

FRAMEWORK FOR ACTION ON
CONTEMPORARY SOLUTIONS
TO AN AGE-OLD CHALLENGE



BREASTFEEDING AND WORK

**“This Framework
for Action is based
on human rights,
gender equity
and decent work
principles...”**



The World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations concerned with the protection, promotion & support of breastfeeding worldwide. WABA's action is based on the Innocenti Declaration, the Ten Links for Nurturing the Future and the Global Strategy for Infant and Young Child Feeding. WABA's present Core Partners are also all the main international breastfeeding organisations: Academy for Breastfeeding Medicine (ABM), International Baby Food Action Network (IBFAN), International Lactation Consultant Association (ILCA), La Leche League International (LLL), and Wellstart International (WI). WABA is in consultative status with UNICEF, and is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).

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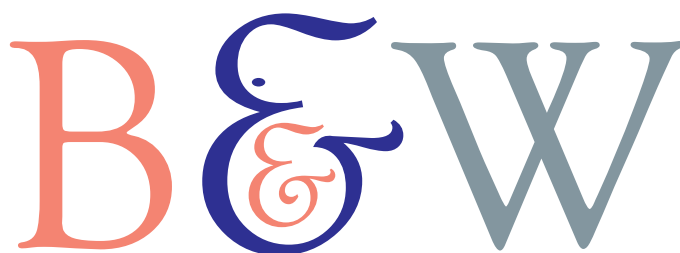
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BREASTFEEDING AND WORK

Introduction

1. The World Alliance for Breastfeeding Action (WABA), UNICEF and the symposium partners recognise the ten beneficial impacts of sound maternity protection policies as presented in the Research Brief "The Evidence for Maternity Protection"¹. By adequately integrating women's and men's productive and reproductive work and lives, all sectors of society will benefit in terms of productivity, family income and job security, women's and children's health and well-being, employers' long-term profits and a nation's socio-economic health and stability.
2. Today, 28 September 2015, WE the Symposium participants from 24 countries, coming from diverse groups,² agree to work to overcome the challenges facing women and men in integrating work, breastfeeding and family lives. We call for a multi-pronged approach that includes legislative improvements, workplace and institutional improvements, social and behaviour change practices as well as support to mothers. This Framework for Action is based on human rights, gender equity and decent work principles.

Background

3. All women work, whether in the formal or non-formal economy, or in non-market production or unpaid domestic and care work. Over the past decades, more and more women of child-bearing age are encouraged to participate in and are entering formal or informal employment for a livelihood. The triad of mother, child and father or other carer, need and have the right to support and protection for parenthood and caregiving, including breastfeeding. These rights are upheld in the human rights frameworks such as the Convention on the Rights of the Child (CRC), Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and International Labour Organization (ILO) Conventions.
4. Breastfeeding is important for maternal health, protecting post-partum health and reducing illness and premature death from long term diseases including diabetes, breast and ovarian cancers. Breastfeeding provides children with the best possible start in life and reduces the risk of both infectious and non-communicable diseases. Suboptimal breastfeeding resulted

1. "The Evidence for Maternity Protection" prepared by Miriam Lobbok, MD, MPH1 On behalf of the Global Breastfeeding Advocacy Initiative (GBAI) on August 2015.

2. Including national governments, UN organisations, breastfeeding support and advocacy organisations, health professionals, peoples' organisations and movements, academia, international NGOs, and business networks.

in more than 800,000 deaths among children under five years of age in 2011 (12% of all deaths in this age group).³

5. The World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) recommend that for optimal infant and young child feeding, breastfeeding is initiated immediately after birth, that children are exclusively breastfed for the first six months of life and that breastfeeding is continued, with safe and adequate complementary feeding, up to two years of age or beyond, as set out in the Global Strategy for Infant and Young Child Feeding (GS IYCF), 2003.
6. In 1990, the Innocenti Declaration, as its fourth target, called for governments to enact imaginative legislation protecting the breastfeeding rights of working women and establishing means for its enforcement.
7. The ILO has adopted three Maternity Protection Conventions, the most recent (Convention 183, 2000) stipulates that women should have at least 14 weeks of maternity leave as well as one or more daily breaks or a reduction of hours of work to allow for breastfeeding.
8. The ILO Recommendation 202 (2012) concerning national social protection floors, calls for essential maternity health care and income security related to maternity to be provided to all residents as part of basic social security guarantees. More recently, the ILO Recommendation 204 (2015) on Transition from the Informal to the Formal Economy, explicitly states that Members should “progressively extend, in law and practice, to all workers in the informal economy, social security, maternity protection, decent working conditions...”
9. By 2015, one hundred countries worldwide were providing at least 14 weeks maternity leave in accordance with ILO Convention 183. Additionally, provisions are made in at least 121 countries for breaks, mostly paid, or reductions in daily working hours for breastfeeding mothers. Yet the integration of family and work life is still far from comprehensive in many parts of the world. In fact, the majority of women continue to have to choose between paid employment and child rearing, compromising their economic autonomy and satisfactory mothering role. Globally, around 830 million women workers do not have adequate maternity protection for the early months of exclusive breastfeeding. Most do not experience workplace or childcare arrangements with adequate facilities, attitudes and time flexibility to support optimal breastfeeding. Women working in the informal economy, such as domestic workers, migrants, and refugees are the most disadvantaged – being vulnerable, yet the least protected. In addition, take-up rates of parental leave among men are low. Maternity protection should not be considered in isolation. Many other factors contribute to optimal breastfeeding, such as baby-friendly maternity care and Code-compliant child care services.
10. In 2015, the UN adopted the Sustainable Development Goals (SDGs). Several are directly relevant to infant feeding and women’s employment. On one hand, optimal breastfeeding would contribute to Goal 1 (end poverty), Goal 2 (end hunger, achieve food security and improve nutrition), Goal 3 (ensure healthy lives and promote well-being for all at all ages), and Goal 12 (ensure sustainable consumption and production patterns). On the other

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3. Cesar G Victora, Rajiv Bahl, Aluisio J D Barros, Giovanni V A França, Susan Horton, Julia Krusevec, Simon Murch, Mari Jeeva Sankar, Neff Walker, Nigel C Rollins, Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect, *The Lancet*, Volume 387, Issue 10017, 30 January–5 February 2016, Pages 475-490.



hand, several goals call for improvements in social protection, which could increase the likelihood of optimal infant feeding. Target 1.3 (under Goal 1) is to implement nationally appropriate social protection systems including minimum standards and by 2030 to achieve substantial coverage of the poor and the vulnerable. Improved maternity and paternity/parental social protection, allowing parents to integrate their productive and reproductive lives is in line with this goal and target. Goal 5 includes targets on gender equality, discrimination such as maternity based discrimination at work, and unpaid care work, are all key for recognising the value of breastfeeding. Goal 8 calls for promotion of inclusive and sustainable economic growth, full and productive employment as well as decent work for all.

Recommendations and specific actions

11. Participants at the Stockholm Symposium recognised the challenges that women and men face in combining productive and paid work with breastfeeding and child care, in all kinds of environments. They make the following recommendations and propose specific actions to help overcome the challenges.

PROMOTE AND PROTECT WOMEN'S RIGHTS, FAMILY FRIENDLY VALUES AND EQUITABLE SOCIAL NORMS AND PRACTICES AT ALL LEVELS

RECOMMENDATIONS

12. A Human Rights approach should be established. Enabling a mother to breastfeed her child and to work should be recognised as a human right.
13. Breastfeeding needs to be better recognised and valued by society as an essential part of the reproductive cycle and the foundation of a healthy society. Breastfeeding requires time, support and effort, and should be counted as a contribution to the economy, even if not quantified conventionally.
14. Communities, parents and families need appropriate and persuasive health information and education to make them more aware of the value of breastfeeding, including on continuing to breastfeed after returning to work, the time and effort it takes and the support that mothers need.

Specific Actions

15. Clarify the needs and rights of mother and baby as interdependent, to avoid a false hierarchy of rights between them.
16. Advocate for women's right to both breastfeed and receive a living wage.
17. Promote recognition of the value of women's contribution to the economy generally and that women's reproductive work, including breastfeeding, has a value to the individual, employers, communities and society as a whole.
18. Advocate for inclusive family friendly social protection for working parents, particularly where both work outside the home. Ensure that messaging recognises the responsibilities of the care triad of mother, child and father or other carers and the importance of all of them being involved in achieving optimal infant and young child feeding.

“Advocate for women's right to both breastfeed and receive a living wage...”

CREATE POLICY ENVIRONMENTS THAT STIMULATE PROGRESSIVE DRIVERS AND REMOVES OBSTACLES

■ A/Use policy drivers to step up progress

RECOMMENDATIONS

19. Greater will of leaders to implement maternity and parental protection policies is needed.
20. Recognition that breastfeeding support needs are integral and relevant to labour force and workplace policies and practices, and are essential to employers and trade unions.
21. Additional evidence should be obtained about the benefits of maternal and paternal protection and entitlements to employers, health services and the state.
22. The demand from families and communities for better maternity and parental social protection needs to be increased.
23. Ways to provide maternity protection as well as health and breastfeeding support to working mothers in the informal economy should be explored.

“Establish global/regional platforms of key stakeholders to discuss mechanisms for addressing the finance gap for maternity protection...”

Specific Actions

24. Establish global/regional platforms of key stakeholders (UNICEF, WHO, ILO, FAO, multilateral development banks and financial institutions, multilateral and bilateral aid agencies, WABA, relevant NGOs, occupational health organisations, workers’ and employers’ organisations) to discuss mechanisms for addressing the finance gap for maternity protection. The Global Breastfeeding Advocacy Initiative (GBAI) could be an appropriate platform for this.
25. Advocate for recognition of the fact that everyone (including employers, states and the health care system) benefits from maternity and parental protection in the workplace. Direct this advocacy at policy and decision makers, employers, trade unionists, key professionals (especially those in healthcare including occupational health), opinion shapers and leaders.
26. Advocate at all levels and between sectors for the needs and rights to maternity protection of workers in both the formal and informal sectors.
27. Conduct research on the benefits of maternity, parental protection and entitlements to support this advocacy.
28. Provide health education and social mobilisation to families and communities to increase awareness of their entitlements, and to empower them to demand better maternity and parental protection.
29. Monitor relevant policies, develop and implement action plans to include informal workers in maternity protection policies.

“Gender equitable social protection should be promoted...”

■ **B/Remove obstacles to progress in policy setting**

RECOMMENDATIONS

30. Laws should be formulated and enforced against all forms of gender discrimination, violence and abuse, to facilitate the successful integration of women’s and men’s productive and reproductive work.
31. Gender equitable social protection should be promoted rather than just gender equality measures. The latter may not be equitable or conducive to optimal breastfeeding.
32. Aggressive marketing of breastmilk substitutes should be controlled by monitoring and enforcing compliance with the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA Resolutions to protect mothers from inappropriate or unethical marketing of commercial foods for infants and young children.

Specific Actions

33. Develop and implement anti-discriminatory gender policies and other safeguards which improve economic justice for women and protect breastfeeding.
34. Promote gender transformative and equitable education programmes, which include use of appropriate images and language. These should start from childhood, and target boys, girls, women and men alike, to establish a new normal.
35. Monitor and strengthen compliance with the WHO International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA Resolutions and ensure safeguards for Conflicts of Interest.

IMPROVE ACCESS TO AND UPTAKE OF MATERNITY AND PARENTAL ENTITLEMENTS AT NATIONAL LEVEL

RECOMMENDATIONS

36. Effective national public financing mechanisms need to be established for the provision of maternity and parental protection entitlements, with a special focus on global assistance to low income countries.
37. Countries’ existing maternity and parental protection measures whether laws, regulations or policies, need to be effectively implemented and publicly resourced.
38. Paternity or parental leave benefits and other family-friendly measures should be made available to facilitate the integration of men’s family lives into their working lives, so that they can at the same time better support women’s reproductive and care responsibilities.
39. Reform of maternity protection and labour laws is needed for the informal economy, in which women are disproportionately employed particularly in low income countries. Some immediate needs of informally employed women need to be addressed in other ways.





Specific Actions

40. Encourage countries to assess the status of their current maternity and parental protection entitlements and to identify gaps in provision, using existing tools such as the World Breastfeeding Trends Initiative (WBTi).
41. Support countries to implement adequate maternity and parental protection through effective monitoring and enforcement of existing laws, and through additional entitlements, labour and workplace regulation where gaps are identified. Encourage them to develop a plan of action with a budget, using budgeting tool, such as the World Breastfeeding Costing Initiative (WBCi).
42. Promote paid parental protection policies that are gender equitable, encompassing the care triad and which support co-parenting and breastfeeding.
43. Scale up and finance effective community-based (and other co-operative approaches) to support women especially in the informal sector to practice optimal infant and young child feeding while ensuring their own health and livelihood.

PROMOTE SUPPORTIVE WORKPLACE POLICIES AND CONDITIONS IN BOTH FORMAL AND INFORMAL WORK SETTINGS

RECOMMENDATIONS

44. Child care and breastfeeding facilities at or close to the workplace, and flexible family-friendly working arrangements are helpful for both women and men. Proximity between mother and baby can avoid long periods of separation, and enable direct breastfeeding which is preferable to over-reliance on expression of breastmilk.
45. Practical ways for working mothers to continue breastfeeding optimally should be devised, promoted and supported.
46. Pregnant and breastfeeding women workers need protection from exposure to toxic and non-hygienic work environments.
47. Additional evidence should be obtained on the effects of supportive workplace conditions in both formal and informal settings to enable effective advocacy for improvements.

“Promote transformation of workplaces to become ‘family friendly’...”

Specific Actions

48. Advocate for skilled counselling and support to be accessible equally to employed mothers.
49. Advocate for child care workers and facilities to protect, promote and support breastfeeding according to the Global Strategy on Infant and Young Child Feeding and to comply fully with the WHO International Code.
50. Promote transformation of workplaces to become ‘family friendly’. This should involve:
 - a. Provision of accessible crèches which facilitate and support breastfeeding.
 - b. Spaces in or near workplaces with the necessary facilities, privacy and hygiene for mothers to comfortably and safely breastfeed or express and store milk.

“to promote gender equitable social protection measures for parents and carers, in order to facilitate the better integration of infant and young child feeding and employment...”

- c. Flexible working arrangements, breastfeeding breaks or reduced working hours, and teleworking.
 - d. Safe and hygienic environments for all workers, and especially for pregnant and lactating mothers, which do not incur employment or wage disadvantages.
51. Devise, promote and teach practical ways for a mother to continue optimal breastfeeding after returning to work, support her efforts to do so, and encourage her partner or other carer to also support her.
52. Conduct research on the cost benefits and the return on investment for employers of investing in breastfeeding support at the workplace (such as: the establishment of crèches, of breastfeeding spaces, flexi-time and teleworking policies, fostering workplace champions, and the involvement of men); and through the measurement of time spent on breastfeeding in time use surveys and other national surveys.
53. Use the evidence as an advocacy tool to make workplace policies and conditions more family friendly and inclusive in both the formal and informal sectors.

WAY FORWARD

54. The participants of the Stockholm symposium call on national governments, each relevant organisation, and concerned individual to act upon any or all of the recommendations above.
55. The year 2019 will mark a century since the International Labour Organization first adopted Convention No. 3 on Maternity Protection. This presents an opportunity to:
- a. identify the challenges that remain, especially for breastfeeding working mothers, despite a hundred years of Maternity Protection;
 - b. identify new challenges that were not apparent in 1919, such as difficulties for mothers commuting to work;
 - c. build a global multi-party and multi-level consensus on valuing unpaid care work and resourcing maternity and parental entitlements;
 - d. develop evidence-based advocacy messages;
 - e. drive more effective implementation of ILO maternity protection, WHO/UNICEF guidance on support for optimal breastfeeding, and the WHO International Code that focused on the situation of working women;
 - f. design and implement new initiatives to protect and support optimal breastfeeding among working mothers in all work sectors.
56. During the period of 2016–2019, WABA and its partners will continue to explore the development of such a consensus and actions based on the Framework for Action. Through widening support and involvement, WABA aims to coordinate a broad alliance of actors to promote gender equitable social protection measures for parents and carers, in order to facilitate the better integration of infant and young child feeding and employment.