

IMPACT OF LEAVE POLICIES ON BREASTFEEDING & CHILD HEALTH

Arijit Nandi
Institute for Health and Social Policy
McGill University
arijit.nandi@mcgill.ca

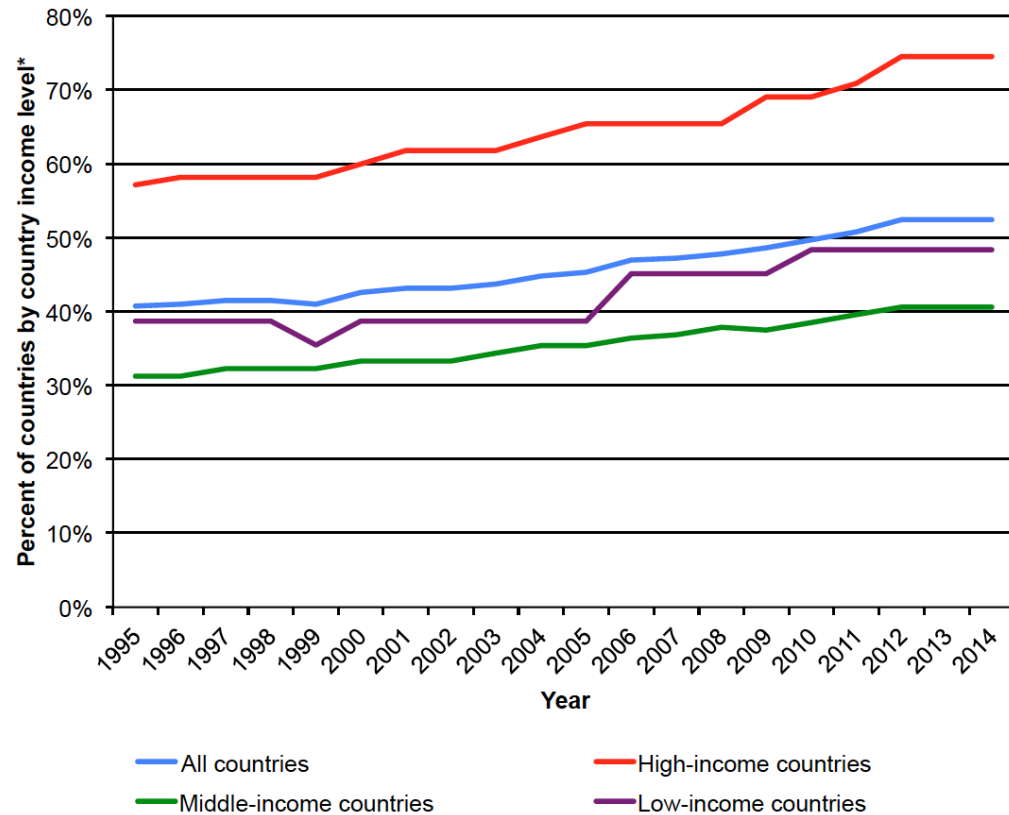


My qualitative research



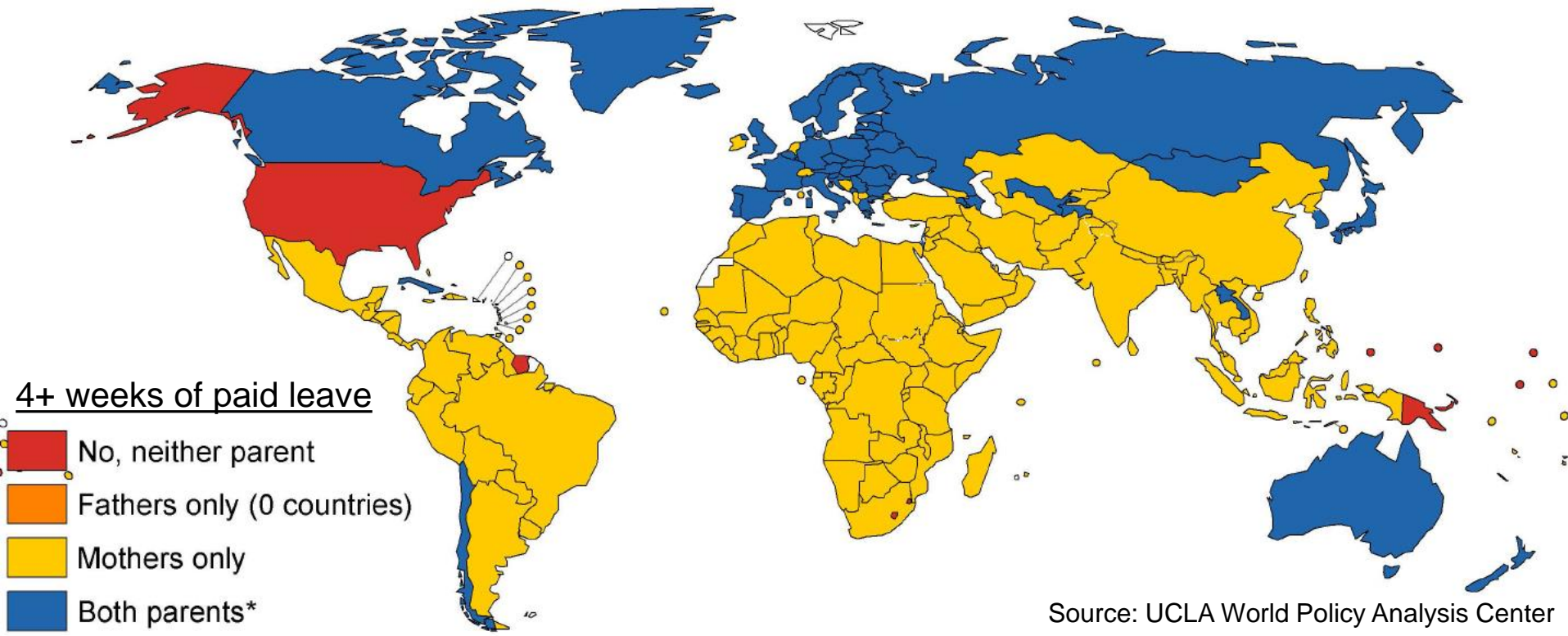
Progress in paid maternity leave

- Since 1995, many countries have enacted or improved on their paid maternity leave policies
- For example, the proportion of countries that provided 14+ weeks of paid leave increased from 41% to 53%
- All but 9 countries (US included) now guarantee mother-specific or gender-neutral paid leave after childbirth



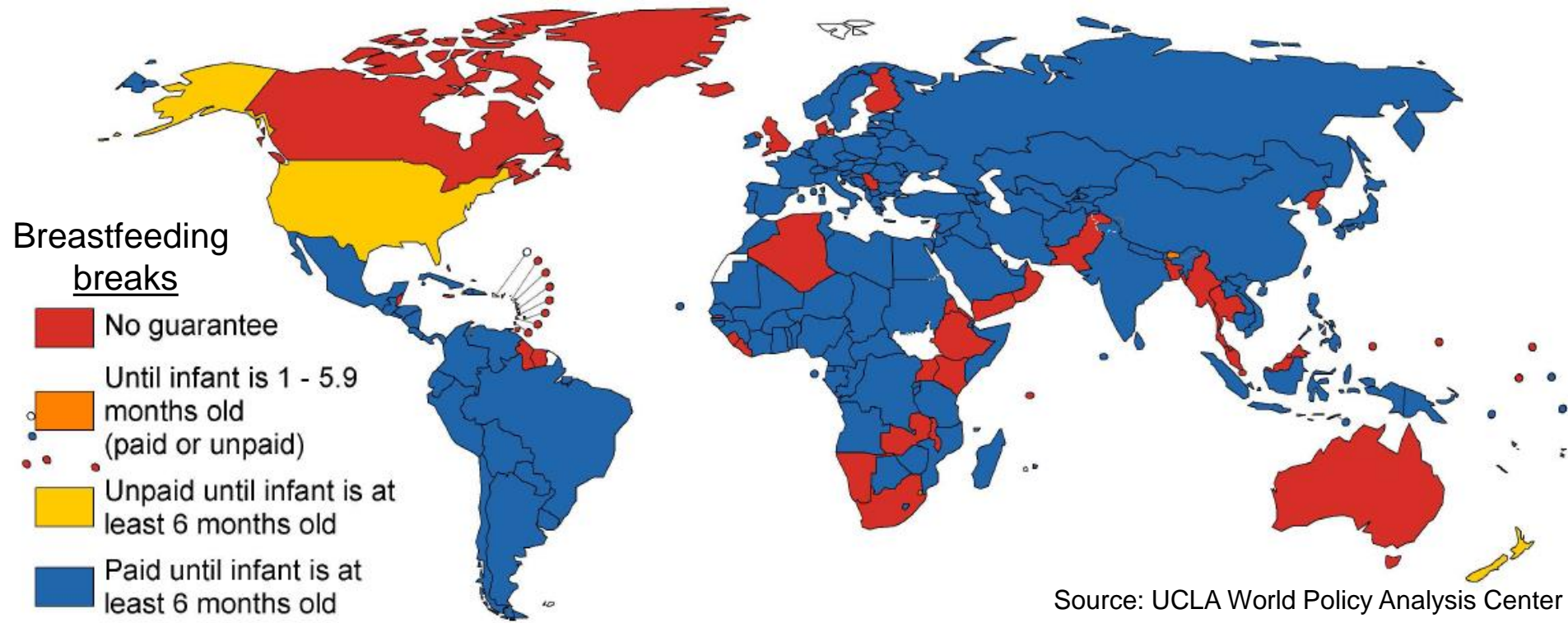
Gender disparities in access to leave

- Most (51%) countries do not provide men with paid leave, either specifically for fathers or through parental leave
- Among the 96 that do, 79 provide leave specifically for fathers and only 8 incentivize fathers to take paid leave



Policies to support breastfeeding at work

- Legislated breastfeeding breaks at work can help women continue breastfeeding after they return to the work
- 55 countries do not currently provide paid breastfeeding breaks at work for the first 6 months after birth



Select Indicator ▾

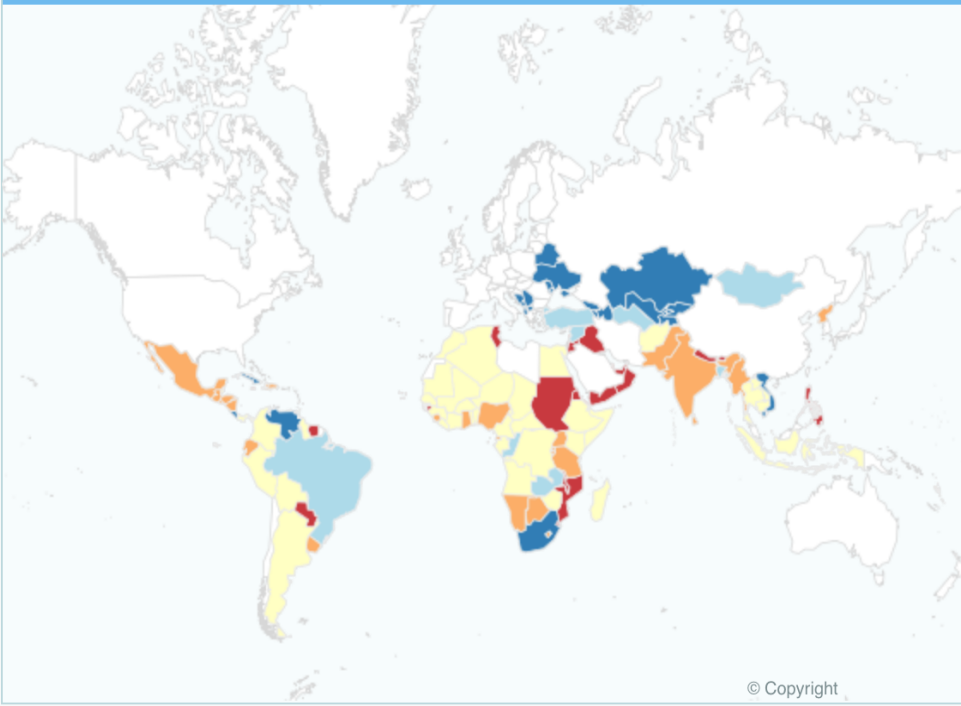
Filter Countries ▾

Name	Paid Maternity Leave (weeks) (2013)
● Afghanistan	12.85
● Albania	52
● Algeria	14
● Angola	12.9
● Argentina	12.85
● Armenia	20
● Azerbaijan	18
● Bangladesh	16
● Barbados	12
● Belarus	18
● Belize	14
● Benin	14
● Bhutan	8
● Bolivia	12.9
● Bosnia and Herzegovina	52
● Botswana	12
● Brazil	17.1
● Burkina Faso	14
● Burundi	12
● Cabo Verde	8.6
● Cambodia	12.9

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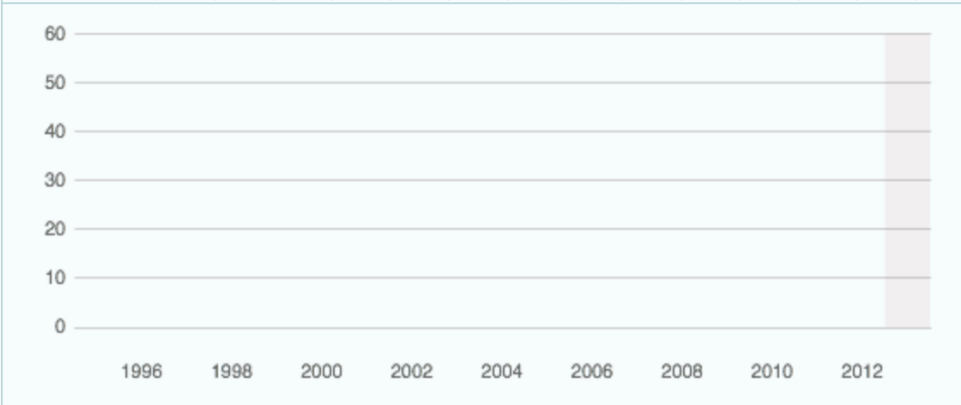
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Map - Paid Maternity Leave (weeks) - 2013

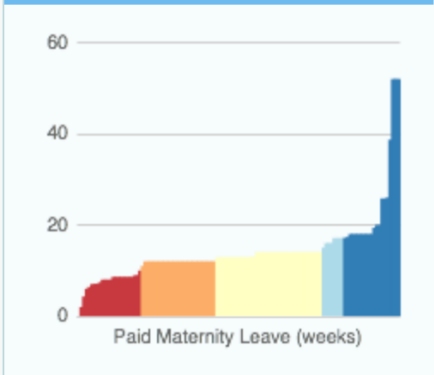


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▶ ◀ ▶▶ 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008



Bar Chart - Map Indicator



Description - Map Indicator

How many weeks of paid maternity leave is available to mothers of infants?

Paid maternity leave only includes leave that is available exclusively to mothers of infants. It does not include paid parental leave, which is leave that either parent of an infant can take, nor child care leave, which is generally much longer in duration and either unpaid or paid at a lower rate.

Statistics - Map Indicator

Count: 121.00
 Mean: 14.17
 Median: 12.90

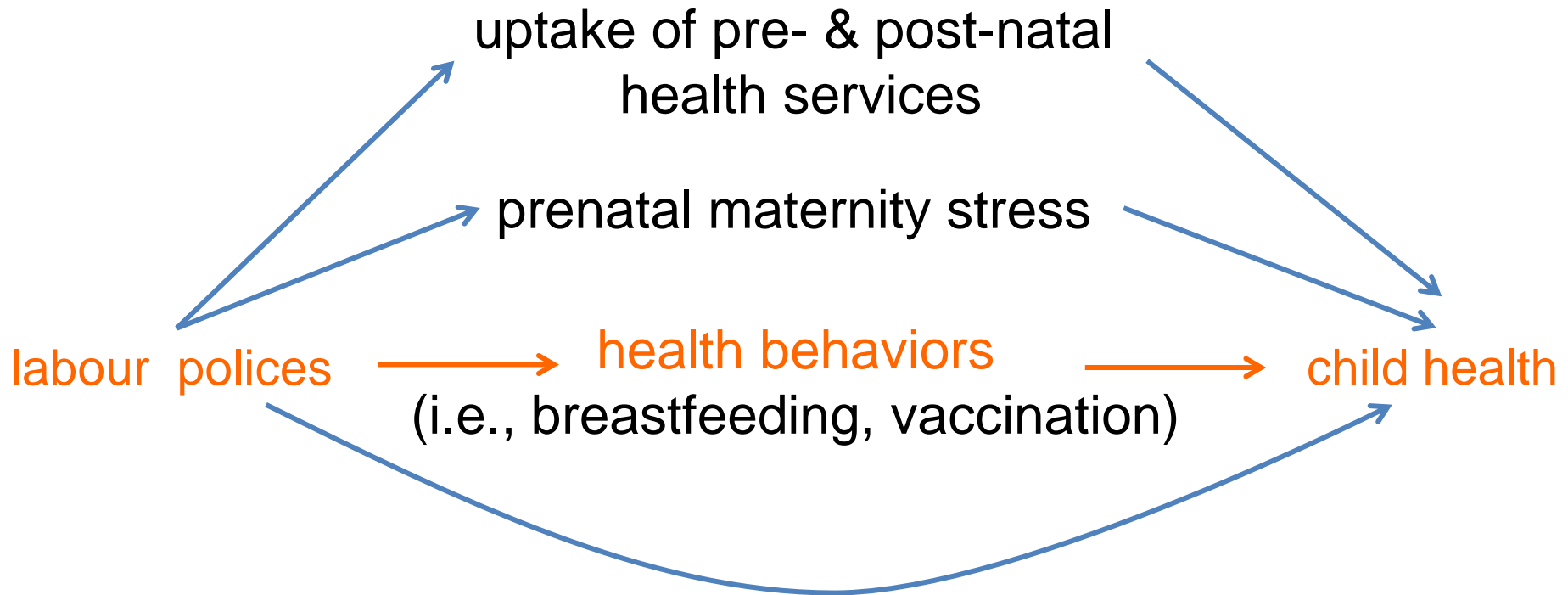
 Minimum: 0.00
 Maximum: 52.00

 Variance: 58.35
 Standard Deviation: 7.64

Legend - Map Indicator

- Map Indicator
- 0 - 10
- 11 - 12
- 13 - 14
- 15 - 17
- 18 - 52
- Base Map

Potential health impact of labour policies

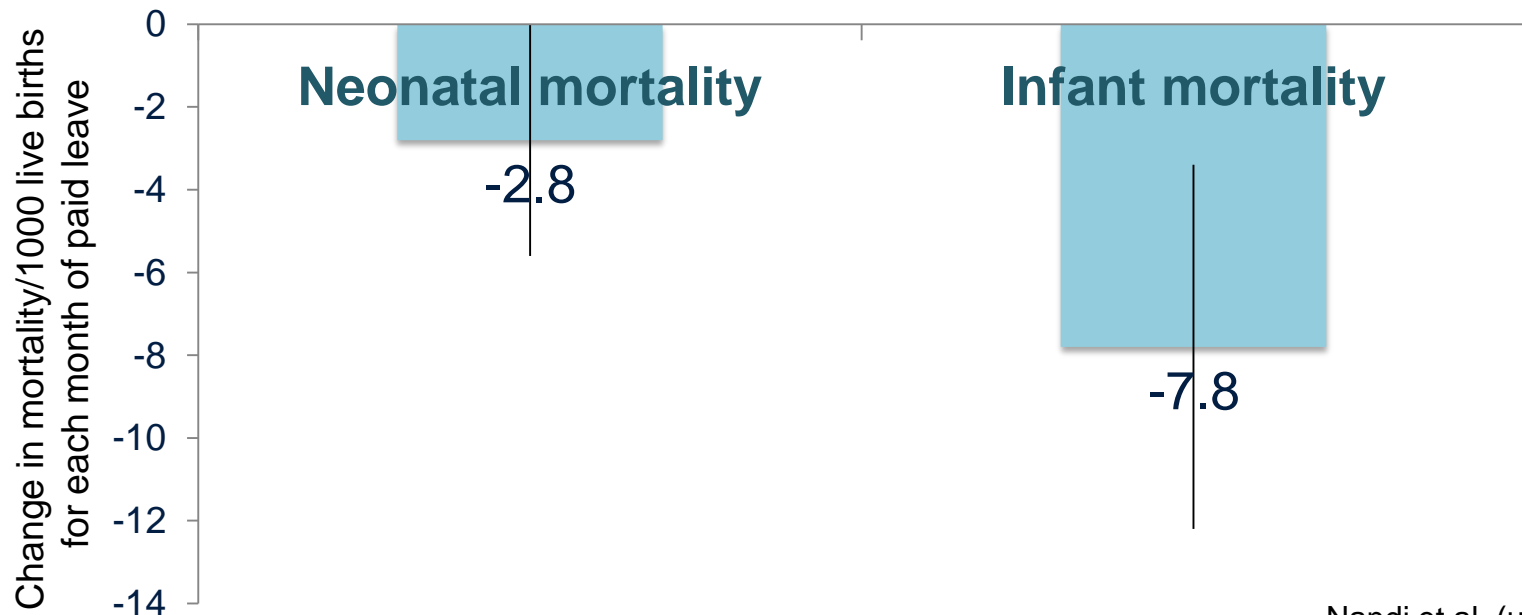


Effect of leave policies: empirical evidence

- Research in high-income countries suggests that maternity leave policies increase the duration of breastfeeding
- In high-income countries, paid maternity and parental leave policies are associated with better child health
- Limited evidence from LMICs, although ecological work indicates positive associations between paid maternity leave, breastfeeding, and child health (mortality)

Leave decreases infant mortality in LMICs

- We merged information on the duration of paid maternity leave to data from the DHS to create a multilevel panel of approximately 300,000 live births in 20 countries, 2000-8
- We estimated the effect of an increase in maternity leave on neonatal and infant mortality using a DD approach



Leave encourages (some) vaccine uptake

A B S T R A C T

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The availability of maternity leave might remove barriers to improved vaccination coverage by increasing the likelihood that parents are available to bring a child to the clinic for immunizations. Using information from 20 low-and-middle-income countries (LMICs) we estimated the effect of paid maternity leave policies on childhood vaccination uptake. We used birth history data collected via Demographic and Health Surveys (DHS) to assemble a multilevel panel of 258,769 live births in 20 countries from 2001 to 2008; these data were merged with longitudinal information on the number of full-time equivalent (FTE) weeks of paid maternity leave guaranteed by each country. We used Logistic regression models that included country and year fixed effects to estimate the impact of increases in FTE paid maternity leave policies in the prior year on the receipt of the following vaccines: Bacillus Calmette-Guérin (BCG) commonly given at birth, diphtheria, tetanus, and pertussis (DTP, 3 doses) commonly given in clinic visits and Polio (3 doses) given in clinic visits or as part of campaigns. We found that extending the duration of paid maternity leave had a positive effect on immunization rates for all three doses of the DTP vaccine; each additional FTE week of paid maternity leave increased DTP1, 2 and 3 coverage by 1.38 (95% CI = 1.18, 1.57), 1.62 (CI = 1.34, 1.91) and 2.17 (CI = 1.76, 2.58) percentage points, respectively. Estimates were robust to adjustment for birth characteristics, household-level covariates, attendance of skilled health personnel at birth and time-varying country-level covariates. We found no evidence for an effect of maternity leave on the probability of receiving vaccinations for BCG or Polio after adjustment for the above-mentioned covariates. Our findings were consistent with the hypothesis that more generous paid leave policies have the potential to improve DTP immunization coverage. Further work is needed to understand the health effects of paid leave policies in LMICs.

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Preliminary work on breastfeeding in LMICs

- Joined information on policies governing paid maternity leave and breastfeeding breaks at work to DHS surveys from 56 LMICs, including data about breastfeeding
- Conducted cross-sectional propensity-score matched analyses to examine whether policies that might facilitate breastfeeding were associated with breastfeeding
- Across regions, living in a country that offered paid maternity leave or breastfeeding breaks at work was associated with a longer duration of breastfeeding, especially among those who already breastfed for a year

Research gaps and future directions

- The cost-effectiveness of various social policies is unknown
- We are building evidence concerning paid maternity leave policies, but there is a lack of empirical work concerning more generous and gender-equitable alternatives
- Additional work is needed to understand the factors that support or hinder the effective implementation of policies that might affect breastfeeding and child health outcomes
- Unclear how increasing the generosity of labour policies affects those in the informal economy in LMICs

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