lanka in the blue category. Similarly, in the Arab World only Jordan and Saudi Arabia are in the yellow category, while three countries are in the red category.

Half the countries of Oceania and Francophone Africa are in the red category; however, Kiribati is in the yellow category while Burkina Faso is in the blue category. Almost half the countries in the LAC region are in the yellow category, with four each in the red and the blue categories. East Asia is the best in comparison, with three out of four countries in the blue category; only Taiwan is in yellow.

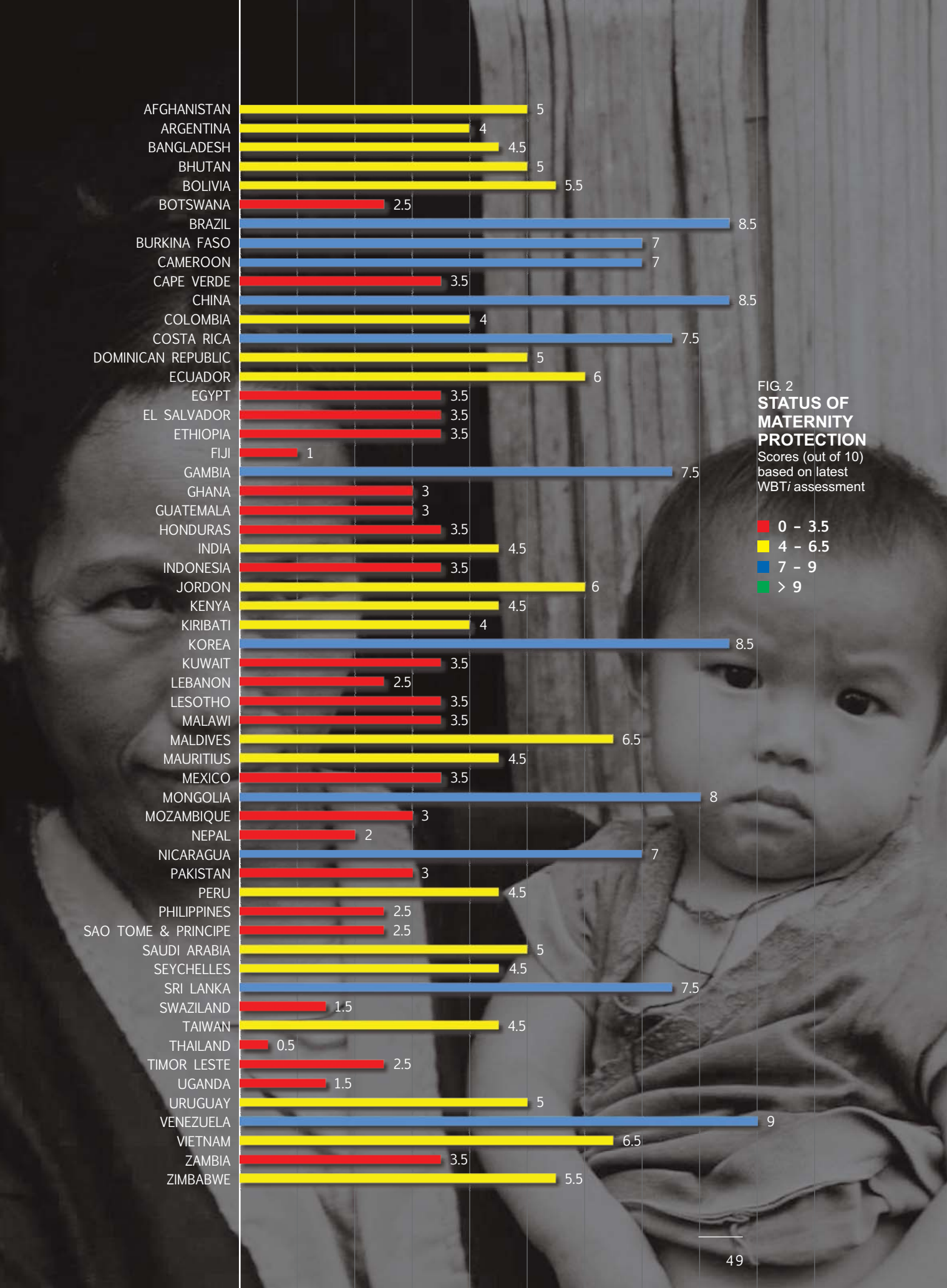


FIG. 2

STATUS OF MATERNITY PROTECTION

Scores (out of 10) based on latest WBT*i* assessment

- **0 – 3.5**
- **4 – 6.5**
- **7 – 9**
- **> 9**

Maternity leave

Paid maternity leave is a basic component of protecting women's health and income during the perinatal period. It is associated with positive health outcomes for both women and their children[62] as well as with women's economic opportunities[63]. Maternity leave does not compromise women's productivity and is, in fact, beneficial to their employers, including small enterprises[64]. On the other hand, lack of paid maternity leave often leaves women with little choice but to reduce their participation in the labour market with considerable loss of income. This often translates into decreased food security for the family. When the choice is between the survival of the family versus resting in pregnancy, and after delivery as well as breastfeeding the baby, women may be forced to choose the former and either work till very late in pregnancy or return to work too early[65], negatively impacting both their own and the baby's health[66].

COVERAGE: Who is covered for maternity leave?

Maternity Protection Convention (No. 3 of 1919) covered women working in any public or private industrial or commercial undertaking. Convention No. 103, adopted in 1952, extended the scope of protection to include women employed 'in non-industrial and agricultural occupations and women wage earners working at home. Convention No. 183 further broadened the scope of coverage to all employed women, irrespective of occupation or type of undertaking, including women employed in atypical forms of dependent work. However, the extent to which workers are covered depends on several factors.

LEGAL COVERAGE

National laws often specify the extent of coverage, and either explicitly or implicitly exclude certain categories of women workers. The categories most often left out include:

- domestic workers;
- members of the employer's family or women working in family undertakings;
- self-employed workers;
- casual or temporary workers;
- home workers;
- agricultural workers;
- migrant workers;
- foreign workers;
- workers in the armed forces and/or police;
- managers/business executives;
- workers whose earnings exceed a certain ceiling;
- apprentices;
- certain groups of civil servants (they are usually covered by special maternity protection regulations for the public sector).

Thus, with a few exceptions, national legislation covers only a small

percentage of women working in formal sector. However, in some countries, there are separate laws for different categories of workers.

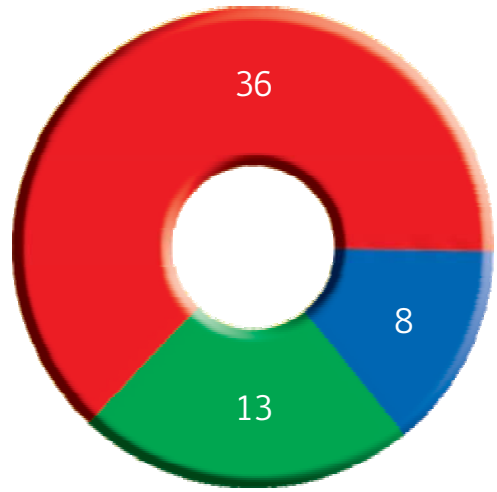
In almost all the countries assessed, service rules covered the workers in the public sector, while some form of legislation or ordnance or circulars of the concerned ministry covered workers in the private sector. Afghanistan and Kiribati extend maternity entitlements to foreign migrant workers.

In most countries, women working in the public sector have the same or more entitlements than those working in the private sector. However, in Mauritius, the entitlements of women working in the private sector are more than those working in the public sector. For instance, women working in the public sector are not entitled to nursing breaks, and fathers are not entitled to paternity leave, while both entitlements are present in the private sector.

Informal workers are generally not covered, except in a few cases. However, since the last assessment, many countries have responded to the increasing pressures of globalisation and informalisation of women's labour by amending their laws. Vietnam has increased the duration of maternity leave to six months while The Gambia has increased it to 24 weeks; India has universalised financial assistance during the period of exclusive breastfeeding through the National Food Security Act; Ecuador has brought home makers within the definition of 'workers', thus entitling them to maternity protection. El Salvador has declared maternity entitlements a constitutional right for every pregnant woman. Every pregnant woman is also entitled to maternity protection in Cameroon. In Mauritius, apprentices, share workers and part-time employees are entitled to maternity protection if they have accumulated 12 months continuous employment with the same employer. Argentinean law covers agricultural workers; the laws of Kiribati, Indonesia, Mexico, Uruguay and Venezuela cover domestic workers. Mexico also covers craft workers and contract workers; Brazil extends maternity protection to those not working for a salary, Indonesia to women who work for a wage or any other kind of remuneration, and Uruguay to unemployed women. Honduras extends the right to all natural persons except livestock farming establishments with less than 10 employees. Figure 3 gives the status of maternity protection for women workers in the informal/agricultural sectors in the countries conducting the WBT*i* assessment.

FIG. 3

STATUS OF MATERNITY PROTECTION IN THE INFORMAL / AGRICULTURAL SECTOR (WBT*i* Assessment)



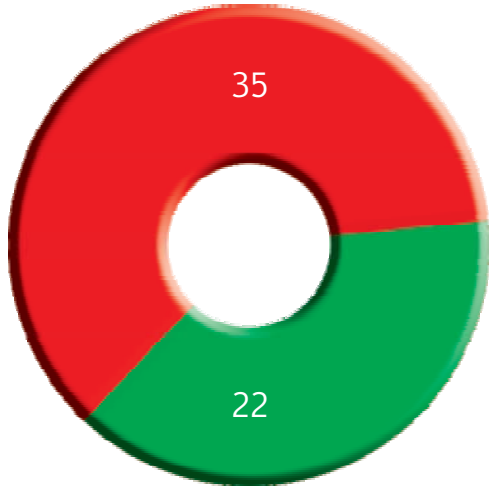
- No protection – 36 countries
- Accorded the same protection as women working in the formal sector – 13 countries
- Accorded some protective measures – 8 countries

On 14th April 2015, the National Assembly of Ecuador approved the reform of its labour laws to recognise homemakers as workers to bring them within the ambit of welfare measures. Called the 'Law for Labor Justice and Recognition of Work from Home', the reform extends social security measures to over 1.5 million people, including pregnant and lactating women. Further, employers who have illegally fired a worker will now have to pay a year's salary to that worker[67].

EFFECTIVE COVERAGE

It is a measure of how the legal coverage of women for maternity benefits is actually practiced. Though laws related to maternity protection exist in almost all the countries of the world, they are not implemented or enforced effectively in many countries. Countries assessing Indicator 4 during their latest WBT*i* assessment noted that the implementation of maternity protection laws was not adequately or effectively monitored and recommended that this should be strengthened (Figure 4).

FIG. 4
MONITORING AND MECHANISM FOR MAKING COMPLAINTS
(WBT*i* Assessment)



According to an ILO report, a large majority of women workers, mainly in Africa and Asia, representing around 830 million workers around the world, are still not adequately protected in case of maternity[68]. Only about 40.6 percent of working women are legally covered, of whom only 34.4 percent are effectively covered.

Table 5 highlights the inadequacy of implementation of maternity protection for women working in the informal economy, even when women make voluntary contributions to their social security. In only eight countries, Brazil, Argentina, Costa Rica, Korea, Mauritius, Mexico, Mozambique and Uruguay, are more than two-thirds of the women covered by law for maternity leave, with Argentina and Mexico covering between 90 percent and 100 percent of working women. Of the rest, in 21 countries between a third and two-thirds of women are covered. Information is lacking about five countries. In the remainder, less than a third of working women are covered; in Burkina Faso, Ethiopia, Malawi and Zambia less than 10 percent are covered. What is striking is that in none of the countries is there 'effective' coverage of even those who are covered by law. In the Philippines and Uruguay there is effective coverage for two-thirds of their women, while in Mexico and Mozambique, less than 10 percent of those covered by law get effective coverage; in the rest of the countries about a third of the women covered by law get their maternity leave cash benefits.

TABLE 5
STATUTORY AND EFFECTIVE COVERAGE BY ILO IN WBT*i* COUNTRIES (2010)

Country	Legal coverage of maternity leave (%)	Legal coverage of maternity leave cash benefits (voluntary contributors excluded) (%)	Legal coverage of maternity leave cash benefits (voluntary contributors included) (%)	Effective Coverage of maternity leave cash benefits (%)
Afghanistan	10–32	10–32	10–32	No/Inadequate information available
Argentina	90–100	33–65	66–89	10–32
Bangladesh	10–32	10–32	10–32	No/Inadequate information available
Bhutan	No/Inadequate information available	No/Inadequate information available	No/Inadequate information available	No/Inadequate information available
Bolivia	10–32	10–32	66–89	10–32
Botswana	33–65	33–65	33–65	33–65
Brazil	66–89	90–100	90–100	33–65
Burkina Faso	0–9	0–9	0–9	0–9
Cameroon	10–32	0–9	10–32	0–9
Cape Verde	33–65	90–100	90–100	33–65
China	10–32	0–9	66–89	10–32
Colombia	33–65	33–65	90–100	33–65
Costa Rica	66–89	90–100	90–100	33–65
Dominican Republic	33–65	33–65	33–65	10–32
Ecuador	33–65	66–89	66–89	0–9
Egypt	33–65	33–65	33–65	33–65

Country	Legal coverage of maternity leave (%)	Legal coverage of maternity leave cash benefits (voluntary contributors excluded) (%)	Legal coverage of maternity leave cash benefits (voluntary contributors included) (%)	Effective Coverage of maternity leave cash benefits (%)
El Salvador	No/Inadequate information available	No/Inadequate information available	No/Inadequate information available	No/Inadequate information available
Ethiopia	0–9	0–9	0–9	0–9
Fiji	33–65	33–65	33–65	33–65
The Gambia	33–65	33–65	33–65	No/Inadequate information available
Ghana	10–32	10–32	10–32	No/Inadequate information available
Guatemala	33–65	66–89	90–100	10–32
Honduras	33–65	0–9	33–65	10–32
India	10–32	10–32	10–32	0–9
Indonesia	10–32	10–32	10–32	0–9
Jordon	33–65	33–65	33–65	33–65
Kenya	10–32	0–9	0–9	0–9
Kiribati	No/Inadequate information available	No/Inadequate information available	No/Inadequate information available	No/Inadequate information available
Korea	66–89	10–32	33–65	10–32
Kuwait	33–65	33–65	33–65	No/Inadequate information available
Lebanon	33–65	33–65	33–65	33–65
Lesotho	10–32	10–32	10–32	No/Inadequate information

Country	Legal coverage of maternity leave (%)	Legal coverage of maternity leave cash benefits (voluntary contributors excluded) (%)	Legal coverage of maternity leave cash benefits (voluntary contributors included) (%)	Effective Coverage of maternity leave cash benefits (%)
				available
Malawi	0–9	0–9	0–9	No/Inadequate information available
Maldives	No/Inadequate information available	No/Inadequate information available	No/Inadequate information available	No/Inadequate information available
Mauritius	66–89	10–32	90–100	0–9
Mexico	90–100	33–65	33–65	10–32
Mongolia	33–65	33–65	33–65	33–65
Mozambique	66–89	10–32	90–100	0–9
Nepal	10–32	10–32	10–32	0–9
Nicaragua	33–65	33–65	90–100	10–32
Pakistan	10–32	10–32	10–32	0–9
Peru	33–65	90–100	90–100	33–65
Philippines	33–65	90–100	90–100	66–89
Sao Tome & Principe	No/Inadequate information available	No/Inadequate information available	No/Inadequate information available	No/Inadequate information available
Saudi Arabia	33–65	33–65	33–65	No/Inadequate information available
Seychelles	No/inadequate information available	No/inadequate information available	No/inadequate information available	No/inadequate information available
Sri Lanka	33–65	33–65	33–65	10–32

Country	Legal coverage of maternity leave (%)	Legal coverage of maternity leave cash benefits (voluntary contributors excluded) (%)	Legal coverage of maternity leave cash benefits (voluntary contributors included) (%)	Effective Coverage of maternity leave cash benefits (%)
Swaziland	33–65	0–9	0–9	No/Inadequate information available
Taiwan	No/Inadequate information available	No/Inadequate information available	No/Inadequate information available	No/Inadequate information available
Thailand	33–65	66–89	90–100	10–32
Timor Leste	No/Inadequate information available	No/Inadequate information available	No/Inadequate information available	No/Inadequate information available
Uganda	10–32	10–32	10–32	10–32
Uruguay	66–89	66–89	66–89	66–89
Venezuela	33–65	33–65	33–65	33–65
Vietnam	10–32	0–9	10–32	10–32
Zambia	0–9	0–9	0–9	0–9
Zimbabwe	10–32	10–32	10–32	0–9

Adapted from Appendix 3. Maternity and Paternity at Work – law and practice across the world. International Labour Office, Geneva. 2014

DURATION OF MATERNITY LEAVE

Maternity leave is ideally supposed to cover a period from a few weeks before birth to enable women to get adequate rest, till the baby is weaned off the breast. *The Global Strategy* recommends that babies be breastfed exclusively for six months. This requires that the baby is in close proximity with the mother during this period. However, maternity leave for a period of over six months is still a far cry for most women across the world. Except for some Eastern European and Central Asian countries, Australia, The Gambia, Vietnam and Venezuela (Table 6), legally allowed maternity leave is less than the 26 weeks required for exclusive breastfeeding in most countries. The highest average leave is 27 weeks in Eastern Europe and Central Asia.

TABLE 6
COUNTRIES GIVING MATERNITY LEAVE OF MORE THAN 26 WEEKS

Country	Duration of maternity leave (in national legislation)	Duration of maternity leave (in weeks)	Amount of maternity leave cash benefits (% of previous earning)
Albania	365 days	52	80% prior to birth up to 150 days after; 50% for remainder
Australia	52 weeks (parental leave)	52 (parental leave)	18 weeks at the federal minimum wage level
Bosnia and Herzegovina	365 days	52	50% to 100%
Bulgaria	227 days	32	90%
Croatia	45 days before birth to 1 year after birth	58	100% until 6 months after birth, then a flat-rate benefit
Czech Republic	28 weeks	28	70%
The Gambia	26 weeks	26	No/Inadequate information
Ireland	26 weeks paid (plus 16 weeks unpaid)	42	80% up to a ceiling for 26 weeks
Isle of Man	26 weeks	26	90%
Montenegro	365 days from birth	52	100%
Norway	35 (or 45 weeks)	35 (or 45 weeks)	100% (or 80% for 45 weeks)
Poland	26 weeks	26	100%
Slovakia	34 weeks	34	65%
The former Yugoslav Republic of Macedonia	9 months	39	100%
United Kingdom	52 weeks	52	6 weeks paid at 90%; lower of 90%/flat rate for weeks 7–39; weeks 40–52 unpaid
Venezuela	26 weeks	26	100%
Vietnam	6 months	26	100%

Source: ILO. Maternity and Paternity at Work – law and practice across the world. International Labour Office, Geneva. 2014

Box 10

Maternity Protection in Switzerland

Switzerland has 2,180,000 working women. They represent 45 percent of the active population. Approximately 75 percent mothers, with a child younger than six years of age, are working.

Maternity leave

All working mothers (employed, self-employed and unemployed women, and women who work in their husband's or a relative's business and are paid wages) are entitled to paid maternity leave. To receive the daily allowance, employees must be insured under Swiss social insurance for nine months prior to giving birth and must have worked for at least five months during pregnancy. Therefore, women working in the informal sector ('black economy'), such are domestic employees without valid work permit, are not entitled to paid maternity leave, unless their employer pays their social contributions ('grey economy').

Maternity leave covers 98 days (or 14 weeks) and begins when the child is born. Mothers are paid 80 percent of their pre-delivery wages in the form of a daily allowance, but no more than CHF 196 per day (201 $). Specific cantonal provisions, staff rules and collective labour agreements may provide additional solutions. Women are not allowed to work during the first eight weeks following delivery. Employees may not be dismissed during their pregnancy and the 16 weeks following delivery.

Breastfeeding breaks

According to the Swiss labour law, mothers should be granted the time required to breastfeed their child or to pump their milk.

The ILO Convention No 183 on maternity protection prescribes the granting of paid nursing breaks. After having faced strong opposition from the employers' organisations, Switzerland can be commended for the recent adoption of the new legislation on breastfeeding breaks (article 60 al.20LT1), which allows nursing mothers to take the time necessary to breastfeed their infant and ensures them paid nursing breaks (minimum 30 minutes for a mother working 4 hours per day or less, minimum 60 minutes for a mother working more than 4 hours per day, and minimum 90 minutes for a mother working more than 7 hours per day) until their infant reaches the age of one year. This new legislation will enable the country to ratify Convention 183. (For the full report, see http://ibfan.org/CRC/IBFAN_CRC_Jan2015_Switzerland.pdf, page 9-10)

Since the presentation of the report at the CRC, Switzerland has ratified ILO C183.

Camille Selleger
IBFAN-GIFA
Geneva

ILO C183 recommends that women get a minimum of 14 weeks of paid leave. R191 extends this to 18 weeks. This Convention extended the duration from the 12-13 weeks recommended by C3 (1919) and C103 (1952). The IBFAN Statement on Maternity Protection at work recommends 30 weeks leave - four week prenatal leave and 26 weeks postnatal leave. Of the countries giving leave for 26 weeks and more, six countries—Czech Republic, The Gambia, Isle of Man, Poland, Venezuela and Vietnam—have maternity leave less than the 30 weeks recommended by IBFAN (Table 6).

Box 11

Breastfeeding Laws in Armenia

Issued by the SUPREME COUNCIL OF THE REPUBLIC OF ARMENIA

DECREE ON PRIORITY MEASURES TO PROTECT WOMEN, MATERNITY AND CHILDHOOD AND STRENGTHENING OF THE FAMILY

In order to ensure further strengthening of the family and to solve urgent problems in the sphere of family, motherhood and childhood...the Supreme Council of the Republic of Armenia makes the following decision:

1. Set maternity leave for working women, paying full salaries:
a) 140 days (70 calendar days prenatal and 70 calendar days in postnatal period).
b) 155 days (70 calendar days prenatal and a postnatal period of 85 calendar days) in case of difficult childbirth.
c) 180 calendar days (70 calendar days prenatal, postnatal period of 110 calendar days in case two or more children born at a time.
In premature deliveries the days in prenatal period that are not used, are added to postpartum maternity leave days.

2. Establish a system of state allowances for families with children given the variety of family, place of residence, income and cost of living index:
a) a lump-sum benefit of babies at birth (if two or more children are born at a time for each child).
b) monthly allowance for childcare until the age of two years.

4. To pay 50 percent of the benefit to working mothers who wish to continue until the child reaches the age of 2, while maintaining full salary.

5. Allocate:
a) an additional one-year leave to the mother or baby career according to her own application without the protection of wages, until the child is 3 years old, maintaining seniority.
b) an annual vacation at their convenient time, to men whose wives are on maternity leave.
Health protection for the pregnant and lactating woman and her baby and employment protection and non-discrimination are also included in this Law.

ARTICLE 258 OF THE LABOR CODE OF REPUBLIC ARMENIA

...provides maternity protection guarantees, according to which breastfeeding mothers in addition to the break for rest and eating, are offered an additional break to feed the baby of at least half an hour, at least every three hours until the child reaches the age of one and a half years. During the breaks for feeding the child the employee is paid the average hourly salary.

Breastfeeding facilities should be provided according to the Law on 'Breastfeeding promotion and regulation of infant food marketing.'

Susanna Harutyunyan
IBFAN
Armenia

Among the countries that have completed the WBT*i* assessment, only four countries have provisions for maternity leave of 26 weeks – The Gambia, Vietnam, Venezuela and Nicaragua (Figures 5A and 5B). The five countries giving leave from 18 to 25 weeks include Bangladesh, Bolivia, Brazil, Mongolia and Sri Lanka. Countries that give leave between 14 and 17 weeks include Burkina Faso, Cameroon, China, Costa Rica, Lesotho, Maldives and Zimbabwe. A majority of the countries do not meet the ILO C183 standards of minimum 14 weeks of leave.

Box 11a

Maternity Protection in Luxembourg

Maternity protection includes prenatal leave of eight weeks and postnatal leave of eight weeks. For women working in formal contracts or self-contributing to social security for at least six months before the start of their leave, they will get benefits representing their former basic salary for 16 weeks.
In case of twins, premature birth or breastfeeding women get 4 more weeks of maternity leave at the same conditions. This addition of four weeks is to be universalised to all women so every mother gets leave of 12 postnatal weeks instead of the present eight.

Recently, the cash benefits for non-employed mothers have been cancelled by the government just as cash benefits that mothers with small contracts and salaries received for the time they were not allowed to work (8 weeks before and 8 weeks after giving birth). With regard to parents, both parents have each a right to six months paid parental leave if they fulfil criteria such as having a permanent work contract for more than 20 hours a week for at least one year with the same employer being legally based in Luxemburg. The payment during parental leave is a little less than the legal minimum salary. These benefits are paid from the national budget.

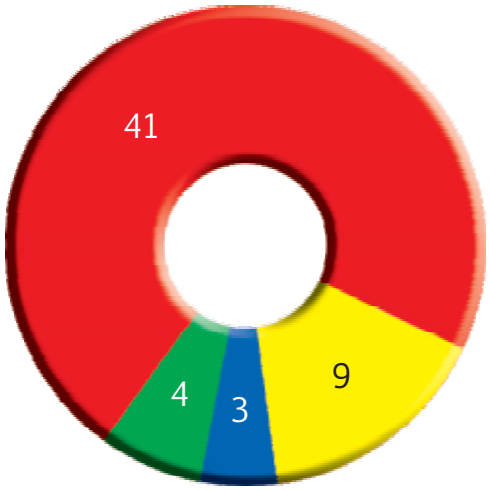
Breastfeeding mothers have a right to two 45 minutes breastfeeding breaks or 90 minutes together fully paid by the employer for a full job day if breastfeeding is certified by a medical doctor.

All these provisions apply for women working in public and private sector.

Maryse Arendt
IBFAN
Luxembourg

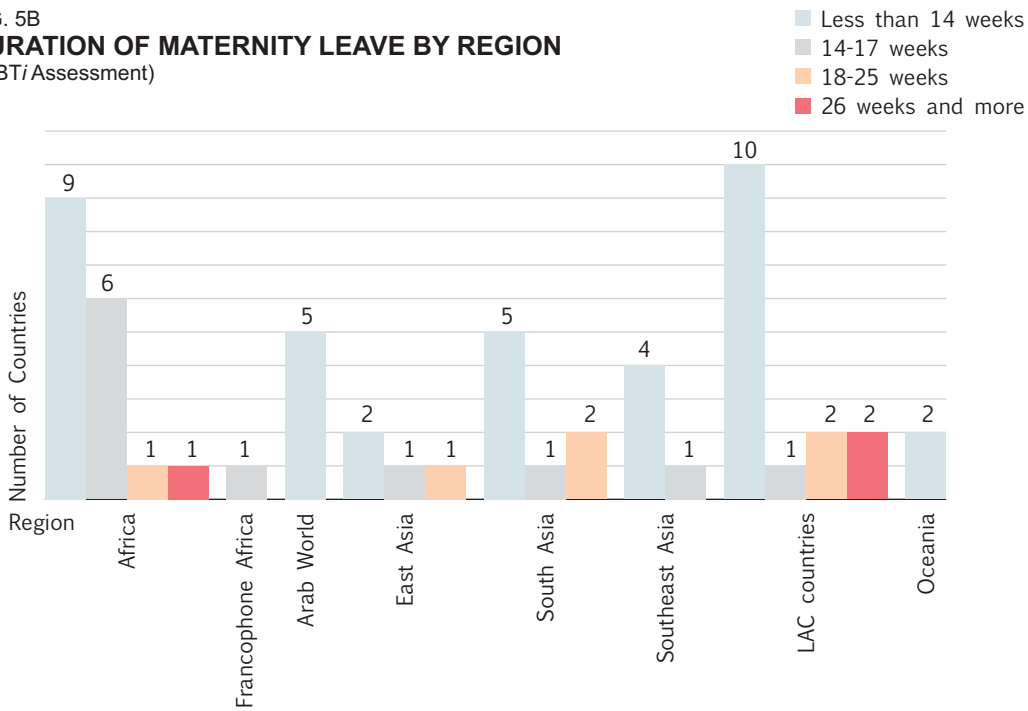
A further look at national legislation reveals that, of the countries participating in the WBT*i*, five in the African region: Cape Verde, Malawi, Mozambique, Sao Tome and Principe, and Uganda; three in the Arab World: Jordon, Kuwait and Saudi Arabia; Nepal in the South Asian region and Philippines in the South East Asian region do not even meet C3 and C103 requirement of a minimum of 12 weeks of maternity leave. None of these countries have ratified any of the ILO conventions on maternity protection.

FIG. 5A
DURATION OF MATERNITY LEAVE
(WBT*i* Assessment)



- 26 weeks or more – 4 countries
- 18 to 25 weeks – 3 countries
- 14 to 17 weeks – 9 countries
- Less than 14 weeks – 41 countries

FIG. 5B
DURATION OF MATERNITY LEAVE BY REGION
(WBT*i* Assessment)



Box 12
Maternity Protection in Georgia
Excerpts from National legislation

Labour Code: Chapter VI
Maternity, Childcare, Newborn Adoption, and Extra Maternity or Childcare Leaves of Absence

Article 27 - Maternity and childcare leaves of absence
1. At employees' request, they shall be granted maternity and childcare leaves of absence of 730 calendar days.
2. 183 calendar days of maternity and childcare leaves of absence shall be paid. 200 calendar days shall be paid in the event of pregnancy complication or multiple births.
3. Employees may apportion leaves of absence under the second paragraph of this article at their discretion for the prenatal and postnatal periods.

Organic Law of Georgia No 1393 of 27 September 2013 – website, 9.10.2013
Article 28 – Leaves of absence for adopting newborn
At the request of employees having adopted an infant under 12 months, they shall be granted newborn adoption leaves of absence of 550 calendar days from the birth of a child. 90 calendar days of the leave shall be paid.

Article 29 – Compensation of maternity, childcare, and newborn adoption leaves of absence
Maternity, childcare, and newborn adoption leaves of absence shall be paid from the State Budget of Georgia as determined by the legislation of Georgia. Cash allowance for the period of paid maternity or childcare leaves of absence, as well as for newborn adoption leaves of absence shall be a maximum of GEL 1000 (420$). Employers and employees may agree on extra pays.

Article 30 - Extra childcare leave of absence
1. At the request of employees, they shall be granted, at once or in parts but at least two weeks a year, an extra unpaid childcare leaves of absence of 12 weeks until the child turns five.
2. Extra childcare leave of absence may be granted to any person who actually takes care of the child.

Ketevan Nemsadze
IBFAN, Georgia

In many countries, a part of the maternity leave must compulsorily be taken before birth. Women in The Gambia and Pakistan must proceed on maternity leave six weeks before delivery, while in Cameroon, Afghanistan, Argentina, Bolivia, Ethiopia, Nicaragua, Costa Rica, and Honduras must do so one month before delivery. The duration of compulsory prenatal leave is two weeks in Ecuador and one week in Colombia. Armenian women are entitled to 70 days prenatal and 70 days postnatal leave on full salary. In Ukraine, women are entitled to 70 days leave before and 56 days after giving birth; in case of having two or more children or any complications during childbirth, leave is increased to 140 days. Seychelles allows women to take sick leave during the prenatal period against a medical certificate; this does not affect the period of maternity leave. Compulsory prenatal leave considerably reduces th e duration of postnatal leave and thus can impact the woman's decision about exclusive breastfeeding, especially if the total duration of maternity leave is less than 12 weeks.

Several countries allow women to extend leave for childcare, or because of illness or complications during birth and/or confinement, or sometimes due to the illness of the child. Ukraine allows fully paid childcare leave till the child completes three years of age. Georgia allows 104 weeks (730 days) as maternity and childcare leave, of which 183 days are paid; the paid leave increases to 200 days if there are pregnancy complications or multiple births. Bosnia and Herzegovina allow extension by 26 weeks for a third child. In Argentina, if a woman has worked for one year in an enterprise, she can extend maternity leave for childcare up to three months and not more than six months.

Armenia, Argentina and Nicaragua allow the relevant compulsory prenatal leave days to be added to postnatal leave in the cause of premature birth while Lesotho, Uruguay and Ireland allow extra days in case birth is delayed; Venezuela and Botswana allow both extensions. Legislation in Ghana and Bolivia allow unspecified days' extension in the case of illness, while Armenia allows 15 days in the case of difficult childbirth and 40 days extension in the case of multiple births. Iraq allows nine months extension in the case of difficult childbirth, complication and multiple births; Kuwait allows 100 days of unpaid leave as extension. Several countries allow sick leave to be appended to maternity leave on the provision of a medical certificate. Cape Verde allows women extension of leave if the job is unhealthy or dangerous.

The duration of maternity leave also depends upon several factors. In many countries, there are more than one law dealing with maternity protection. For instance, in China there are seven separate laws, regulations and decrees covering maternity entitlements: Regulations on Labour Protection in Workplaces where Toxic Substances are Used, 2002; Labour Law,1994, promulgated by Order No. 28, 1995; Labour Insurance Regulations, by the 73rd Government Administrative Meeting of the Government Administration Council 1951, promulgated 1951, effective 1953; Law of the People's Republic of China on the Protection of Rights and Interests of Women, 1992, amended 2005; Regulations on Labour Protection for Female Workers and Employees, 1988; Law on Maternal, Infant Health Care, 1994; and Measures for Implementation of the Law of People's Republic of China on Maternal and Infant Care, Decree No. 308, 2001. This often results in women working in specific sectors or institutions being entitled to different maternity entitlements. For instance, in Nepal, women civil servants are entitled to six months of paid maternity leave; in India, though the Maternity Benefit Act entitles women to 12 weeks of paid maternity leave, women employees of the central government, most state governments and some public sector undertakings are entitled to six months paid maternity leave, with an additional entitlement of 24 months of paid leave for childcare, which can be taken anytime till the child reaches 18 years of age. In Georgia, care givers can take unpaid extra childcare leave up to two weeks a year to a total of 12 weeks till the child is five years old; caregivers other than parents can also access this leave.

CASH BENEFITS DURING MATERNITY LEAVE

ILO C183 stipulates that the woman should be paid at least two-thirds of her previous earnings for a minimum of 14 weeks, so that she can maintain her standard of living and her own and her

child's health. ILO *Committee of Experts on the Application of Conventions and Recommendations* (CEACR) has reiterated the right of all employed women to receive cash maternity benefit at the *guaranteed minimum level*, and in the case of shortfall, specifies that the State should ensure additional forms of social protection are used to assure that the amount of cash maternity benefit *remains at a level that allows maintenance of mother and child at a suitable standard of living*[69]. The maternity cash benefit may be paid either fully or partly through public funds – social security funds or insurance; in some cases, the employer has to pay a certain percent; it is usually the difference between the public fund and the woman's previous earnings[70].

In several countries of Eastern Europe, the State provides the funds for cash benefits. In Georgia, the salary during the period of maternity leave is paid from the State budget, subject to a maximum of GEL1000 ($420); employers and employees may come to some agreement about extra payment. In Armenia, the state funds the wage compensation, which is given as a lump sum benefit; if there are two or more children, each child gets the full amount. A monthly allowance is also given for childcare. In Seychelles, a flat rate is given, irrespective of the worker's earning.

Box 13

Conditional Payment of Maternity Benefits to Women Working in the Informal Sector, India

In a few countries, especially countries where women are working mainly in the informal sector, social security funds are used to pay women some kind of maternity benefits. For instance, in India, the National Food Security Act entitles women to receive Rs 6000 (about USD* 95) over six months as cash benefit, less than a quarter of the amount stipulated by ILO^. Women in formal employment are excluded from this. In contrast, the Dr. Muthulakshmi Reddy Maternity Benefit Scheme in one of the states of the country, Tamil Nadu, entitles women in the state to receive Rs 2000 per month for six months, which is closer to being two-thirds of the minimum wage for women in the state. The scheme has been revamped now to exclude women below 19 years of age, women above the poverty line, women who have not completed their ANC visits, women who have not delivered in government hospitals and health centres and those whose infants have not completed immunisation up to the third dose of DPT/PENTAVALENT/HEPATITIS-B/POLIO[#]. However, it has included all eligible women belonging to Tamil Nadu, who have delivered in government institutions in other parts of the country[138].

* I USD = 63.0108 INR as on 23rd April 2015

^ The maximum daily wage earned by women industrial workers is Rs 149; it is often less in the informal sector, in agriculture and in rural areas (Subodh Varma, Workers grapple with low wages amid rising prices. Times of India. May 3, 2014.Available at http://timesofindia.indiatimes.com/business/india-business/Workers-grapple-with-low-wages-amid-rising-prices/articleshow/34560075.cms). Two-thirds of this for a period of six months works out to 17880 INR.

Some countries provide cash benefit for only a part of the statutory maternity leave. For instance, in Brunei Darussalam eight of the nine weeks of maternity leave are paid for; in Swaziland, cash benefit is given for only two of the 12 weeks. In the UK, 12 out of 52 weeks of maternity leave are unpaid for.
In Lesotho, only certain categories of workers are entitled to complete cash benefits. Workers in retail, tourism, hotel and restoration, transport, construction, employed in a small business (less than 10 employees), and domestic workers are entitled to 12 weeks of maternity leave at 100 percent salary. Workers in textile, clothing, leather and private security sector are only entitled to six weeks maternity cash benefits and six weeks of unpaid leave.

Cash benefits are paid by either the employer or social security/social insurance, and sometimes both (Table 7).

TABLE 7
CASH BENEFITS AND MATERNITY PROTECTION IN WBT*i* COUNTRIES^ – WHO PAYS AND HOW MUCH

Country	Cash benefits as percentage of previous income	Source of payment
Afghanistan	100% plus supplementary allowances	Employer
Argentina	100% conditional on duration of employment	Social security
Bangladesh	100%	Employer
Bhutan	No/Inadequate information available	No/Inadequate information available
Bolivia	At least 100% of national minimum wage	Social security
Botswana	At least 50% of the basic pay and other benefits a woman would otherwise be entitled to receive	> Employer pays in three installments. > Notice of intention to terminate a contract, which is given without a good cause to a woman worker within 3 months before the birth of her child will not affect the employer's obligation to pay the maternity allowance
Brazil	100%	> Employer (reimbursed by Social Security) > If employer provides 6 months' leave, the first 4 months are reimbursed by social security and the other 2 months the employer should deduct from taxes.

Country	Cash benefits as percentage of previous income	Source of payment
Burkina Faso	· Prenatal grant – usually a lump sum · Maternal leave cash benefit – 100%	> Prenatal grant: An employed insured women or a spouse of an employed insured man, who has worked three consecutive months for one or several employers, is entitled to receive a prenatal allowance as from the day she announces that she is pregnant. If this announcement is made during the first 3 months of pregnancy, the allowance is paid for the 9 months preceding the birth. To receive the prenatal allowance the woman must undergo medical examinations whose modalities shall be determined by Ministerial Order. > Benefits are paid both by the employer and social security. The employer pays the family allowance contribution as well as the professional risks contribution. The benefits under the Social Security Fund are equivalent to the part of the woman's salary on which social security contributions are paid. The employer must pay the difference between this amount and the woman's actual salary.
Cameroon	· Prenatal grant – a lump sum paid in two installments to woman employee or spouse of male employee conditional on two antenatal checkups · Maternal leave cash benefit – 100% to woman employee or spouse of male employee	Social security
Cape Verde	90% of last earnings or average of earnings of last four months, whichever is higher, conditional on woman having made contributions to the social security system for at least four months	Social insurance and employer. Employer pays the difference between amount paid by social security and 90% of normal salary.
China	100%	Social security (social insurance)
Colombia	100%	Social security

Country	Cash benefits as percentage of previous income	Source of payment
Costa Rica	100% conditional on duration of employment and taking of maternity leave	Employer (50%) and social security (50%); in case employee has not contributed to social security, then employer pays 2/3rd and social security 1/3rd of the allowance
Dominican Republic	100%	Employer (50%) and social security (50%); in case employee not covered by social insurance, then employer pays full amount
Ecuador	100% conditional on employee having paid 12 consecutive social security contributions	Employer (25%) and social security (75%)
Egypt	100% conditional on voluntary contributions to social insurance for 10 months before confinement and not taking up other work during duration of leave	75% from social insurance, 25% from employer; however, employer can stop or recover payment made if the woman is found to be working elsewhere during the period of maternity leave
El Salvador	100% conditional on employee having contributed during 12 weeks to the Social Security Scheme over the 12 months before the expected date of birth	Employer (75%) and social security (25%)
Ethiopia	100% for those covered under Labour Proclamation 2003; 50% for one month for those not covered	Employer
Fiji	100% for first three children; 50% for subsequent children	Employer
The Gambia	100%	Employer
Ghana	100%	Employer
Guatemala	100% conditional on duration of payment of contribution to social security by employee	Employer (1/3rd of wage) and social security (2/3rd of wage)
Honduras	100%	Employer (1/3rd of wage) and social security (2/3rd of wage); where

Country	Cash benefits as percentage of previous income	Source of payment
		employee is not covered by social security, employer pays full amount
India	· Under Maternity Benefits Act (MBA) – 100% · Under National Maternity Benefit Scheme (NMBS) – conditional on poverty status, Rs. 500 (approx. US$ 8) as lump sum · Under National Food Security Act (NFSA) – conditional, Rs. 4000 (approx. US$ 64) in three installments	>Under MBA – Employer >Under NMBS – Central Government >Under NFSA – Central Government
Indonesia	100%	Employer
Jordon	100% for those covered under Labour Law and Social Security Law	Maternity insurance; 0.25% of wage to be paid by employer to the insurance fund
Kenya	100%	Employer
Kiribati	Not less than 25%	Employer
Korea	100% conditional on duration and regularity of employment and the total insured period before the last day of the maternity leave is 180 days or more	Employment Insurance Fund. For enterprises which fail to meet the criteria set forth by the Enforcement Decree of the Employment Insurance Act, the employer pays the first 60 days.
Kuwait	100%	Employer
Lebanon	100%	Social security and employer
Lesotho	Unpaid	Not Applicable
Malawi	100%	Employer
Maldives	No/Inadequate information available	No/Inadequate information available
Mexico	· 100% conditional upon employment/membership of a cooperative/contribution to social security · 50% for extended leave	Social security for normal leave; employer for extended leave

Country	Cash benefits as percentage of previous income	Source of payment
Mongolia	70% of the average salary of the preceding 12 months, or comparable income	Social Insurance Fund (premiums paid by insured, employers, bank interest on deposit of the uncommitted balance, penalties imposed for delay in paying social insurance premiums, contributions from the state central budget and other sources)
Mozambique	100%	Compulsory social security
Nepal	100%	Employer
Nicaragua	100%	Social security (60%) and employer (40%); if employee not covered under social security, employer pays full amount
Pakistan	100%	Employer
Peru	100%	Social security
Philippines	· Under Labour Code – 100% · Under Batas Kasambahay Act – 100% conditional on being employed at least four months by her employer and four or less births · Under Administrative Code – 100% conditional upon aggregate two years of work; proportionate decrease of lesser period of work; 50% if worked for less than one year · Under Social Security Act, 1997: 100% conditional upon having made at least three monthly contributions in the preceding 12 months before confinement	> Under Labour Code – employer > Under Batas Kasambahay Act – employer > Under Administrative Code - employer who is reimbursed by the Social Security System (which consists of employee, employer and government contributions) > Under Social Security Act – social security
Sao Tome & Principe	100%	> Social security: conditional on being registered with social security for 360 days and contributing for 10 months prior to confinement > Employer pays for those not covered by social security
Saudi Arabia	· 100% if employed for three years or more	Employer

Country	Cash benefits as percentage of previous income	Source of payment
	· 50% if employed from one to three years	
Sri Lanka	· Under Maternity Benefit Ordnance - 6/7 of the wages or one rupee per day for those earning less than one rupee/day · Shop and Offices Employees Act – 100% · Estate workers - other forms of benefits such as the use, for the confinement, of a maternity ward or a lying-in-room for at least 10 days; the services of a mid-wife at the confinement; food during the period she remains in the maternity ward or the lying-in-room; and the payment of cash benefits. A worker who refuses to accept the alternative benefits shall not be entitled to the normal maternity benefits	Employer
Swaziland	100%	Employer
Taiwan	No/Inadequate information available	No/Inadequate information available
Thailand	100% for first 45 days; 50% for balance 45 days conditional on insured woman paying contribution for not less than 7 months of the preceding 15 months	> Employer - 100% for first 45 days; > Social insurance - 50% for the last 45 days
Timor Leste	100%	Employer
Uganda	100%	Employer
Uruguay	· 100% for normal leave · 70% for extended leave	Social security
Venezuela	100%	Social security
Vietnam	· Maternity leave grant: lump-sum benefit equivalent to two months of the common minimum wage; · Maternity leave cash benefit – 100% plus an additional allowance of one	Social insurance funds

Country	Cash benefits as percentage of previous income	Source of payment
	month's wages, conditional on paying insurance premiums for at least six months before confinement. A female worker who returns to work after 2 months' leave (8 weeks instead of 16, 20 or 24 weeks) remains entitled to the full period of maternity leave, in addition to normal wages for the days worked.	
Zambia	100%	Employer, conditional on two years' continuous work with the employer or since last maternity leave taken
Zimbabwe	Unpaid	

^ excluding Mauritius and Seychelles Source: information compiled by the Geneva Infant Feeding Association, based on ILO data taken from http://www.ilo.org/dyn/travail/travmain.byCountry2 and ILO's Maternity and Paternity at Work – law and practice across the world; International Labour Office, Geneva. 2014

Pregnant working women in Burkina Faso and Cameroon get a prenatal grant. In the Burkina Faso this is dependent on the duration of the pregnancy after the announcement. And in Cameroon it is given as a lump sum. In Lesotho and Zimbabwe, women are not entitled to cash benefits.

In 20 countries that have completed the WBT*i* assessments, employers pay the full amount. These countries are mostly in Asia and Africa. Social security or social insurance (Employment insurance in Korea) pays the benefits in 14 countries. In the rest of the countries where information is available, the costs are shared by the employer and social security or insurance in a fixed ratio. However, in a few countries the employer has to pay the full amount for uninsured working women. In Brazil, if the employer provides six months of maternity leave, the first four months are reimbursed by Social Security; the employer is expected to deduct from taxes the salary for the next two months. In India and Philippines, either the state or the employer bears the full cost depending upon which law governs the particular woman's employment. In Fiji, a woman gets 100 percent of her salary as cash benefits for the first three children and 50 percent for subsequent children.

In several instances, employers do not hire a replacement worker, but pass the work on to a co-worker, creating resentment against pregnant and lactating women

It has been found that when an employer, particularly a small or medium-sized employer has to bear the entire cost of wage payment during maternity leave, this can be a disincentive to hiring, retaining and promoting women workers[68]. For women in the informal economy and especially in developing countries, this also translates into a wide motherhood pay gap—the gap between the income of a mother and a non-mother (usually defined as one without dependent children)— which widens with the number of children borne[68]. In several instances, employers do not hire a replacement worker, but pass the work on to a co-worker, creating resentment against pregnant and lactating women and many other issues.

Box 13 a

Experiences of New Mothers

Nathalie's story, Luxembourg

When i was pregnant i collected information on breastfeeding from a breastfeeding support NGO. When Lisa was born, a midwife helped me overcome some initial problems. Breastfeeding went well then. I was surprised, when near the end of my maternity leave, i visited my colleagues and they told me that our boss hadn't hired any replacement for me during my maternity leave. They said they had to do all my work in addition to theirs. And when i told them that i was planning to take the legal breastfeeding breaks when I returned, they reacted with great frustration. Seeing their reaction i didn't dare get the medical certificate needed for the 90 minutes of paid leave to breastfeed my baby. My first week back at work was terrible. I ended up with very engorged breasts.

The breastfeeding NGO i consulted encouraged me to stand for my legal rights, the rights of my child to be breastfed. Having the leave and getting organised with the support from the NGO helped me continue breastfeeding while working. Now, two years later a colleague of mine has given birth, and thanks to the information I shared she is breastfeeding too. She got her leave more easily as our employer is now used to it.

Nathalie

A mother working in a private firm, Luxembourg

Importance of Educating Mothers on Effective Utilisation of Maternity Leave, Uganda

When a mother takes maternity leave, like everyone else, her main assumption is that she is going to get some rest. However, most mothers confess to getting so overworked and bored while in the house on maternity leave that by the time she returns to work she feels more tired than before she took the leave. A husband coming home early to help and a caring relative at home during this period could be a welcome relief.

The worst part was that i stopped paying attention to my physical appearance and channelled all my energy to caring for the baby. Without the office work to prepare for every morning, i had no schedule and spent a better part of the day in my casual wear. With the baby totally dependent on me for his meals, i became a prisoner in the house without the luxury of pedicures or a salon.

I was also lonely and the only adult company i had to chat with was the maid. Friends visited but that was mainly during the first month, which left me very lonely in the house for the other two months.

One day i woke up and suddenly realised i had changed so much! I decided to prepare a schedule started following it. I would wake up by 7am every morning, take a bath and perform the rest of daily household chores i was supposed to do. I also learnt my baby's sleeping patterns, and could dash to the salon when he was sleeping.

Pauline Nakku Kigozi
Environmentalist at Nile plywood and mother of one
Jinja, Uganda

"My mother's counsel was godsend in looking after my newborn"
Combining Breastfeeding Counselling Support with Maternity Protection

"I've had to go back to work before the required three months of maternity leave because as much as i love my baby, i also need my career.

This has been difficult for me because i find her already asleep when i return. Luckily for me, my mother has been supportive. I leave the baby with her, which is a greater relief than leaving her with any other person.

The first two weeks were the most challenging because the baby used to cry a lot due to colic. The cries made me feel desperate because my efforts to soothe her seemed futile. Thanks to my mother's constant counsel and encouragement, i managed to get through that time. She kept telling me that it is normal for the baby to cry in the first months and that the cries would soon stop.

Fille Mutoni
Artist and mother of one
Kampala, Uganda

Specialised armed training is a risk to pregnant mothers

Joining the armed forces and other jobs that require training is a challenge to pregnant women. They often face discrimination on basis of their physiological status. Such discrimination includes the right to maternity leave which is attributed to the shortage of personnel in these fields. Another form of discrimination is related to the need to pass fitness tests.

Some of these jobs expose pregnant women to factors related to human, drug and child trafficking, night duties and resolving demonstrations that involve use of force and chemicals such as tear gas, and of late, X-rays (security scans) in public places; transnational crimes and disease outbreaks.

For instance in 2015 in Uganda, over 2000 young people turned up for physical fitness and other tests in order to be selected for the specialised immigration training. Such jobs require vibrant, highly trained, energetic people to

undergo the test and, therefore, if found pregnant, you were automatically disqualified. At the end of the assessment, 900 males and females passed the test, but all the 400 females had to be without any signs of pregnancy.

When approached to give an explanation for the discrimination, the spokesperson at the Ministry of Internal Affairs consented that whereas pregnancy is not a disability, neither is it an inability, and that women—pregnant or not—have a right to employment as any other person, the kind of specialised immigration training that is mandated for candidates is a risk to pregnant women.

Reported by
Barbara Nalubanga
Regional Coordinator
IBFAN Africa

Withholding maternity benefits to recently employed young girls

The case of a newly appointed receptionist at a law office, Swaziland, Africa

An expectant woman came into the clinic to deliver at 10am. She was given all the necessary support and she delivered at around 12 noon. She was initiated on breastfeeding soon after birth but to the surprise of health workers, the lady was seen washing a feeding bottle with water from the tap in the ward. When asked to explain her actions, she narrated that she had just got a job as a receptionist at a law firm.

At the time of recruitment interviews her visible pregnancy was raised as an issue of concern and she had to assure the panel that giving birth would not interrupt her work schedule. When labour pains intensified, she requested someone to step into her place so that she would rush to the clinic, deliver and then report back to work immediately after.

She happened to have a younger sister who was waiting to carry the baby back home. She had to rush back to work that afternoon, so as to complete the day's work and then get back home to meet her newborn baby. After explaining her situation, she was seen mixing infant formula, which she handed to her sister together with the baby. Meanwhile, she had to jump on a taxi to get back to work.

Reported by
Flavia Okoth
Intern for Information, IBFAN Africa Regional Office

As can be seen in Table 7, in most countries that pay cash entitlements to mothers or a part of it through social security, this payment is conditional upon the contributions by either the women themselves or their employers. For example, in Burkina Faso, while the employer pays the family allowance contribution and the professional risks contribution, social security contributions determine the amount of benefit the woman will get under the Social Security Fund, with the employer having to pay any difference between the salary and this amount. In Sao Tome & Principe, the payment is conditional on being registered with social security for 360 days and contributing at least 10 months prior to confinement. In Mexico, it is 100 percent conditional upon either employment or membership of a cooperative or contribution to social security. However, in Mozambique, there is compulsory social security. In India, all women, whether working for a wage or not, are entitled to a fixed sum of money conditional upon antenatal check-ups, immunisation and breastfeeding, provided they are not covered under other laws and/or rules related to maternity protection.

Paternity leave

Paternity and parental leave emerged as a means to achieve gender equality in both the contexts of work and of childcare, to reduce gender-based wage discrimination, and in recognition of a father's right to parenthood. Paternity leave is usually granted for a few days when the child is born, to enable the father bond with the baby and assist the mother in breastfeeding and childcare. Higher uptake of paternity leave and parental leave by men has been shown to lead to higher levels of breastfeeding in Iceland and Sweden. ILO does not specify any duration of paternity leave, which ranges from one day in Tunisia to 90 days (54 working days) in Iceland, Slovenia and Finland. Of the countries that conducted the WBT*i* assessment, 29 countries do not provide three days paternity leave in the public sector, and in 33 countries, there is no provision for it in the private sector (Figures 6A to 6D).

FIG. 6A
STATUS OF PATERNITY LEAVE – PUBLIC SECTOR
(WBT*i* Assessment)

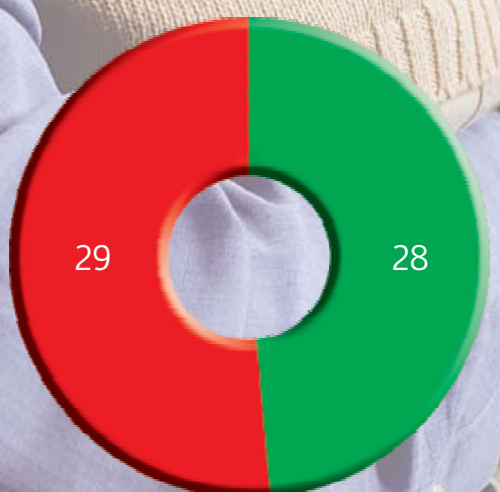


FIG. 6B
STATUS OF PATERNITY LEAVE – PUBLIC SECTOR BY REGION
(WBT*i* Assessment)

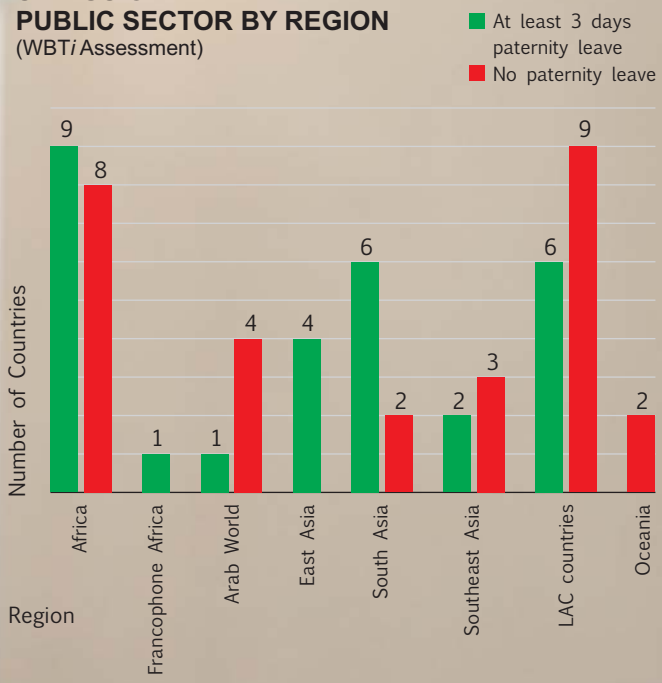


FIG. 6C
STATUS OF PATERNITY LEAVE – PRIVATE SECTOR
(WBT*i* Assessment)

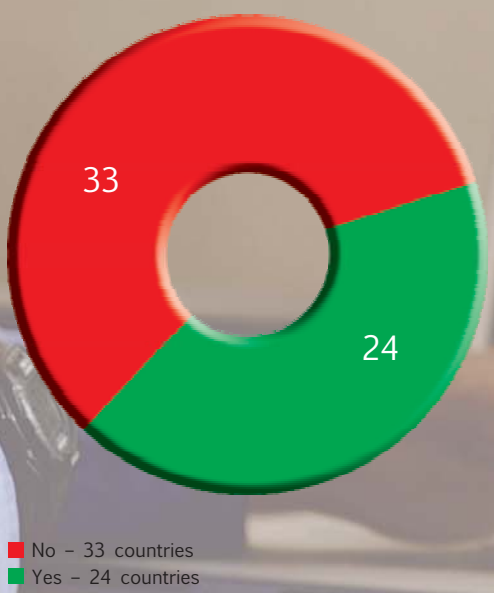
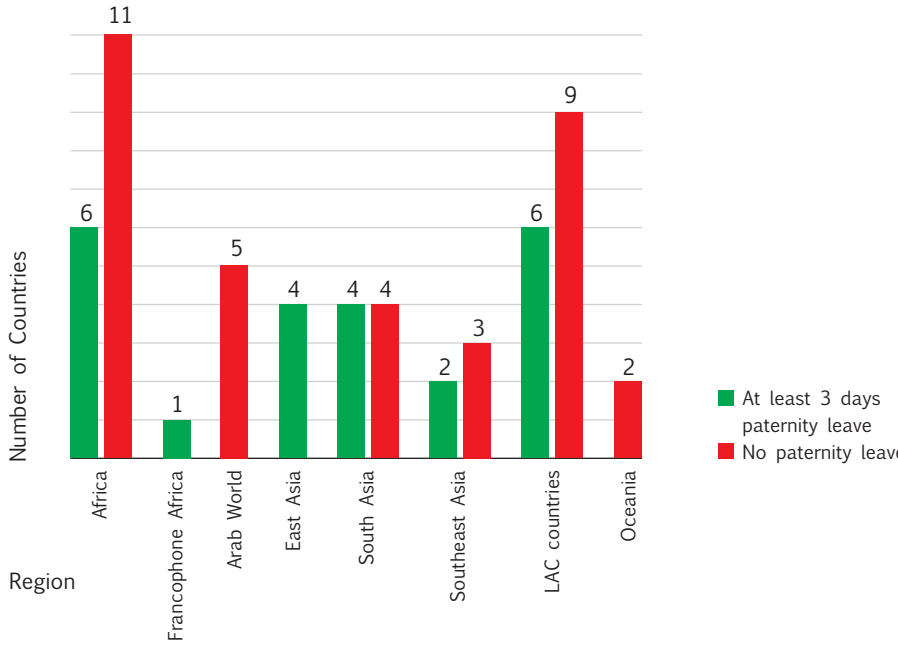


FIG. 6D

STATUS OF PATERNITY LEAVE – PRIVATE SECTOR BY REGION

(WBT*i* Assessment)



The countries that mandated the provision of at least three days paternity leave for both private and public sector employees included Bhutan, Brazil, Burkina Faso, Cameroon, Costa Rica, Ecuador, Egypt, Ethiopia, The Gambia, India, Kenya, Korea, Maldives, Mongolia, Philippines, Peru, Taiwan, Timor Leste, Uruguay and Venezuela. Leave ranges from 14 days in Kenya and Venezuela to one day every two years in Mozambique. Countries that did not provide three-day paternity leave include Afghanistan, Argentina, Bolivia, Botswana, Cape Verde, Costa Rica, Dominican Republic, El Salvador, Fiji, Ghana, Guatemala, Honduras, Indonesia, Jordon, Kiribati, Kuwait, Lebanon, Lesotho, Malawi, Mexico, Mozambique, Nicaragua, Pakistan, Saudi Arabia, Seychelles, Thailand, Vietnam and Zimbabwe. Of these countries, besides Indonesia, Argentina and Dominican Republic provide two days of leave, while El Salvador has introduced three days' paternity leave since the last assessment. Paternity leave is usually paid from the same source as maternity leave.

A few countries either granted leave in one or both sectors, or withdrew it between two assessments. Bhutan, which was already giving paternity leave in the public sector in 2008, mandated three days of leave for fathers employed by the private sector. Bangladesh, which was not granting any paternity leave during the 2008 assessment, introduced it in the private sector, while China introduced it for both public and private sectors. At the same time, Afghanistan and Costa Rica dispensed with paternity leave as a legal requirement. However, paternity leave for men employed in the public sector has been since declared a constitutional right in Costa Rica (see box 14).

Box 14

Paternity Leave Mandatory in Costa Rica

Paternity law, or father law, is the legal provision dealing with establishing or disputing 'paternity'. It upholds the legal relationship between a father and his child.

Costa Rica's Constitutional Court ruled that paternity leave is mandatory in the public sector. The Court, commonly known as the Sala IV, said that all public officials are entitled to a paternity leave of eight days with pay, without discriminating if the child was born within or outside marriage.

This was the verdict of judges, after resolving an appeal presented by an employee of the Área de Conservación La Amistad Pacífico del Sistema Nacional de Áreas de Conservación del MINAE (Protected area in the Pacific called "La Amistad" (the friendship) National System of Protection, Ministry of Environment and Energy); who had not been given the benefit.

According to Judge Fernando Cruz, the Court's objective was to reassert parental rights and strengthen the concept of family.

Excerpt from a report by Marcel Evans in The Costa Rica Star, August 19, 2013.
(Available at http://news.co.cr/paternity-leave-mandatory-in-costa-rica/25066/)

Parental leave

The term parental leave is comprehensive and includes maternity, paternity and childcare leave. However, as the first two have been dealt with separately, for the purpose of this publication, it will refer specifically to relatively long childcare leave, often available to either or both parent.

Parental leave is increasingly being offered by countries to reduce gender disparity in childcare. Amartya Sen and Martha Nussbaum[71], in their economic model known as the *Capabilities Approach*, list 10 central capabilities as essential requirements of a decent society, for which the state should provide the resources and freedoms that allow people to achieve at least the minimum threshold of each capability. The economists consider universal paid parental leave as one such essential resource.

According to a 2014 Swiss study by Lanfranconi & Valarino, parental leave enables "a more equal division of work between men and women by fostering paternal involvement in childcare"[72]. Rønsen and Kitterød noted that in Norway, the country's parental leave policy "contributed to... a more equal division of paid and unpaid work among parents"[73].

The period when parents can avail of this leave differs from country to country, and depends to some extent on the concept of child welfare. Some countries like UK and Iceland offer parents the opportunity to take parental leave till the child reaches 18 years of age. Belgium offers it till the child is 12 years old, Korea six years old, Russian Federation and Mongolia till the child is three years old and Sweden till the child is eighteen months old.

The duration of paternal leave ranges from a few weeks to 156 weeks in many Scandinavian and East European countries. Among the assessed countries, only Mongolia offers parental leave for a similar duration. Burkina Faso offers six months of parental leave to women, renewable by another six months; in the case of illness, the leave is for one year, again renewable by a year. Korea and Jordan offer 52 weeks, the last to mothers only; Kuwait offers 17 weeks to mothers, and Nepal offers four weeks to any permanent employee or worker. Philippines offers seven days a year to single parents.

Studies[74-77] have shown that there is a higher uptake of parental leaves by fathers when policies allocate non-transferable leaves rather than allowing parents to choose. A few countries offer parental or childcare leave to women only, for example Egypt, Bahrain, Iraq and Syria; in Kuwait, the employer can choose to give parental leave to women. In Bulgaria and Chile, while only women are entitled to parental leave, men can avail of it if the mothers agree.

Some countries offer non-transferable leave. Norway offers 14 days of non-transferable leave. In Italy, each parent can take six months of non-transferable paternal leave. While only six month leave is offered in France to one parent, an additional six months are available if the other parent takes it. Germany and Portugal also offer fathers non-transferable leave. In Sweden, the one-month non-transferable leave for fathers, called 'daddy's month' is now extended to two months.

Many countries like Albania, Cuba, Estonia, New Zealand and Australia allow parents to choose who will avail the leave and how much. However, in Finland, cash and other incentives earlier given to men if they took an extension of two weeks has now been stopped. As a result it is mostly women who take the extension.

Even with its shortcomings, providing parental leave, especially non-transferable parental leave for childcare for an extended period of time helps improve the gender-balance at the workplace.

Health protection at the workplace

Health protection at the workplace is the right of all workers. During pregnancy and the period of lactation, the special biological needs of their bodies and their babies demand certain gender-specific interventions at the workplace including rest and adequate maternity leave. As the 1999 WHO Statement made during the drafting of C183 noted:
'a working woman who has given birth needs rest and recuperation for at least four months, but more because of health consequences if they return to work earlier. They will suffer recurring uterine prolapse, UTI/urinary tract infection, anaemia, fatigue, malnutrition, etc.'

The special interventions related to maternity include protection from hazardous work as well as reduced work load if needed. Such measures to protect maternity have positive outcomes for both men and women, as well as to infants of both sexes. Occupational exposure during pregnancy to hazardous material such as biological agents and chemicals like solvents, metals and pesticides can cause foetal loss, birth defects, reduced foetal growth, preterm birth, low birth weight, childhood leukaemia and other cancers[78-87]. Infants can be exposed to polychlorinated biphenyls (PCBs), polybrominated

biphenyls (PBBs), DDT and other pesticides, organic solvents, mercury and lead through breastmilk. A parent can carry home these hazards to the infant even if it is not brought to the worksite. Cottage industries and some forms of agricultural work can also pose hazards for the infant[88-89].

In rural areas, especially in developing countries, women agricultural, estate and plantation workers are especially vulnerable as the work is seasonal, and they often have to work with pesticides and other agrichemicals, which are linked with spontaneous abortions as well as cancers, genetic and birth defects, low birth weight, growth retardation in children[90-100].

ILO Convention 183, which for the first time recognised pregnant and nursing women's need for health protection, stipulates in Art. 3 that *'Each Member' shall, after consulting the representative organisations of employers and workers, adopt appropriate measures to ensure that pregnant or breastfeeding women are not obliged to perform work which has been determined by the competent authority to be prejudicial to the health of the mother or the child, or where an assessment has established a significant risk to the mother's health or that of her child.*

As the need for protection from occupational hazards can result in discrimination against women in both employment opportunities and wages, ILO CEACR 2014 specifically states such interventions *are not an obstacle to the access of women to employment and to the various occupations. [Governments should also] ensure that the measures for the protection of women are limited to what is strictly necessary to protect maternity [...]*

Subset 4.9 of Indicator 4 in WBT*i* looks at whether there is legislation providing health protection for pregnant and breastfeeding workers and whether the legislation provides that they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding (Figures 7A and 7B).

FIG. 7A
LEGISLATION MANDATING HEALTH PROTECTION
(WBT*i* Assessment)

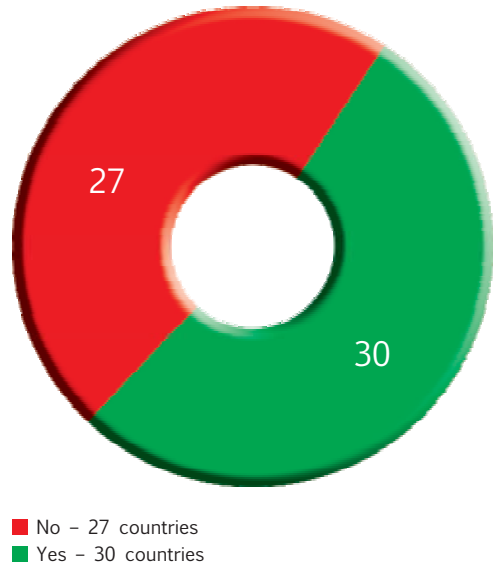
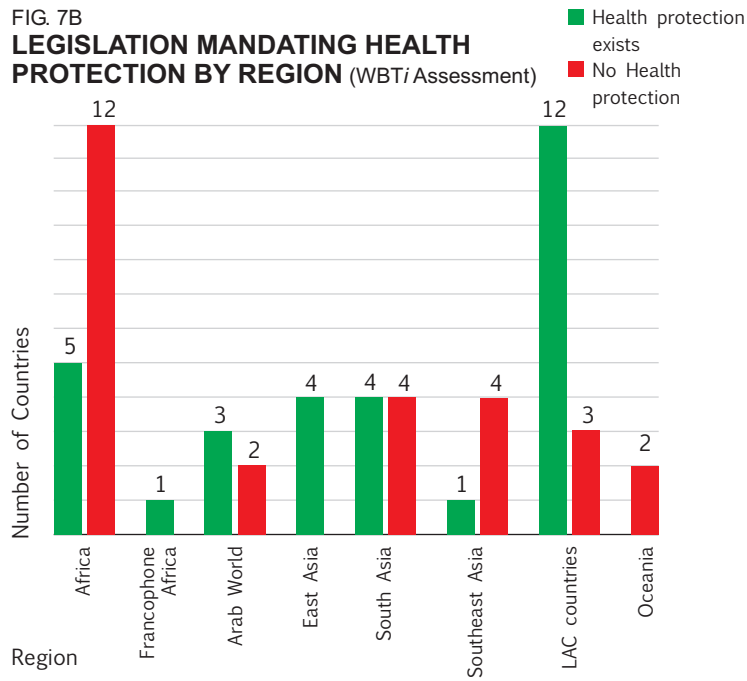


FIG. 7B
LEGISLATION MANDATING HEALTH PROTECTION BY REGION (WBT*i* Assessment)



The 27 countries that do not provide a legal mandate for health protection during pregnancy and lactation are primarily in Asia and Africa; only Costa Rica, Ecuador and El Salvador from the LAC region do not provide such a mandate.

Table 8 lists the specific national legislative provisions offered in the assessed countries and highlights the inadequacy of such protection. As can be seen, several countries do not legally prohibit dangerous or unhealthy work. Those who do, usually include mine and underground work in the prohibited list. Costa Rica prohibits work with agrichemicals; Jordan prohibits work with radiation, oil, genetic, paint, chemicals; Mongolia prohibits work with chemicals, biological, mining, textiles, leather, meat, timber, etc.; Thailand's list of prohibited jobs include construction work underground, under water, tunnels, as drivers, on boats and Vietnam also includes work with magnets.

Some countries allow women to transfer to other jobs, but a majority of the countries do not provide alternative jobs. In Burkina Faso, where transfer is allowed, there is no guarantee that the woman can return to the earlier job; in Venezuela, she may lose her salary.

Night work is allowed in a little over half the countries. In Bangladesh, it is prohibited till 10 weeks after birth except on tea plantations, in China till one year after birth; in Honduras it is limited to five hours per night. In Mongolia pregnant women, women with children under eight years of age, and single fathers with children under 16 years of age may only work overtime or go on business trips with the consent of their children. Ghana prohibits work far from the home and in Sri Lanka, seats must be provided in shops for pregnant workers.

In almost all the countries, medical benefits during pregnancy and for the newborn are paid by social security, while in Sri Lanka and Nepal, the employer is expected to pay for medical benefits. In Costa Rica, free food is also given to pregnant teens. In Sri Lanka, free food for a few days has to be given to women working on plantations for 10 days after delivery by the employer. Services covered range from medical care during pregnancy and delivery, to medical care for both pregnant women and children till a specified age, delivery costs, and transport charges to access the care as well as wage compensation for the time taken for medical check-ups.

TABLE 8
KEY PROVISIONS IN HEALTH PROTECTION IN MATERNITY IN WBT*i* COUNTRIES^

Country	Dangerous or unhealthy work	Alternatives to dangerous work	Night work	Medical benefits /covered by
Afghanistan	Prohibition	Transfer	Prohibition, overtime, underground work	Medical services during pregnancy and delivery/social security
Argentina	Regulation	No alternative	No restriction	Medical costs covered by Social security for women insured or registered in Plan Nacer (poor women)
Bangladesh	No obligation	No alternative	Prohibited till 10 weeks after birth except on tea plantations	Not provided
Bhutan	No/Inadequate information available	No/Inadequate information available	No/Inadequate information available	No/Inadequate information available
Bolivia	Prohibition	Adaptation	Prohibition	For mothers: all medical costs during pregnancy and until child is 6 months; For children <5 years/ National Health Insurances
Botswana	No protection	No alternative	No restriction	Not mentioned
Brazil	No protection	Transfer	No restriction	Not mentioned
Burkina Faso	Prohibition	Transfer but no guarantee about retaining original job	Prohibition	Yes/ Social security
Cameroon	Prohibition	Transfer	Prohibition	Yes (prenatal, birth costs &

Country	Dangerous or unhealthy work	Alternatives to dangerous work	Night work	Medical benefits /covered by
				postnatal)/Social security
Cape Verde	Protection	No alternative	Prohibition, no overtime	Not mentioned
China	Prohibition including mine work	No alternative	Prohibited until one year after birth, no overtime	Medical costs for mothers and children/National Maternity Insurance Fund
Colombia	No protection	No alternative	Prohibition	All necessary health services (pregnancy birth and after)/Social security
Costa Rica	Prohibition, no work with agrichemicals	No alternative	Prohibition	Free prenatal and post-natal care for teen mothers, along with free food
Dominican Republic	No obligation	Transfer, Extra unpaid leave	No restriction	Insured women, all medical costs covered/ Social security
Ecuador	Prohibition including heavy work	Transfer	No restriction	Free healthcare during prenatal and postnatal periods/ Social security
Egypt	Prohibition, especially work with benzene	No alternative	Prohibition, no overtime, shorter workday	Medical services under conditions/ Social service
El Salvador	Prohibition including heavy, arduous work from 4th month of pregnancy	No alternative	No restriction	Free healthcare during prenatal and postnatal periods for insured women/ Social security
Ethiopia	Prohibition	Transfer, extra leave	Prohibition, no overtime,	Yes for insured workers/ Social

Country	Dangerous or unhealthy work	Alternatives to dangerous work	Night work	Medical benefits /covered by
				security
Fiji	No protection	No alternative	No restriction	Not mentioned
Gambia	No protection	No alternative	No restriction	Yes/Village funds
Ghana	No protection	No alternative	Prohibition, no overtime or work far from home after 4th month of pregnancy	Not mentioned
Guatemala	No protection	No alternative	No restriction; if ceasing work due to illness, rights to benefits continues	All pre and post natal costs/ Social security
Honduras	Prohibition	No alternative	Night work limited to five hours per night	Pre-and postnatal care covered + special allowance for baby milk/food for children of mothers who cannot breastfeed/ Social security + employer
India	No obligation	No alternative	No restriction; Concerning arduous work, standing, special protection 10 weeks before birth	Medical bonus for pre- & postnatal care/Employer or local schemes paid by central government
Indonesia	No protection	No alternative	Prohibition if considered dangerous	Antenatal, delivery cost/ Social security programmes or borne by employers of firms > 10 employees
Jordon	Prohibition including radiation, oil, genetic, paint, chemicals	No alternative	Prohibition	Not mentioned

Country	Dangerous or unhealthy work	Alternatives to dangerous work	Night work	Medical benefits /covered by
Kenya	No protection	No alternative	No restriction	Some care/ Employer and/ or Social security fund
Kiribati	Prohibited including underground work	No alternative	Prohibition	Not mentioned
Korea	Prohibition	Transfer	No obligation	Pre-and postnatal, & delivery/ National Health Insurance for mothers and infants
Kuwait	Prohibition	Prohibition	No restriction	Not mentioned
Lebanon	Prohibition, no benzene	No alternative	No restriction	Not mentioned
Lesotho	Prohibited (long list)	No alternative	Prohibition for three months before and after birth	Not mentioned
Malawi	No protection	No alternative	No restriction	Not mentioned
Maldives	No/Inadequate information available	No/Inadequate information available	No/Inadequate information available	No/Inadequate information available
Mexico	Prohibition	No alternative	Prohibition, no overtime, precisions listed	Yes/ Social security
Mongolia	Prohibition including work with chemicals, biological, mining, textiles, leather, meat, timber, etc., heavy duty jobs	Transfer	No night work without consent for mothers with children under eight years of age and single fathers with children under 16 years of age	Complete insurance coverage/Services not mentioned
Mozambique	Prohibition	Transfer	Prohibition, no overtime from 3rd month of pregnancy onwards	Not mentioned

Country	Dangerous or unhealthy work	Alternatives to dangerous work	Night work	Medical benefits /covered by
Nepal	No protection	No alternative	No restriction	Where available paid by employer
Nicaragua	No protection	Transfer	Prohibition	Health care/ social security; Pre-and postnatal medical services Paid by public health insurance
Pakistan	No/Inadequate information available	No alternative	No/Inadequate information available	Pre-postnatal and birth care/ Social security if contributions made regularly
Peru	No obligation	Transfer	No restriction	Prenatal and postnatal and for babies/ Social security
Philippines	No protection	No alternative	Prohibition	Emergencies may be covered by employers
Sao Tome & Principe	No obligation	No alternative	Prohibition	Not mentioned
Saudi Arabia	Prohibition	No alternative	No/Inadequate information available	Medical care during pregnancy and delivery/ Employer
Sri Lanka	Prohibition list includes chemicals, physical and biological agents	No alternative	No obligation; no overtime, seats to be provided in shops for pregnant workers	All health services/ Department of Health; in estates: Room for birth for 10 days, midwife, food and cash/ Employer
Swaziland	No protection	No alternative	Prohibition	No provisions mentioned
Taiwan	No/Inadequate information available	No/Inadequate information available	No/Inadequate information available	No/Inadequate information available

Country	Dangerous or unhealthy work	Alternatives to dangerous work	Night work	Medical benefits /covered by
Thailand	Prohibited including mining, construction work underground, under water, tunnels, as drivers, on boats	Transfer	Prohibition, no overtime	All pre + postnatal + birth healthcare, exams, medication, care of newborn, transport, etc./ Social security fund
Timor Leste	Not prohibited but worker can refuse	No alternative	Prohibited, no overtime	Not mentioned
Uganda	No protection	No alternative	No restriction	Not mentioned
Uruguay	No obligation	Transfer, extra leave paid at 50 percent	No restriction	Pre and post natal medical expenses/ Social security
Venezuela	Prohibition	Transfer (may lose salary)	No restriction	Pre and post natal medical expenses/ Social security
Vietnam	Prohibition including hazardous chemicals, arduous jobs, dirty water, radiation, magnets, high temperatures, etc.	Transfer, Adaptation (if heavy duty job, transfer at 7 months or reduce day by 1 hour at same wage), extra leave	Prohibition, no overtime from 7th month of pregnancy till one year after delivery	Prenatal exams covered (5 one-day prenatal check-ups, or 5x2 days if far from medical facility)/ Social insurance or employer
Zambia	No protection	No alternative	No restriction	Health services covered by Zambia National Provident Fund
Zimbabwe	No protection	No alternative	No restriction	Free primary healthcare provided for low-wage earners

^excluding Mauritius and Seychelles
Source: information compiled by the Geneva Infant Feeding Association, based on ILO data taken from http://www.ilo.org/dyn/travail/travmain.byCountry2 and ILO's Maternity and Paternity at Work – law and practice across the world; International Labour Office, Geneva. 2014

The inadequacy of health protection during maternity in the formal sector raises questions about such protection for women working in the informal economy; even where laws exist that extend health protection to them. An important characteristic of the informal economy is the lack of social protection. As the Table 5 shows, effective coverage of maternity protection is low; the WBT*i* recommendations highlight the fact there is little monitoring of the implementation of maternity protection legislation in the formal sector, let alone for women working in the informal economy.

Job protection and non-discrimination

Box 15

Discriminatory Attitudes to Breastfeeding at the Workplace

At a university in Mexico

"My baby was given formula at the hospital, without my consent. Moreover, at my workplace, my boss didn´t like me to take breaks to breastfeed my baby. I had issues and i had to work extra hours. They were about to fire me and i felt extremely vulnerable. My evaluations are always poor and they make me feel as if i owe them something for taking what was my right."

Mónica

Worker at a private university Universidad Internacional UNINTER in Cuernavaca, Morelos

As reported by
Yatziri Zepeda Medina
and
Dr Marcos Arana,
ProyectoAliMente, Mexico

ILO's *World Employment and Social Outlook–Trends 2015* notes that the moderate closing of the unemployment gap following the 2008 global economic crisis is currently reversing; overall women continue to suffer from higher rates of unemployment and lower rates of employment, are less likely to participate in the labour force and face higher risks of vulnerable employment[101]. In such a situation, non-discrimination and job protection due to maternity become especially important tools to reduce gender-gap and ensure women's continued participation in the labour market.

Both job protection and non-discrimination due to maternity are key features of ILO Convention 183, which recognises that discrimination can occur not just during the period of pregnancy and lactation, but also during recruitment and hiring.

The WBT*i* assessments reveal that 17 out of the 57 countries assessed do not have legal provisions for protecting jobs and preventing discrimination linked to maternity (Figures 8A and 8B). A closer look shows that the majority of these countries are in Africa and Asia (Figure 8C).

FIG. 8A
STATUS OF JOB PROTECTION AND NON-DISCRIMINATION DUE TO MATERNITY
(WBT*i* Assessment)

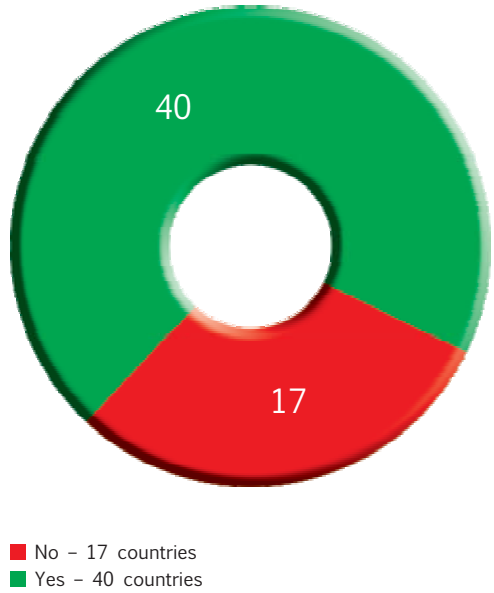


FIG. 8C
COUNTRIES WITHOUT JOB PROTECTION AND NON-DISCRIMINATION DUE TO MATERNITY BY REGION

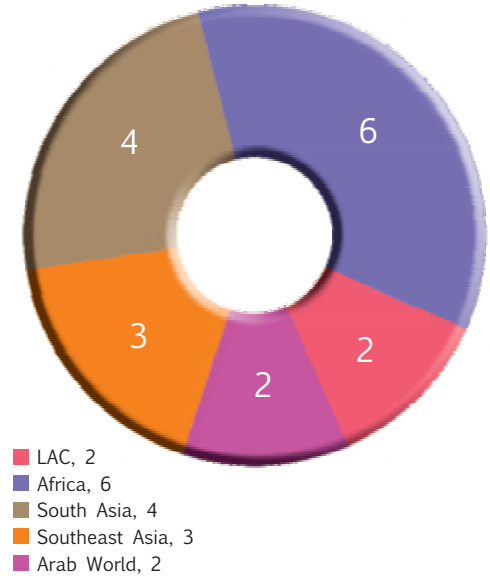
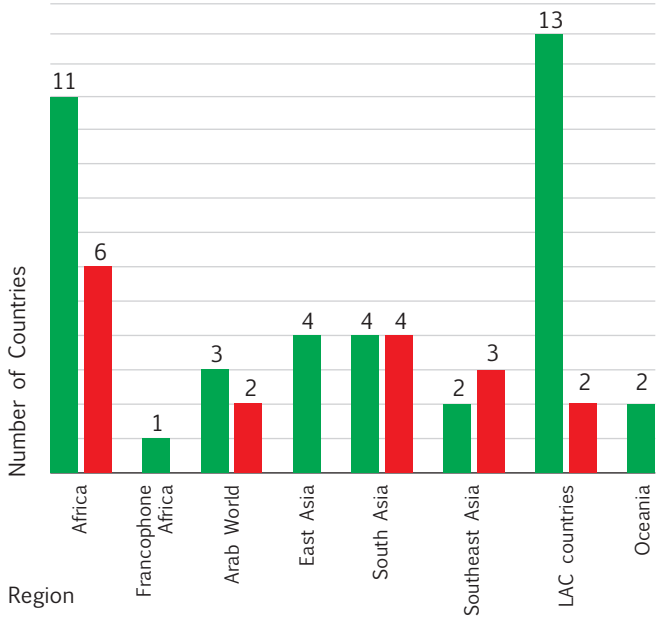


FIG. 8B
STATUS OF JOB PROTECTION AND NON-DISCRIMINATION DUE TO MATERNITY BY REGION
(WBT*i* Assessment)



However, discrimination due to maternity is not limited to the developing world; it is also increasing in developed countries such as Australia[102] resulting in the Department of Prime Minister and Cabinet funding the Australian Human Rights Commission to develop resources for employers and employees on job protection and non-discrimination due to maternity[103].

Box 16

1 in 6 Women in Japan Suffer Workplace Discrimination Over Pregnancy: A Survey

One in six pregnant working women experienced discrimination, harassment or insensitivity because of pregnancy, were the findings of a survey conducted by a life insurance company.

An online survey in June 2015 by IRRC Corp. of 500 women aged 20 to 40 found that 16 percent reported harassment from colleagues or bosses regarding their pregnancy, including remarks implying they should be dismissed.

When asked about their working environment (with multiple answers allowed), 43 percent said they were given no consideration such as exemption from hard work, and more than half said they continued to work over eight hours a day.

The results contradict efforts by the government to eradicate what is known in Japan as 'maternity harassment' as part of its measures to empower women. Prime Minister Shinzo Abe has touted championing the female sector of the workforce as one pillar of his economic growth strategy.

Of the respondents, 52 percent were in full-time work when they became pregnant, while 33 percent were part-timers, eight percent were temporary staffers and seven percent were contract employees.

On asked how they were harassed, (with multiple answers allowed) 41 percent said they feared dismissal, followed by 30 percent who said they were spoken to inconsiderately, and 13 percent saying they were assigned hard work or duties that had to be carried out while standing. Some responded that they were demoted or transferred.

Respondents cited colleagues or bosses as telling them it was burdensome to work with a woman expecting a baby, or that they should work as 'normal' because morning sickness is not an illness. Some also reported people smoking nearby. Excerpts from an article in The Japan Times Jul 8, 2015.

Available at http://www.japantimes.co.jp/news/2015/07/08/national/social-issues/1-6-women-japan-suffer-workplace-discrimination-pregnancy-survey/#.VaZkIXnAKM9

In the US, more than 3,900 pregnancy discrimination charges were filed with the Equal Employment Opportunity Commission and state and local Fair Employment Practices agencies in 1997. By fiscal year 2013, the total had shot up to 5,342[104]. In UK, the Alliance Against Pregnancy Discrimination in the workplace noted that six years on from the global financial crisis of 2008 and the onset of economic recession, pregnancy and maternity discrimination is now more common in UK workplaces than ever before: as many as 60,000 pregnant women and new mothers were forced out of their job in 2014[105]. The European Union country review demonstrated significant levels of maternity-based discrimination in several member states, many of which have strong laws against such discrimination; women were discriminated against during recruitment, as well as were harassed, dismissed and pressurised to resign because of pregnancy[106]. ILO has documented several instances of maternity-related discrimination in China, Korea, Dominican Republic, Costa Rica,

Cameroon, and other countries across the globe.

Globalisation appears to have intensified the problem of discrimination. For instance, the increased national and foreign investment in sectors linked to natural resources discoveries has led to more pregnant women losing their jobs, as employers are unwilling to pay for maternity leave[107]. In Greece, during the economic crisis, the Ombudsperson noted that the labour flexibility measures undertaken impacted pregnant women and mothers through contract changes when the women returned from maternity leave[108]. The CEACR expressed concern that women were exposed to 'increasingly deteriorating conditions of work, especially during pregnancy and after childbirth'[109].

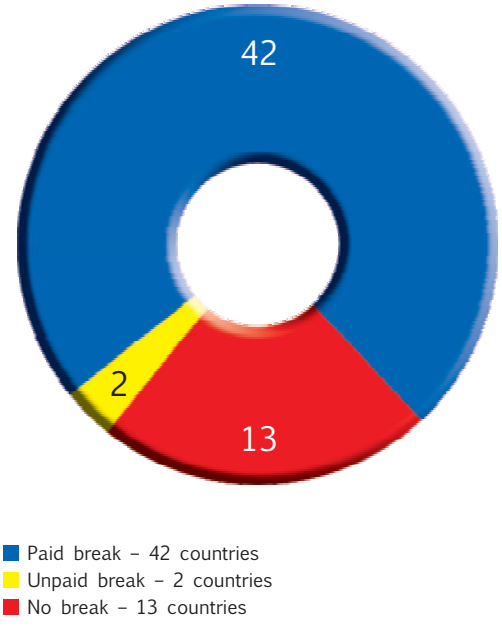
In its National Review, the Australian Human Rights Commission noted that maternity protection and anti sex-discrimination laws need to be stringently implemented[103]. Weak monitoring of the relevant national laws was also noted in the WBT*i* assessments.

Breastfeeding/ nursing breaks

Maternity protection recognises the mother's right to continue breastfeeding upon return to work. Because of the importance of nursing in establishing and continuing milk supply, nursing breaks during working hours have been recognised as vital entitlements by ILO not just in C183, but since its inception in 1919. Art. 3 of C3 (1919) entitles a nursing mother to two half-hour breaks during a working day. Art. 5 of C103 (1952) says that the entitlement should be incorporated in national legislation, and that the breaks should be considered as work, and paid accordingly. Art. 10 of C183 (2000) entitles women to one or more paid nursing breaks and/or reduced number of daily working hours, with the number and duration being dependent upon national legislation. R191 recommends that a medical certificate be used to determine the number and length of breastfeeding breaks to meet the specific requirements of individual women and infants, and that the breaks be combined, if needed, to reduce the hours of work. For instance, in Ecuador, in workplaces where there is no place to breastfeed or express milk, the law limits the hours of work for a nursing mother to six hours a day for a period of nine months after the birth of the child.

Figure 9 shows the breakup of countries by provision of breastfeeding/ nursing breaks in the countries that have completed the WBT*i* assessment.

FIG. 9
BREASTFEEDING BREAKS
(WBT*i* Assessment)



Most countries entitle women to paid breaks. Lebanon and Malawi allow unpaid breaks, while Ethiopia, Fiji, The Gambia, Guatemala, Kenya, Nepal, Pakistan, Philippines, Thailand, Uganda and Zambia do not give any.

Both the length of the breastfeeding break as well as the duration of the entitlement makes a difference, especially in the context of the WHO recommendation that breastfeeding should be continued for two years and beyond, even after introducing complementary foods after the first six months. While the WBT*i* gives no information regarding either the length of the break or for how long is the breastfeeding mother entitled to breaks, many countries have included this aspect in their national legislation; several of them allow at least 60 minutes per day for breaks and the entitlement to continue for more than six months (Table 9). Brazil, Colombia, Honduras and Lesotho allow breastfeeding breaks for six months, while Cape Verde allows for the first six months after birth. Argentina, China, Ghana, Jordan, Korea, Mongolia, Mozambique, Sao Tome & Principe, Sri Lanka and Vietnam allow for 12 months. Egypt is the only WBT*i* country that allows nursing breaks for two years, while the duration of entitlement in Botswana, Burkina Faso, Cameroon and India is between one and two years.

Ecuador, Mongolia and Kuwait allow 120 minutes daily as paid breaks, and Burkina Faso allows 90 minutes. Most of the other countries allow 60 minutes as breastfeeding break. Indonesian law states women workers should be given lactation breaks according to the needs of the mother. Thus every woman worker can have as many breaks as she needs, of duration she needs, and at the time she requires it.

TABLE 9

DURATION OF ENTITLEMENT TO BREASTFEEDING BREAKS IN WBT*i* COUNTRIES^ (2013)

Country	Duration of entitlement (months)	Total minutes daily
Afghanistan	Not specified	60
Argentina	12	60
Bangladesh	Not available	Not available
Bhutan	Not available	Not available
Bolivia	Not specified	60
Botswana	18.5	60
Brazil	6	60
Burkina Faso	16.5	90
Cameroon	15	60
Cape Verde	First six months after birth*	45 minutes in each work period*
China	12	60
Colombia	6	60
Costa Rica	Not specified	60
Dominican Republic	Not available	Not available
Ecuador	9	120
Egypt	24	60
El Salvador	Not specified	60
Ethiopia	Not available	Not available
Fiji	Not available	Not available
Gambia	Not available	Not available
Ghana	12	60

Country	Duration of entitlement (months)	Total minutes daily
Guatemala	10	60
Honduras	6	60
India	15	Not specified
Indonesia	Not specified	The law allows women workers to take lactation breaks according to their needs in terms of number, duration and time of break.
Jordon	12	60
Kenya	Not available	Not available
Kiribati	Not available	Not available
Korea	12	60
Kuwait	Not specified	120
Lebanon	Not available	Not available
Lesotho	6	60
Malawi	Not available	Not available
Maldives	Not available	Not available
Mexico	Not specified	60
Mongolia	12	120
Mozambique	12	60
Nepal	Not specified	Not specified
Nicaragua	Not specified	45
Pakistan	Not available	Not available
Peru	Not specified	60
Philippines	Not available	40**

Country	Duration of entitlement (months)	Total minutes daily
Sao Tome & Principe	12	60
Saudi Arabia	Not specified	60
Sri Lanka	12	60
Swaziland	5	60
Taiwan	Not available	Not available
Thailand	Not available	Not available
Timor Leste	Not available	Not available
Uganda	Not available	Not available
Uruguay	Not specified	60
Venezuela	Not specified	60
Vietnam	12	60
Zambia	Not available	Not available
Zimbabwe	Not specified	60

^ excluding Mauritius and Seychelles
* based on information compiled by the Geneva Infant Feeding Association, based on ILO data taken from http://www.ilo.org/dyn/travail/travmain.byCountry. Source: ILO. Maternity and Paternity at Work – law and practice across the world. International Labour Office, Geneva. 2014
** The breaks shall not be less than a total of 40 minutes for every eight-hour working period and shall include the time it takes an employee to get to and from the workplace lactation station.

Breastfeeding and childcare facilities

Studies have established a positive link between the provision of childcare facilities and productivity, including better performance and commitment, lower rates of absenteeism, higher levels of retention, skills preservation and lower levels of stress for parents.

Box 17

The Sumy State University implements family-friendly initiative, Ukraine

We have a room for parents with children in the Family Support Center. We call it '*Student Stork*'. It provides parents the opportunity to leave children there for several hours while they attend classes, meetings or some other duties in the university. A social teacher works in the room and looks after children. There are a lot of toys, books, games, and activities for child entertainment and development.

This room is a place where women can breastfeed their children or express milk; the age of our clients (children) starts with newborns. We also offer face-to-face counselling, as well as counselling by email or phone.

Yulia Savelyeva
IBFAN, Ukraine

Source:
http://leleka.sumdu.edu.ua/en/component/content/article/2-uncategorised/112-child-space.html.

A study from Germany shows that by introducing family-friendly measures, women return faster to work, which results in a return on investment of 25 percent[110]. Similar evidence is available from studies in Brazil, Chile, India, Kenya, South Africa and Thailand[111].

Article 5 of ILO Convention 156 requires that 'All measures compatible with national conditions and possibilities shall further be taken (a) to take account of the needs of workers with family responsibilities in community planning; and (b) to develop or promote community services, public or private, such as child-care and family services and facilities.' Recommendation 191, Paragraph 5 urges that 'where practicable, provision should be made for the establishment of facilities for nursing under adequate hygienic conditions at or near the workplace.' The legislation in less than half the 57 countries that conducted the WBT*i* assessment did include breastfeeding and childcare facilities at the workplace (figure 10). These countries included Bhutan, Botswana, Cape Verde, Colombia, Ethiopia, Fiji, The Gambia, Ghana, Kiribati, Kuwait, Lebanon, Lesotho, Malawi, Maldives, Mexico, Mongolia, Mozambique, Pakistan, Philippines, Sao Tome & Principe, Swaziland, Taiwan, Thailand, Timor Leste, Uganda, Uruguay, Vietnam, Zambia and Zimbabwe. However, some of the countries such as Philippines and Kuwait have since amended legislation to make this provision an entitlement.

Box 18

Philippines' Laws Related to Breastfeeding Facilities

In a survey titled *Nutritional Status of Filipino Children and other Population Groups: 2011*, conducted by the Food and Nutrition Research Institute, 'working outside the home' emerged as one of the top reasons why Filipino mothers stop breastfeeding. It showed that most mothers are misinformed or unaware that there is a law which supports them to continue to breastfeeding their babies, even if they go back to work.

The law, rules and orders related to breastfeeding breaks and facilities are enumerated under different Acts and Orders such as:
Republic Act No. 10028 or the Expanded Breastfeeding Promotion Act of 2009.
It lists the following entitlements:
• Working and breastfeeding moms are entitled to paid lactation break intervals (on top of the regular time off for meals) to allow the employees to breastfeed or express milk.

• These intervals should not be less than a total of forty (40) minutes for every eight (8) hour working period.

• Lactation rooms must be established and must NOT be located inside the toilet. It must also be equipped with facilities such as a sink for hand washing, electrical outlets, small table, comfortable seats, which will allow women to express their milk or breastfeed their child.

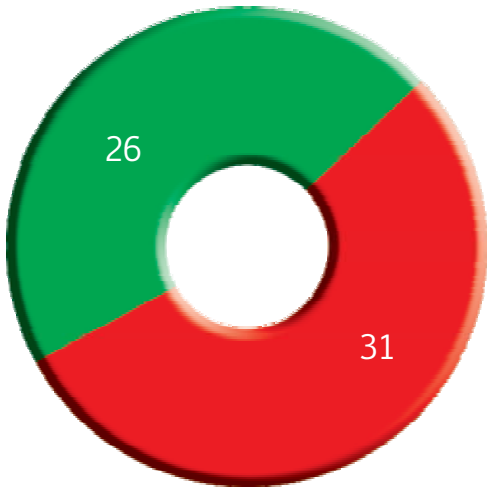
Rules and Regulations Implementing Republic Act No. 10028
• The duration and frequency of breaks may be agreed upon by the employees and employers with the minimum being 40 minutes.
• The recommended period is 2-3 milk expressions lasting 15-30 minutes each within a work day.
• A workplace lactation policy must be established.

Department of Labor and Employment's Department Order No. 115-A, series of 2012
Compliance with the requirements of Republic Act No. 10028 is a requirement for the issuance of a Tripartite Certificate of Compliance with Labor Standards.

Department of Labor and Employment's Department Order No. 119-12, series of 2012 • If you are a night worker (e.g. call center agent with night shift), one of the mandatory facilities that your employer must provide is a lactation station.

Report by
Atty. Jennifer Joy C. Ong
Peer Counselor, L.A.T.C.H. (Lactation, Attachment, Training, Counselling Help), Philippines

FIG. 10
LEGISLATIVE STATUS OF BREASTFEEDING/CHILDCARE FACILITIES
(WBT*i* Assessment)



In countries where it is available, legislative provision of breastfeeding and childcare facilities is usually dependent upon the number of workers, especially female workers at the workplace. The number of female workers required for having a crèche range from 20 in Honduras, Jordon, Peru and Venezuela to 100 in Egypt (Table 10). Some countries require such facilities at all workplaces – Afghanistan, Argentina, Colombia, El Salvador, Indonesia, Korea and Philippines.

Box 19

Breastfeeding Support in Latin America and the Caribbean

After European countries, it is probably the LAC region that has some of the most breastfeeding-friendly policies. The following are the policies in some countries.

Argentina
The recently approved Act 26.873 for *Breastfeeding Promotion and Awareness* establishes the creation of breastfeeding centres, human milk banks and breastfeeding support rooms at the workplace.

Brazil
Maternity leave is 120 days full paid and paternity leave is 5 days since 1988; the extension of maternity leave to six months postpartum was approved in 2008 for all public sector employees (except for some municipalities) and is optional for private companies and others employees. The breastfeeding support rooms at the workplace (SALM) are spaces within the workplace for expression of breastmilk and storage in the freezer to be transported to the homes at the end of the day. They are growing in number all over the country since 2010 when they were officially launched by the Ministry of Health. There are some isolated experiences of SALM in non-hospital health units open to informal workers of the community. Brazil has a legislation to protect student mothers during lactation: they can write their exams, tests, etc. from home while breastfeeding.

Colombia
By Agreement of the Council of Bogotá, breastfeeding support rooms at the workplace, locally called *Friendly Rooms for the Family and Children* were established in communities and enterprises. This rule has to be implemented irrespective of the number of women in the community or the enterprise.

Costa Rica
A Regulation of *Article 100* of the

Labour Code establishes for all companies with 30 or more workers the obligation of providing a nursing room, both in public and private sector.

In the case of migrants, without distinction of their legal or non legal status, the health system should provide access to health and maternity services. A Guideline of the Minister of Education allows students to bring their babies to school, to breastfeed them and to establish breastfeeding support rooms at the workplace or safe spaces to express and store breastmilk. Mothers in prison can be with their babies until 3 years. They are also entitled to a crèche.

El Salvador

The *Law 404 of Protection and Promotion of Breastfeeding Support, Article 35*, establishes:

- 1 hour daily for breastfeeding until 6 months postpartum
- These hours are not during lunch and are counted as effective work and paid equally. They cannot be compensated or replaced. Employers are required to establish breastfeeding support rooms at the workplace so that mothers can extract and store breastmilk.

Article 37: Education Centers and Universities must meet all parameters within the scope of Article 35 so that mothers can extract and preserve breastmilk.

Peru

The *Supreme Decree No. 29896* develops a Law which mandates setting up breastfeeding support rooms at the workplace in public and private sector to promote and support breastfeeding. Setting up such rooms is obligatory for all public or private establishments with 20 or more workers.

Venezuela

The *Law for the Protection of Families, Maternity and Paternity* establishes that fathers cannot be moved or transferred for a year after the birth of the baby. Fathers are entitled to 14 days postnatal and 21 days for multiple births so they can help and support the mother. In 2012, the new *Labour Law for Workers* establishes postnatal leave for mothers for 20 weeks, to which a further six weeks prenatal leave was added; the total paid pre and postnatal leave period is now 26 weeks, equivalent to six and a half months. In addition, every company should have a centre for early childhood education and a nursery room for children of workers. Women are entitled to two 30-minute daily breaks if there is a room for breastfeeding, and 1.5 hour twice per day if there is no room and they have to go out to feed the baby, ie 3 hours in total during a working day schedule of 8 hours. A new reform of the law initiated in 2013, and currently waiting to be sanctioned by the National Assembly, includes

- breaks for breastfeeding until the child is two years old
- special considerations for breastfeeding mothers if they are in jail, and for adolescents;
- the obligation of 40 academic hours on breastfeeding in the curriculum of studies of university health training centres
- the requirement to establish breastfeeding services in all health centres with maternity care.

Report by Marta Trejos
Regional Coordinator, IBFAN LAC
Costa Rica

Restricting facilities to a specific number of either workers or children can reduce women's opportunities for work. For instance, in India, the *Mahatma Gandhi National Rural Employment Guarantee Act* that gives informal daily employment at minimum wage to those who need it specifies that worksites where more than five children are brought should have an arrangement for child care, with a woman care giver who is paid from the budget to implement the Act. However, as the women are never quite certain of whether there will be five children or not at the worksite, they tend not to bring their children with them to work, often leaving them in the care of siblings.

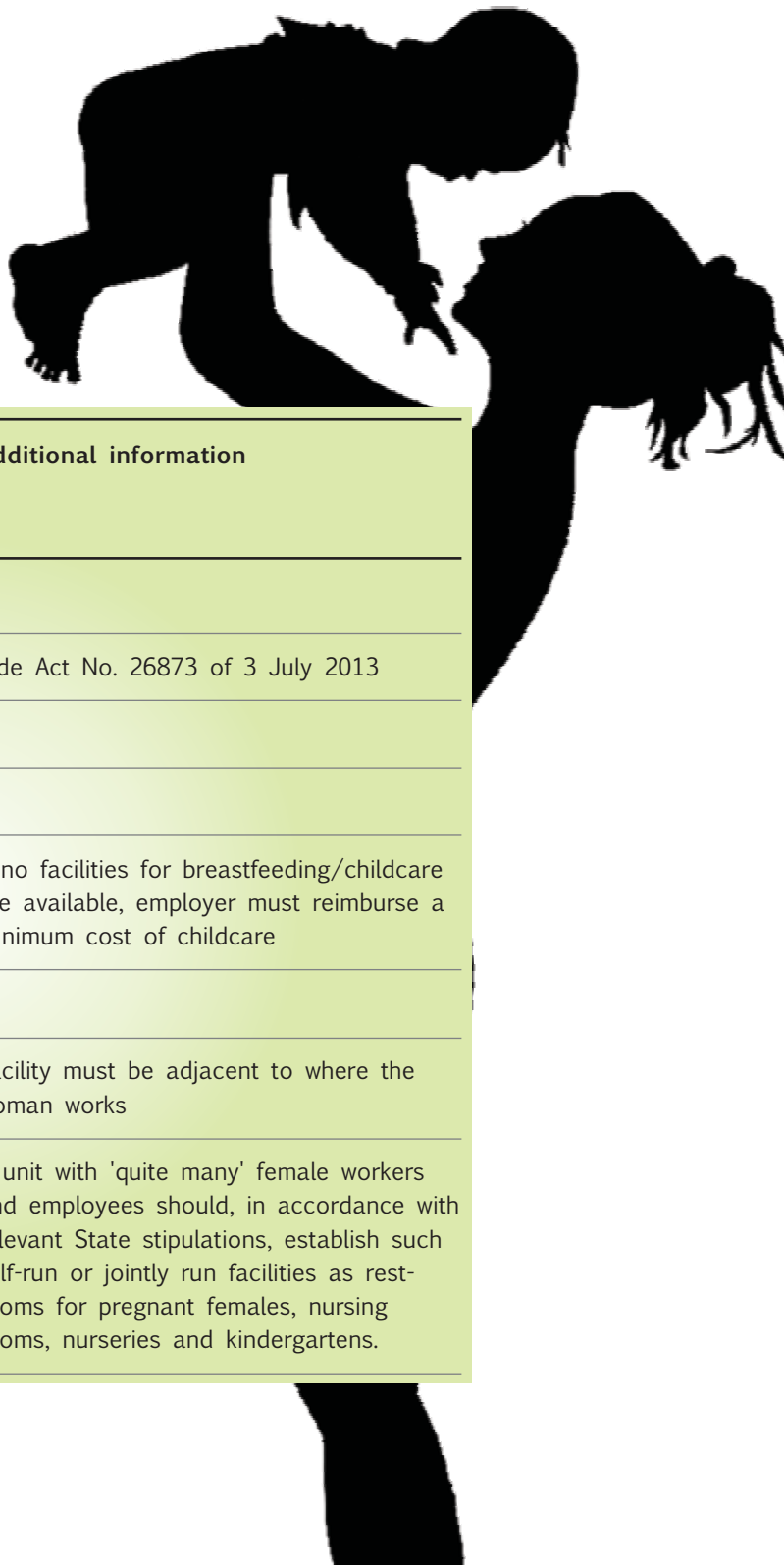


TABLE 10
WORKER REQUIREMENTS FOR BREASTFEEDING/CHILDCARE FACILITIES IN WBT*i* COUNTRIES (2013)

Country	Minimum no of workers (W)/ Female Workers (F)	Additional information
Afghanistan	All workplaces	
Argentina	All workplaces	Vide Act No. 26873 of 3 July 2013
Bangladesh	40FW	
Bolivia	50W	
Brazil	30FW	If no facilities for breastfeeding/childcare are available, employer must reimburse a minimum cost of childcare
Cameroon	50FW	
Colombia	All workplaces	Facility must be adjacent to where the woman works
China	Unspecified	A unit with 'quite many' female workers and employees should, in accordance with relevant State stipulations, establish such self-run or jointly run facilities as rest-rooms for pregnant females, nursing rooms, nurseries and kindergartens.

Country	Minimum no of workers (W)/ Female Workers (F)	Additional information
Costa Rica	30FW	Facility must be adjacent to where the woman works
Ecuador	50W	Nursery for employees' children
Egypt	100FW	
El Salvador	All workplaces	Rooms, cots and areas for workers' children
Guatemala	30FW	Additionally, a room for leaving children under three years of age while mothers are working, under the supervision of an appropriate designated person paid to carry out that task. If no facilities for breastfeeding/childcare available, employer must reimburse cost of childcare
Honduras	20FW	If no facilities for breastfeeding/childcare available, employer must reimburse cost of childcare
India	60FW	Under the Mahatma Gandhi National Employment Guarantee Act, a worksite established under the Act with minimum of five children should provide adequate space and the services of caregiver who will be paid through the scheme.
Indonesia	All workplaces	
Jordon	20FW	
Korea	All workplaces	
Kuwait	50FW	
Nepal	50FW	
Nicaragua	30FW	Facility must be adjacent to where the woman works
Peru	20FW	Must include facility for expressing and storing breastmilk

Country	Minimum no of workers (W)/ Female Workers (F)	Additional information
Philippines	All workplaces	The Philippines' Act on Expanding Breastfeeding of 2009, establishes that lactation stations shall not be located in the toilet. And they shall be adequately provided with the necessary equipment and facilities, such as facilities for hand-washing. Unless there are easily accessible facilities nearby, refrigeration or appropriate cooling facilities for storing expressed breast milk, electrical outlets for breast pumps, a small table and comfortable seats to be provided.
Saudi Arabia	50FW	Adequate number of babysitters to look after children under six years of age
Venezuela	20FW	If no facilities for breastfeeding/childcare available, employer must reimburse cost of childcare
Vietnam	Unspecified	If no facilities for breastfeeding/childcare available, employer must reimburse cost of childcare

Source: ILO. Maternity and Paternity at Work – law and practice across the world. International Labour Office, Geneva. 2014

CRÈCHES AND BREASTFEEDING

ILO Recommendation 191 especially mentions that breastfeeding facilities should be provided at or near the workplace. Analysing the decline in breastfeeding, Greiner noted in 1979 that for the working woman, the lack of crèches was an important cause of weaning among the elites and supplementation among the other women[112]. A 1999 study by Haider reveals that provision of crèche facilities at the International Center for Diarrhoeal Disease Research, Bangladesh led to greater productivity and concentration on work amongst women workers[113]. Salami, studying the factors influencing breastfeeding in Nigeria, concluded that the most influencing factor of breastfeeding practices is proximity to baby. She recommended that crèche facilities be provided at the work place or market place to reduce the distance between babies and their mothers[114]. Yet another study from Nigeria noted that mothers overwhelmingly felt that the presence and availability of hygienic crèches in their offices will reduce the obstacles to exclusive breastfeeding[115].

CONCLUSION

Legally mandated maternity protection and related maternity entitlements do not recognise that all women are workers, whether they engage in paid work or not. Laws, where they exist, are mostly confined to the formal economy, though some countries offer legal maternity protection to women working in the informal economy. In practice, they are poorly implemented.

The pressures of economic crises and trade liberalisation have diluted labour laws and reduced state spending on social welfare, and employer liability schemes predominate, impacting women's employment opportunities. In addition, working women face the onslaught of infant formula promotion, which often is directed at their confidence in their ability to breastfeed the child. This, combined with a lack of adequate and unbiased information on infant feeding and on maternity protection can have a significant influence on women's infant feeding decisions.

PART III
OTHER RELATED INTERVENTIONS

- Working women and formula feeding
- Restricting promotional practices of infant formula manufacturers
- Baby-friendly Hospital Initiative (BFHI)
- Skilled counselling
- Need for an overarching communication strategy

Other related interventions

Women's work environments pose several challenges to breastfeeding. While adequate national maternity protection legislation and its effective implementation goes a long way towards ameliorating the situation, it is not a complete solution. Infant formula manufacturers have, over decades, exploited women's dilemmas and presented formula as a suitable alternative to breastfeeding, in fact, sometimes as the better alternative. As the success of breastfeeding adequately depends upon a woman's confidence in her ability to adequately breastfeed, formula manufacturers have consistently tried to erode this confidence, using science, women's own aspirations and feminist phraseology in their advertising campaigns. Restraining the aggressive promotional practices of formula makers as well as rebuilding women's self-confidence in the context of breastfeeding through rejuvenating the Baby Friendly Hospital Initiative, skilled counselling and an overarching communication strategy, are thus other vital interventions for optimal infant feeding.

WORKING WOMEN AND FORMULA FEEDING

At a recent advocacy seminar on breastfeeding in Pakistan, health experts said that bottle-feeding rates are highest amongst working women, upper social strata, and urban parents[116]. A recent study from India revealed that only 38 percent of working women managed to breastfeed their children exclusively for six months[117]. The Australian National Breastfeeding Strategy 2010-2015 identifies provision of formula and non-breastfeeding friendly employment and work environments as important factors that influence women's infant feeding decisions[118].

Despite increasing evidence of the benefits of breastfeeding, global sales of baby foods—mainly bovine milk-based formulas—rose from US$18 billion in 1999 to US$58 billion in 2013, and are forecast to rise to US$89 billion by 2017[119]. An analysis of the Asia Pacific market for infant formula from 2009-2014 noted that Hong Kong and China showed 35.4 percent and 21.6 percent compound annual growth rate respectively; there was 18.6 percent growth in sales in Saudi Arabia, 17.6 percent in Vietnam and 14.3 percent in Indonesia[120]. So this may go further to explain that despite the compelling evidence of the benefits of breastfeeding; other pressures cause women to bottle-feed.

RESTRICTING PROMOTIONAL PRACTICES OF INFANT FORMULA MANUFACTURERS

In 1981, the World Health Assembly of WHO adopted the *International Code of Marketing of Breastmilk Substitutes* as a global public health strategy to protect breastfeeding. The Code and subsequent related World Health Assembly resolutions restrict the promotional strategies of commercial manufacturers of infant milks, foods, feeding bottles and teats, especially those aimed at parents, health workers and the health system. They also contain specific provisions and recommendations related to the labelling of such foods. Some countries have translated the Code and the resolutions into national legislation.

BOX 20

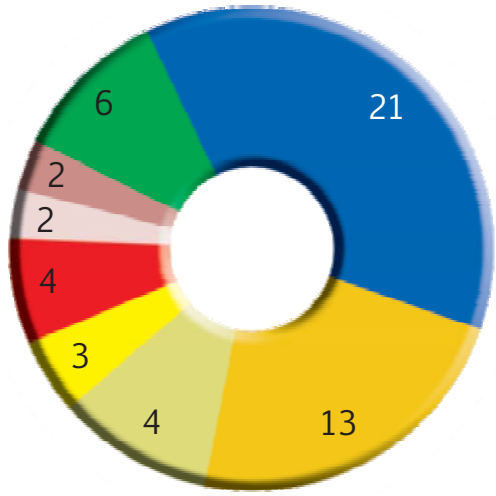
From Hawking to Lawmaking, a Vendor Takes Up the Cause of Maternity Protection with the Government, Philippines

A leader of NAMASFED (the organisation representing market vendors in provincial Naga City), who is a vendor of canned food as well as a law student underwent a lactation management programme. Since then he is actively promoting breastfeeding rights and workers entitlement. He represents NAMASFED in lobbying the City Council to pass a local ordinance on maternity protection, especially breastfeeding rights, and to implement the provisions of the *Milk Code and Expanded Breastfeeding Promotion Act* locally. The members of NAMASFED have been attending public hearings in the City Hall.

Report by
Babes, Gloria and Nenita
leaders of ALLWEIS, Philippines
as told to **Ines Fernandez,** Coordinator, IBFAN Southeast Asia

Figure 11 gives the status of the *International Code* according to WBT*i* assessments.

FIG. 11
STATUS OF THE INTERNATIONAL CODE*
(WBT*i* Assessment)



- All articles of the Code as law, monitored and enforced – 6 countries
- National breastfeeding policy incorporating the Code in full or in part but not legally binding and, therefore, unenforceable – 2 countries
- National measures (to take into account measures other than law), awaiting final approval – 2 countries
- Administrative directive/circular implementing the Code in full or in part in health facilities, with administrative sanctions – 4 countries
- Some articles of the Code as a voluntary measure – 3 countries
- Code as a voluntary measure – 4 countries
- Some articles of the Code as law – 13 countries
- All articles of the Code as law –21 countries

*excluding Mauritius and Seychelles

As can be seen in figure 11, only six countries have not just adequate legislation, but also enforce it strictly and monitor violations; in 23 countries, monitoring is lax or nonexistent though there is a law. The International Code Documentation Centre (ICDC) has revealed several violations of the provisions of both national laws and of the Code itself[121]. Coriolis, a New Zealand based management consultancy firm explains that while infant formula is typically defined as 'birth to six months', it is subsequently renamed for a range of reasons (primarily to avoid regulation and restrictions on advertising). Stage I in the segmentation deals with 'infant formula' (the heavily restricted period from birth to six months) and manufacturers sell mainly through doctors and nurses; brand loyalty continues to be built through state 2 (follow-up formula) and stage 3 (toddler formula and 'growing up milk')[122].

THE BABY-FRIENDLY HOSPITAL INITIATIVE (BFHI)

In addition to their working environment, need for income, family and peer pressures and personal choice, women's motivation to exclusively breastfeed their babies in the first few months is heavily influenced by the advice and encouragement given by the health worker.

BOX 21

'They Fed My Baby with Formula'

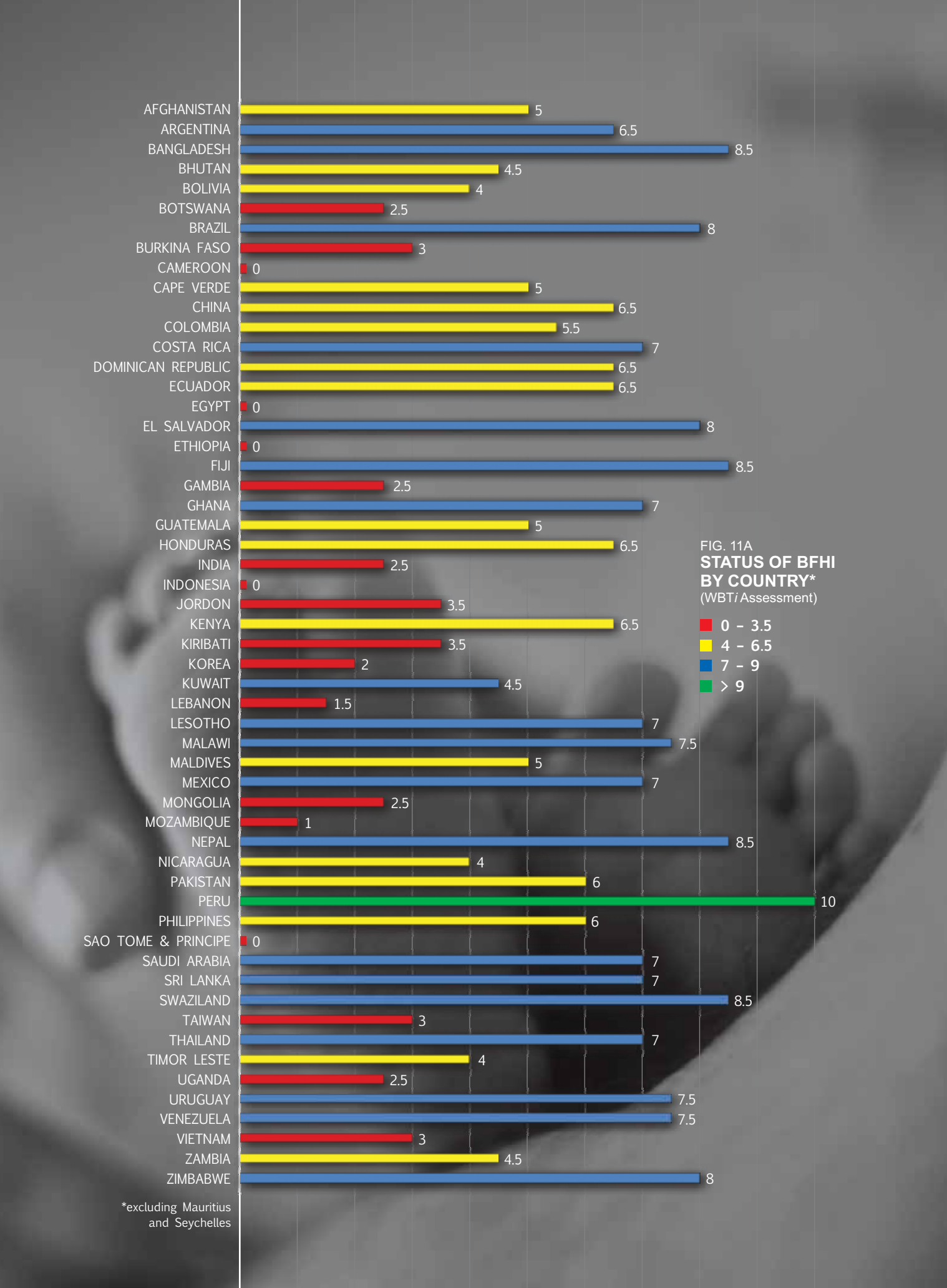
Breastfeeding-unfriendly hospitals and health professionals

When my baby was born, they didn´t allow me to be with her during her first hour. They let me kiss her and then took her away. I told the nurse that i wanted to breastfeed her immediately but she told me i shouldn´t. She advised me to rest until the effects of anaesthesia was over. They fed my baby with formula. Every time i asked to feed her i was told to make an appointment at a specific time but whenever i visited my baby, she was asleep. Once i came back home i managed to improve my daughter's sucking ability by breastfeeding her. But the doctor advised me to feed her with formula, and only breastfeed for 10 minutes each with every breast. I, however, went with my instinct and just breastfed my baby. After a month, during consultations with my doctor, he told me i was doing wrong by not giving my baby formula. I felt very guilty. I gave up breastfeeding and started using formula. When my daughter was four months the doctor told me that she was low in weight and that i was to feed her purees. I believe the hospital and the doctor violated my rights."

Clauda Sánchez Espinoza
She gave birth in a private hospital, Lomas, in San Luis Potosí.
Her story as reported by **Yatziri Zepeda Medina** and **Dr Marcos Arana**, ProyectoAliMente, Mexico

In order for maternity protection measures to effectively protect breastfeeding, the practice of breastfeeding must begin as early as possible, preferably soon after birth. Besides providing colostrum, which is the infant's first source of immunity from several common diseases, early breastfeeding ensures that milk starts to be produced in adequate quantities to meet the baby's needs. Studies have shown that early initiation of breastfeeding encourages the mother to continue breastfeeding for longer periods.

The Baby-friendly Hospital Initiative was launched to ensure that women who gave birth in hospitals were not exposed to commercial breastmilk substitutes and were instead encouraged to initiate breastfeeding from the beginning. BFHI requires that health facilities strictly implement the Code or relevant national legislation, and can thus be effective in extending the period of exclusive breastfeeding[123-124]. WBT*i* assessment show that the BFHI initiative is very inadequately implemented by countries (Figure 11A).


AFGHANISTAN 5
ARGENTINA 6.5
BANGLADESH 8.5
BHUTAN 4.5
BOLIVIA 4
BOTSWANA 2.5
BRAZIL 8
BURKINA FASO 3
CAMEROON 0
CAPE VERDE 5
CHINA 6.5
COLOMBIA 5.5
COSTA RICA 7
DOMINICAN REPUBLIC 6.5
ECUADOR 6.5
EGYPT 0
EL SALVADOR 8
ETHIOPIA 0
FIJI 8.5
GAMBIA 2.5
GHANA 7
GUATEMALA 5
HONDURAS 6.5
INDIA 2.5
INDONESIA 0
JORDON 3.5
KENYA 6.5
KIRIBATI 3.5
KOREA 2
KUWAIT 4.5
LEBANON 1.5
LESOTHO 7
MALAWI 7.5
MALDIVES 5
MEXICO 7
MONGOLIA 2.5
MOZAMBIQUE 1
NEPAL 8.5
NICARAGUA 4
PAKISTAN 6
PERU 10
PHILIPPINES 6
SAO TOME & PRINCIPE 0
SAUDI ARABIA 7
SRI LANKA 7
SWAZILAND 8.5
TAIWAN 3
THAILAND 7
TIMOR LESTE 4
UGANDA 2.5
URUGUAY 7.5
VENEZUELA 7.5
VIETNAM 3
ZAMBIA 4.5
ZIMBABWE 8
*excluding Mauritius and Seychelles
FIG. 11A
STATUS OF BFHI BY COUNTRY*
(WBTi Assessment)
0 – 3.5
4 – 6.5
7 – 9
> 9

SKILLED COUNSELLING

Successful breastfeeding depends upon two hormones, prolactin and oxytocin. Prolactin, which leads to the formation of milk in the breast, is produced when the baby suckles at the breast. Oxytocin which maintains the flow of milk from the breast to the baby's mouth depends on the woman's state of mind. If she is unhappy, tense, or worried, or in pain, there is a decrease in the level of this hormone, and the milk, though present in the breast, will not flow easily to the baby's mouth, and mothers often resort to formula feeding. As this reduces suckling at the breast, less milk is produced, and over time, this can lead to cessation of breastfeeding.

Over decades, the infant formula manufacturers have sown doubts in women that they cannot produce enough milk to meet the nutritional needs of their children, and this doubt is the beginning of the vicious cycle of less suckling by the infant and increased stress of the mother, that ends with formula feeding. The problem is compounded by tensions related to work, to family and peer pressure, and often sore and painful breasts and cracked nipples.

An online survey of 12 World Health Organization Western Pacific offices in February 2015 revealed that the most commonly reported reason women did not breastfeed was return to work (44%)[125].

Maternity protection, especially the provision of paid breastfeeding breaks, addresses the problems of breastfeeding to some extent, by allowing women to either suckle the baby or use breast pumps at regular intervals so that the breasts continue to produce milk. Breastfeeding facilities at the work place help in ensuring the mother's peace of mind that the baby is being looked after. However, neither interventions tackle the problem of lack of self-confidence.

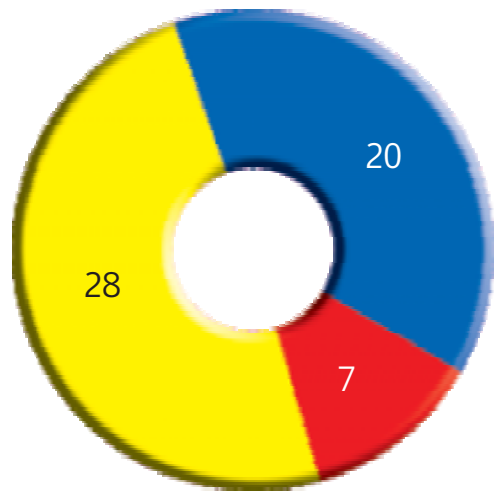
Studies across the world have shown that skilled group and one-to-one counselling can build up a woman's confidence in her ability to breastfeed her baby successfully[126-130]. A Cochrane Database review of 52 studies of 56,451 mother-infant pairs showed that women who were supported in any way continued to breastfeed for a longer period, and delayed the introduction of any other types of liquids or foods. Both professional and lay supporters had a positive impact on breastfeeding outcomes[131-134]. Face-to-face support was significantly more effective compared with telephone support.

The WBT*i* assessment shows that while in 20 countries, IYCF support services have national coverage (Figures 12A and 12B), in only 14 of the assessed countries do all women have access to skilled counselling (Figures 12C and 12D); community support services are present in even fewer countries – 10 (Figures 12E and 12F).

FIG. 12A

STATUS OF IYCF SUPPORT SERVICES*

(WBT*i* Assessment)



*excluding Mauritius and Seychelles

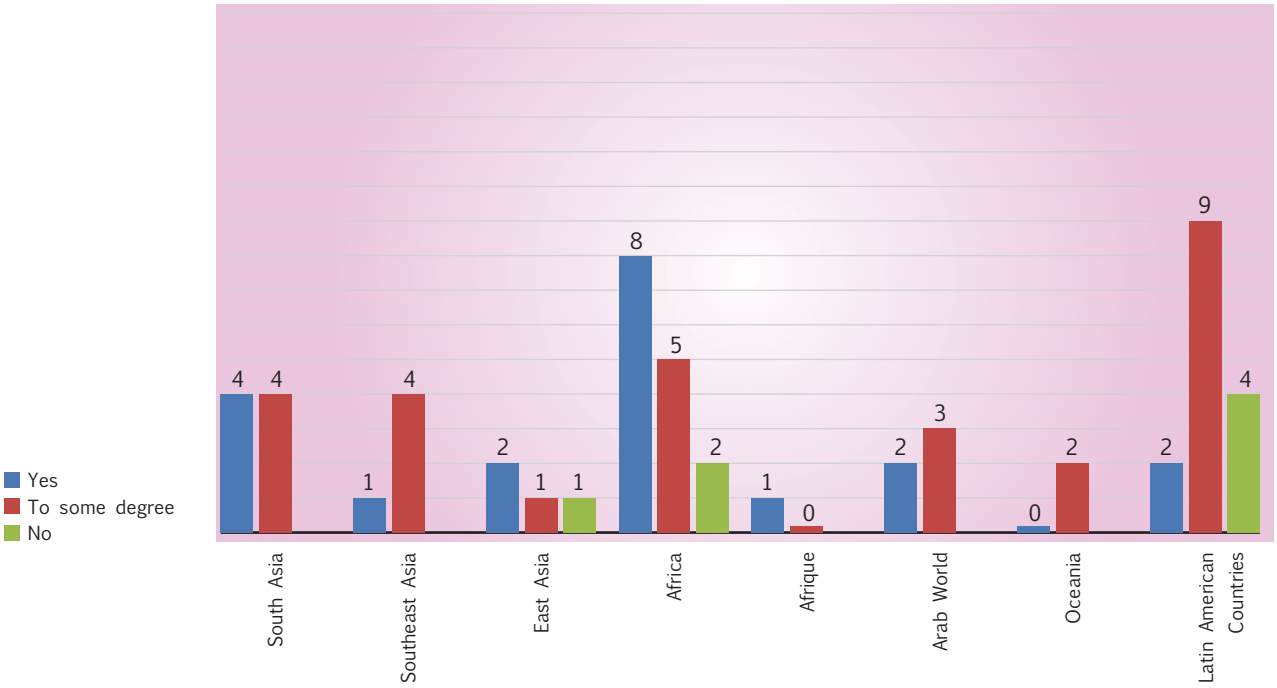
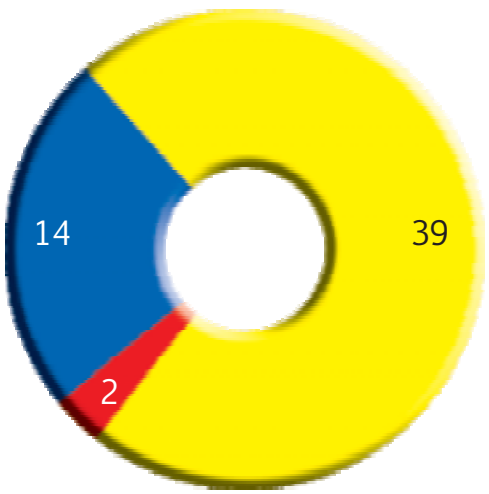


FIG. 12B
STATUS OF IYCF SUPPORT SERVICES BY REGION*
(WBT*i* Assessment)

*excluding Mauritius and Seychelles

FIG. 12C
STATUS OF WOMEN'S ACCESS TO SUPPORT SERVICES*
(WBT*i* Assessment)



No – 2 countries
Yes – 14 countries
To some degree – 39 countries

*excluding Mauritius and Seychelles

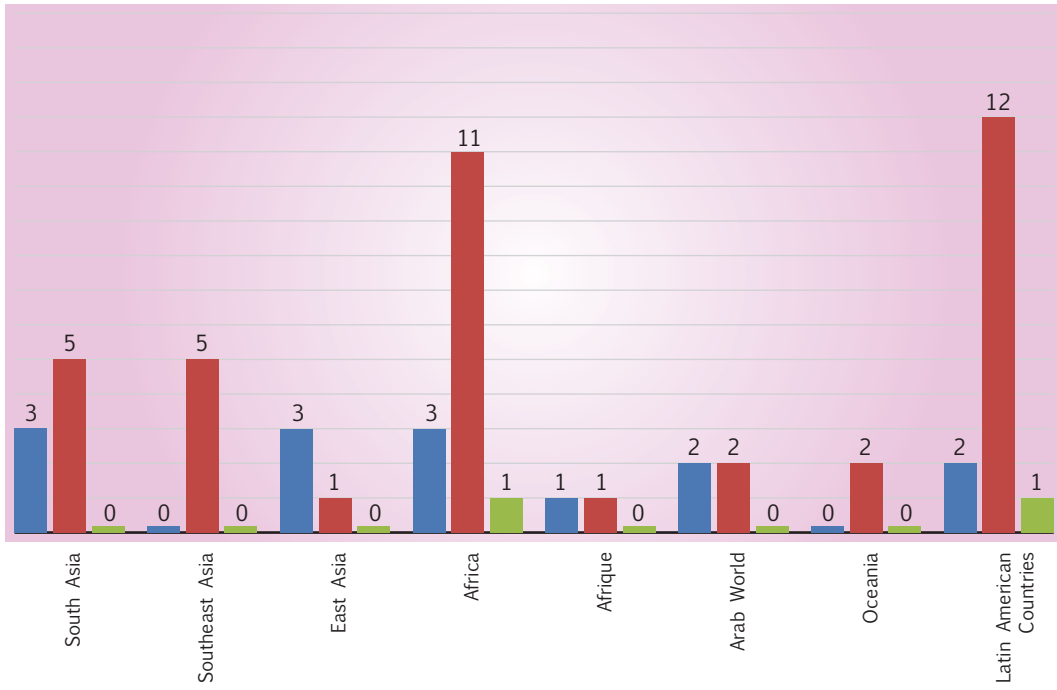


FIG. 12D

STATUS OF WOMEN'S ACCESS TO IYCF SUPPORT SERVICES BY REGION*

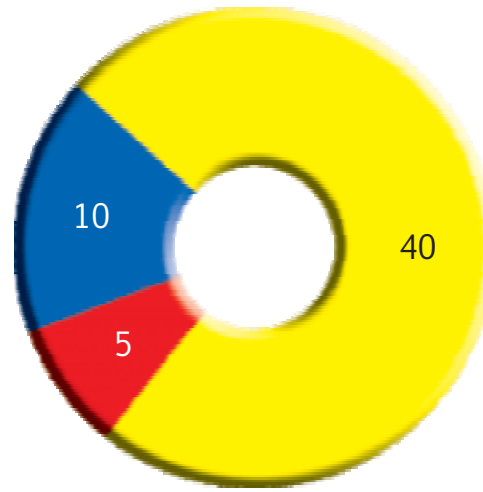
(WBT*i* Assessment)

*excluding Mauritius and Seychelles

FIG. 12E

STATUS OF WOMEN'S ACCESS TO COMMUNITY-BASED IYCF SUPPORT SERVICES*

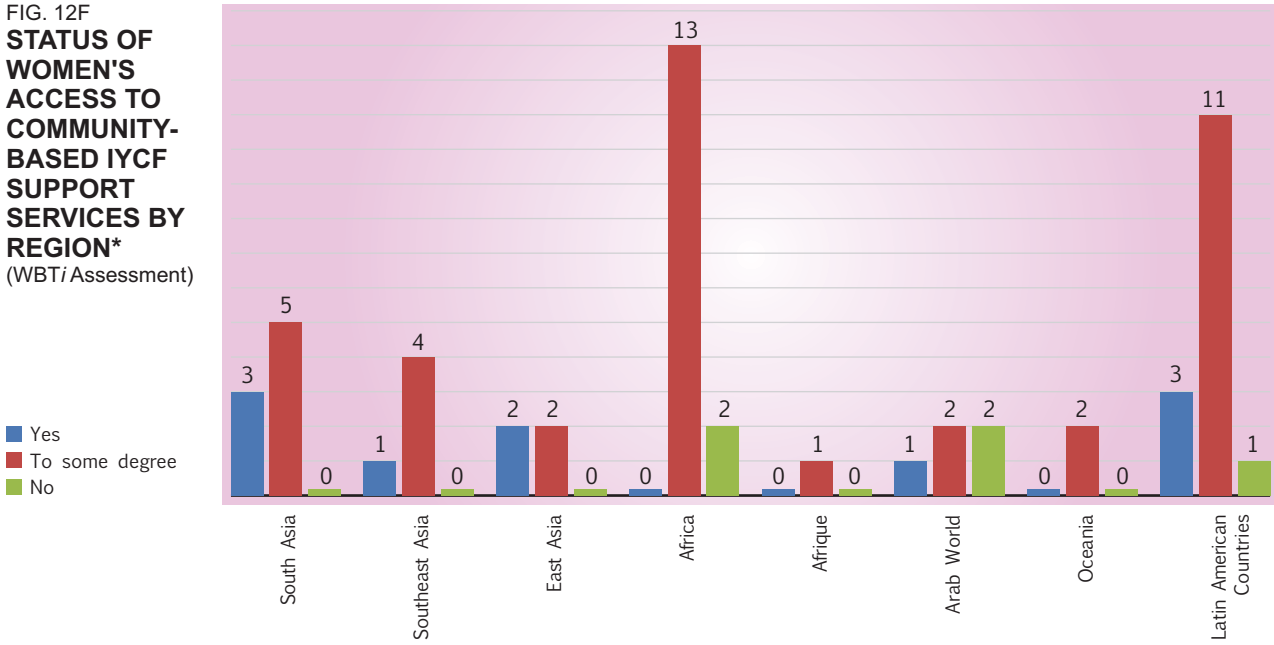
(WBT*i* Assessment)



*excluding Mauritius and Seychelles

*excluding Mauritius and Seychelles

FIG. 12F
STATUS OF WOMEN'S ACCESS TO COMMUNITY-BASED IYCF SUPPORT SERVICES BY REGION*
(WBT*i* Assessment)



NEED FOR AN OVERARCHING COMMUNICATION STRATEGY

Restriction of aggressive promotion of commercial infant formula must be combined with a well-thought out strategy that promotes breastfeeding. Kattapong's meta-analysis of education-based breastfeeding interventions, which examined data from 52 studies, concluded that educational breastfeeding interventions are effective in improving the rates of breastfeeding from initiation and up to six months postpartum, especially if in conjunction with multidimensional interventions[135]. Wakefield et al noted that adequate population exposure to media messages showed positive results in Jordan and Armenia[136]. Unicef's case study on Uganda young child feeding programme recommends developing a communications strategy aimed at ensuring that all women have equitable access to accurate, clear, and consistent messages[137].

The communication strategy must clearly connect the need for breastfeeding with the availability of maternity protection. Women should not only be made aware of the existence of maternity protection legislation, but also of the monitoring mechanisms and how to make complaints in case the law is not adhered to.

Conclusion

Maternity protection is vital to enhancing breastfeeding rates, but alone is not sufficient to do so. While it creates the environment in which working women can successfully breastfeed, other interventions such as the Baby-friendly Hospital Initiative and lactation counselling in the community and at the work place can help strengthen women's resolve to breastfeed their children.

At the same time there has to be an overarching communication strategy that informs women about their maternity entitlements and about the benefits of breastfeeding. Concurrently, legislation must be created and implemented that restricts formula manufacturers from promoting their products for children during the years of breastfeeding.

The Way Forward

MATERNITY PROTECTION IS EXTREMELY COMPLEX as it tries to harmonise two seemingly opposing goals i.e. safeguarding and optimising opportunities for women's productive work, while at the same time enabling them to fulfil their reproductive work in terms of childbirth and childcare in a way that is best for them and the child. While healthcare professionals, economists and other academics agree that women require some rest before and after delivery as well as time for caring for the baby, especially for exclusive breastfeeding, employers often tend to look at the financial and workload implications.

Laws related to maternity protection are among the least stringently implemented, and information about entitlements, where they exist, is sadly lacking among women. Further, as several studies have shown, globalisation is making women's employment is increasingly vulnerable, pushing them to the informal sector, which is characterised by the lack of labour laws, including laws related to maternity protection. Sex-discrimination at work, especially after pregnancy and childbirth, complicates the situation further. The baby food industry takes advantage of the vulnerability of women related to work, whether aspirational or born of financial need, to increase its market at the cost of breastfeeding.

COMBINING BREASTFEEDING AND WORK

The WBT*i* assessments of national policies and programmes related to maternity protection has highlighted several gaps in almost all aspects, and made recommendations to enable women to combine breastfeeding with work.

Strengthening legislation on maternity protection

Universalising maternity protection by recognising all forms of women's work as productive work. Both work for wages and care work needs to be recognised as productive work. Women's social contribution to nation building through child bearing and rearing needs to be compensated and maternity protection laws should be made universal for women working in the formal sector, in the informal sector and for home makers, as has been done by Ecuador.

Maternity leave

Countries should provide at least 30 weeks of paid maternity leave, with compulsory four weeks prenatal leave, and 26 weeks postnatal leave to both recover from childbirth and practise exclusive breastfeeding.

Wage compensation for the informal sector and home makers

Women working in the informal sector should be entitled to wage compensation at the same rate as those working in the formal sector. Countries should look for creative ways to raise the finances for this, including through voluntary contributions, taxation, and so on.

In the case of women below the poverty line or women-headed households, cash compensation can be calculated at two-thirds of the national minimum wage, to enable them to meet their and their child's health and nutritional needs, including keeping infants in close proximity for exclusive breastfeeding. The World Breastfeeding Costing Initiative has developed a simple tool for budgeting for this and other interventions related to breastfeeding, which can be accessed at http://ibfan.org/wbci/WBCi_Ver_1_Jan06_2015.xlsm. The tool has been used successfully by the Government of Afghanistan to budget long-term and short-term activities related to breastfeeding.

Health protection

While health protection is essential during pregnancy, it must be remembered that pregnancy is not a disease nor is it a disabling condition for many tasks. Legislation must guard against using health protection as a pretext to limit women's opportunities for work.

Breastfeeding breaks at the workplace

Regular breastfeeding or expressing breastmilk is necessary for continued lactation. There should be at least two paid nursing breaks of 30 minutes each during each 8 hours during a working day; however this needs to flexible as women may need extra time to visit the childcare facility or the home where the child is. Breastfeeding breaks should be given for a minimum of 12 months.

Breastfeeding facilities

All workplaces, in both formal and informal settings, should have lactation rooms with all facilities for breastfeeding, expressing and storing breastmilk. Where possible there should also be childcare facilities with trained caregivers. Breastfeeding and childcare facilities should also be available in the community and markets.

Effective redressal systems

Effective redressal mechanisms should be built into the legislation in such as way that it can easily be accessed by women. These mechanisms should also address issues of discrimination during hiring. A legal cell should be set up to assist women with the redressal process.

Stringent implementation of legislation

The legislation should include substantial punishment for violations, including violations regarding job protection. At the same time, governments should offer incentives like tax breaks and rebates to employers to provide high standards of maternity protection, including adequate nursing breaks and childcare facilities.

Communication

An overarching communication policy must be designed that informs women not only of their maternity entitlements, but also of redressal mechanisms in case of violations. Women should be made aware of infrastructure support such as community crèches, their locations and timings. The communication strategies should also include information for employers about incentives for providing maternity protection and punishment for violations.

OTHER INTERVENTIONS THAT NEED TO BE INCLUDED WITHIN MATERNITY PROTECTION LEGISLATION

Over the years, the concept of maternity protection has expanded to include several aspects of maternal and child health in addition to job protection. Breastfeeding is a vital factor in reducing risks of maternal and child ill-health both in the short-term and in the long-term. There are several challenges to breastfeeding, some of which could be addressed by further expanding the scope of maternity protection.

Promoting Baby-friendly Hospital Initiative (BFHI)

Early initiation of breastfeeding and a supportive health staff often is a key factor in helping women succeed at breastfeeding. Maternity protection legislation must mandate health facilities to adopt the BFHI approach and ban the promotional activities of the breastmilk-substitutes and baby food industry in their facility. In addition, the legislation must provide incentives for employers who promote deliveries at BFHI health facilities.

Implementing the International Code of Marketing of Breastmilk Substitutes

Work pressures can increase women's vulnerability to marketing practices of manufacturers of breastmilk substitutes. Maternity protection legislation should, thus, be designed to both create the environment where women can successfully combine work and breastfeeding, as well as protect them against the aggressive marketing practices of the baby food industry. It should include provisions that complement and strengthen the implementation of the *International Code* and related national legislation, such as provisions mandating employers to provide the services of trained lactation consultants at the workplace.

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NOTES

Of the many decisions they can take to build strong productive nations—governments, employers and societies—must reward and support a mother's family care work (especially childbearing, breastfeeding and infant feeding) by offering her maternal role total protection.

Protection in the form of mother friendly workplaces, mother friendly employment conditions, economic, healthcare and nutrition support so they are healthy and economically secure to raise the next generation.

SUPPORTED BY

International Baby Food Action Network (IBFAN) Asia

Breastfeeding Promotion Network of India (BPNI)

BP-33 Pitampura, Delhi 110034. INDIA
Phone: +91-11-27343608
Fax: +91-11-27343606

For queries please email
bpni@bpni.org

bpni.org

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