

BREASTFEEDING AND WORK: LET'S MAKE IT WORK!



Photo: Dr. Harsh Wardhan

INTRODUCTION

Breastfeeding is one of the important determinants of child health, development, nutrition and survival. Now, more women are working outside the home both in formal and informal sector. Difficulties working women face in practicing breastfeeding are also increasing. It becomes critical to build an enabling system that would allow combining breastfeeding and work. In this context, maternity protection policy is vital for all women; a policy that should entitle all women to work with dignity, and to benefit from respectable work conditions that bar out discrimination based on gender and their reproductive role.

The Constitution of India, under article 42, states, "The State shall make provision for securing just and humane conditions of work and for maternity relief." In light of the Constitutional mandate, India has two legislations for working women. One, the Maternity Benefit Act 1961 and second the Employees State Insurance Act, 1948. India has also in place some executive measures based on recommendations of the 6th Pay Commission. Further, the National Food Security Act 2013 recognizes maternity protection a legal right via Section 6 providing for a minimum of Rs. 6000/- to be given as maternity entitlement to all women, which includes women from the unorganized sector.

The theme for this year's World Breastfeeding Week is **"Breastfeeding and Work: Let's make it work"**. It revisits the 1993 WBW campaign on the Mother-Friendly Workplace Initiative. It aims to empower and support all women, working in both formal and informal sectors, to optimally combine work with child-rearing, particularly breastfeeding. The theme for 1993 WBW was "Women, work and breastfeeding: Everybody benefits!"



OBJECTIVES

1. Inform people about the available maternity protection entitlements and raise awareness to strengthen the national legislation and implementation.
2. To gain multi-dimensional support from all sectors to enable women everywhere to work and breastfeed.
2. Promote action by employers to become baby and mother-friendly and actively facilitate and support their women employees to continue breastfeeding.
4. Strengthen supportive practices that enable working women in the informal sector to breastfeed.



Photo: WABA WBW Action Folder 2015

Global Measures

The General Conference of the International Labor Organization, convened on 4 June 1952, decided upon the adoption of certain proposals with regard to maternity protection; the Maternity Protection Recommendation, 1952. The recommendation allowed a maximum period for which any woman shall be entitled to maternity leave to be twelve weeks and wherever practicable nursing breaks should be extended to a total period of at least one-and-a-half hours. In 2000, the Maternity Protection Convention 183 increased the leave to 14 weeks, and further to 18 weeks (Recommendation 191). C 183 and R 191 further recognize breastfeeding breaks as a woman's rights, and allow combining breastfeeding breaks to shortened work day; they further guarantee her the right not to be dismissed from work because of breastfeeding for a period after her maternity leave. However, both the documents allow countries to decide on the length of maternity leave and number of breastfeeding breaks.

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. In 1989, the CRC stipulated the right of the child to adequate nutritious food, the right to the mother to pre-and post natal care, and rights of parents to measures assisting them in their work and parental responsibilities and to material assistance and support.

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 2002, the WHO Global Strategy on Infant and Young Child Feeding insisted in several paragraphs the importance of strong protective maternity legislation for working women, enabling them to balance their work and family responsibilities.

COMBINING BREASTFEEDING AND WORK

Importance of Breastfeeding

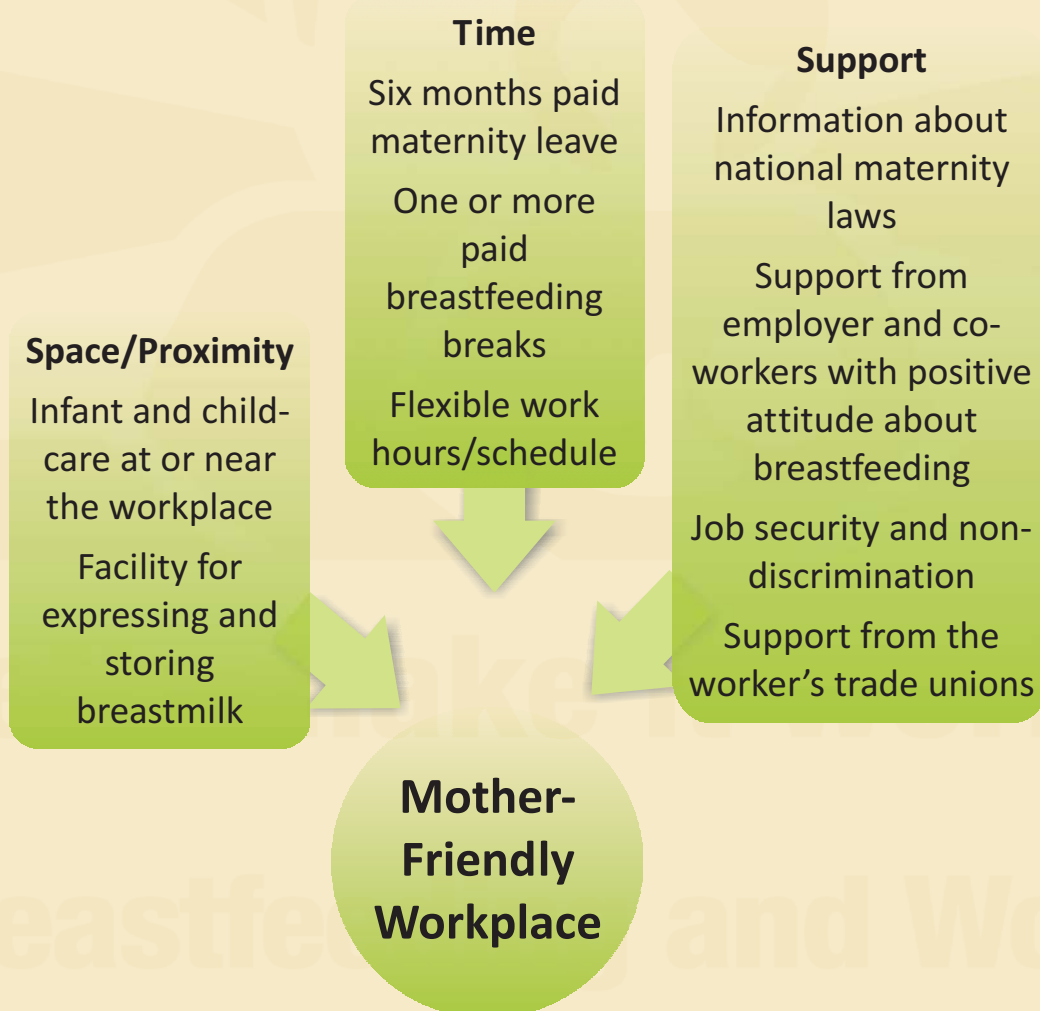
Studies have shown that breastfeeding within the first hour of birth decreases neonatal deaths by 22%.¹ Similarly, exclusive breastfeeding for first six months of life prevents morbidity and mortality due to common childhood illnesses like diarrhea and pneumonia.² Evidence is also available that optimal breastfeeding practices prevent undernutrition as well as overweight and obesity. A recent research has shown that breastfeeding also leads to higher IQ, better educational attainment and higher earning capacity later in life³ apart from helping to prevent non-communicable diseases.⁴

Creating Mother-friendly workplaces

A woman often plays a dual role, of a homemaker and a breadwinner. Achieving harmony in these two respective roles is nothing less than a battle for her. In addition to working outside the home, they have to perform time-consuming, often arduous domestic chores including fetching water and firewood to maintain the household. And they also have to breastfeed their

children. For a working woman to practice exclusive breastfeeding for the first 6 months, and continued breastfeeding for 2 years and beyond, a maternity leave of 6 months or more and appropriate support thereafter is necessary. Adequate leave and appropriate worksite facilities once the woman returns to work helps in mother and baby being together, which is the first requisite for practicing breastfeeding.

Women work in informal settings like farms, streets, construction sites and markets as well as in formal sectors like offices, hospitals, educational institutes, and factories etc. To create a mother-friendly workplace for combining breastfeeding and work, employers must act in three areas-**Time, Space/Proximity and Support**. Time entails six months of paid maternity leave to all women from all sectors, one or more paid breastfeeding breaks or a daily reduction of work hour to breastfeed her child, and flexible work hours to breastfeed or to express breastmilk such as part-time work schedules, job sharing etc. In terms of space/proximity there could be crèches or baby care near the workplace for mothers to be with their



babies. Private facilities or space for expressing and storing breastmilk need to be provided at workplace. And so is the provision of clean work environment. Women need utmost support from family members, society, employers, co-workers, superiors in terms of positive attitude towards breastfeeding and understanding the work situation. Women should be well informed of her rights on maternity entitlements.

Evidence has shown that action in these areas is crucial for successful breastfeeding.

Qualitative studies from India on combining breastfeeding and paid work in public education and health sector has revealed that in spite of generous maternity leave of six months, several individual, familial and workplace factors play important role in the process of combining breastfeeding and employment.^{5,6} A study from Lebanon⁷ found that breastfeeding depended on the duration of the maternity leave, the possibility of breaks for breastfeeding and the presence of nurseries at work, and that a rapid return to work could cause physical and psychological

problems. A study from California⁸ has concluded that postpartum maternity leave may have a positive effect on breastfeeding among full-time workers, particularly those who hold non-managerial positions and lack job flexibility. A review of studies from Switzerland has found a positive association between the length of maternity leave and mother's mental health and duration of breastfeeding.⁹ Data from Turkey¹⁰ identified factors that improve long-term breastfeeding; these include successful exclusive breastfeeding in the first few months, intention of the mother to breastfeed and sufficient duration of maternity leave. A review of studies from the USA has revealed that social support and workplace environment with part-time work, lack of long mother-infant separations, supportive work environments and facilities, and child care options facilitate breastfeeding.¹¹ A study of factory workers from Brazil found that nursery facilities, existence of a place in which to extract and store the mother's milk at the workplace, flex-time and work out of the production-line were factors associated with longer duration of breastfeeding.¹²

WHERE INDIA STANDS ON MATERNITY PROTECTION?

In India, the rights of working women (presently 129.1 million and expanding each year¹³) to maternity benefits were recognized with the introduction of the Maternity Benefit Act in 1961. The Act extends to the whole of India and applies to every establishment, which may be industrial, commercial, agricultural or otherwise. It provides maternity leave for twelve weeks; and two breastfeeding breaks of the prescribed duration for nursing the child until the child attains the age of fifteen months. The Act includes only a small population of women workers employed in organized sector¹⁴, it entitles working women to paid maternity leaves on average daily wage for a period of eighty four days. However until now it has failed to include the larger section of women working in the unorganized sector. Even for the women working in the organized sector, the implementation of the Maternity Benefit Act 1961 is not optimum. The private and unorganized sector remains highly exploitative of women's labor rights with low labor standards and lack of social security. The Act does not holistically address the issues regarding the woman's compulsions to work right up to the last stage of pregnancy and resumption of work soon after childbirth. While government establishments are obliged to follow the laws most employers in the private sector prefer either violate it, or bypass it through employment criteria and procedures. Further, breastfeeding on demand is vital to maintaining exclusivity of breastfeeding, something that is not possible with just two breastfeeding breaks.

In 2008, in a major recognition of the fact that the mother and



Photo: Satnam Kaur, WABA Secretariat with son, Tirathjit Singh

child need to be together for first six months in order to ensure exclusive breastfeeding to the infant, the Central Government adopted the recommendations of the Sixth Pay Commission and gave a generous allowance of 180 days of maternity leave on full pay and in addition paid Child Care Leave for a period of 2 years as part of maternal entitlements to its women employees; a few state governments have followed this precedent. A miniscule fragment of women, however, can access these entitlements¹⁵. Following the central government recommendation some of the state governments have also enhanced the maternity leave from 120 days to 180 days, like Tamilnadu¹⁶, Andhra Pradesh¹⁷, Karnataka¹⁸.

The World Breastfeeding Trends Initiative (WBTI) assessment of policy and programmes in the year 2008¹⁹, 2012²⁰, and 2015 has revealed that India's situation remains almost stagnant over last many years. The provisions for maternity benefits in the country both in legislation and policy/programme are very inadequate. There is basically no maternity benefit (as wage compensation) for more than 90% of the women in the informal sector. Even those who are technically covered under the Maternity Benefits Act, other than government employees are, many times left out as per information available. Further, the benefits under this Act provides for leave/wage compensation for only 12 weeks, does not talk about crèches or space for breastfeeding and its rules make the nursing breaks a very limiting entitlement. Moreover, there is inadequate monitoring of the implementation of the benefits provided under this Act.

Though there has been some moves by Government of India in policy where child health and nutrition are concerned, such as

promulgating the National Food Security Act (NFSA)²¹ with its assurance of maternity protection and food security for children and the ICDS restructuring document which carries many much-needed reforms for the only scheme for children under the age of six years²². Even though it has been over two years for the NFSA to exist, rules have yet to be finalized. However there have not been much improvements in this most critical indicator for the success of breastfeeding and has been neglected so far.

Breastfeeding rates in India, unfortunately, have not shown much rise over the past two decades since India began measuring them. The initiation of breastfeeding within one hour of birth remains 40.5% (DLHS 3) and exclusive breastfeeding for the first six months of life is 46.8% (DLHS 3). Reasons are many, which include lack of support to women at family and work places, and inadequate health care support and also aggressive promotion of baby foods by commercial interests.

Status of Maternity Protection in India

India scores 3.5 out of 10 in 2015 on maternity protection

based on World Breastfeeding Trends Initiative (WBTI), which means it has gone down from 5/10 in 2008

(See in figure below)



Action Ideas

Here are some actions ideas to ensure protection of working woman's right to breastfeed:

- Find out the status of maternity entitlements given to women employees in your state
- Find out the status /implementation of the maternity cash transfer scheme of the NFSAAct 2013 in your state, file a complaint with concerned authority if not being implemented
- Conduct advocacy meetings with the policy makers and call for improvements in implementation of the Maternity Benefit Act 1961
- Write to the local MP/local authority to raise your demands for equal maternity rights of all working women drawing attention to informal sector women
- Take out a public rally demanding 6 months paid maternity leave for all working women in all sectors
- Submit petition to the CM or local MP or district magistrate demanding 6 months paid maternity leave, breastfeeding breaks, worksite facilities for breastfeeding and expression of breastmilk for all working women
- Reach out to the media through blogs /articles on the WBW 2015 theme for raising awareness
- Find out the status of implementation of the Maternity Benefits Act 1961 in the private sector in your state/area
- Demand for 'mother and baby friendly environment' from employers

Report your activities during the WBW 2015 to BPNI to become eligible for the World Breastfeeding Week Awards and for wider dissemination of your work. You may upload it or send it to us via mail at bpni@bpni.org

What is BPNI

BPNI is a registered, independent, non-profit, national organisation that works towards protecting, promoting and supporting breastfeeding and appropriate complementary feeding of infants and young children. BPNI works through advocacy, social mobilization, information sharing, education, research, training and monitoring the company compliance with the IMS Act. BPNI is the Regional Focal Point for South Asia for the World Alliance for Breastfeeding Action (WABA) and Regional Coordinating Office for International Baby Food Action Network (IBFAN) Asia.

BPNI's Ethical Policy

BPNI follows clear ethical and funding policies that do not lead to any conflicts of interest. BPNI does not accept funds or sponsorship of any kind from the companies producing infant milk substitutes, feeding bottles, related equipment, or infant foods (cereal foods) or from those who have been ever found to violate the IMS Act or the International Code of Marketing of Breastmilk Substitutes.

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References

1. Edmond KM, Zandoh C, Quigley MA, Amenga-Etego S, Owusu-Agyei S, Kirkwood BR. Delayed breastfeeding initiation increases risk of neonatal mortality. *Pediatrics* 2006; 117:e380-e386.
2. Black RE, Victora CG, Walker SP, Bhutta ZA, Christian P, de Onis M, Ezzati M, Grantham-McGregor S, Katz J, Martorell R, Uauy R; Maternal and Child Nutrition Study Group. Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet*. 2013 Aug 3;382(9890):427-51.
3. Victora CG, Horta BL, Loret de Mola C, Quevedo L, Pinheiro RT, Gigante DP, Gonçalves H, Barros FC. Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: a prospective birth cohort study from Brazil. *Lancet Glob Health*. 2015 Apr;3(4):e199-205.
4. Horta BL, Victora CG (WHO) , 2013. Long-term effects of breastfeeding a systematic review. Available at: http://apps.who.int/iris/bitstream/10665/79198/1/9789241505307_eng.pdf Accessed on September 24, 2013.
5. Omer-Salim A, Suri S, Dadhich JP, Faridi MMA, Olsson P. Theory and social practice of agency in combining breastfeeding and employment: A qualitative study among health workers in New Delhi, India. *Women and Birth* 2014; 27:298-306.
6. Omer-Salim A, Suri S, Dadhich JP, Faridi MMA, Olsson P. 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. *Midwifery* 2015; 31:473-481.
7. Saadé N, Barbour B, Salameh P. Maternity leave and experience of working mothers in Lebanon. [Article in French] *East Mediterr Health J*. 2010 Sep;16(9):994-1002.
8. Guendelman S, Kosa JL, Pearl M, Graham S, Goodman J, Kharrazi M. Juggling work and breastfeeding: effects of maternity leave and occupational characteristics. *Pediatrics* 2009; 123:e38-46.S.
9. Staehelin K, Bertea PC, Stutz EZ. Length of maternity leave and health of mother and child—a review. *Int J Public Health*. 2007;52(4):202-9.
10. Camurdan AD, Ilhan MN, Beyazova U, Sahin F, Vatanas N, Eminoglu S. How to achieve long-term breast-feeding: factors associated with early discontinuation. *Public Health Nutr*. 2008 Nov;11(11):1173-9.
11. Johnston ML, Esposito N. Barriers and facilitators for breastfeeding among working women in the United States. *J Obstet Gynecol Neonatal Nurs*. 2007 Jan-Feb;36(1):9-20.
12. Rea MF, Venâncio SI, Batista LE, dos Santos RG, Greiner T. [Possibilities and limitations of breast-feeding among formally employed women]. *Rev Saude Publica*. 1997 Apr;31(2):149-56.
13. Sher V. ILO Asia-Pacific Research Brief Series No. 2. A return to stronger employment growth in India? Insights from the 68th NSS Round 2011-12. International Labour Organization. Available at: http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-new_delhi/documents/genericdocument/wcms_228935.pdf. Accessed May 21, 2014.
14. Towards a Universalist conception of adequate Maternity Entitlements in NFSA, 2013. Sejal Dand and Nikita Agarwal; Centre for Equity Studies Working paper; Sejal Dand and Nikita Agarwal December 2014; Page 7 available at <http://centreforequitystudies.org/wp-content/uploads/2014/12/Maternity-Entitlements-Paper.pdf>
15. Swaminathan M. "Sixth Pay Commission: Class and Gender Bias" in *Economic and Political Weekly* 2009; 44:22-24.
16. Government of Tamilnadu- Maternity Leave - http://www.tn.gov.in/gosdb/gorders/par/par_e_61_2011.pdf
17. Government of Andhra Pradesh- Maternity Leave - http://www.seri.ap.gov.in/prc/2010FIN_MS152.PDF
18. Government of Karnataka- Maternity Leave - <http://www.kar.nic.in/finance/gos/fd04senise2012.pdf>
19. WBTI India Report 2008. <http://www.worldbreastfeedingtrends.org/GenerateReports/report/WBTI-India-Assessment-Report-2008.pdf>
20. WBTI India Report 2012. <http://www.worldbreastfeedingtrends.org/GenerateReports/report/WBTI-India-2012.pdf>
21. The National Food Security Act 2013. <http://indiacode.nic.in/acts-in-pdf/202013.pdf>
22. ICDS Mission. The broad framework for implementation. Ministry of Women and Child Development. Government of India.