



# Empower parents, enable breastfeeding

Now and for the future!



WABA | WORLD BREASTFEEDING WEEK  
1-7 AUGUST 2019



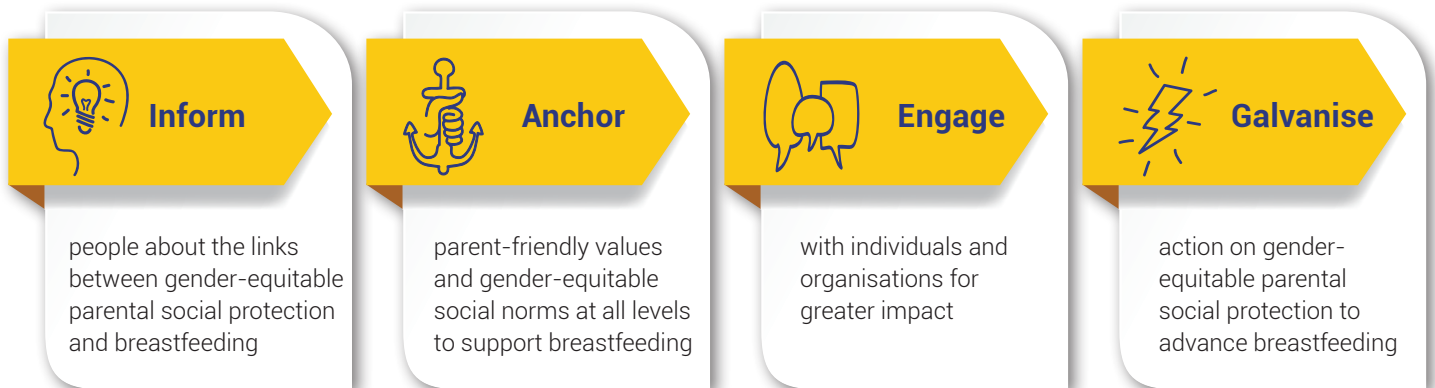
[www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org)

# INTRODUCTION

Breastfeeding is one of the best investments in saving lives and improving the health, social and economic development of individuals and nations. Although global breastfeeding initiation rates are relatively high, and despite international recommendations, only 40% of all babies under 6 months are exclusively breastfed and 45% continue breastfeeding up to 24 months. Additionally, there are large regional and in-country variations in breastfeeding rates. Scaling up optimal breastfeeding according to the recommendations could prevent more than 823 000 child and 20 000 maternal deaths each year. Not breastfeeding is associated with lower intelligence and results in economic losses of about \$302 billion annually<sup>1</sup>. Concerted action is needed in order to achieve the World Health Assembly (WHA) target of at least 50% exclusive breastfeeding for 6 months by 2025. Many barriers to optimal breastfeeding exist, one of the largest being lack of support for parents at work.

Breastfeeding is a team effort. It also requires evidence-based unbiased information and a warm chain of support to create an enabling environment that empowers mothers to breastfeed optimally. Although breastfeeding is the mother's domain, with close support from fathers, partners, families, workplaces and communities, breastfeeding improves. Since breastfeeding involves the mother and her closest supporters, adopting an inclusive approach is important. By considering the needs of all genders in relation to breastfeeding, gender equity is achieved. A gender-equitable parental social protection that includes measures such as paid leave and workplace support can help create the enabling environment for breastfeeding in the context of both formal and informal work sectors.

## OBJECTIVES



Research shows that paid maternity leave policies could help reduce infant mortality by 13% for each additional month of maternity leave<sup>2</sup>. Paid leave enables women to physically recover from childbirth before returning to work and benefits their physical, mental and emotional health in the short- and long-term<sup>3</sup>. Policies that ensure parental and paternity leave should not compromise existing maternity leave benefits or leave availability. Rather, these policies should enable fathers/partners to prioritise family-related responsibilities, while meeting work demands. This can significantly increase the personal and economic wellbeing of their families. Limited or no paternity leave reduces the time fathers can spend with their families to develop the relationships and patterns that result in gender-equitable parenting. Fathers who are given leave are able to work with mothers and shape a parenting and breastfeeding team<sup>4</sup>. Working as a team can empower parents and enable exclusive breastfeeding.

According to the International Labour Organization (ILO), more than 830 million women workers do not have adequate maternity protection. Of approximately 170 countries studied, paternity and parental leave are available in only 78 and 66 countries respectively. Most countries offer at least some paid maternity leave. However, progress is slow in meeting the World Health Organization (WHO) recommendation for the provision of at least 6 months paid leave to support exclusive breastfeeding<sup>5</sup>. The minimum global standards for maternity leave outlined in the ILO C183-Maternity Protection Convention, 2000 and the ILO Recommendation (R191) are 14 and 18 weeks respectively, that is, less than the required 6 months (or 26 weeks). R191 also recommends parental leave after the expiry of maternity leave. Approximately half of the countries worldwide meet the ILO standards, including 47% of low-income countries, 43% of middle-income countries, and 77% of high-income countries. Hence, socioeconomic status is not a barrier to providing paid leave, since several countries provide 26 weeks or longer<sup>6</sup>.

Parental social protection (PSP) includes public-funded paid leave policies, legislation, and parent-friendly or family-friendly workplaces. To empower parents and ensure their rights, we advocate for (a) parental social protection policies and legislation, (b) parent-friendly workplaces in both formal and informal sectors, and (c) parent-friendly values and gender-equitable social norms. These measures promote optimal breastfeeding, health and wellbeing as well as protect against discrimination at work. Gender-equitable parental social protection also advances the Sustainable Development Goals (SDG). Let us work together to make this a reality.

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**Contributors :** Aapta Garg, Alyson McColl, Bianca Stumbitz, Duncan Fisher, Jennifer Cashin, John Rempel, Lynn Rempel, Ruti Levto, Wessel van den Berg  
**Reviewers :** Anne Batterjee, Ann Yates, Anwar Fazal, Claudio Schuftan, Elien Rouw, Frenny Jowi, Hiroko Hongo, Hussein Tarimo, Irma Chavarria de Maza, Irum Taqi, JP Dadhich, Juanita Jauer Steichen, Julie Ware, Kathleen Anderson, Kathy Parry, Larry Noble, Laurence Grummer-Strawn, Lee Claassen, Maryse Arendt, Margaret Kyenkya-Isabirye, Marina Ferreira Rea, Michele Griswold, Paige Hall Smith, Prashant Gangal, Roger Mathisen, Rufaro Madzima, Rukhsana Haider, Taru Jindal and Zaharah Sulaiman

**Editorial team :** Amal Omer-Salim, Revathi Ramachandran  
**Design & Layout :** Nisha Kumaravel, Chuah Pei Ching  
**Advisor :** Felicity Savage  
**Designer :** C-Square Sdn Bhd  
**Printer :** Jutaprint

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# PARENTAL SOCIAL PROTECTION POLICIES AND LEGISLATION

Parental Social Protection (PSP) policies can play an important role in enabling breastfeeding. These policies are an important aspect of distributing care work and transforming social norms. PSP addresses one of the greatest barriers to breastfeeding, namely the lack of support at work. PSP measures include, but are not limited to: paid public-funded leave for both parents, flexible workplace policies that enable breastfeeding and parenting, as well as state-supported cash transfer programmes for parents and families. Supporting parents at work through the provision of paid public-funded maternity, paternity, parental or family leave is a prerequisite for optimal breastfeeding. To transform social norms, it is necessary to improve women's access to health services, enhance community understanding of existing inequalities, and engage men and boys to support women's needs and rights.

Current PSP policies are often inadequate. In cases where these policies are available, most target women as primary beneficiaries, with the assumption of females as the sole caregivers. This exacerbates the burden of unpaid care work for women. The UN Women's SDG fact sheet reports that women perform 2.6 times more unpaid care and domestic work compared to men. Policies that protect maternity rights, while allowing for a more equal distribution of the burden of care, are integral to achieving greater gender equality and empowerment. A gender-equitable division of labour would recognise the unique care work done by breastfeeding women, enable women to combine breastfeeding and work, and fathers/partners to take responsibility for a larger share of other childcare duties. Men should be encouraged to take paternity or parental leave, and both parents should be able to share the responsibility of caring for their children on an equal basis. Empowering parents by providing social protection can enable and create demand for breastfeeding-friendly policies and programmes that would help both women and their partners to balance care with other work.

## FACTS



50 to 60% of families in low-income countries have no access to income support<sup>7</sup>.



Only about 10% of countries in the Americas, East Asia and the Pacific, the Middle East and North Africa provide childcare benefits<sup>7</sup>.



Increasing paid leave and innovative strategies to break down cultural barriers, can have a big impact on the duration of paternity leave a father takes<sup>8</sup>.



When men take paternity leave, their infants are more likely to be breastfed at 2, 4 and 6 months<sup>9</sup>.



Paul Carter @ WBW2012



Nazziwa @ WBW2012



# PARENT-FRIENDLY WORKPLACES IN BOTH FORMAL AND INFORMAL SECTORS

## FORMAL SECTOR

Paid parental leave benefits children, families, employers, and economies. No parent should have to choose between providing for their family economically and delivering the best nourishment and care for their child. Family-friendly workplaces offer paid leave after the birth or adoption of a child along with time, space, and support for mothers to breastfeed successfully, and for parents to care for a young child upon return to work. Where these options are not possible, mothers need time and a private space with facilities to breastfeed or express and store breastmilk. Affordable childcare within the workplace or nearby, along with flexible working hours, help mothers continue breastfeeding and enable both parents to provide the best care to their young children. These arrangements also reduce stress and improve family wellbeing. Recent evidence shows that paid maternity leave and workplace interventions that support breastfeeding improve breastfeeding rates and other health outcomes, including economic improvement and a reduction in child mortality.

## INFORMAL SECTOR

Much of the global effort to improve maternity protection at work has focused on strengthening related laws at national levels. However, more than half (61.2%) of the global workforce make a living in the informal economy, and is not covered by these policies. Informal employment can be found everywhere, but is much more common in low- or middle-income countries particularly among women, who face a higher risk of poverty than men. In Africa, almost 90% of employed women work in the informal economy. Only one in four employed women around the globe, and one in ten employed women in Africa and Asia receive paid maternity leave. Women who do not get paid leave, or whose maternity cash benefit is very low, tend to return to work out of necessity much sooner, sometimes only a few days after childbirth. Workers in the informal economy face many barriers to breastfeeding such as living far from work, long working hours without breaks, and dangerous work environments. Furthermore, there is also a general lack of knowledge on how supporting breastfeeding is beneficial for businesses, workers and their families.

## FACTS



Globally, a mother's **return to paid work** after childbirth is one of the leading reasons for early supplementation with artificial formula and early cessation of breastfeeding<sup>10</sup>.



Many of the **world's leading companies** are adopting more equitable, **generous parental leave** and other family-friendly policies for reputational and cost-saving benefits<sup>11</sup>.



In developing countries with struggling economies, private companies can become more supportive by engaging in **national maternity protection** programmes<sup>12</sup>.

## FACTS



More than half (**61.2%**) of the global workforce make their living in the **informal economy** as self-employed (own-account), migrant, domestic, agricultural, casual or temporary workers<sup>13</sup>.



In Africa, almost 90% of **employed women work in the informal economy**, in Asia and the Pacific the figure is 64.1% and in the Arab States it is 61.8%<sup>14</sup>.



There are **low-cost ways** of supporting pregnant women and new mothers **in informal employment**, such as rearranging tasks, adjusting work hours and supporting breastfeeding and informal childcare<sup>15</sup>.



Vanessa @ WBW2015



Berlina Nugroho @ WBW2008





# PARENT-FRIENDLY VALUES AND GENDER-EQUITABLE SOCIAL NORMS

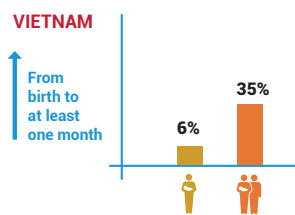
Breastfeeding is the mother's domain. When fathers/partners support breastfeeding and have responsive relationships with their infants, there is an improvement in breastfeeding practices and parental relationships. Additionally, fathers also become more attached to their infants, and their infants develop more quickly. Like partners on a two-person sports team, mothers and fathers/partners in a gender-equitable parenting team need to watch, communicate, adjust, and trust each other. Besides, whenever necessary, they have to be ready to help, rather than take over.

Fathering norms are changing. Many fathers are not only family providers, but are also directly involved with mothers and children, which is important for the development of their children. Gender-equitable parenting that includes fathers as equal partners on the parenting team benefits both children and parents.

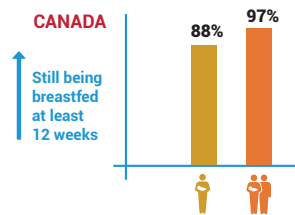
Sometimes it is challenging for fathers to be involved. Fathers are often seen as babysitters, rather than caregivers. Child health and social services often ignore or exclude fathers and do not inform them about pregnancy, childbirth, infant care, and breastfeeding support. Limited or no paternity leave reduces the time fathers can spend with their partners and infants in order to learn how to parent.

However, fathers can learn. They can be taught co-parenting strategies for supporting breastfeeding that are sensitive to what the mother wants and needs. Couples need to agree on breastfeeding goals and communicate well with each other, especially when there are challenges to breastfeeding. Fathers/partners can learn about breastfeeding, provide emotional support, share tasks around the house, care for and play with their infants.

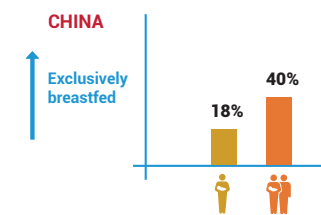
## FACTS



In **Vietnam**, an intervention taught fathers to work with mothers as a **parenting team** to improve **breastfeeding outcomes**. 35% of infants in the intervention group were exclusively breastfed for one month compared to 6% of those whose fathers were not involved<sup>16</sup>.



In **Canada**, a co-parenting intervention taught **couples** to work cooperatively to meet jointly-determined parenting outcomes. As a result, 97% of the infants **continued to be breastfed** for at least 12 weeks, compared to the control group (88%)<sup>17</sup>.



In **China**, an intervention in which **fathers** were taught to be involved with decision-making about breastfeeding and supporting breastfeeding practices resulted in 40% of the infants being **exclusively breastfed**, compared to the control group (18%)<sup>18</sup>.



Hospital San Antonio @ WBW2014



Namatovu @ WBW2012

# TAKE ACTION

Let us all create the supportive environment that empowers parents and enables breastfeeding.

Some of the ways to do that are to:



## Policy- and decision-makers

1. Implement global guidance and national policies that promote flexible and family-friendly workplaces to support breastfeeding.
2. Develop a public-funded maternity and parental leave funding model that does not require employers to carry the full burden of leave payments. Ensure that breastfeeding interventions and parental entitlements are prioritised in public spending.
3. Promote tools for engaging fathers (e.g. a resource website) that could be adapted and used globally in breastfeeding programmes.
4. Provide parental leave that enables mothers to exclusively breastfeed for six months and promotes involvement of fathers/partners in childcare and domestic work, resulting in gender-equitable parenting.
5. Adopt non-transferable parental leave for all parents, including fathers/partners, during children's infancy to ensure support for breastfeeding. Ensure that parental and paternity leave do not compromise existing maternity leave benefits.
6. Monitor relevant policies, develop and implement action plans to include informal workers in maternity protection policies that support breastfeeding.
7. Ratify and implement the ILO C183 - Maternity Protection Convention, 2000 and R191 as the minimum standards.
8. Explore how breastfeeding can be protected in other relevant ILO Conventions and Recommendations e.g. C156 - Workers with Family Responsibilities Convention, 1981; C184 - Safety and Health in Agriculture Convention, 2001; C102 - Social Security (Minimum Standards) Convention, 1952.
9. Ensure that the International Code of Marketing of Breastmilk Substitutes and relevant WHA resolutions are fully implemented and monitored.



## Advocates

1. Create a warm chain of support for breastfeeding by linking community peer groups and healthcare providers.
2. Showcase successful policy models that promote gender-equitable parenting and breastfeeding.
3. Work with governments to review and improve national laws that cover maternity and parental social protection to support optimal breastfeeding. Ensure that workers in the informal economy and other vulnerable groups are also recognised and protected by national laws.
4. Engage with trade unions and employers to implement breastfeeding-friendly workplaces by establishing support facilities such as crèches, breastfeeding rooms, and flexible work hours.
5. Use the media and community platforms to raise awareness on ways a woman can combine productive and reproductive work, including breastfeeding.
6. Collaborate with researchers to gather evidence on the impact of maternity and parental protection on breastfeeding and disseminate it.
7. Advocate for workplace support on issues such as breastfeeding facilities, paid breastfeeding breaks, and flexible working arrangements to support breastfeeding.
8. Increase access to culture-specific programmes that assist mothers, fathers/partners and families to work together as a breastfeeding team.



## Parents

1. Seek information on optimal breastfeeding from the local midwife, doctor or lactation consultant during the antenatal period.
2. Ensure that the father/partner and family are informed about breastfeeding goals so that they can provide support.
3. Find out what kind of practical help may be needed along the way, and ask fathers/partners and family members for support.
4. Join a peer support group that can help answer questions regarding difficulties faced.
5. Negotiate with the partner on ways to allocate and manage maternity or parental leave and working arrangements to enable exclusive breastfeeding for the first six months.
6. Use the time during maternity leave or parental leave to establish breastfeeding and plan for return to work.
7. Ask employers and trade unions for breastfeeding support at the workplace.
8. Work with colleagues and trade unions to advocate for maternity, parental and breastfeeding rights at the workplace.

Let us work together to empower parents and enable breastfeeding, now and for the future!



World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations dedicated to the protection, promotion and support of breastfeeding worldwide based on the Innocenti Declarations, the Ten Links for Nurturing the Future and the WHO/UNICEF Global Strategy for Infant and Young Child Feeding. WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC). WABA coordinates the annual World Breastfeeding Week campaign. WABA works closely with many organisations and individuals. Our partners in this effort include: the Academy of Breastfeeding Medicine (ABM), International Baby Food Action Network (IBFAN), International Lactation Consultant Association (ILCA), La Leche League International (LLL), United Nations Children's Fund (UNICEF), World Health Organization (WHO), and several other international organisations.