mortality were fairly robust. When paid leave was measured in FTE units, an additional month of leave was associated with a smaller decrease in infant mortality of 3.6 (95% CI −2.4, 9.6) fewer deaths per 1,000 live births (Model A). Unweighted estimates suggested that an additional month of paid leave was associated with 10.3 (95% CI 4.9, 15.7) fewer infant deaths per 1,000 live births (Model B). The effects of paid leave on infant mortality were isolated to

Table 3. Effect of a 1-mo increase in paid maternity leave on the number of infant deaths per 1,000 live births, Demographic and Health Surveys, 2000–2007.

Exposure	Model 1[a] (n = 282,751)			Model 2[b] (n = 282,751)			Model 3[c] (n = 274,716)		
	Estimate	LCL	UCL	Estimate	LCL	UCL	Estimate	LCL	UCL
Additional month of paid leave	−6.2	−10.4	−2.0	−5.9	−11.0	−0.8	−7.9	−12.0	−3.7
Individual and household-level covariates[d]									
Male gender				9.8	7.4	12.3	9.8	7.3	12.3
Mother's education (years)				−1.5	−2.9	−0.1	−1.5	−3.0	−0.1
Household SES 2nd quintile				−4.1	−11.0	2.9	−4.4	−11.3	2.4
Household SES 3rd wealth quintile				−1.9	−9.1	5.3	−2.2	−9.6	5.2
Household SES 4th wealth quintile				−9.2	−12.7	−5.6	−9.4	−13.0	−5.8
Household SES 5th quintile (highest)				−13.2	−19.6	−6.9	−13.6	−20.0	−7.1
Urban residence				0.4	−5.1	5.9	0.3	−5.3	6.0
Short birth interval (<24 mo)				33.1	23.1	43.1	32.9	22.7	43.1
Maternal age 20–39 y				−23.8	−30.9	−16.8	−24.0	−31.0	−16.9
Maternal age ≥40 y				−6.6	−17.2	4.1	−6.5	−17.2	4.2
Skilled attendant at delivery				−1.7	−9.9	6.5	−1.1	−9.3	7.1
Country-level covariates									
Wage replacement rate				0.0	−0.1	0.2	0.1	−0.1	0.3
ln GDP per capita				−30.9	−75.6	13.9	−10.2	−93.7	73.3
Female labor force participation				0.2	−0.7	1.1	0.6	−0.4	1.6
ln government health expenditure per capita							−7.7	−17.0	1.6
ln total health expenditure per capita							−13.9	−35.5	7.6

[a]Model 1 includes country and year fixed effects.
[b]Model 2 additionally controlled for measured individual, household, and country-level characteristics.
[c]Model 3 additionally controlled for per capita total and government health expenditures; these data were unavailable for all years for Zimbabwe, and observations from Zimbabwe were therefore dropped from Model 3.
[d]Reference categories for categorical variables are female gender, the first (lowest) household SES quintile, rural residence, birth interval ≥ 24 mo, maternal age < 20 y, and absence of a skilled attendant at delivery.

LCL, lower confidence limit of 95% CI; ln, natural log; UCL, upper confidence limit of 95% CI.

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