IMPACT OF LEAVE POLICIES ON BREASTFEEDING & CHILD HEALTH

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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.

Source: MACHEquity research program
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.

Source: UCLA World Policy Analysis Center
Policies to support breastfeeding at work

- Legislated breastfeeding breaks at work can help women continue breastfeeding after they return to work.

- 55 countries do not currently provide paid breastfeeding breaks at work for the first 6 months after birth.

Source: UCLA World Policy Analysis Center
Maternity Leave Policy - Data Dashboard

Map - Paid Maternity Leave (weeks) - 2013

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.

Bar Chart - Map Indicator

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

- Red: 0 - 10
- Orange: 11 - 12
- Orange: 13 - 14
- Yellow: 15 - 17
- Blue: 18 - 52
- White: Base Map

Clear Filter

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Potential health impact of labour policies

- Labour policies
- Health behaviors (i.e., breastfeeding, vaccination)
- Prenatal maternity stress
- Uptake of pre- & post-natal health services
- Child health
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).

Baker and Milligan (2008); Guendelman et al. (2009); Heymann et al. (2011); Heymann et al. (2013); Obguanu et al. (2011); Rossin (2011); Ruhm (2000); Scott et al. (2006); Tanaka (2005); Winegarden and Bracy (1995)
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, 2000-2008.

- We estimated the effect of an increase in maternity leave on neonatal and infant mortality using a DD approach.

![Graph showing change in mortality/1000 live births for each month of paid leave](image)

- Neonatal mortality: -2.8
- Infant mortality: -7.8

Nandi et al. (under review)
Leave encourages (some) vaccine uptake

Abstract

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

Maxwell et al. (in preparation)
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.
References cited

THANKS!

KEY COLLABORATORS:
Efe Atabay, John Frank, Mohammad Hajizadeh, Sam Harper, Jody Heymann, Jay Kaufman, Alissa Koski, Lauren Maxwell, José Mendoza Rodriguez, Erin Strumpf, Ilona Vincent, and all of the research team

PARTNER INSTITUTIONS:

FUNDING:

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