

beyond (World Health Assembly Resolution 55.15). Breastfeeding contributes to the health of both mother and child and is particularly important in circumstances where unsafe water can pose a risk to the baby. Exclusive breastfeeding from birth is possible except in the case of a small number of medical conditions, and unrestricted exclusive breastfeeding results in ample milk production. Exclusive breastfeeding is also a suitable option for many mothers living with HIV, especially in conjunction with antiretroviral treatment (WHO, 2012).

After childbirth, many women face the risk of poverty as a result of losing their job and its income. Many cannot afford to take time away from work to continue nursing or caring for their infants and young children. Without workplace support, working is incompatible with breastfeeding. This is because breast milk production operates on supply and demand; if a woman does not have breaks to either breastfeed or express milk, her supply will diminish and she may no longer be able to produce enough milk for her baby. Indeed, throughout the world, returning to work is a major factor in women's decisions to quit or to reduce breastfeeding (Fein and Roe, 1998; Kearney and Cronenwett, 1991; Mandal et al., 2010; Ogbuanu et al., 2011), raising the risks of food- and water-borne illnesses and diarrhoea and reducing the nutritional and developmental benefits of breastfeeding.¹

The international labour standards recognize that supporting breastfeeding is an integral part of the set of maternity protection measures and set out rights and guidance for assisting mothers to continue breastfeeding on their return to work. Breastfeeding promotes child survival, health and development (see, for example, WHO, 2009; Anderson et al., 1999) as well as providing significant health benefits for mothers (see for example, Demer, 2001).² Breastfeeding support at work provides one element of maternity protection which can be a “win–win scenario” for both employers and employees, providing no or low cost a measure which can result in considerable benefits to both companies and society as a whole, as well as extensive savings for health-care systems. Nevertheless, the benefits that employers gain from supporting breastfeeding employees remain underexplored and there is strong evidence for the persisting barriers that impede the continuation of (particularly exclusive) breastfeeding

upon return to paid employment (Lewis et al., forthcoming). The workplace and its actors can therefore make an important contribution in enabling mothers to continue breastfeeding on their return to work, including by informing employers and employees of the health benefits of breastfeeding for mothers and their infants as well as the positive outcomes at firm level.

This chapter presents the status and trends of national legislation and practice on nursing arrangements at work. The minimum standards set by the ILO call for breastfeeding breaks to be established and used. Setting up breastfeeding facilities constitutes a further step in the right direction. Appendix VII presents a table of indicators by country for this chapter.

6.1 Nursing breaks

Provision and remuneration

A woman shall be provided with the right to one or more daily breaks or a daily reduction of hours of work to breastfeed her child. [...] These breaks or the reduction of daily hours of work shall be counted as working time and remunerated accordingly.

Convention No. 183, Article 10(1)(2)

Legislation in at least 121 countries (75 per cent) of the 160 with available data provides for paid or unpaid daily breaks or a daily reduction of hours of work for nursing workers, in addition to any other regular workplace breaks (see figure 6.1). This trend is observed consistently in all the regions, confirming the value that national legislation places on supporting this important stage of maternity in the workplace. In fact, in Africa, 39 countries (79 per cent) out of 49 provided breaks;³ 16 countries (69 per cent) out of the 23 Asian countries⁴ and 11 (79 per cent) out of 14 Eastern European and Central Asian countries, granted this entitlement to nursing workers.⁵ Twenty-seven countries (78 per cent) of the 35 Developed Economies,⁶ 20 (69 per cent) out of the 29 Latin American and Caribbean countries⁷ and eight out of ten Middle Eastern countries⁸ provided breaks.

However, in 39 of the countries analysed (24 per cent), national legislation contains no provisions on breastfeeding breaks. Two-thirds of this total (26 countries)