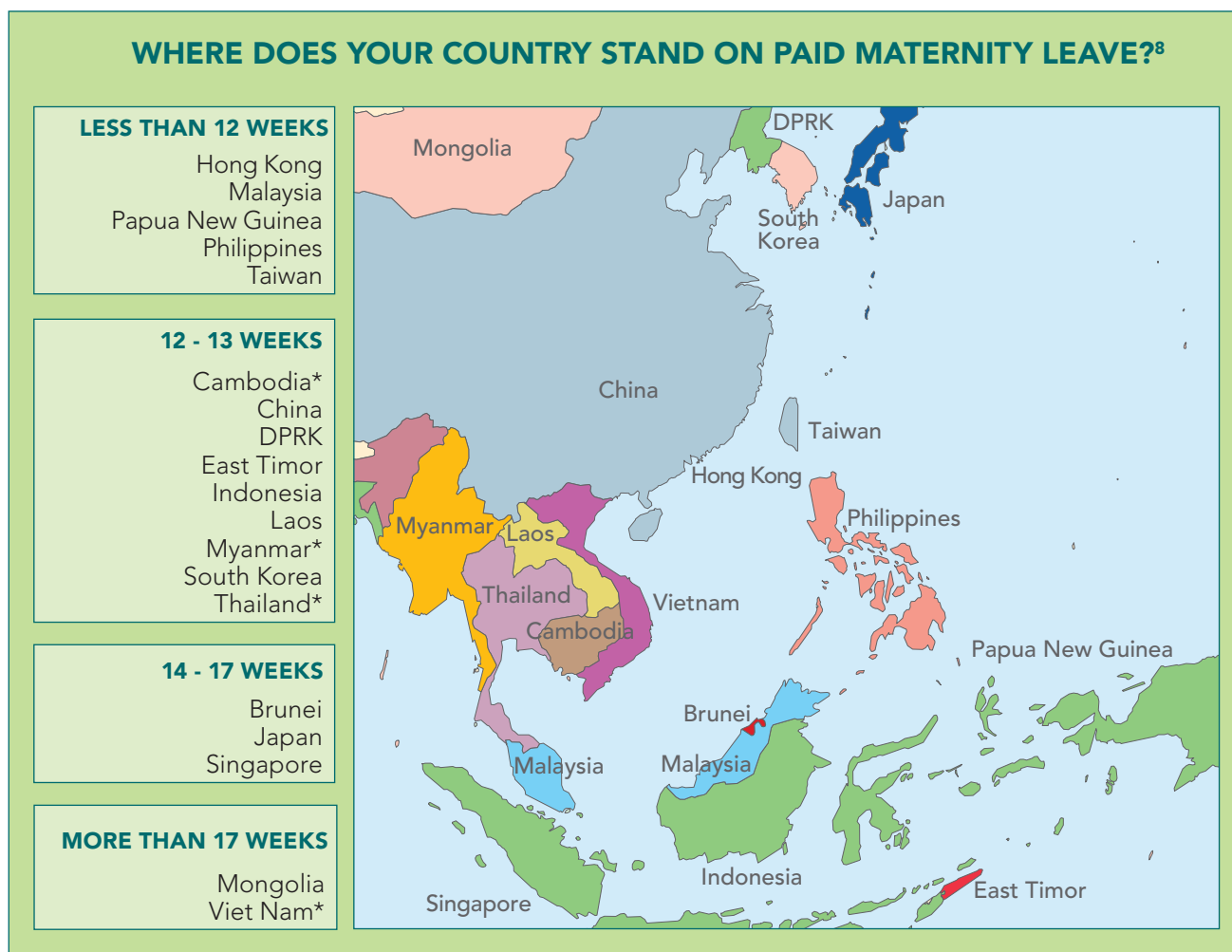


ALL ASIA-PACIFIC COUNTRIES CAN IMPLEMENT SIX MONTH PAID MATERNITY LEAVE

Breastfeeding exclusively for the first six months improves a child's chance of survival, as well as optimal growth and development. Without the nutritional foundation of exclusive breastfeeding, babies are more vulnerable to immediate health impacts like diarrhoea and respiratory infections, as well as long-term health problems like diabetes and cardiovascular disease. Maternity leave is key to ensuring that babies are breastfed exclusively from the minute they are born to the time they are six months old, with continued breastfeeding up to 24 months or beyond, along with nutritionally adequate and safe complementary foods.

Six month maternity leave encourages breastfeeding, healthier children, and healthcare savings

Maternity leave is key to ensuring that mothers can be employed in the formal sector and still ensure their babies are exclusively breastfed for six months. In Norway, when paid maternity leave increased from 10 to 40 weeks, breastfeeding rates at six months went from 10 percent to 80 percent.¹ Exclusive breastfeeding leads to healthier children and reduces the amount of time and money that health systems spend each year addressing illnesses caused by poor infant and child feeding.^{2,3} A 2007 study reported that if 90 percent of babies were exclusively breastfed for the first six months in the U.S., it could save USD \$13 billion each year in medical costs for infant illnesses and avoid 911 infant deaths.⁴



*Maternity leave for the countries indicated does not include any provisions for paid time off pre-delivery.⁹

Stronger maternity leave is good for employers

For employers, stronger maternity leave policies create a more stable and loyal workforce—including reduced employee turnover and absenteeism.^{2,3} Compared with non-breastfed infants, breastfed infants have fewer illnesses, resulting in fewer days of missed work to care for sick children.⁵ According to the World Economic Forum, female participation in the workforce is increasing in most countries across the Asian region, with three-quarters of all women working in some countries.⁶ And when more women participate in the workforce, it can lead to more income taxes and government revenues.⁷

All employers have a role to play in creating mother and child-friendly workplaces

Simply expanding maternity leave to six months is not enough. Employers must also support:

- ▶ A safe, private space for mothers to express breast milk and a secure, hygienic place to store it during work hours.
- ▶ A provision for flexible hours. For example, in Viet Nam a one hour-long paid break is provided for mothers to return home to breastfeed their children or express their milk.
- ▶ Guaranteed job security for mothers upon returning to work from maternity leave.
- ▶ The provision of kindergarten or crèche services, if possible.

Mothers need support for exclusive breastfeeding from the time their child is born through six months of age—with continued support for breastfeeding through 24 months and beyond. By strengthening maternity leave, we can support a healthy, educated, and productive workforce, and the social and economic development of the entire Asia-Pacific region. **Join us to ensure that no mother has to choose between her career and providing the best nourishment for her infant.**

“Employee welfare ultimately benefits companies. If female employees take 6 months maternity leave so they can take better care of themselves and their babies after delivery, they will come back healthier and more committed to work.”

Madam Tran Thi Le, Head of Trade Union, Huu Nghi Trade and Manufacturing Company – Da Nang

Updated: April 2013

Sources

1. Ammenhjelpen, Elisabet H., UNICEF, “Maternity Leave Boosts Breastfeeding,” <http://www.unicef.org.uk/BabyFriendly/News-and-Research/News/Paid-maternity-leave-can-improve-breastfeeding-rates/>.
2. IBFAN, “Maternity Protection Coalition Press Release,” 05 June 2000, http://www.ibfan.org/fact-maternity-tools-5_june.html.
3. PepsiCo-Global Health Policy Group, “An Overview of Infant & Young Child Feeding Public Health Policy in Vietnam,” 2010.
4. Bartick, Melissa and Reinhold, Arnold, Pediatrics, “The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost Analysis,” April 5, 2010, <http://pediatrics.aappublications.org/content/125/5/e1048.full.html>
5. Ball, Thomas M. & Bennett, David M., Pediatric Clinics of North America, Vol. 48, Issue 1, “The Economic Impact of Breastfeeding,” February 2011.
6. Hausmann, R., Tyson, Laura D., & Zahidi, S., World Economic Forum, “The Global Gender Gap Report,” http://www3.weforum.org/docs/WEF_GenderGap_Report_2011.pdf.
7. Kamerman, Sheila B., Encyclopedia for Early Childhood Development, “Maternity, Paternity, and Parental Leave Policies: The Potential Impacts on Children and Their Families,” 2005.
8. International Labour Office, “Legal Indicators for Combining Work, Family and Personal Life,” http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/presentation/wcms_146168.pdf.
9. International Labour Office, “Conditions of Work and Employment Programme,” <http://www.ilo.org/dyn/travail/travmain.byCountry2>.