

Introduction: Women, Work and Breastfeeding

Women, work and breastfeeding is a topic that has often been set aside because of the controversies involved and the difficulty of arriving at clear-cut solutions. Women often find themselves pulled in two directions between *reproduction* (childbearing and breastfeeding) and *production* (work, paid and non-paid). Both of these are important aspects of women's lives and they should not have to choose between them. Women have customarily borne the brunt of finding ways to integrate these two aspects of their lives, with little support from society. Maternity protection at the workplace is one such type of support that society can provide.

As a basic biological function, it is women who bear babies. A woman becomes pregnant and gives birth, and from that point on, she is a mother. Lactation, the next and final step in the process of bearing a child, is different from pregnancy and birth, for it is a function that mothers can choose to continue, by breastfeeding the baby, or to cut short, by using a substitute for breastfeeding. The vast majority of women around the world do breastfeed, but many women introduce other foods and drinks prematurely, stop breastfeeding early, or decide to use artificial substitutes instead of breastfeeding – often because they have other work to do (or are misled by company promotion).

Women working

Women have *always* worked, either within their homes or away from home. Today in all parts of the world,

women still collect, grow, and prepare foodstuffs, weave cloth and sew garments, take care of their homes, educate their young and tend to the physical and emotional needs of family members. These activities generally go on outside the formal economy and are thus “invisible”, unrecognised or unaccounted for in national economies.

But women are also part of the *visible* workforce – and have been for centuries. From the industrial revolution (1830s-1880s) onwards, their numbers have increased considerably, to the extent that the International Labour Organisation (ILO) now speaks of the “worldwide feminisation of the labour force and employment”.¹ And more and more women in the workforce are mothers of young children.² Women work in agriculture and fisheries, in services, in industry and in the professions, they work in both the formal and the informal sectors, they work in their homes and in others' homes, in the streets and in the markets. A few manage to climb the professional ladder, but there are many more in the lesser-paid, and lesser-valued, so-called “female-dominated” jobs.

Collective support for maternity

Traditional societies acknowledge the need for women to rest after childbirth and to be supported by extended family and neighbours. In many cultures new mothers are assisted for approximately 40 days, during which they attend in privacy to their own special needs and those of the newborn infant. This period often ends

1. David, N. *Worlds Apart – Women and the Global Economy*, ICFTU, March 1996, p. 7.

2. Office of Population Censuses and Surveys, Census 1981 and Census 1991. (Quoted in Noble, S. and The ALSPAC Study Team, “Maternal Employment and the Initiation of Breastfeeding”, *Acta Paediatr* 2001; 90: pp 423-438). In the US: 1982: 41% of working mothers have children under one year; in 1985 the figure reached 48%. (Quoted in Barber-Madden, R., Albanese Petschek, M., Pakter, J., “Breastfeeding and the Working Mother: Barriers and Intervention Strategies”, *Journal of Public Health Policy*, winter 1987, pp. 531-541).

with a celebration in which both baby and mother are ceremonially presented to the community.

As more women have entered paid employment, means for providing *collective support* for childbearing women have been introduced in the working world. In 1919, the very year the International Labour Organisation (ILO) was constituted, the first ILO Maternity Protection Convention (C3) was adopted. It recognised that maternity is the *social responsibility* of society at large and called for protection of individual working women in their role as mothers. Women were entitled to paid leave, to medical assistance, to job protection, as well as to breastfeeding breaks when returning to work.

Most countries in the world today entitle women to maternity leave and to an array of other benefits. “It took more than three decades, several international decisions, many resolutions and standards to recognise that maternity is a ‘social function’ and not a handicap in employment, a privilege for which working women should not be punished on an individual basis. This principle is the basis for introducing protective measures, policies and legislation in a large number of countries.”³

Maternity protection as set forth by the ILO and most national laws has two main aims:

- To *safeguard the health of mother and child*. Pregnancy, childbirth, and lactation make extra physical demands on women, therefore a period of rest before and after birth without substantial loss

of income is of prime importance. When women get paid leave it is easier for them to take time off to rest.

- To *safeguard a woman’s job*, guaranteeing her the possibility to earn an income after childbirth, and to thus provide for herself and her child.

Breastfeeding

At the beginning of the 1950s, during the years that women were entering the workforce in greater numbers and sooner after childbirth, breastfeeding rates were in decline. By the mid-’70s, in many developed countries, the rate of breastfeeding had dipped to shockingly low levels. Research then began to call attention to disparities in health outcomes between breastfeeding and artificial feeding. At the international and national levels, advocacy was started in an effort to curtail inappropriate marketing of infant feeding products and to better educate and train health workers to promote and support breastfeeding.⁴

One common reason not to breastfeed is because a mother is returning to work. This is true in industrialised countries, and increasingly in other countries as well. Even when a mother begins breastfeeding, her work usually interferes with her opportunity to sustain it. Most employed mothers require a modification of the conditions under which they work if they are to reach the World Health Organization’s global recommendation of six months of exclusive breastfeeding and continued breastfeeding until two years and beyond.⁵

3. International Labour Organization, *Women at Work, Protection of Working Mothers: An ILO Global Survey (1964-1984)*, No 2, 1984, p. 1. “Bearing children is an important contribution to the continuation of future generations. Responsibility for maternity protection involves more than just favouring the mother and child dyad; investing in health promotion and protection for women and children is a direct entry point to improved social development, productivity and better quality of life.” *Ibid.*, p. 3.

4. The WHO/UNICEF *International Code of Marketing of Breast-milk Substitutes* was adopted in 1981.

5. WHO, *Infant and young child nutrition*, Resolution WHA 54.2, May 2001, and WHO, *Global Strategy on Infant and Young Child Feeding*, 2002, paragraph 10. “...As a global health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years or beyond. Exclusive breastfeeding from birth is possible except for a few medical conditions and unrestricted exclusive breastfeeding results in ample milk production.

To establish breastfeeding well, we believe that a working mother needs the following:

- Maternity leave of at least 14 weeks *following* childbirth.
- She also needs to be financially secure; her leave must be paid leave, and the benefits should equal her salary. She needs to know that she can return to her job or to a similar one at the end of her leave.
- When she returns to her work, a mother needs paid break time and a suitable place at or near the place of work to breastfeed her baby or express her milk regularly;
- She also needs to be safe from harassment or discriminatory treatment for being a breastfeeding mother.

The ILO's international minimum standard of 14 weeks, set out in Convention 183, provides a good starting place for winning those modifications under the banner of maternity protection.

Breastfeeding also falls under the heading of the human right to food and nutrition, which is supported by several international human rights instruments.⁶ Indeed, breastfeeding fulfils several other important human rights, as it provides health protection and care to a child as well as food. Several international documents single out the workplace specifically as an area where breastfeeding women should receive protection.⁷ They call on governments, trade unions, employers, employees, and women's groups to assist breastfeeding women in the workplace.^{8 9}

Campaigning for maternity rights

The ILO, trade unions, professional associations, women's groups and the breastfeeding movement have long been campaigning for maternity protection at the workplace. They have prepared training kits, information sheets and booklets, held meetings and led marches. The Maternity Protection Coalition (MPCoalition)¹⁰ fully supports this work focusing on health and nutrition benefits of breastfeeding to both mother and baby. Since the adoption of C183 in 2000, the MP Coalition continues to campaign for stronger maternity protection.

This Kit is a campaign tool: it provides information to assist in *national ratification campaigns for C183, improved national legislation or better collective bargaining agreements* – always with a breastfeeding perspective. The Maternity Protection Coalition also supports efforts at grass-roots level, with the *goal of raising the awareness* of women, their families, and their communities about ways to support women to combine breastfeeding and work. To accomplish these two aims and organise campaigns that will lead to concrete success, groups such as NGOs need to join forces with others whose goals are similar. *Allies* can be found in government, in international organisations, in trade unions, in professional associations, in women's groups and the feminist movement.

This action kit aims therefore to update breastfeeding advocates with the basic information about maternity protection, international law and the ILO, as well as to

6. Such as the Convention on the Rights of the Child (CRC) and Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

7. For example: *Innocenti Declaration*, 1990; Convention on the Elimination of All Forms of Discrimination Against Women, 1979; other ILO Conventions.

8. Fourth World Conference on Women, *Beijing Platform for Action*, *op. cit.*, paragraphs 165-c, 178-d, 179-c.

9. WHO, *Global Strategy...*, *op. cit.*, paragraphs 12, 28., 34, 45, 46 and 48.

10. In 1998, four NGOs (non-governmental organisations) – IBFAN (International Baby Food Action Network), ILCA (International Lactation Consultant Association), LINKAGES, and WABA (World Alliance for Breastfeeding Action) joined their strengths to create the Maternity Protection Coalition with technical support of IMCH (International Maternal and Child Health, Uppsala University, Sweden) and of UNICEF (United Nations Children's Fund). As of 2008, LINKAGES is no longer active in the coalition, but La Leche League International (LLL) has joined.

provide tips for successful campaigning. It also provides detailed information on breastfeeding and breastfeeding-related issues for use by the trade unions, government and employers.

Although breastfeeding is finally a matter of individual choice, it is incontestably the best choice for the great majority of mothers and children. Yet there are many people who believe that it is a cumbersome and tiring “duty” for women already burdened with too many other responsibilities. As breastfeeding advocates, we uphold a woman’s right to make an informed and supported decision about how she will feed her babies.

Work is a means of survival but also a social activity that is liberating when it is valued, humane, decent, and when it entails some independence and empowerment. We believe that women have the same rights as men to a reliable and remunerative living and are entitled to equal treatment and equal pay.

Further, we also believe that childbearing women are entitled to maternity protection at work. Women need safe working conditions in order for pregnancies to develop normally and to minimise the effect of harmful exposures on children. Women’s bodies require rest after childbirth, and during that period, they need to take time to adapt to the needs of their newborns. Finally, during the vulnerable first two years of babies’ lives, mothers need to accommodate their work schedule to support and facilitate breastfeeding and care of the child.

The Maternity Protection Coalition is committed to advocating for maternity protection with a breastfeeding perspective. We hope that this Kit will serve as a useful tool for successful campaigns.

The MPC Kit was produced in 2003 by the Maternity Protection Coalition (MPC), comprising the International Baby Food Action Network (IBFAN), the International Lactation Consultant Association (ILCA), the LINKAGES Project and the World Alliance for Breastfeeding Action (WABA), with technical assistance from International Maternal & Child Health, Uppsala University, Sweden (IMCH) and the United Nations Children’s Fund (UNICEF). The second edition, produced in 2008, includes two new MPC members: La Leche League International (LLLI) and Academy for Educational Development (AED). LINKAGES, a former project of AED, is no longer an MPC member. The MPC supports women’s rights to breastfeed and work, by advocating for implementation and monitoring of improved maternity protection entitlement.

• AED, P.O. Box 30072, Sunnyside 0132, South Africa. Tel: 27-12-423 8600 Fax: 27-12-342 7005 / 342 2206 Email: nntombela@aed.org Website: www.aed.org • IBFAN/GIFA, 11 Avenue de la Paix, 1202 Geneva, Switzerland. Tel: 41-22-798 9164 Fax: 41-22-798 4443 Email: info@gifa.org Website: www.ibfan.org • ILCA, 1500 Sunday Drive, Suite 102, Raleigh, NC 27607, USA. Tel: 919-861 5577 Fax: 919-787 4916 Email: info@ilca.org Website: www.ilca.org • IMCH, Department of Women’s and Children’s Health, Uppsala University, University Hospital Akademiska sjukhuset, SE-751 85 Uppsala, Sweden. Tel: 46-18-611 5985 Fax: 46-18-508 013 Email: amal.omer-salim@kbh.uu.se Website: www.kbh.uu.se • LLLI, 957 N. Plum Grove Road, Schaumburg, IL 60173-4808, USA. Fax: 847-969 0460 Email: llli@llli.org Website: www.llli.org • WABA, PO Box 1200, 10850 Penang, Malaysia. Tel: 604-658 4816 Fax: 604-657 2655 Email: waba@waba.org.my Website: www.waba.org.my