

# Breastfeeding, Women and Work: from Human Rights to Creative Solutions.

WABA International Workshop  
Quezon City, Philippines, 1-5 June 1998

## RESOURCES

### A critique and challenge regarding maternal legislation

Bobbie Jopson - Directress, Workers' Foundation of the Philippines (WFP) Kababaihan (Congress of Women)

Good morning. I am Bobbie Jopson, I am happy to be with you in this WABA International Seminar in drafting an international strategy to support the breastfeeding rights of working women, maybe because I consider myself one of the lucky survivors of those who were able to combine motherhood and activism. I have a six-year old daughter who was exclusively breastfed for six months, and I have been for the past two decades and still am an active participant of the social and political movement here in the Philippines. At present, I am very much involved with the labour movement - particularly Kababaihan and WFP which we established a year ago. Arugaan and our organization were partners in setting up a creche in a factory site in Antipolo last year.

Today, I have been asked to share with you my organization's view on maternal legislation in the Philippines. But I feel that this issue can not be thoroughly discussed without touching on several topics which I believe have a profound effect on the purpose of this gathering. Perhaps some of you will be wondering what globalization and labour practices have to do with breastfeeding. This I hope to impart by the time I finish my talk.

Let me start off by saying that Filipino women workers are natural advocates of breastfeeding - they usually come from the provinces, and were breastfed themselves. It is the working environment that draws them away from breastfeeding. International and local women's groups have done much to advance pro-women legislation, particularly in the area of maternity rights. But implementation does not differ from the implementation of labour standards in general, which has been limited to factories where labour is organized.

But much more has to be done to address the government's inability to address the problems of the mother and the newborn in a holistic way. Legislation and government have chosen to focus on childbearing and granting women maternity leave. But while these have helped to ease the burden of working mothers - and have helped promote breastfeeding for 6 weeks - there is a lack of legislation addressing the support services needed by working mothers and Filipino families as a whole, especially in childbearing.

Sixty-day maternity leave with pay is only the beginning of the support working mothers need. They need additional support to be able to breastfeed their babies exclusively for six months. They need day care centers to care for their babies while at work. Establishing health centers where they can bring their sick children would help a lot in minimizing absences of working mothers from work.

These are only a few of the many support services working women need. But how can we advance these when in reality our past victories are threatened? And what is this that threatens us? At this point, let me share the sad state of labour, women workers included.

It is from this context that we suggest all proposals be formulated, otherwise we will end up frustrated or will just have to contend with the individual breakthroughs at the local level instead of confronting the issue at a macro level - national and global. A specter is haunting labour - the specter of globalization. All the triumphs paid for in blood over almost two centuries of workers' struggle are in peril.

Globalization is becoming a virtual holocaust for unions throughout the world, an Unfair Labour Practice (ULP) epidemic of global proportions. While business is modernizing for the new millenium, labour is being pushed back more than a hundred years- when workers had no right to organize for self protection and collective bargaining. Neo-liberalism is pushing for the replacement of union-centered bargaining by "flexibilizing" labour - the modern universal password for union busting. And their alibi is the imperative of global competitiveness.

In America the decimation of the labour movement and the deterioration of labour standards is very alarming. Between 1978 and 1991, the Steelworkers lost 827,000 members, the United Auto Workers 659,000, the Teamsters over 500,000. The building trade unions lost over a million members. Private sector union density plummeted to 11% compared to 30% in 1970. American workers are earning \$100 less per month compared to 1977, while working for an additional 160 hours per year.

In a January 1997 speech, American Federation of Labour (AFL) President John Sweeney addressed what he calls a prevailing assumption that "in the global economy, competition requires cutting back on workers' rights and social provision." Furthermore, he said that in the last quarter century, the world has been transformed from what it was before it was taken over by post-industrial policies. "Most people are working longer and harder just to make ends meet. Too many companies rewarded by government incentives have taken the low road in international competition. They are cutting their workforces, their wages, and benefits. They are fighting against working people and their unions. They scour the globe in search of places where working people have low wages and no rights."

In the Philippines, workers are exerting every effort to organize themselves. But they have to pass through the eye of a needle to forge collective bargaining agreements (CBAs) with their employers. Though it appears that there is an increase in the number of registered unions (7,274 with 3.5 million members), only half a million workers from 4,497 unions are covered by CBAs of 1994. Since 1990, it has become extremely difficult for unions to enter into CBAs with management. In 1994, only 762 new CBAs were signed for 56,942 workers compared to 2,431 CBAs in 1990 covering 230,025 workers. The present economic crisis sees tens of thousands of workers, both male and female, retrenched.

Figures show that more women are employed in this highly competitive globalized economy. But this increase in employment exists under casual and contractual set-up without the corresponding protection for workers. Even the basic 60-day maternity leave with pay is not given.

This holocaust against unionism is a product of both corporate choice and economic law. The imperative from the perspective of labour is, as an initial step, to preserve the historic gains of more than a century of workers' struggle, protect the workers' basic rights and promote their general welfare, and adapt the struggle to the current complexities of labour-business relations in this era of globalization and neo-liberalism. By its very nature, this self-defense struggle of labour against business' predatory aggression must focus on state policy.

We have no choice but to defend all victories and advances in the rights and welfare of working women, now being attacked and undermined. On a macro-level, we have the following recommendations:

We call on international organizations like WABA and international development agencies like UNICEF, and ILO, not to compromise. Instead, push for the right to organize unions. Unions, in the final analysis, are the most effective in monitoring and safeguarding that rights and benefits for working women are implemented.

Work for the illegalization of casualization and contractualization - forms used to bust or ban unions, cheapen labour and deny job security and other benefits for women workers.

Women labour leaders and women trade unionists should be deputized as women labour inspectors to monitor and report violations of labour laws. Establish a Women Workers' Investigation Bureau (NBI type) to assist women workers and unions in the investigation and prosecution of violations related to women's rights and welfare.

Only if governments, women's organizations, labour movements and movements for children's welfare firmly resolve to give mother and child the benefits they deserve, and take a united stand against business practices that are anti-women, can we find hope not only for breastfeeding and other maternity benefits - but for the mother and child as well.

### **Child-Friendly Movement in the Philippines**

Dr. Meera Shekar, UNICEF Manila

The Philippines is working to implement the Convention for the Rights of the Child (CRC). Their task is to transform the legal framework of the CRC into a social movement, entitled "The Child-Friendly Movement (CFM)".

The focus of the CFM is the nuclear family - mother, father and children. The CFM believes that the child should grow up and be nurtured within the family.

The CFM strives to address health and welfare issues facing children in the Philippines. For example: · 77,000 children under 5 years of age die annually · 1 in 3 children are malnourished · 3 of 10 children will not reach grade 10 in school · Tens of thousands of children are abused physically, mentally, emotionally, and sexually.

The CFM is using a multi-level model for system support. It builds from the core of the child outward through the family, barangay [local governmental unit], and community social support structures. These include NGO and civic groups; social services; justice system; media; religious groups; workplaces; governments; and schools. Broad-based partnerships are then developed at the community level for each of these social support structures; ideally, these are replicated at the regional/state and national level. In this way, it seeks to move the entire agenda for children forward through the social, economic, and political contexts.

A definition of "child-friendly" is based on the awareness that the family is the enabling environment for the child and, in a child-friendly environment, has the capacity to care for the child. Policies for the movement are rights-based, gender-focused, and flexible. The CFM is goal-oriented, and implementation is highly monitored. As the saying goes, "You never get what you expect; you get what you inspect."

Because the Philippine government has been decentralized in recent national administrations, the CFM begins implementation primarily at the local level. Plans and technical support are available from the higher levels of government, but the local government has the primary responsibility for implementation. National coordination is through the Council for Welfare of Children and the National Economic Development Authority.

UNICEF provides consultative and strategic support at the national level as well. They assist with communications; documenting and disseminating the stories of children; local legislative policy and institutional development; and education of the public on various topics.

Despite the multi-sectoral coordination and the focus on local control, programs have faced lots of "red tape" when submitting proposals for activities and local implementation. These difficulties have created further problems in timing and paperwork. Furthermore, local governments are not required to implement the complete CFM - it depends on the motivation of local officials. There still appears to be a lack of communication on what projects and programs are operating, and whether the needs of women workers are being addressed.

The change in Philippine Presidential administration may hold hope for improved implementation. The incoming Vice-President of the Philippines will be personally heading the Council for Welfare of Children, so the profile and awareness of such projects should increase. There is a hope that the new paradigm of the CFM, focusing on preventive rather than reactive efforts, will encourage local officials to increase their budgets for implementation.

## Breastfeeding, Women and Work: from Human Rights to Creative Solutions

David Clark, Legal Officer, Nutrition Section, UNICEF, New York

*The talk will highlight the child's right to the highest attainable standard of health and breastfeeding as the principal means to food security, proper nutrition and care. Existing international instruments that protect promote and support breastfeeding will be examined, including their use as tools for advocacy.*

Before we begin to examine and identify the creative solutions to the challenges faced by working mothers, particularly in respect of breastfeeding, I have been asked to talk about the particular human rights that require protection in this context, and the international human rights instruments that can assist us in doing so.

I will discuss how the international human rights framework and machinery provides an opportunity to engage governments in a dialogue aimed at assisting them fulfill their obligations to protect the rights of women and children. I hope you will bear with me if I go into some detail of the specific Articles of specific Conventions that assist us in this dialogue. We lawyers are often felt to make all too frequent references to legal principles, authorities or regulations in an attempt to intimidate or confuse the client or opponent. Believe me, that is not my aim. I want to provide you with an easy reference to the specific provisions that are actually the keys that open the door to a meaningful and practical approach to the promotion, protection and support of breastfeeding.

In this context I will not only be looking at the child's right to the highest attainable standard of health. We also have to examine a woman's right to be supported in carrying out her role as a mother, and her right not to be discriminated against in the workplace on the basis of pregnancy or maternity.

I will thus describe to you how a rights approach provides us with a powerful means of engaging our counterparts in constructive dialogue with a view to eliminating the violation of human rights that occur all around us every day. The international human rights framework includes a series of Conventions that place ratifying States under a binding legal obligation to take appropriate measures to ensure the enjoyment of basic human rights and to bring an end to human rights violations.

UNICEF has placed the rights of women and children at the very basis of its programming, moving from a "needs-based" to a "rights based" approach to its work. But what does this mean, and how can a rights based approach help all of us to carry out our work more effectively and with a greater outreach?

Adopting a rights based approach does not mean that everything we have been doing in the past must change. In fulfilling children's needs we have also been fulfilling the rights of those that have been reached through our programmes. What we must do now when planning and carrying out our activities is pay regard at all times to the basic principles of human rights that have been universally recognised and which underpin the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). These include the equality of each individual as a human being, the inherent dignity of each and every person, the rights to self-determination, life, health and security of the person.

Many rights are indeed needs based in origin: the right to the highest attainable standard of health is one example. Where we set ourselves targets of, for example, a 50% reduction in deaths due to diarrhea, we may be seen as fulfilling the rights of those saved. But there are still equally as many children whose rights are violated. And often when such targets are set, it is the hardest to reach, the poorest of the poor, who slip through the net. These are the very ones whose rights require even greater protection. That is not to say that targets and goals cannot function as valuable benchmarks or incentives, but only as part of a serious progressive, effort to reach every last child.

According to a recent UNICEF paper entitled "A Human Rights Approach to UNICEF Programming for Children and Women", a human rights based approach provides three additional important considerations:

- the notion of the legal and moral obligation and accountability of the State and its institutions with regard to meeting the basic needs of its people;

- the affirmation that children and women are subjects of rights, or rights holders, and not objects of charity;

- The principle that benevolent and charitable actions, while good, are insufficient from a human rights perspective

I would like us to keep all three of these considerations in mind as we turn to the specific rights and instruments that will guide us in our work this week. But as a lawyer, it is the first of these that interests me - the notion of legal obligation and accountability of the State and its institutions. As parties to international conventions (and let's remember that there are 191 parties to the CRC and 161 to CEDAW) governments can be reminded of their binding legal obligations to protect, promote and support breastfeeding.

But at the same time, we must also be careful in our advocacy work to avoid the temptation to approach governments in a confrontational manner and simply point to their failings in implementing human rights treaties. This can lead to a fear on the part of authorities that anyone wanting to discuss human rights with them will merely want to criticise their track record. Certainly the Committee on the Rights of the Child does not view itself as a policing body, but rather a forum to assist governments in fulfilling their obligations in a constructive manner. Hence its willingness to recommend implementation of the International Code of Marketing of Breastmilk Substitutes as a practical tool in implementing the CRC. The Code and subsequent resolutions provide a starting point for the development of legislation, and the Committee is able to offer the assistance of UNICEF, WHO and IBFAN in the drafting process.

Given the vast range of obligations laid down in the Convention, it is not reasonable to expect Governments to take all appropriate measures immediately, and we can thus view our role as assisting them in the progressive task of introducing a framework within which all the rights of women and children will be protected, respected and fulfilled. The more concrete, practical and "doable" the proposals we suggest are, the more likely the Government will give them priority.

Although I will be dealing mainly with the child's right to the highest attainable standard of health and the need to protect, promote and support breastfeeding as a means to fulfilling that right, I would like to look at some of the other rights that may be threatened when society does not create a supportive environment for breastfeeding. As far as I am concerned, the more articles and conventions we can point to as remaining unfulfilled if the government does not adopt the strategy we are suggesting, the stronger our argument and persuasiveness will be.

Women and children enjoy the same rights as men. The rights expressed in the basic international human rights instruments - the Universal Declaration of Human Rights of 1948, the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights, both of 1966 but only entering into force in 1976 - apply to all human beings. CRC and CEDAW did not "invent" any special rights. What they did was to recognise that women and children have specific needs that must be met in the protection, respect and fulfillment of those basic human rights. The failure to fulfill these needs have been a cause and a result of the specific forms of discrimination these groups suffer.

**The right to life.** Looking back to the earlier international human rights instruments, on which the rights described in the CRC are based, we find the right to life in article 3 of the Universal Declaration of Human Rights: "Everyone has the right to life, liberty and security of the person". This is also to be found in Article 6, paragraph 11 of the International Covenant on Civil and Political Rights: "Every human being has the inherent right to life. This right shall be protected by the law. No one shall be arbitrarily deprived of his life."

While the right to life was often felt to mean that the State had merely to protect the lives of its citizens from arbitrary killing by agents of the State, the Human Rights Committee clarified this point in 1982 (Human Rights Committee, General Comment 6, HRI/GEN/1/Rev.2, p.6). The term is not to be interpreted in a restrictive manner, and States should, for example, take all possible measures to reduce infant mortality. The evidence that we have available on the potentially deadly effects of inappropriate

artificial feeding and the benefits of breastfeeding provides us with an opportunity to advocate for greater protection, promotion and support for breastfeeding in ensuring the right to life.

The fact that Article 6 of the CRC recognises that every child has the inherent right to life, and that States Parties shall ensure the survival and development of the child, provides us with a further opportunity to convince States that by protecting breastfeeding, whether by implementing the BFHI, implementing the Code or ensuring that working women can breastfeed their children, they are fulfilling their obligations and preventing the violation of the right to life.

**The right to health.** The fundamental human right to health is recognised in Article 25 of the Universal Declaration of Human Rights in terms of the right of every human being to "a standard of living adequate for the health and well-being of himself and of his family". The Declaration goes on to say that "Motherhood and childhood are entitled to special care and assistance." This wording still carries a rather benevolent tone and does not convey the idea of women and children as holders of rights.

Article 12 of the International Covenant on Economic, Social and Cultural Rights also recognises the right of everyone to the highest attainable standard of physical and mental health, and specifies that States must take steps to reduce rates of infant mortality, and provide for the healthy development of the child.

As I stated earlier, the CRC and CEDAW were developed because the existing human rights instruments did not reflect the particular needs of women and children that must be fulfilled if they are to enjoy the basic rights laid down in the earlier instruments. Hence, Article 24 of the CRC recognises that all children have the right to the enjoyment of the highest attainable standard of health, but goes on to provide detail as to the components that go towards ensuring the enjoyment of that right. States must take all appropriate measures to pursue full implementation.

Where Article 24 of the CRC is of particular assistance to us is the it specifically recognises breastfeeding as a component in assuring the child's right to the highest attainable standard of health. Not only are states under an obligation to ensure that everyone in society is educated about the benefits of breastfeeding, but they must be supported in putting this knowledge into practice.

As I mentioned already, the Committee on the Rights of the Child UNICEF has confirmed that implementation of the International Code of Marketing of Breastmilk Substitutes is an appropriate measure for States to take in implementing Article 24. This provides organisations like UNICEF and partner NGOs and other interested parties with an opportunity to raise this issue with the Committee when reports are presented on implementation of the Convention (two years after ratification, and every five years thereafter). The Committee can then make recommendations that action is taken by the Government concerned.

Thus, in the case of Lebanon, the Committee has recommended that "the ban of the commercial marketing of infant formula be implemented and that breastfeeding be promoted among mothers in health facilities." (Lebanon IRCO, Add. 54, para. 34). And in the case of Hong Kong the Committee expressed its concern about the apparent insufficiency of measures to encourage breastfeeding. The Committee notes that powdered milk for babies continues to be freely distributed in hospitals, contrary to international guidelines on this matter."

In addition, I recently received a communication from our country office in Syria that Code implementation has been placed high on the national agenda as a result of feedback from the Committee on the Rights of the Child.

Building on these successes, we must remind states, and the Committee, that the marketing of breastmilk substitutes is only one part of the picture. Governments must create an environment in which breastfeeding is supported at all levels. Implementation of the BFHI is obviously another constructive measure that should be pursued. But if working women face conditions that prevent them from breastfeeding their children, or make it so difficult that they have to make huge sacrifices to do so, the Governments are not taking all appropriate measures to implement the rights under Article 24.

Article 24 of the Convention also requires States to combat disease and malnutrition through, inter alia, the provision of adequate nutritious foods. Article 27 recognises the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development, and requires States Parties to assist parents in implementing this right. In cases of need, Governments should provide material assistance and support programmes, particularly with regard to nutrition.

These principles can be seen within the context of the right to food, which is recognised in Article 11 of the International Covenant on Economic, Social and Cultural Rights (the fundamental right of everyone to be free from hunger). Since we have evidence that the use of breastmilk substitutes may lead to malnutrition - indeed we are all aware of the term "commerciogenic malnutrition" - failure to protect infants from this means that the right to food is not being fulfilled.

Perhaps CEDAW is not as specific about breastfeeding rights as one might have hoped. But I believe that there is a historical reason for this. CEDAW was drafted in the late 70s, when the international community was really only beginning to wake up to the dangers of artificial feeding and the fact that breastfeeding had been undermined by commercial promotion, poor hospital practices and neglect. The benefits of breastfeeding to the health of infants and mothers were not widely appreciated or spoken about among the groups involved in the drafting of CEDAW. The Joint WHO/UNICEF Meeting on Infant and Young Child Feeding, which many view as the starting point for international awareness of the need to protect, promote and support breastfeeding, was only taking place at around the time that CEDAW was being adopted. It is thus understandable that so little attention was paid to breastfeeding per se. However, this Convention still provides us with some guidance and opportunities to protecting the rights of working mothers.

Article 5 provides that State Parties must take appropriate measures to "ensure that family education includes a proper understanding of maternity as a social function and the recognition of the common responsibility of men and women in the upbringing and development of their children, it being understood that the interest of the children is the primordial consideration in all cases."

This common responsibility should not only apply in the home. The burden of childrearing should not fall on women's shoulders when they return to work. In most cases breastfeeding will contribute to the realisation of the child's rights to life, health and food. Breastfeeding will be in the best interests of the child and in breastfeeding their children, women are carrying out a vital social function. This component of the nurturing process can indeed only be fulfilled by women, and society should in turn recognise this by providing an environment that is supportive of breastfeeding. This can only be done by providing adequate leave post-partum, and facilities and breaks for feeding or expressing milk once there is a return to work. The enjoyment of these conditions should not lead to discrimination and the woman should not have to bear the economic brunt of child-rearing in terms of lost or reduced wages.

Under Article 11, States Parties must take 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 to safety in working conditions, including the safeguarding of the function of reproduction.

The article goes on to state that :

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 to women during pregnancy in types of work proved to be harmful to them.

3. Protective legislation relating to matters covered in this article shall be reviewed periodically in the light of scientific and technological knowledge and shall be revised repealed or extended as necessary.

Article 12(2) states that: "Notwithstanding the provisions of paragraph 1 of this article, 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."

So we can see that CEDAW does refer to maternity rights, and there are thus corresponding duties. While it is not terribly specific as to the precise nature of the legislation that should be enacted or services that should be provided there is an obligation on States parties to do something in all of these areas. Our task this week is to identify the practical solutions that will protect these rights. Once identified, the human rights framework provides us with an opportunity to approach governments and provide them with the practical measures they should adopt to put an end to the violation of women's and children's rights as a result of inadequate maternity protection measures.

There are other international instruments that can assist us in advocating for breastfeeding rights. The international community has adopted a number of declarations over the years that speak of the need to protect, promote and support breastfeeding. While the Conventions referred to carry binding legal obligations and duties when ratified, declarations are an expression of international consensus on a particular issue. They very often indicate a movement that will eventually result in the adoption of a binding international treaty. Although not binding in themselves, they must be viewed as carrying some degree of influence, at least of a moral nature. This influence is obviously even greater if the state in question was represented at the gathering in question and participated in the adoption of the declaration.

Probably the declaration of greatest interest for our purposes is the Innocenti Declaration on Protecting, Promoting and Supporting Breastfeeding, adopted in Italy in 1990. This declaration put forward a global goal for optimal maternal and child health and nutrition - all women should be enabled to practice exclusive breastfeeding and all infants should be fed exclusively on breastmilk until about six months of age. Thereafter children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years of age or beyond. This declaration set out four global operational targets: o establishment of a national breastfeeding committee o implementation of the Ten Steps in all maternity facilities o implementation of all articles of the Code and subsequent WHA resolutions o enactment of imaginative maternity legislation

These goals were not attained by 1995 as originally hoped, and the fourth one is the one in respect of which we have seen the least progress. But the Innocenti declaration has been extremely influential in changing the world scene. It led to the development of the joint WHO/UNICEF Baby-Friendly Hospital Initiative, which now boasts over 13,000 Baby-Friendly maternity facilities around the world. The Innocenti Declaration also continues to form the basis of UNICEF's infant and young child feeding policy.

The Plan of action adopted at the World Summit for Children in 1990 advocated for the promotion, protection and support of breastfeeding and complementary feeding practices with the goal of the "empowerment of all women to breastfeed their children exclusively for four to six months and to continue breast-feeding, with complementary food, well into the second year."

In 1992 the World Declaration and Plan of Action for Nutrition pledged "to reduce substantially within this decade . social and other impediments to optimal breast-feeding."

Article 30 recognised that "Breastfeeding is the most secure means of assuring the food security of infants and should be promoted and protected through appropriate policies and programmes."

Article 33 declares that "Governments, in cooperation with all concerned parties, should . prevent food-borne and water-borne diseases and other infections in infants and young children by encouraging and enabling women to breast-feed exclusively during the first four to six months of their children's lives."



The 1994 International Conference on Population and Development in Cairo recognized breastfeeding as an important child survival strategy, while the 1995 Beijing Platform for Action of the Fourth World Conference on Women called for the promotion of breastfeeding, implementation of the International Code and the facilitation of breastfeeding by working women.

In conclusion, by adopting a human rights approach we are able to base our claims that action be taken on the moral and legal accountability of the State. There is a whole range of international human rights instruments that we can refer to in our discussions with Governments, reminding them of their obligations to protect, promote and support breastfeeding. This includes the protection of the breastfeeding rights of working women. The practical strategies that we will identify during the course of the week can thus be presented as concrete means of fulfilling those obligations and bringing a halt to the violation of human rights. I hope that you have not be put off by the legalistic way in which I have presented the various relevant provisions from the many Conventions and Declarations. I hope that I may have inspired you to find time to look at them and see for yourself the relevance they have to our work, and the opportunity they provide us with to help improve the conditions of children and women everywhere.

### **Working Women and Breastfeeding in Ghana**

Charlotte Acquah, Training co-cordinator GINAN

Ghana has historic linkage with breastfeeding, advocacy namely the late Dr. Cicely Williams stressed the need for breastfeeding in the early 1930s as part of her pioneering work in the Primary Health Care and Maternal and Child Health in two main cities of Ghana (Accra and Kumasi). In her description of kwashiorkor in 1933 she came out with the causes of this nutritional condition as deprivation of breastmilk, early weaning with consequent formula feeding. This study put Ghana, the then Gold Coast on the medical Camp.

Traditionally, Ghanaian women have been breastfeeding their children from birth to two years. But with the advent of the manufacturers of infant formula strategic adverts, the Ghanaian woman started adding all types of milk, teas, and other liquids to breastmilk.

Since 1987, when GINAN was inaugurated training of both health workers of various fields have been done. This has created much awareness in the nation and communities. In 1993, the BFHIA, a task force came into being and it also added its quota to the training of health workers in lactation management.

The exclusive breastfeeding rate has rises from 2% in 1983 to 20% in 1995. As of now, I will not doubt if research finding will reveal an increase to 50% because GINAN and BFHIA have extended their services to the rural communities.

The technical training of June 1990 prior to the Inocenti Declaration recommended:

- 1) The establishment of a task force within the national Breastfeeding Committee on Women, Work and Breastfeeding.
- 2) The integration of issues relevant of the employed women in all breastfeeding pronotion programmes.

Unfortunately, these two recommendations have not been implemented in Ghana.

However Ghana has been involved in:

#### **1. Training**

##### **A. Women in the formal sector**

Very few women have been trained in lactation management.

## **B. Women in the informal sector**

- i) Hairdresser
- ii) Dressmaker
- iii) Market women

### **Outcome of the training**

All these women were trained to empower them to:

- help and support other women who bring their babies to the saloon, stall or the stall or the market.
- form mother support groups in their various areas where they meet once a month to discuss their activities and find solutions to their problems.

## **2. Dissemination of Information**

### **A. Women in the formal sector**

Women in some organizations have formed clubs and GINAN has been working with some Ladies Clubs by educating the with the use of audio-visuals in breastfeeding issues. GINAN also encourages them to continue with the exclusive breastfeeding even after their maternity leave. We teach them manual expression where to keep the EBM and the use of cup feeding the babies.

### **B. Women in the Informal sector**

From time to time, GINAN members organize various education activities at the market places e.g. talks, video shows and group discussions, to inform the women of benefits of breastfeeding and the need to practice exclusive breastfeeding till 6 months.

### **C. Mass Media**

GINAN also creates awareness through the mass media.

## **WORKING WOMEN AND BREASTFEEDING**

### **Formal sector**

- Very few take the babies to the creche.
- Some express the breastmilk and leave it with the caretakers to feed the babies in their absences.
- Very very few take their babies to their offices with or without helpers.
- Other supplement after 4 months.

### **Informal Sector**

About 65% - 70% of women in Gahan work in the informal sector. This makes it easier for them to bring their babies to their work places.

### **Market Women**

What GINAN did in 1995 was to train 25 market women to empower them with knowledge and skills in supporting women who breastfeed their babies at the market.

### **Strategy used**

There are group leaders of various items sold at the market. The leaders were selected by the women themselves in collaboration with the regional coordinator of NCWD (National Council for Women and Development.)

The leaders after training introduced themselves to their various group and briefed them about the training. Emphasis was placed on:

- Exclusive breastfeeding after six months.
- Taking children to the market to facilitate continuous exclusive breastfeeding after resumption of work.
- Expressing breastmilk into a cup and leaving for the caretaker to feed the baby if it cannot be taken to the market.
- Trainers supporting people with breastfeeding problems.

## **Achievements**

There was no baseline data to compare new data with. But from observation, more women bring their babies to the market than before as a result of their work.

Hairdressers and Dressmakers GINAN is looking for funds to train more hairdressers and dressmakers so they can also be empowered to support and encourage those of their members who will become mothers to exclusively breastfeed their children till 6 months.

## **Legislation Protecting the Breastfeeding Rights of Working Women**

### **1. The ILO**

The International Labor Organization was the first to come out with:

- 12 weeks maternity leave (6 weeks before and six weeks after) with pay.
- Two half-hour breastfeeding breaks during each working day.
- Prohibition of dismissal during maternity leave.

### **In Ghana**

The ILO convention is not adhered to strictly except in some private organizations.

In the government sector, there are individual regulations e.g.

- In the Ministry of Health:** There is 3 months maternity leave after delivery with pay. Plus your annual leave to make 4 months.
- Environmental Protection Council** It is a maximum of 6 months maternity leave with pay but you start 6 weeks before delivery.
- Other Establishment** Three months maternity leave plus your annual leave. The choice is the woman's whether to start 6 weeks after delivery or not. Most of them choose to wait till after delivery. So by the time the mother resumes work from the maternity leave, the child will be four months plus.

### **Civil Servants Ladies Association**

This group met at a meeting in 1996 with a proposal from the government to extend the maternity leave to four months with pay. This is to enable mothers to exclusively breastfeed their babies till 4 months.

There is a lot of politics going on because employers association is against this proposal. GINAN was represented at the meeting.

### **Conclusion**

Concrete action is needed to support the rights of women and children to breastfeed - indeed the challenge is to ensure that women are able to combine breastfeeding and work, whether at home, in the informal sector or paid employment. I suggest more lobbying at the World Health Assembly and ILO for them to come out with a declaration on 4 months maternity leave with pay to enable working women breastfeed exclusively for at least 4 months.

### **How can we increase the father's involvement in child care?**

Ted Greiner, PhD, nutritionist, International Child Health Unit, Uppsala University, Sweden

Unfortunately, infant care is almost exclusively a woman's realm in virtually every culture, no doubt due in part to the fact that only women can breast feed. Yet the father has important roles to play both in sharing child care responsibilities and in providing crucial support to the vulnerable mother-child dyad in the early weeks and months of life. Occasionally we do see examples in which the father takes on the major burden of child care and thus know it is possible for men to do more. This is much needed in

a changing world that puts increasing pressure on women, threatening to reduce the quality of care received by children, particularly among impoverished groups struggling just to survive.

I will begin by emphasizing the need for the breastfeeding movement to address this issue more explicitly and to give it high priority. If we do not, the infant food industry will beat us to it, establishing a social norm based on the image: "male support = the father holding the bottle."

From studies of time allocation within the family that I have seen from different countries, men have more leisure time than women. This is an inexpensive potential source of additional support to the breastfeeding mother available already within the home. However, it may not be such a simple matter to mobilize this support.

In 1979-1983, I worked on a Rockefeller Foundation/Cornell University project with the Ministry of Health in North Yemen to promote breastfeeding. There were very few educated women and thus it was run largely by men who communicated with health professionals who also were almost only men, including the nurses. Since most women in Yemen at that time began bottle feeding within the early months of life, it was natural for the men working in our project to concentrate on educating fathers about the importance of breastfeeding. At first this seemed to work well, as the better educated men quickly understood and accepted scientific arguments for the superiority of breastfeeding.

However, gradually anecdotes began to filter to us about men who threatened their bottle feeding wives with divorce if they did not switch immediately to breastfeeding. In other cases we heard that once men found out that breastfeeding increases birth spacing, they brought home bottles even earlier. Thus we stopped working with men, realizing that broader issues regarding their attitudes toward women needed to be dealt with first.

There are many types of support women need from the baby's father. Indeed, the division of labor within the family is being renegotiated throughout the world. In this talk, however, I will concentrate on child care. Images of men being involved in infant care seem to be limited almost exclusively to bottle feeding. We all would agree that it is more fun being responsible for "input" into the baby than the "output" end, though diaper changing could just as easily be done by the father at less risk to infant health than if he does the feeding (with the exception of cup feed with expressed breast milk).

Once solid feeding starts, the father could also easily take part or better yet take full or major responsibility. It works much better when a man feels he is completely in control, understands what to do, and figures out the details of how to do it himself. Men enjoy much more doing things their own way rather than being given instructions from a woman on how to do something her way. (Maybe women too would prefer to learn from other women, I don't know!) He needs to be up to date on infant nutrition and hygienic requirements and then he can easily manage solid feeding.

With my own sons, I cooked one food at a time (just extra of foods I was cooking anyway), puréed them, placed them in ice cube trays, froze them, introduced one at a time from six months of age, and then gradually learned how many cubes of what kinds of foods they would eat. They never got any commercial baby food of any kind. Men will find that once they know what they are doing, child care is not difficult-as long as you give it first priority among anything else you are trying to do at the same time!

There are huge differences among different cultures in what tasks are "assigned" to men and women but playing with children is common among men and probably gives many women an "opening" for expanding the father's involvement in child care. Just as a woman does not want to be forced to breast feed, kindly persuasion will work better than force to increase male involvement in child care.

Even more effective might be discussion with other men who have ventured farther into the forbidden territory of "women's activities" associated with child care. In my experience, men learn easier about changing male roles from each other than from women, especially the woman who has a vested interest in his changing! This is nothing I have given a great deal of attention to, and thus I could be out of date, but it does seem to me that family life issues are not discussed much by teenage boys, young men, married men or media directed to men such as men's magazines. Indeed, men seem to lack ways of

getting support that may be crucial if they are to succeed in coping with the kinds of frustration one encounters in caring for children. Women naturally seem to give and receive this from each other both face to face and through such media as women's magazines.

In most countries boys probably do not learn much about family life in school and health care systems have no routine opportunities to discuss anything much with men like they do with women during pre- and postnatal visits to MCH services. In Sweden, where my boys grew up, boys do take home economics (and girls take "shop", that is wood working and metal working) and all young teens are given sex education. There have been some books by men dealing with their roles in the family in the past couple decades, at least in the USA, so maybe change will be more rapid in the coming years.

Probably the best opportunity to discuss male involvement with the father is during prenatal visits, but again I doubt that many prenatal care services have given adequate thought to how this could be done, including the provision of opportunities for men to talk with other men about it. Naturally it would be valuable if the father understands the benefits of breastfeeding and is willing to support the mother in doing so if she so chooses. It would be even better if he were willing and able to provide her with emotional support and assistance to get through any difficulties or crises that might occur during breastfeeding.

Men also need to know that they will feel left out, even jealous, at times during the first months, as the mother and baby develop a special bond. But the baby will bond more and more with the father as time goes by, as long as they continue to spend time together.

Men need to know that mothers will not roll over on their babies and smother them during the night. This is a myth, except perhaps if a woman is intoxicated from alcohol or drugs. Sleeping with the baby will make night feeding much easier for both mother and baby at very little sacrifice on the father's part. I found that there were enormous benefits for my children from continuing with a family bed until they were old enough to feel comfortable sleeping on their own (at about 7 and 10 years of age). With a bit of creativity, one can limit how much impact this has on one's sexual life a point that most men I have discussed this with seem to be afraid of.

Finally, men would benefit from discussing with others the issue of women breastfeeding in public. This too makes life so much easier for mother and child at no cost to the father, as long as he has had a chance to think and discuss it and realize there is nothing wrong with it. Maybe we need a male La Leche League!

More active male involvement will be facilitated (but not guaranteed) by paternity leaves (many countries now give fathers one-two weeks paid leave at the time of delivery) and parental leaves. Several countries offer parental leaves after the period of maternity leave. In Sweden paid parental leave is about 40 weeks long and at least one month must be taken by the father or it will not be paid out. In recent years about 30% of fathers take some parental leave and about 10% of all parental leave is taken by them. Though a good beginning, it will take much more than this of course to achieve a situation in which raising children does little more harm to women's careers than to men's.

### **Human Rights & Long-term Solutions**

Ted Greiner, PhD, nutritionist, International Child Health Unit, Uppsala University, Sweden

We human beings created civilization to enable us to earn as good a living as possible and to raise our families optimally. But we now seem to be forgetting the latter purpose. Why? Perhaps we have to admit that this is because we have allowed it to be that way. We have not used our voting power and other democratic means to achieve balanced development. But it does not have to happen this way. Faced with enormous challenges we too often tend to become pacified. Indeed, the military-industrial complex depends on us reacting this way. My goal in this talk is to address and overcome this tendency toward passivity.

Newborns are the most helpless and vulnerable of all people and thus need the most support. We expect mothers to provide this support, including exclusive breastfeeding. But do we give mothers the support *they* need in order to provide this service to society? If we do not and they fail to breastfeed exclusively, we know from many recent studies that many of the benefits of breastfeeding to both mother and child are lost. It is not the mother who is to blame in this case. In most cases it is society which failed to provide women with the information and support they needed to make optimal decisions on infant feeding and to implement them.

Babies also need one person to bond to in the early months of life. Research suggests that multiple caretakers is not desirable during this sensitive period of life. This is one more argument for doing everything we can to avoid separating mothers and babies at this time. Later bonds with the father and other care-givers become increasingly desirable.

We did not know about the importance of exclusive breastfeeding and mother-infant bonding when we engineered the societies we live in today. But these issues are important enough to justify changing society; indeed they are such fundamental rights for such vulnerable members of society who cannot argue on their own behalf that we are obligated to do so.

Now we need to develop a strategy for how to achieve this challenging undertaking. Let us begin with the human rights aspect. We have already heard which formal instruments are available but many of us are not used to thinking in these terms. Indeed, some countries, particularly the USA, do not accept that there is such a thing as economic, social and cultural rights. Thus let us look at an analogy from among the civil and political rights that we may be more familiar with.

How many women in this room have the right to vote? OK, everyone. In how many cases did your great grandmothers have the right to vote 100 years ago? Only New Zealand. So we see that a right is created and doing so involves changing cultural norms. A century ago in most countries anyone who said voting was a woman's right was considered a radical or worse. Today the opposite is the case, the idea that women should not get to vote would be considered deviant. How did women get this right? Through struggle.

How many of you are forced to vote? No doubt there is a certain degree of compulsion in some countries, but in general let us agree that having a right normally does not mean you are forced to exercise it. We often need to remind people of this when they suspect that our giving arguments in favor of breastfeeding somehow means we intend to force women to breastfeed.

Finally, what kind of arguments are usually brought to bear to resist this kind of social change? Eighty years ago in Sweden I understand that one argument used against universal suffrage was that it would be too expensive. This sounds silly today only because the norm has changed. Economic arguments are not a legitimate basis for denying that rights exist, even if there are often true economic constraints for states that want to pursue a human rights approach to development.

How many in this room, if you or your partner had a baby today, would have the right to stay home with the baby for the first six months? Okay, maybe 1/4. And in some cases this is due to your employer rather than national legislation. Now how many would be able to take this time at home without suffering any serious risks financially, in job security or in seniority? Now it is very few. How many wish this were a right in your country? The vast majority.

And what is the main reason it is not a right? Yes, in the first place simply because people are not aware of its importance. There is no relevant social norm and indeed it may be considered to be a luxury that we cannot afford. So we have a big job in front of us.

We must be realistic about what forces are arrayed against us also. When I visited the ILO nearly a decade ago I met three groups who were opposed to increased maternity benefits for working women. One, seconded from UNFPA, felt that no benefits should be given to women for having babies, as this is pronatalist, only encouraging even greater population growth. Another pointed out that governments are being told by the IMF and the World Bank that they must export their way out of poverty through the comparative advantage of a low labor cost. These governments will not be amenable to ideas that

increase their labor costs. The third group was working to remove certain existing conventions for supporting working women. For example some say women should not have to work at night or lift heavy objects and they have the effect of preventing women from having equal access to some jobs. Indeed, we must be wary of anything that makes women more expensive to employers. For this reason the existing ILO Convention 103 on maternity protection from 1952 specifically prohibits charging employers for the costs. They should be born by society as a whole.

On the other hand, let us remember that many of these same arguments could have been used against abolishing slavery. Doing so was expensive and even destroyed entire industries. It also had little if any effect on reducing discrimination, perhaps even creating a backlash for some time.

These are constraints to be overcome, NOT arguments against the fact that women and newborns have the right to spend the first few months after birth together. Once that right is accepted and a social norm starts to become established, we will find that working women can obtain the support they need for exclusive breastfeeding: economic support, health care, emotional support, lactation counselling when needed. It could become a political platform and the feminists will join us when they realize we are not working in a way that will add to women's burdens but will increase the support they have a right to. After all, as we already agreed, half the voters are women. This is how Sweden arrived at its current situation in which women receive 12 weeks of paid maternity leave, followed by nine months of paid parental leave. Political parties will vie to be the one that offers the most.

Does it feel like we are standing at the bottom of a cliff, looking up and wondering how we will get to the top? Well, remember that we have been there before. Twenty-five years ago, many of us who dreamed of a world in which baby food advertising was banned were considered dreamers and radicals. Today many baby food company employees are proud that their company no longer has wet nurses, no longer hands out free samples like a heroin salesman saying, "Here, lady, first one's free." Just imagine if we had taken a passive stance in the face of the constraints we faced. The world would be drenched in baby food advertising on ever-more invasive television, radio, billboard and other media. I am certain that the number of human beings alive today who would have died from unnecessary bottle feeding is in the millions, probably more than have been saved by vaccination.

Social norms can be changed through conscious struggle. Let us put our efforts into mapping out how that struggle should be conducted. We will need to work on two fronts at the same time.

- 1) Fight for the right of working mothers and newborns to spend the first few months together, preferably the six month recommended period of exclusive breastfeeding.
- 2) In the meantime, find ways to help working mothers cope with situations in which this right is denied them. But always keep in mind the long-term goal.

This two-front battle will be challenging but it is important, neglected, and achievable. Let's get started!

### **Networking and Tools for Advocacy**

[Luz Rimban from the Philippine Center for Investigative Journalism](#)

I'm here to talk about Viagra and breastfeeding. (I hope that woke you up!). What's the difference between Viagra and breastfeeding? One is very much in the news media, the other is nowhere.

Viagra is a very good example of the power of the media as a tool to mobilize public opinion. For many days our leading newspapers and television networks have devoted so much print space and airtime to Viagra, a drug designed to cure male impotence. One of the most popular newspapers had a Viagra story running for seven straight days on its front page. No newspapers columnists could ignore the story.

It shows us one thing: the media has awesome power in its hands to decide what is important. By playing up certain events, or in this case certain products like Viagra, the media is telling us what is important. They are sending the message that the issue of male sexual satisfaction is important, so

important that a newspaper can devote a seven-part front-page series to the topic. The media has set the agenda and Viagra is in it.

Viagra has in fact already entered our vocabulary. A story in one of the newspapers today quotes an official saying the education department needs propping up, and that an "educational Viagra" is long overdue.

But the Viagra example also prompts another question. Why devote so much words, space and time to Viagra? Why on the front page and why not in the lifestyle section? Why haven't media devoted as much effort to issues like domestic violence? Child labor? And yes, breastfeeding? Shouldn't these be on the public agenda too?

The fact is that while media has that power to generate public debate and influence official policy, the power is often squandered because of the realities of stiff competition among newspapers and television networks, by deadline pressures, and by the simple fact that media is business, and newspapers and TV networks have to sell to survive.

Women's stories apparently are not considered saleable enough; they're not heart stopping, action-packed and exciting enough to draw in the readers or drive the TV ratings up. Sure, women are being written about in the newspapers and on television, but mostly as victims of crime and punishment or as show business personalities.

In 1995, the Philippines Center for Media Freedom and Responsibility conducted a study that found there were women's stories almost every day in the country's eleven newspapers. But the women here were portrayed either as victims of crime, especially heinous crimes like rape, or as figures of celebrity or notoriety. Tabloids are particularly known for this, as we can see from the daily dose of photos of sexy women on tabloid front pages.

But if you're looking for news reports or articles that shed light on the situation of women farmers, women laborers, about women's health and nutrition, then chances are you'll find these stories few and far between, mostly in the lifestyle or entertainment section of newspapers and TV shows. The net effect is that the more serious issues involving women are trivialized and relegated to the sidelines.

But this doesn't mean that all is lost and hopeless. There have been a number of instances in the Philippines when the media have lived up to the challenges of raising social awareness and mobilizing action. Media's coverage of the case of Flor Contemplacion, a domestic helper convicted and executed for murder in Singapore, is a classic example of how the media not only generated public sympathy for Contemplacion but also helped to make the public aware that labor migration is a social problem, especially for women.

And then there is Sarah Balabagan, the teenage domestic worker who nearly met the same fate in Saudi Arabia. There were rallies in support of Flor and Sarah, and government was forced to re-think its policies on the migration of women. But do women have to die or get raped to get public empathy and government action?

The answer is no. From our experience at the Women's Desk of the Philippine Center for Investigative Journalism, we have been writing about women's issues, and we have found that the papers and TV networks can be receptive to these stories. Among the issues we've written about are women's health, women workers, women farmers, elderly women, women and education, tribal women and domestic violence. Of course we don't write about them every day, but the fact is that there are efforts to portray women in roles other than victim or vamp, and that these stories do get prominent play in the newspapers.

Many of our stories are done in close partnership with non-governmental organizations that provide us with leads as well as information and statistics which are often not available from government and official sources. Together, we try to veer away from the usual who-what-where-when-why-and-how formula, to look at the significance of news events or campaigns and how they impact people's lives.



But getting into the media is not that easy. There is much work to be done on both sides. Activists need to cultivate contacts in the media - not just among reporters but also with editors - and this requires patience and perseverance. Every day, reporters and editors are swamped with stories that vie for time and space in the papers or television. Women's stories are just a fraction of them.

But the media, too, need to be more open to women's stories and realize that they are there not just to report the news, not just from the official point of view, but also from the point of view of people - the voiceless whose voices need to be heard. Definitely, women count themselves among the voiceless.

It's a reality that women lose out to other urgent news of the day that usually comes from official sources - the President (especially at this time when we have a new one), Congress, and government agencies. Women's advocates and breastfeeding advocates need to devise new ways to ventilate the issues, and (if we could couch this in quite capitalist terms) to market and package the stories so that the media will give the attention these issues so much deserve.

### **Teen Mothers in a Canadian First Nation Town**

Pat Martens, doctoral candidate at the University of Manitoba

Pat Martens presented a description of breastfeeding promotion strategies in Sagkeeng (Fort Alexander) community, an indigenous (First Nation) community in Manitoba, Canada. WABA assisted the program with a small seed grant to cover part of the cost of producing a booklet on breastfeeding. The booklet included drawings of First Nation mothers done by a local male artist; this strategy was chosen as a way of reaching the men of the community. Expenses for training the first peer counselor (PC) of Sagkeeng were also partially covered by the grant.

Martens found that using the booklet during prenatal instruction by the community health nurse increased the rate of initiation of breastfeeding. There was also a significant increase in the duration of breastfeeding among women in the peer counseling program. Compared to a control group, mothers who had peer counseling were twice as likely to be breastfeeding at any point along the way. The PC has also been involved in adolescent education in the junior high school, grades 7 & 8. The students' knowledge about breastfeeding has increased significantly.

Martens studied the effect of peer counseling on mothers' confidence and found that mothers had a great need for a peer to help with breastfeeding problems. Those who had contact with the peer counselor had fewer problems with breastfeeding and far greater confidence in their ability to combine work or school with breastfeeding.

Recently, based on the success of the pilot project, the local health board granted permanent funding to keep the peer counseling program going as part of the health care team. Martens used information about the role of breastfeeding in decreasing the incidence of diabetes to generate interest among community leaders in this area where up to 25% of adults are diabetic.

A La Leche League Leader donated her time and expertise for peer counselor training. She and the first PC collaborated in writing a PC training manual specifically for the Sagkeeng mothers. WABA's seed grant may have been small, but it was enough to inspire goodness of heart among important community members. Now community members are beginning to recognize the importance of breastfeeding.

Martens wants to acknowledge people who have contributed to the project: Linda Romphf , PC trainer; Cynthia Fontaine, the first PC; Peggy McKechney, community health nurse liaison to the established health care community; Health Center Administrator Gerald Courchene; and Corinne Sinclair, Head Nurse of the health center.

## **The Story of Work and Women**

Marianita Villariba

In her keynote speech to the workshop, Marianita Villariba took us back into her country's history to see how breastfeeding, an unquestioned part of women's ancestral role, became "a subversive activity" after the invasion of the Spanish conquistadors. Drawing a parallel with the lives of slave women in the Caribbean, she hypothesized that the traditions of strong women leaders from pre-colonial times were carried on by women using their wisdom about women's reproduction to resist the cultural changes brought by the introduction of Catholicism and Spanish domination. Thus, she gives breastfeeding a place among feminist concerns as a way for women to assert or reclaim autonomy over their bodies.

Women's work, which is at the heart of the feminist struggle, has made possible the great accumulations of wealth under capitalism and socialism. Under colonialism, the indigenous woman was valued for her productive work, not for her work as a mother.

In our own time, under a new feminist concept of labor, the model worker is a mother, and her primary work is the production and preservation of life. In a world arranged along feminist lines, concepts of time would reflect the needs of the mother-worker, and space would be organized in a way to allow her to nurture her children as well as doing other productive work.

A feminist definition of work acknowledges that the work mothers do is essential. This acknowledgement would provide a way to value women's real production and maintenance of human beings and the things that enhance human life, in contrast to the things of no intrinsic worth, for instance financial speculation and global spending on militarism, that are valued by the current economic system.

To close, Villariba reminded the workshop of the many ways that breastfeeding empowers women. Breastfeeding decreases women's dependence on consumer goods in the marketplace, and on a medicalized interpretation of women's reproductive capacity. Breastfeeding benefits women's health directly and contributes to healthy child-spacing. Breastfeeding builds women's self-reliance and validates women's traditional knowledge. Breastfeeding encourages cooperation among women and between women and men in the care of mothers and children. Breastfeeding calls for women's reproductive work to be acknowledged. Breastfeeding challenges the notion that women's breasts are merely sex objects. All in all, the structural changes in society that enhance and support breastfeeding create conditions that improve women's lives.

In the Philippines, the legal framework of the Convention for the Rights of the Child (CRC), is the basis for a social movement, the Child-Friendly Movement (CFM). A definition of "child-friendly" is based on the awareness that the family is the enabling environment for the child and, in a child-friendly environment, the family has the capacity to care for the child.

## **Women, Work, and Breastfeeding in New Zealand**

Judith Galtry (Dep. of Women's Studies Victoria University Wellington New Zealand)

Background Paper Prepared for WABA's 1998 Conference on Women, Work, and Breastfeeding

### **Breastfeeding Rates in New Zealand**

The only agency that collects breastfeeding statistics in New Zealand is the Royal New Zealand Plunket Society; a non-governmental organisation dedicated to improving the wellbeing of New Zealand children and their families.

According to the Plunket Society's most recent breastfeeding statistics, in 1993, at two weeks after birth 83% of mothers were breastfeeding while, by 1997, this figure had declined to 72%. (These figures do not define the amount of breastfeeding but include any situation in which a baby received any breastmilk). In 1993, at six weeks after birth, 75% of mothers were breastfeeding but, by 1997, this figure had declined to 65 %.

### **The labour market participation of New Zealand women with infants**

In the employment sector, one of the biggest changes in recent decades has been the greater involvement of women, in particular, partnered women and those with children, in the labour market. Whereas it was unusual for New Zealand women with infants to be in full-time paid work in the 1970s and even during most of the 1980s, this phenomenon is becoming increasingly common.

In 1986, 21% of New Zealand mothers with a child under one were recorded as being in paid work, but by 1996 this had risen to 31%. In 1991, almost one-fifth of partnered women appeared to be back at working a month after childbirth, with half of these working full-time. Although the biggest increase has been amongst mothers with a partner already in paid work, there has also been a rise in the proportion of sole mothers returning to the labour market and in the proportion of couples where the fathers did not have a job. This growth has been brought about by a wide range of factors including changes in expectations regarding women's and men's roles and responsibilities; the growth of service industries; the increasingly well documented benefits, in terms of labour market outcomes, to women of taking minimal breaks from paid employment; the increase in state subsidised childcare provision, especially for children under one year; the availability of job protection through parental leave, and economic necessity, often associated with a decline in male income mainly through unemployment

### **How are breastfeeding and paid work reconciled in New Zealand**

Although the International Labour Organisation had established its maternity convention as early as 1919, it was not until 1948 that some form of job-protected maternity leave was introduced in New Zealand. Even then, it covered only maternity leave within the public service. Over thirty years would pass before statutory leave was extended to the private sector. In 1980, the Maternity Leave and Employment Protection Act was passed which enabled women to take 26 weeks of unpaid leave around the birth and / or adoption of a child while ensuring job protection. As a result of extensive lobbying by various women's organisations and trade unions for gender-neutral leave that would apply to both parents equally, parental leave legislation was enacted in 1987. This legislation extended both the leave entitlement to the mother of the child or her spouse and the period of leave to 52 weeks. Currently, this leave is unpaid. There are also various restrictive eligibility criteria relating to the number of hours worked and employment continuity. More specifically, the biological or adoptive mother or her spouse have to work for at least ten hours per week for the same employer for the 12 months preceding the expected delivery date. This legislation also provides for 14 weeks maternity leave and up to two weeks paternity leave.

In June 1996, the Department of Labour published a survey of parents who were eligible for parental leave under the terms of this legislation. It indicated that many women (and fewer men) were using the provisions of the Act successfully. However, because of legislative eligibility criteria, access to leave is limited for those in casual or seasonal work. This is significant given the increasing casualisation of the female workforce since the introduction of the 1991 Employment Contracts Act (ECA) and the subsequent decline in union membership among New Zealand women.

### **1991 Employment Contracts Act (ECA)**

As part of the ongoing process of economic restructuring which commenced in New Zealand in 1984, the Employment Contracts Act (ECA) was introduced in 1991. This legislation, which was opposed by trade unions and many women's groups, signaled a move away from workers' collective contracts with employers to individualised employment contracts. As a result of this legislation, collective lobbying by employees for improved working conditions, such as those to facilitate breastfeeding in the workplace, is now more difficult.

### **Women and Trade Unions in New Zealand**

Associated with the introduction of the ECA, there has been a decline in the number of workers who are unionised in New Zealand. Although there are no exact figures regarding the proportion of women in the labour market who belong to unions, just over half (57%) of all trade union members are women. It is estimated, however, that only approximately 40% of the New Zealand workforce currently belong to unions.

### **The Need for Leave Payment**

As discussed, parental leave is currently unpaid in New Zealand. A report on parental leave by the Ministry of Women's Affairs (1995) found that New Zealand provisions include strong job protection and

good access to maternity, paternity, and extended parental leave. However, in line with trends reported in several other industrialised countries including the United States, Australia and the United Kingdom, this report suggests that taking unpaid leave does not represent a genuine option for some groups of New Zealand women, in particular those on low family income and / or those with partners who are not in paid work. This has implications for breastfeeding practice among these groups of women.

Payments associated with maternity or parental leave have been negotiated in some employment contracts, mainly in the public sector. In addition, some state-funded income support may be available to women on leave, including through the 1976 Domestic Purposes Act, which provides income support to sole parent families. In New Zealand, as in most other countries, these families are generally headed by women.

The 1997 EEO Trust survey of equal employment opportunity awareness, acceptance, and activity within New Zealand organisations found that between a quarter and a third of organisations surveyed granted parental leave beyond that provided by legislation. The highest proportion of these by far was in the education sector (65 percent). Just over a third of public sector organisations provide this, as do a quarter of the private sector companies surveyed. Furthermore, a survey of employment contracts showed that 39 percent of contracts had above-standard parental leave provisions. Seventeen percent of private sector contracts had payment available, mainly in the finance and banking sector. However, other surveys suggest that these figures may be inflated due to unrepresentative samples.

In general, individually negotiated provisions for parental leave payment tend to favour only those women (and, sometimes, men) with specialised occupational skills who are difficult to replace in the job market. For instance, a large New Zealand law firm recently announced that it intends to provide maternity leave at full pay to senior associates if they resume paid employment within three months of childbirth. Women who take a longer period of leave forego any payment. Moreover, this gender-specific provision is not available to women clerical workers and other women workers in the same firm. It is likely, therefore, that only those women with the most negotiating power to access the necessary conditions to facilitate breastfeeding or pumping in the workplace will have any genuine choice over the integration of these two activities.

### **Campaigns for Parental Leave Payment**

In 1994, a campaign for paid parental leave was mobilised by various women's organisations and trade unions. The 12 Weeks Paid Parental Leave Campaign argues for a minimum paid leave period of twelve weeks and for payment to be set at 100% of earnings, although limited to the average male wage.

In addition, the "centre-left" Labour and "far-left" Alliance parties in the New Zealand Parliament, have outlined policies / draft legislation for some form of paid parental leave. These are for 12 weeks and 6 weeks respectively. In the latter instance, the payment, would be funded through a levy on employers while the Labour Party's initial six week period is to be reviewed after two years and would be financed from general taxation. Unfortunately, neither of these parties are currently in power and the current Coalition Government shows little sign of endorsing such progressive legislation in its drive to "free up" the New Zealand economy.

There is, therefore, little scope for optimism regarding the imminent introduction of paid parental leave. As internationally renowned New Zealand feminist economist and author of *Counting for Nothing: What Men Value and what Women are Worth*, Marilyn Waring points out:

Women who breastfeed in accordance with the best practise for the health of the mother and child are simply expected to get on with it, to continue their valueless productive and reproductive activity in their own time.

Although discussions about parental leave, including the issue of payment, have extensively addressed pregnancy and childbirth, the subject of breastfeeding has rarely been raised. This is, in part, due perhaps to the fact that breastfeeding, although potentially strengthening the case for paid leave, poses difficulties for the goal of gender equity in the employment arena. In particular, in a conservative and increasingly targeted policy climate, breastfeeding has the potential to undermine the gender-neutral direction which leave policy has taken in recent years.

### **Breastfeeding Breaks in the Workplace**

Compounding the lack of choice over breastfeeding for many women in paid work is the fact that New Zealand, like Australia and the United States, has no legislated provision for breastfeeding breaks in the workplace. The need for breastfeeding breaks in the workplace was mentioned in submissions by various trade unions to the 1980 Maternity Leave and Employment Protection Bill and the 1986 Parental Leave and Employment Protection Bill although, surprisingly, not by health professionals or women's groups. Overall, there appears to have been little awareness or acceptance of this particular ILO recommendation amongst feminist organisations in New Zealand.

### **Onsite Child Care**

Although there is much support in the international literature for the provision of on-site childcare to facilitate breastfeeding and paid employment, it is perhaps unrealistic to expect that this provision will ever meet the needs of more than a relatively small group of New Zealand mothers. For instance, many women are employed in businesses too small to warrant such provisions while others work shifts or hours that are not met by these formalised childcare arrangements.

### **The Use of Breast Pumps in the New Zealand Workplace**

The use of breast pumps is still relatively unusual in the New Zealand workplace. However, given the lack of paid parental leave provision and other labour market policies supportive of breastfeeding, it is likely that the adoption of breast pump technology will increase as more women resume paid work in the early months following childbirth.

Marcia Annandale, a New Zealand based lactation consultant and long-time breastfeeding activist, has been involved in advising women as to various options regarding infant feeding, including the hireage of breast pumps, since 1989. She reports that although women returning to paid employment comprise only a small number of those hiring breast pumps, there is an increasing tendency for mainly middle-class Pakeha (European) women in professional occupations to hire or purchase breast pumps. Others involved in breastfeeding advocacy have confirmed this picture.

In support of this observation, some North American studies suggest that managing breastfeeding in the workplace is possible, although not without difficulties, mainly for women in professional or semi-professional type jobs. This seems to be associated with the greater employment flexibility and control experienced by such workers. Within the private sphere too, this group is more likely to be able to afford the necessary support to facilitate this integration. For instance, Penny Van Esterik has pointed out that the dominant perception of breastfeeding as an issue of individual choice as opposed to policy concern is more easily sustained by "elite, well educated women with servants to help them integrate their bureaucratic and domestic work". In support of this, the New Zealand media carries examples of mothers in high paid and high status occupations with 'nannies' who bring the baby into the workplace to be breastfed.

Also increasing the likelihood that more New Zealand women will pump breastmilk in the workplace is the trend toward the adoption of American-style family-work initiatives. For instance, at a 1993 conference Make your Workplace "Family Friendly", organised by the Ministry of Women's Affairs, the keynote speaker Arlene Johnson, vice-president of Families and Work Institute, New York, drew attention to a number of "family-friendly" workplace initiatives instituted by various American companies. Included among these programmes was a consulting firm with facilities for mothers to pump and refrigerate breastmilk. This prevalent North American approach to integrating breastfeeding and paid employment also features in the New Zealand populist literature on "how-to-manage-breastfeeding-and-paid-work". For instance, a 1994 book aimed at "the working mother" discusses in detail the issue of breast pumping in the workplace. Further echoing the advice given in much of the American literature, the author suggests the use of such places as "stairwells" or "toilets" to express or pump breastmilk for women employees without their own offices.

### **Breastfeeding and Paid Work - the Experience of Pacific Islands Communities in New Zealand**

In New Zealand, the Pacific Islands communities provide a documented example of the way in which breastfeeding practices are adversely affected by economic constraints and employment related factors. Findings from a five year longitudinal study of over 4,000 New Zealand children, the Plunket National Child Health Study, indicate that resumption of paid employment, or study, represents the primary reason for cessation of breastfeeding between six weeks and three months after the birth among

women from Pacific Islands communities. This was also a major factor influencing cessation of breastfeeding within the first six weeks, and from three to six months following the birth amongst the same group. By contrast, for the overall population, the main reason cited for giving up breastfeeding (up to six months of age) was "perceived insufficient milk", while return to work was cited as one of the next two most common reasons for ceasing breastfeeding at three to six months after the birth.

The difficulties experienced by many women from Pacific Islands communities in terms of combining breastfeeding and labour market participation is likely to be associated with a number of employment-related factors specific to this group. These include not only early return to paid employment following childbirth, often necessitated by economic factors, but also the longer number of hours worked, occupational type and a high incidence of shiftwork. For instance, Pacific Islands women are more likely than other workers to be employed as personal and protective service workers, including cleaners, the most common occupation for this group of women. Many of these workplaces may not be conducive to breastfeeding as they are unlikely to have the material facilities or the working conditions required to support breastfeeding or the pumping / expression and storage of human milk. Finally, economic pressures and, hence, the need to resume paid work are often greater for Pacific Islands and Maori mothers because of the relatively high rates of both sole motherhood and male unemployment within these communities.

Nevertheless, it is clear, by virtue of its relatively extensive practice in recent years, that breastfeeding has been regarded as an important practice within Pacific Islands communities. A recent case study describes the distress experienced by a Samoan mother, economically compelled to resume paid employment one month after giving birth, over her inability both to fully recover from childbirth and to continue breastfeeding her baby. The researchers report that:

The mother in this family was in the paid workforce during the year before the child was born. She had 2 older children aged 2 and 8 years at the time of the birth....When the infant turned 1 month of age she resumed a 40-hour week of shift work, leaving the infant at home in the care of his grandfather. "I had no choice, we needed the money so I went back to work when [child] was 1 month old, I went full-time." The mother explained that she was still breastfeeding her baby and, had she been able to afford it, she would have stayed home for a year. But she could not afford to wait for the lump sum payment - she needed the money on a day-to-day basis....She summarised her own experience this way: "I would have loved to have stayed home longer with my babies. For my own health as well, but because of all the bills..."

### **Strategies and Initiatives which Support Breastfeeding in the Workplace**

In the New Zealand context, there has been a conspicuous lack of documented discussion about the integration of breastfeeding and paid employment. However, as part of World Breastfeeding Week 1993, a charge nurse described her breastfeeding -friendly workplace at a La Leche League led workshop. Provisions extended to breastfeeding mothers included the ability to begin work at 8am rather than the usual 7am commencement; one hour for lunch as opposed to the usual 30 minute lunchbreak in order to maximise mothers' time with their babies in the hospital crèche; a private room in which to breastfeed when necessary as, at that stage, one mother's partner brought the baby in to be breastfed at dinner time, and an increased sensitivity to the mother's needs for time off work when the baby was sick. In addition, staff were advised of the need for breastfeeding mothers to have their breaks at fixed times.

In Wellington, New Zealand's capital city, there are several downtown childcare centres that primarily cater to infants and children of public servants. One of these has provisions for breastfeeding mothers in the form of sleep rooms with armchairs. In addition, childcare staff contact breastfeeding mothers when their babies are ready to feed. Another central city childcare centre, which takes infants from two months old, similarly has provisions for breastfeeding mothers. The crèche supervisor pointed out that the glidetime (flexitime) available to public servants also facilitates breastfeeding. She nevertheless suspected that the various pressures faced by mothers in paid employment, even by those with greater flexibility and control over their work environments, increases the likelihood that the child will receive formula supplements at an earlier stage than might have otherwise occurred.

### **Conclusion**

I intend to leave drawing conclusions and / or implications for policy until the end of WABA's 1988 conference on Women, Work and Breastfeeding. Participation in this conference provides an important

opportunity to listen to the experience of those in other countries and to incorporate some of this thinking into developing appropriate policy recommendations and initiatives and strategies to support breastfeeding among working women in both the New Zealand and the wider South Pacific contexts.

### **Acknowledgements**

I wish to express my gratitude to the World Alliance for Breastfeeding Action who along with the New Zealand Ministry of Women's Affairs, and the New Zealand Ministry of Research, Science and Technology sponsored me to attend this conference. I also wish to acknowledge funding for this ongoing research from the Victoria University of Wellington's Foundation Scholarship, the Victoria University's Internal Grants Committee and the Claude McCarthy Trust. I would also like to thank Marcia Annandale and those other New Zealanders involved in advocacy and research regarding breastfeeding.

### **Press Release**

**Quezon City, The Philippines** - Mayor Ismael Mathay recognizes the many roles and needs of working mothers in Quezon City and throughout the world. He has many plans to increase support for this growing part of Manila's population. *"The requisites of congenial work environment for women and the supportive policy environments are not fully in place or are inadequate, though perhaps the imperatives are already well accepted."*

Mayor Mathay's statements were part of the opening of the seminar, *"Breastfeeding, Women & Work: From Human Rights to Creative Solutions."* This international seminar, organized by ARUGAAN and the World Alliance for Breastfeeding Action, has brought together experts on working, women's roles, breastfeeding, and mothering from 22 countries.

More and more women worldwide are entering the paid workforce. As women move into wage labor they are faced with larger difficulties with caring for their infants and young children. Children's health is often negatively affected by mother's workforce participation. Most critical for young children is being breastfed. Breastfeeding improves health and nutrition and decreases illness among infants.

Data from the World Health Organization from 1997 for the Asia-Pacific Region show that although 90% of mothers begin breastfeeding, many are supplementing their babies. *"Less than 75% of mothers are practicing exclusive breastfeeding in the first four months of life,"* reported L.T. Cavalli-Sforza of the WHO-Manila office. Yet, it is exclusive breastfeeding that gives the greatest health benefits to infants. The World Health Organization recommends exclusive breastfeeding for the first 4 - 6 months of life, and then continued with appropriate complementary foods through the second year.

Women who may begin exclusive breastfeeding have problems maintaining this, especially after they return to the paid work force. Many worksites lack policies or facilities to support breastfeeding women after they return to work. In view of this, the International Labor Organization will be reviewing previous conventions protecting women's rights in the workplace. Mario Galman, from the ILO's Manila Office, noted that the review process will give working women an opportunity to give comments to shape new policy.

Employers can profit from supporting breastfeeding by decreased absences by working mothers due to of illness among their young children. *"Modernization with active productive roles of women also carries quite as important and interrelatedly imperative concern - the concern for nursing working women, and consequently, of the welfare of the nursing babies,"* said Mayor Mathay. *"If women have to work, then there must be the imperative of provision of congenial and supportive work environment, and particularly for nursing mothers."*

And the mothers are ready. Lita Nery, of ARUGAAN, noted that working mothers are now ready to be part of the policy-making process. ARUGAAN is a Philippine-based non-governmental organization which supports the creation of mother-baby friendly environments through wholistic programs and services.

The Seminar will continue through Friday with discussions, site-visits throughout Manila and several provinces, working groups, and presentations. It will conclude with the development of recommendations and actions that can be taken to strengthen recognition of and support for working, breastfeeding mothers.

## Description of Topics

### **Women & Work: History and Development**

Gives an overview of the situation of working women around the world from early 20th century and especially since globalisation. With the latter process came the urbanisation of life and the alienation of women's labour. The talk covers the differing experiences of women in urban and rural areas as well as discusses women's experiences working in the formal and informal sector and their corresponding problems. How has modernisation increasingly separated women's productive and reproductive work? What are the 20th century challenges for most of the world's working women? Identify the reality situation of women workers in the Third World, and how they combine paid work with domestic chores and child rearing. A discussion on the need for a new women-centred definition of labour which will give a higher value to housework and childcare, together with government provisions for better working conditions (eg. women's health and safety, job security, the need for support from family and employer, how women can claim their rights and where there are good examples). Women have the right to breastfeed and breastfeeding support. What are the priorities for citizen's groups in supporting working women so as to help them more effectively combine their productive and reproductive roles in today's society.

### **Children's Rights to the Highest Attainable Standard of Health**

A children's rights advocate (David Clark of UNICEF) will highlight the child's right to the highest attainable standard of health and breastfeeding as the means to food security, proper nutrition and care. What international instruments exist to protect the breastfeeding rights of children and how can these tools be used more in advocacy.

### **Human Rights & Long Term Solutions**

Points out what the situation of working women would be like if their rights, including the right to breastfeed were respected. To achieve it we need to achieve widespread awareness of the importance of exclusive breastfeeding and the need for society to enable mothers and babies to be together during the early months of life. Breastfeeding is a human rights issue, a woman's right and a child's right. Where exclusive breastfeeding becomes the norm, then these rights will be viewed like the right to vote. No one complains that society cannot afford for everyone to vote. Nor does anyone feel like having the right to vote forces them to do so! Why are we in the 'breastfeeding world' so afraid to set high goals? We must create international norms for the support and protection we know mothers and babies need, just the way we are doing with seat belts, motorcycle helmets and no smoking in public. Then we will find that feminists, employers and others will be on our side!

### **Principles of Mother-Friendly Workplaces**

Given today's lack of legal protection for working women, insufficient community support systems, unfriendly employers and unsafe workplaces, how can working women be helped to combine their various work responsibilities with reproductive work such as breastfeeding? The talk provides an overview of definitions of work and applies these definitions to WABA's mother-friendly workplace initiative and the three generic principles of time/space or proximity/support as a framework for analysing mother/baby friendly workplaces. What does a mother-friendly workplace look like and how can these generic principles be applied to various types of worksites, especially non-formal ones. It points to the need for other various short term solutions and creative measures for women working in the non-formal sector.



## **Women & Work in Formal Sector**

### **a) Overview**

Defining formal sector work and workplaces; the challenges such as job security, health and safety issues facing women in the formal sector. What are the international instruments and conventions that protect pregnant and breastfeeding working women? What is the general state of implementation of these laws in different countries? What successes have there been in helping women in the formal sector to combine paid work with childrearing and breastfeeding? What are the recent ILO policy developments and how will the changes or non-changes directly affect women working in the formal sector and indirectly affect women working in the non-formal sector? What can citizen groups do to bring about improvements in legal instruments and ensure better implementation of such good policies and recommendations?

### **b) Implementation of Legislation**

This will be a panel discussion with representatives from 5 countries (Sweden, USA, New Zealand, Sri Lanka and Philippines) each giving 5 minutes overview of the state of implementation of legislation/maternity entitlements in their country. Ted Greiner will facilitate the discussion and provide a framework for conceptualising the kinds of action possible on improving legal implementation in different parts of the world. This framework will then be used for the working group session on formal work.

## **Women and Work in Non-formal Sector**

### **a) Overview**

Based on definitions developed earlier, who are the women who are marginalised by existing approaches to work? Who are not covered by legislation? We will consider paid, unpaid, homebased and unrecognised work, and identify the experiences of women who work in the non-formal sector. What are the overarching concerns of these women and their children? Where laws are difficult to implement, what strategies or tools can we use to help women combine productive and reproductive work?

### **b) Stories of Working Women's Lives**

(Ruth Tabora will speak of the real lives of women vendors and rural workers in the Philippines)

### **c) Case Studies**

Four seedgrant recipients, each presenting their success stories will relate how they have helped working women in their community/country to breastfeed and work. The four presentations cover women working in the market place, in farms, as fisherfolks, in urban slums and in schools.

## **Women and Work in Formal Sector**

There will be 5 working groups on formal sector issues identified as:

- a) Working conditions - health and safety issues
- b) Job security and a conducive work environment: how working breastfeeding women can claim their rights
- c) Tax incentives and creative measures
- d) Legislation: maternity entitlements and parental leave - improving implementation
- e) Understanding and using various International Conventions to promote women's and children's rights to breastfeeding

## **Women and Work in Formal Sector**

There will be 5 working groups on non-formal sector issues identified as:

- a) Occupational health Risks and job protection
- b) Nutrition and Maternal Health
- c) Marginalised and Unrecognised sector - Urban poor, domestics, vendors, migrant workers, women in prison
- d) Rural Workers and Marginalised poor - sessional workers, home-based workers, homemakers, farmers
- e) Establishing Support Groups for women

Working groups will have 2 hours to discuss the issue and come up with recommendations. The facilitator will lead the group beginning with a short 5 - 10 minutes presentation on the topic. Rapporteurs will be given 5-10 minutes to present their issues and recommendations in the next session.

### **"How to" Workshop on Infant & Child Care**

This will be an optional workshop for those participants interested in the specifics on how to set up a creche, how to design the creche programme, learning about the health care and nutritional needs for mothers and babies and understanding child development.

### **Mother/Baby-friendly Environments Creating the Environment**

This session gives a detailed picture of what a mother/baby-friendly environment looks like, its elements and how to create it. What are the design concepts and architectural concerns for buildings and public spaces that are meant to be mother/baby-friendly? How can friendly transportation systems be designed? What are the legal settings to promote mother/baby-friendly infrastructure? Examples of some existing mother/baby-friendly public places and transportations are given.

### **Mother/Baby-friendly Environments Support Systems for Working Mothers**

What are the many faces of mother support? - mother-to-mother, hospital based, community based, workplace based, ... How support systems for women need to be in tailored to the kinds of work settings and culture. How can family members be supportive to working women. This overview is accompanied by 4 case studies giving examples of the different types of support systems for women:

- i. CEFEMINA, Costa Rica (support by grandmothers and the elderly of a community)
- ii. CONAPLAM, Guatemala (support for indigenous and non-literate women)
- iii. LLLI, USA (mother-to-mother support)
- iv. Support from Men (v) SINAN (support from community healers and factory)

### **Networking & Tools for Advocacy**

This session looks at the various tools available for networking and advocacy on the issue of breastfeeding and working women such as the Website, popular materials, as well as identifies possible events for advocacy. It links with the next session on designing strategies as it informs participants of the tools and opportunities available. A panel discussion on how to forge new partnerships will follow. The panel will include a trade union leader, an employer and one representative each from a women's organisation and the mass media.

### **Designing Strategies**

This session will involve the active participation of two groups, formal and non-formal (culled from earlier working groups). Drawing from discussions shared in the previous session, the two groups will then suggest practical and viable recommendations for their respective sectors and formulate an action plan for WABA and network partners.

### **Vision Statement & Plan of Action**

During this 90-minute session, facilitators of the two main working groups will present the list of viable recommendations discussed during the session on Designing Strategies. (Note: This session is not about making a range of recommendations for the WABA Secretariat to carry out. Persons making a recommendation must also identify the persons or organisation responsible for carrying out the action). A more useful outcome is to identify workable strategies long and short term that could be in the respective countries or regions.