

# Does extending the duration of legislated paid maternity leave improve breastfeeding practices? Evidence from 38 low-income and middle-income countries (2018)



*This research brief presents key findings from the following article:*

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## BACKGROUND

- Significant evidence shows that breastfeeding has substantial benefits for infant health and survival:
  - The initiation of breastfeeding within one hour of birth significantly reduces the risk of neonatal mortality
  - Breastfeeding supports adequate nutrition and strengthens infants' immunity systems, reducing rates of diarrhea and respiratory tract infections—leading causes of infant mortality
  - According to a 2015 study, scaling up breastfeeding to near-universal levels could prevent 823,000 deaths annually of children under 2 across 75 high-mortality low-income and middle-income countries (LMICs)
- However, across LMICs, only 37% of infants are exclusively breastfed for the first six months of life, as recommended by the World Health Organization
- While many women express the desire to breastfeed longer, one common reason for early weaning is the need to return to work, as well as workplace conditions that make continuing to pump or

breastfeed difficult

- Studies in high-income countries have found that paid maternal leave supports higher rates of breastfeeding. However, less is known about whether paid maternal leave increases rates of breastfeeding in LMICs, where a greater share of women work in the informal economy and fewer resources may be available for the administration of paid leave.
- This study represents the first effort to examine the impact of paid leave policies on early initiation of breastfeeding, exclusive breastfeeding for 6 months, and breastfeeding duration in LMICs.

## METHODS

- This study used birth history data collected via the Demographic and Health Surveys (DHS) to assemble a panel of approximately 992,000 live births in 38 LMICs from 1996 to 2014; these 38 countries were selected because they administered at least two DHS surveys between 2001 and 2015, which permitted analyses of policy changes occurring within countries over time.
- The DHS collects information from households about the breastfeeding histories for any children under 5,



including how soon after birth each child was put to the breast, how many months they were breastfed, and whether they had exclusively consumed breast milk the previous day.

- DHS data were merged with data collected by WORLD and PROSPERED on the duration and wage replacement rate of maternity leave available in each country for each year. Length of paid maternity leave in full-time equivalent (FTE) weeks was calculated by multiplying the legislated length of leave by the wage replacement rate.
- This study used a difference-in-differences approach to estimate the effect of a one-month increase in legislated paid maternity leave on the average breastfeeding duration in months and the probabilities of early initiation of breastfeeding and exclusive breastfeeding under six months. Fixed effects for country and year were included to control for unobserved time-invariant confounders that varied across countries and any temporal trends in breastfeeding that were shared across countries.

## FINDINGS

- Each additional month of legislated paid maternity leave was associated with a 7.4 percentage point increase in the prevalence of early initiation of breastfeeding.
- In addition, each additional month of legislated paid maternity leave was associated with:

- a 5.9 percentage point increase in the prevalence of exclusive breastfeeding under 6 months, and
- a 2.2-month increase in average breastfeeding duration.
- Estimates were robust even after controlling for:
  - factors that might affect breastfeeding practices, including the sex of the infant, birth order, maternal age, maternal work status, number of living children, urban/rural residence, household socioeconomic status, and total number of household members
  - country-level confounders, including GDP per capita, female labor force participation, female unemployment, and per capita government health expenditure.

## DISCUSSION

- Though breastfeeding has long been recognized as one of the most effective infant health interventions, rates of exclusive breastfeeding have been declining in LMICs as more women enter the formal workforce.
- This study suggests that more generous paid maternity leave policies can support working mothers in LMICs to begin breastfeeding, breastfeed exclusively for the recommended six months, and breastfeed for a longer duration, with potentially powerful impacts for both infant survival and women's full participation in the economy.

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