Breastfeeding lowers the risk of diarrhoeal disease by four- to 14-fold\(^1\) and the risk of respiratory illness by fivefold.\(^2\) Although the absolute benefits are greater in settings of poverty, poor nutrition and poor hygiene, where baseline disease rates are higher, the relative risk of these illnesses is significantly reduced by breastfeeding in high-income settings as well.\(^3,5\)

Breast milk also markedly improves nutritional status in infants. Since malnutrition contributes to half of all infant deaths,\(^6\) breastfeeding helps to reduce infant mortality. Studies around the world in affluent and poor nations alike have shown a 1.5- to five-fold decrease in mortality among breastfed infants.\(^7-10\)

Breastfeeding has also been associated with lower rates of chronic diseases such as diabetes,\(^11,12\) and inflammatory bowel disease\(^13,14\) and with improved neurocognitive development.\(^15-18\)

Breastfeeding is beneficial to the health of both women and infants. Women who breastfeed have longer intervals between births and, as a result, a lower risk of maternal morbidity and mortality, as well as lower rates of breast cancer rates before menopause and potentially lower risks of ovarian cancer, osteoporosis and coronary heart disease.\(^19\) As a result, the World Health Organization (WHO) recommends exclusive breastfeeding for at least 6 months.\(^20\) Nonetheless, the rates of breastfeeding vary substantially around the world; the rate of exclusive breastfeeding among infants under 6 months of age ranges from 1% to 89%.\(^21\)

One of the most common reasons that women stop breastfeeding is that they need to return to work.\(^22-25\) According to World Bank figures on the female share of the labour force, between 1960 and 2009 this share increased from 32% to 46% in the United States of America, from 25% to 47% in Canada, and from 21% to 41% in Latin America and the Caribbean. In sub-Saharan Africa, East Asia and the Pacific, as well as in Europe and Central Asia, women already made up at least 40% of the labour force in 1960 and this proportion remained the same or increased over subsequent decades. In the Middle East and North Africa females comprised a smaller share of the labour force, but this share increased from 21% to 25% between 1960 and 2009.\(^26,27\)

Working does not necessarily have to lead to lower rates of breastfeeding.\(^28\) The quantity and nutritional quality of breast milk are not undermined by maternal work or activity, including vigorous exercise, and there is no indication that working women are less interested in breastfeeding than non-working women.\(^28,29\) Rather, it is the difficulty of continuing to breastfeed under the conditions experienced when they return to work that women most often cite as the reasons for supplementary feeding or for weaning infants.\(^22,27\) A woman’s ability to breastfeed is markedly reduced when she returns to work if breastfeeding breaks are not available, if quality infant care near her workplace is inaccessible or unaffordable, and if no facilities are available for pumping or storing milk.\(^30\)

Given that circumstances play a major role in whether women breastfeed after returning to work, it makes sense to ask whether providing breastfeeding breaks from work might not increase the number of women who breastfeed for the recommended 6 months. Legislation guaranteeing breastfeeding breaks could substantially improve working mothers’ ability to continue to breastfeed. However, it might not make a substantial difference if the legislation covers a small fraction of the labour force, if breaks are too short for women to be able to pump milk or breastfeed, if infants are far from workplaces and locations for storing pumped milk are not available, or if legislation is not enforced.

This study analyses how many countries guarantee mothers’ breastfeeding breaks, how long the daily breaks are, and how often the breaks are guaranteed for enough months so women can breastfeed for the minimum 6 months recommended by WHO for breastfeeding. We then conduct the first analysis of how labour policies affect breastfeeding rates around the world. Understanding the relationships between...
We conducted descriptive analyses of our data on breastfeeding breaks in the workplace to provide a global picture of working women’s ability to breastfeed their infants. Most commonly, the law specifies for how long women can take breastfeeding breaks. In terms of the age of the child, but sometimes it does so indirectly through changing norms. To the extent that the laws have a direct effect, one would expect a greater impact where a greater number of women are in the paid labour force. To test this, we examined whether the policies on breastfeeding breaks in the workplace are associated with higher exclusive breastfeeding rates in countries with a higher female share of the labour force than in countries where females represent a smaller share. This was done by analysing the extent to which the breastfeeding outcomes are explained by the interaction between the guarantee of breastfeeding breaks and the national female share of the labour force. Again, first we estimated a “parsimonious” model in which we used national resources and level of urbanization as independent variables and the outcome variable – the rate of exclusive breastfeeding in infants aged less than 6 months. Female literacy rate, a proxy for degree of access to information, was then added. This model is referred to as the “full” model. The sample for this model was the 116 countries with data on all three independent variables and the outcome variable – the rate of exclusive breastfeeding in infants aged less than 6 months. Female literacy rate, a proxy for degree of access to information, was then added. This model is referred to as the “full” model. The sample for this model was the 116 countries with data on all four independent variables and the outcome variable were available. All analyses included controls for the year of breastfeeding rate data available, since data for every country were not available for the same point in time and substantial efforts have been made internationally to promote exclusive breastfeeding rates as part of the Millennium Development Goals. Policies allowing women to take breaks from work to breastfeed employed women directly: they may also affect women outside the labour force indirectly through changing norms. To the extent that the laws have a direct effect, one would expect a greater impact where a greater number of women are in the paid labour force. To test this, we examined whether the policies on breastfeeding breaks in the workplace are associated with higher exclusive breastfeeding rates in countries with a higher female share of the labour force than in countries where females represent a smaller share. 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controls. For this model the sample size was the 115 countries with data on all included variables. We then estimated a “full” model that also included the female literacy rate as a control. For this model the sample size was 108 countries.

**Variables**

**Outcome examined**

The outcome variable in this study was the percentage of children aged less than 6 months who were exclusively breastfed in each country. The data were obtained from WHO’s Global Data Bank on Infant and Young Child Feeding, which contains internationally comparable data derived primarily from Demographic and Health Surveys, Multiple Cluster Indicator Surveys and Ministries of Health. Because of the nature of some of these sources, data on breastfeeding rates were more frequently available for lower-income countries. These rates were provided for 129 nations for at least one year between 2000 and 2011. When multiple years of data on breastfeeding rates were available, we used the most recent rate.

**Key independent variables**

**Paid breastfeeding breaks**

For every country for which we had labour policy information, we constructed a binary indicator variable and set it to 1 if national legislation required employers to offer paid breastfeeding breaks until the child was at least 6 months old, and to 0 in the absence of such legislation. For every nation included in our analysis, we verified that the legislation had been in place for at least one year before the year for which we obtained data on exclusive breastfeeding rates.

**Per capita gross domestic product**

From the World Bank’s World Development Indicators Online we obtained the gross domestic product (GDP) of each country, measured in purchasing-power-parity-adjusted constant 2005 international dollars, and used it as an indicator of national economic resource level. For analysis, we used GDP from the year for which exclusive breastfeeding rates were available. A log transformation of per capita GDP was used instead of a linear term to allow for the common finding that changes in income at the lower end of the income spectrum have a larger impact on breastfeeding rates than changes in wealth at the higher end of the income spectrum.

**Female share of the labour force**

The female share of the labour force is the percentage of females among members of the labour force. A rate of 50% would indicate that females and males make up an equal share of the labour force. We preferred this measure to the female labour force participation rate – i.e. the percentage of females active in the labour force – because it obviates the need to adjust for differences in cross-country employment rates. Our data were taken from the World Bank’s World Development Indicators Online.

For analysis, we used female share of the labour force from the most recent year for which exclusive breastfeeding rates were available.

**Female literacy rate**

The female literacy rate was defined as the percentage of literate females among all females aged 15 years or older. We obtained the data from the World Bank’s World Development Indicators Online. We used the female literacy rate as a proxy for access to information (since information is disseminated in writing as well as orally). The influence of literacy on breastfeeding depends on the nature of the information made available to women. If substantial public health information on breastfeeding is provided in written form, literate women will have greater access to information on the benefits of breastfeeding. If advertising for formula is conducted in written form, then higher literacy rates may be associated with greater exposure to marketing and lower rates of breastfeeding. Countries’ female literacy rates are not available for every year. For analysis, we used the female literacy rate available for the most recent year for which data on exclusive breastfeeding rates for each country were available, or for the preceding year. For higher-income countries for which data were unavailable, we used a female literacy rate of 99%, consistent with the female literacy rate assumed by the United Nations Development Programme for such countries in constructing the Human Development Index.

**Urban percentage of the population**

We included the percentage of the population living in an urban area as a control in the models because other researchers have found the level of urbanization to be negatively associated with breastfeeding rates. We extracted data from the World Bank’s World Development Indicators Online. For analysis, we used the urbanization rate for the year for which exclusive breastfeeding rates were available. Table 1 summarizes the variables included in the analyses.

### Table 1: Descriptive statistics for dependent and independent variables included in regressions (n = 108)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome</strong></td>
<td>Infants exclusively breastfed until the age of 6 months, %</td>
</tr>
<tr>
<td><strong>Predictor</strong></td>
<td>National policy guaranteeing paid breastfeeding breaks until infant at least 6 months old, % of countries</td>
</tr>
<tr>
<td></td>
<td>PPP-adjusted per capita GDP, international dollars</td>
</tr>
<tr>
<td></td>
<td>Population living in urban area, %</td>
</tr>
<tr>
<td></td>
<td>Literate women 15 years of age or older, %</td>
</tr>
<tr>
<td></td>
<td>Female share of the labour force, %</td>
</tr>
</tbody>
</table>

*C GDP: gross domestic product; PPP: purchasing power parity.

* These 108 countries were the only ones for which data on all independent variables and on the outcome variable were available.

**Results**

Of the 182 nations that had data for 2012 on the existence of a national policy for breastfeeding breaks in the workplace, 45 countries (25%) have no policy in place. A policy guaranteeing paid breastfeeding breaks is in place in 130 countries (71%) and seven countries (4%) have policies guaranteeing unpaid breaks. There is significant variation in the length of time for which working mothers have access to breastfeeding breaks (Table 2 and Fig. 1). Most na-
Table 2. Characteristics of national policies on breastfeeding breaks in the workplace, 2012

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No. (%) of countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>National policy</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>45 (24.7)</td>
</tr>
<tr>
<td>Unpaid breastfeeding breaks guaranteed</td>
<td>7 (3.8)</td>
</tr>
<tr>
<td>Paid breastfeeding breaks guaranteed</td>
<td>130 (71.4)</td>
</tr>
<tr>
<td>Breastfeeding breaks allowed until child aged:</td>
<td></td>
</tr>
<tr>
<td>Less than 6 months</td>
<td>3 (2.2)</td>
</tr>
<tr>
<td>6 months</td>
<td>9 (6.6)</td>
</tr>
<tr>
<td>7–11 months</td>
<td>12 (8.8)</td>
</tr>
<tr>
<td>1 year</td>
<td>41 (30.2)</td>
</tr>
<tr>
<td>13–15 months</td>
<td>14 (10.3)</td>
</tr>
<tr>
<td>16–36 months</td>
<td>25 (18.4)</td>
</tr>
<tr>
<td>Child's age unspecified*</td>
<td>32 (23.5)</td>
</tr>
<tr>
<td>Total</td>
<td>136 (100)</td>
</tr>
<tr>
<td>Daily total duration of breastfeeding breaks</td>
<td></td>
</tr>
<tr>
<td>30–45 minutes</td>
<td>2 (1.8)</td>
</tr>
<tr>
<td>1 hour</td>
<td>91 (82.0)</td>
</tr>
<tr>
<td>90 minutes</td>
<td>5 (4.5)</td>
</tr>
<tr>
<td>2 hours</td>
<td>13 (11.7)</td>
</tr>
<tr>
<td>Total</td>
<td>111 (100)</td>
</tr>
</tbody>
</table>

* Several countries in this group grant breaks for as long as the mother chooses to breastfeed.

Breastfeeding breaks in the workplace. This was observed even when controlling for countries’ GDP per capita, percentage of the population living in an urban area, female literacy rate and year of exclusive breastfeeding data. The guarantee of paid breastfeeding breaks until the infant was at least 6 months of age was associated with an increase of 8.86 percentage points in the rate of exclusive breastfeeding of infants under 6 months of age (P < 0.05) in the full model (Model 2 in Table 3).

As expected, our findings show that national policies guaranteeing breastfeeding breaks in the workplace are associated with a higher increase in exclusive breastfeeding in countries where the share of females in the labour force is higher (Table 4).** The coefficient for the interaction of our policy indicator with the female share of the labour force is positive and statistically significant at the P < 0.05 level in the more parsimonious model as well as in the full model. Controlling for access to information did not affect the size or significance of the estimated coefficient. Based on the full model estimates, at the average female share of the labour force for the countries in the sample on which this model was run, which was 41%, a national policy guaranteeing breastfeeding breaks was associated with an increase of 7.7 percentage points in the rate of exclusive breastfeeding of infants less than 6 months of age. Fig. 2 shows the predicted rates of exclusive breastfeeding during the first 6 months of life for countries with and without a national policy guaranteeing breastfeeding breaks, by income group, with predictions based on the average value of each independent variable in the model.

Discussion

Although most countries guarantee breastfeeding breaks to working women, at least 45 of them had still failed to do so as of 2012. We found that the existence of a national policy guaranteeing breastfeeding breaks until an infant is at least 6 months old was associated with significantly higher rates of exclusive breastfeeding. This was true even after controlling for national GDP, female literacy rate and percentage of the population living in urban areas.

Because this study is cross-sectional, it can demonstrate association but not causation. The true effect size could differ from the estimated one if pre-existing breastfeeding rates influence the likelihood of countries passing legislation guaranteeing breastfeeding breaks. Longitudinal studies are needed to address this question. Nonetheless, the presence of clear mechanisms by which guaranteed breastfeeding breaks would contribute to the higher rates of exclusive breastfeeding suggest that the relationship is causal. If these results continue to be borne out, countries that do not yet have legislation that guarantees breaks for breastfeeding in the workplace may benefit greatly by passing such legislation. Any workplace that can provide a break for working adults to have a meal should be able to provide a break for working mothers to breastfeed. Our previous research has also demonstrated that countries can be economically competitive while providing these breaks.** Yet without breastfeeding breaks, women who return to work less than 6 months after giving birth may not be able to breastfeed for as long as recommended to protect their infants’ health and their own. Policies that guarantee working women breastfeeding breaks for at least 6 months after giving birth increase the probability of exclusive breastfeeding for the recommended period.
Fig. 1. World map showing period of time after giving birth during which national policy guarantees breaks from work for breastfeeding women, 2012

Research

Global comparisons of breastfeeding policy

Jody Heymann et al.

Policies that provide for breastfeeding breaks at the workplace are in line with international agreements that protect the rights of children and women. The Convention on the Rights of the Child has been ratified by 190 countries. Article 24 of the Convention stipulates that “States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health” and that “States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: To diminish infant and child mortality.” The Convention goes on to refer specifically to the importance of breastfeeding. International conventions focusing on women also call for legislation seeking to ensure equity at work for mothers. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) requires that “States Parties shall take all appropriate 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.” CEDAW goes on to specifically call on all signatory countries “to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work.”

The longer breastfeeding lasts, the greater its nutritional benefits and the greater the protection it confers against diarrhoeal disease. Moreover, a dose–response effect has been observed between breastfeeding duration and neurocognitive outcomes in children. Future research should examine the impact of policies guaranteeing breaks from work for breastfeeding children beyond the first 6 months of life and subsequent health outcomes for women and infants.

Little is known about the impact of legislation on breastfeeding breaks for women in the informal economy. Women who work independently, such as those who sell goods in marketplaces, may be able to bring their infants to work with them to feed. However, many women in the informal economy work for an employer. Some countries are starting to cover jobs previously considered part of the informal economy with labour legislation, to the extent possible. Extending policies on breastfeeding breaks to the informal sector should be

Table 3. Relationship between national policies guaranteeing breastfeeding breaks in the workplace and rate of exclusive breastfeeding of infants until the age of 6 months

<table>
<thead>
<tr>
<th>Independent variable/statistic</th>
<th>Model 1</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid breastfeeding breaks guaranteed until infant at least 6 months old, β coefficient</td>
<td>8.76*</td>
<td>8.86*</td>
</tr>
<tr>
<td>Per capita GDP (2005 international dollars), β coefficient</td>
<td>−0.60</td>
<td>−3.93</td>
</tr>
<tr>
<td>Per cent of population living in urban areas, β coefficient</td>
<td>−0.33**</td>
<td>−0.33**</td>
</tr>
<tr>
<td>Female literacy rate, β coefficient</td>
<td>−0.22*</td>
<td>−0.22*</td>
</tr>
<tr>
<td>Constant</td>
<td>46.23***</td>
<td>58.15***</td>
</tr>
<tr>
<td>n</td>
<td>116</td>
<td>108</td>
</tr>
<tr>
<td>R²</td>
<td>0.199</td>
<td>0.234</td>
</tr>
</tbody>
</table>

GDP, gross domestic product; *P ≤ 0.05; **P ≤ 0.01; ***P ≤ 0.001.

a United States dollars adjusted for purchasing power parity.

The constant, or intercept, represents the breastfeeding rate predicted by the model before taking into account the influence of any independent variables.

Table 4. Relationship between national policies guaranteeing breastfeeding breaks in the workplace and rate of exclusive breastfeeding until the age of 6 months

<table>
<thead>
<tr>
<th>Independent variable/statistic</th>
<th>Model 3</th>
<th>Model 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interaction of paid breastfeeding breaks guaranteed until infant at least 6 months old and female fraction of the labour force, β coefficient</td>
<td>0.20*</td>
<td>0.19*</td>
</tr>
<tr>
<td>Per capita GDP (2005 international dollars), β coefficient</td>
<td>−0.49</td>
<td>−3.71</td>
</tr>
<tr>
<td>Per cent of population living in urban areas, β coefficient</td>
<td>−0.32**</td>
<td>−0.31**</td>
</tr>
<tr>
<td>Female literacy rate, β coefficient</td>
<td>−0.203*</td>
<td>−0.203*</td>
</tr>
<tr>
<td>Constant</td>
<td>45.34**</td>
<td>57.32***</td>
</tr>
<tr>
<td>n</td>
<td>115</td>
<td>108</td>
</tr>
<tr>
<td>R²</td>
<td>0.199</td>
<td>0.229</td>
</tr>
</tbody>
</table>

GDP, gross domestic product; *P ≤ 0.05; **P ≤ 0.01; ***P ≤ 0.001.

a United States dollars adjusted for purchasing power parity.

Fig. 2. Predicted exclusive breastfeeding rates for typical countries, by income and breastfeeding break policy

<table>
<thead>
<tr>
<th>Exclusive breastfeeding rate (%)</th>
<th>Low-income</th>
<th>Middle-income</th>
<th>High-income</th>
</tr>
</thead>
<tbody>
<tr>
<td>No national guarantee</td>
<td>25</td>
<td>30</td>
<td>35</td>
</tr>
<tr>
<td>National guarantee of at least 6 months of paid breastfeeding breaks</td>
<td>30</td>
<td>35</td>
<td>40</td>
</tr>
</tbody>
</table>

a For children less than 6 months of age.

---

Readily feasible, since small employers can provide these breaks. Moreover, even in cases in which legislation does not apply to workers in the informal economy, it can help set norms and guidelines for all employers. Because many of the world’s poorest women work in the informal economy, future studies should examine the extent to which these women are covered by breastfeeding policies in different countries.

Acknowledgements
The authors are immensely grateful to Denise Maines for research and staff assistance. We are indebted to Kip Brown and Danielle Foley, who helped build this database for the World Policy Analysis Centre at the Institute for Health and Social Policy at McGill University.

Funding: This research would not have been possible without support for building the global policy database from the Ford Foundation and the Canada Foundation for Innovation.

Competing interests: None declared.

Melhich

Policy of breastfeeding: a comparable global analysis

Objective
The objective is to assess the extent to which national breastfeeding policies support the rights of breastfeeding mothers.

Methods
A study has been conducted to determine the number of countries that have introduced breastfeeding policies, the number of hours guaranteed, and the duration of these policies. To obtain detailed and current information on national policies, the authors examined the primary legislation and secondary sources for 182 of the 193 member states of the United Nations. The analysis included 177 countries for which breastfeeding policies could be readily feasible, since small employers can provide these breaks. Moreover, even in cases in which legislation does not apply to workers in the informal economy, it can help set norms and guidelines for all employers. Because many of the world’s poorest women work in the informal economy, future studies should examine the extent to which these women are covered by breastfeeding policies in different countries.

Résumé

Politique d’allaitement maternel: une analyse comparative au niveau mondial

Objectifs
Découvrir dans quelle mesure les politiques nationales garantissent les autorisations d’allaitement (PA) pour les femmes qui travaillent.

Méthodes
Une étude a été menée sur le nombre de pays qui mettent en place des PA, le nombre d’heures octroyées par jour et la durée de vie de ces dispositions. Pour obtenir des renseignements détaillés et à jour sur ces politiques nationales, des lois et des sources secondaires de 182 des 193 États membres des Nations Unies ont été examinées. Des analyses de régression ont été menées afin d’évaluer l’impact des politiques nationales sur la durée d’allaitement.

Résultats
Les PA ont été mises en place dans 130 pays (71%) et ont permis de réduire la durée d’allaitement.

Conclusion
Les politiques de l’allaitement maternel ont un impact significatif sur la durée d’allaitement. Il est donc important d’encourager les gouvernements à adopter des politiques de l’allaitement maternel efficaces.

Funding: This research would not have been possible without support for building the global policy database from the Ford Foundation and the Canada Foundation for Innovation.

Competing interests: None declared.

Results
The PA have been introduced in 130 countries (71%), which means that the average mother has been able to breastfeed for longer in these countries.

Acknowledgements
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Un pourcentage plus élevé de femmes pratiquent l’allaitement maternel exclusif dans les pays où les lois garantissent des pauses allaitement au travail. Si ces résultats sont confirmés dans des études longitudinales, les répercussions sur la santé pourraient être bénéfiques. Les lois sur les pauses allaitement étaient adoptées dans les pays qui ne garantissent pas encore le droit à l’allaitement.

Conclusion Un pourcentage plus élevé de femmes pratiquent l’allaitement maternel exclusif dans les pays où les lois garantissent des pauses allaitement au travail. Si ces résultats sont confirmés dans des études longitudinales, les répercussions sur la santé pourraient être bénéfiques. Les lois sur les pauses allaitement étaient adoptées dans les pays qui ne garantissent pas encore le droit à l’allaitement.

Résumé

Politiques du granduc vasmilavion: globàlbye sranvmyl neanaliz

Цель Изучить, в какой степени национальная политика, гарантирующая для работающих женщин перерывы в работе для кормления ребенка, может способствовать грудному вскармливанию.

Методы Для ряда стран, гарантирующих для женщин перерывы для грудного вскармливания детей, был проведен анализ, включающий сравнение ежедневного количества гарантированных часов перерыва и продолжительности предоставления таких гарантий. Для получения обновленной и подробной информации о национальных политиках были исследованы как непосредственно законодательства стран, так и вторичные источники информации о 182 из 193 государств-членов Организации Объединенных Наций. Для проверки связи между национальной политикой и распространенностью исключительно грудного вскармливания проводился регрессионный анализ с поправками на национальный уровень доходов, уровень урбанизации, процент женщин в составе рабочей силы и уровень грамотности среди женщин.

Результаты Оплачиваемые перерывы для грудного вскармливания гарантированы в 130 странах (71%), а неоплачиваемые перерывы гарантированы в 7 странах (4%). В 45 странах (25%) отсутствуют политики в отношении перерывов для грудного вскармливания. В многовARIANTных моделях гарантия оплачиваемого перерыва для грудного вскармливания в течение как минимум 6 месяцев была связана с увеличением показателя исключительно грудного вскармливания на 8,86% (P < 0,05).

Вывод Большой процент женщин практикует исключительно грудное вскармливание в странах, где законы гарантируют женщинам перерывы для грудного вскармливания. Если эти данные подтвердятся в продольных исследованиях, то могут быть получены положительные результаты в сфере общественного здравоохранения путем принятия законов о перерывах для грудного вскармливания в странах, которые еще не обеспечили своим женщинам право кормить детей грудью.

Resumen

Estrategias para la lactancia: un análisis comparativo a nivel mundial

Objetivo Investigar en qué medida podrían facilitar la lactancia las estrategias nacionales que garantizan permisos de lactancia para mujeres trabajadoras.

Métodos Se realizó un análisis del número de países que garantizan los permisos de lactancia, el número diario de horas garantizado y la duración de esos permisos. A fin de obtener información actual y detallada sobre las estrategias nacionales, se examinaron tanto la legislación original como fuentes secundarias de 182 de los 193 Estados Miembros de las Naciones Unidas. Se llevaron a cabo análisis de regresión para examinar la asociación entre la estrategia nacional y las tasas de lactancia exclusiva, al tiempo que se tuvo en cuenta el nivel de ingresos nacional, el nivel de urbanización, el porcentaje de mujeres de la población activa y la tasa de alfabetización femenina.

Resultados Los permisos de lactancia remunerados están garantizados en 130 países (71%). Siete países (4%) garantizan permisos de lactancia no remunerados y en 45 países (25%) no existe ninguna estrategia sobre la lactancia. En modelos multifactoriales, los permisos de lactancia remunerados garantizados durante al menos seis meses estuvieron asociados con un aumento de 8,86 puntos porcentuales en la tasa de lactancia exclusiva (P < 0,05).

Conclusión El porcentaje de mujeres que practica la lactancia exclusiva fue mayor en los países en los que se le garantiza el derecho a los permisos de lactancia en el trabajo. Si estos resultados quedaran confirmados con estudios longitudinales, sería posible mejorar los resultados sanitarios mediante la aprobación de legislación sobre permisos de lactancia en aquellos países que aún no garantizan el derecho a la lactancia.

References


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