



Maternity Entitlements in India an issue of breastfeeding rights

Article 42 in the Constitution of India 1949

Provision for just and humane conditions of work and maternity relief the State shall make provision for securing just and humane conditions of work and for maternity relief.

Today there is no doubt that exclusive breastfeeding for the first six months and continued breastfeeding for two years and beyond is vital for the optimal nourishment and development of infants and young children. Maternity entitlements, which emerged out of a very valid concern for maternal health, are increasingly recognizing the rights of mothers and infants to breastfeed optimally.

The General Conference of the International Labour Organisation, convened on 4 June 1952, decided upon the adoption of certain proposals with

regard to maternity protection; the Maternity Protection Recommendation, 1952. The recommendation allowed a maximum period for which any woman shall be entitled to maternity leave to be twelve weeks and wherever practicable nursing breaks should be extended to a total period of at least one-and-a-half hours. In 2000, the Maternity Protection Convention 183 increased the leave to 14 weeks, and further to 18 weeks (Recommendation 191). C 183 and R 191 further recognise breastfeeding breaks as a woman's rights, and allow combining breastfeeding breaks to shortened work

day; they further guarantee her the right not to be dismissed from work because of breastfeeding for a period after her maternity leave. However, both the documents allow countries to decide on the length of maternity leave and number of breastfeeding breaks.

In India, the rights of working mothers to maternity benefits were recognized with the introduction of the Maternity Benefit Act in 1961. The Act extends to the whole of India and applies to every establishment which may be industrial, commercial, agricultural or otherwise. It provides maternity leave for twelve weeks; and two breastfeeding breaks of the prescribed duration for nursing the child until the child attains the age of fifteen months.

The Act however does not holistically address the issues regarding the woman's compulsions to work right up to the last stage of pregnancy and resumption of work soon after child birth. Even after 50 years since Maternity Benefit Act came into existence it has not been effectively implemented for several reasons. While government establishments are obliged to follow the law most employers in the private sector prefer to either violate it, or bypass it through employment criteria and procedures. Further, breastfeeding on demand is vital to maintaining exclusivity of breastfeeding, something



Photo: Satnam Kaur





that is not possible with just two breastfeeding breaks.

In 2008, in a major recognition of the fact that the mother and child need to be together for first six months in order to ensure exclusive breastfeeding to the infant, the Central Government adopted the recommendations of the Sixth Pay Commission and gave a generous allowance of 180 days of maternity leave on full pay and in addition paid Child Care Leave for a period of 2 years as part of maternal entitlements to its women employees; a few state governments have followed this precedent. These entitlements, however, can be accessed by a miniscule fragment of women.¹

However, there is till today no legislation guaranteeing maternity entitlements to women working outside the formal sector in India. Virtually all of the female non-agricultural labour force of the country is in the unorganised sector, and accounts for over 95 percent of women workers.²

A few schemes have been introduced at different times for different sectors of women as part of maternity entitlements. The National Maternity Benefit Scheme (NMBS) was launched by the Central government in 2001 to provide nutrition support to below poverty line pregnant women through one time payment of Rs.500/- prior to delivery to women above 19 years of age for two live births. In 2005 the GOI launched Janani Suraksha Yojana (JSY) under the National Rural Health Mission to provide cash incentive for women to have an institutional delivery.

The Dr.Muthulakshmi Maternity Assistance Scheme (DMMAS) in Tamil Nadu was enhanced from a single payment to provide Rs.6000/- spread over two instalments of 3000/- each before delivery for nutritional support during pregnancy and after delivery to compensate for their loss of income. In 2009 the scheme has started paying the complete amount in one instalment i.e. after delivery.³

In order to provide uniform maternity



entitlements to women in both organised and unorganised sectors, Government of India launched a new scheme for pregnant and lactating women called the "Indira Gandhi Matritva Sahyog Yojana (IGMSY)" - Conditional Maternity Benefit (CMB) with an aim to improve the health and nutrition status of pregnant and lactating women as well as to create opportunities for engagement of pregnant women with Anganwadi centres (AWC) to ensure nutrition and health education counselling, growth monitoring and promotion of optimal infant and young child feeding practices. A woman are entitled for cash benefits of Rs.4000/- in three instalments per women between the second trimesters till the child attains the age of 6 months to partly compensate for wage loss to women during pregnancy and lactation period. All Government (Central and State) employees will be excluded from the scheme as they are entitled for paid maternity leave. The scheme would be implemented through the platform of ICDS scheme and the focal point would be AWC at the village in 52 districts across India.

However, there are serious flaws in the scheme in spite of the laudable step of making it universal. The IGMSY ignores the fact that in India, 56% women deliver before the age of 18 years and contribute significantly to the high incidence of maternal mortality. Besides being victims of social and patriarchal pressures, these women are rarely adequately nourished.

The scheme also disregards the fact that the amount of Rs. 4000/- spread over six months, does not compensate the woman for lost wages, as the minimum wage,

while it varies across states, is on an average Rs. 100/- per day. Linking maternity benefits to wage compensation has been the demand of over 32 civil society organisations and professional bodies, activists and health workers, through the "Joint Statement Calling for food rights of infants (first year of life)" presented to the Prime Minister in April 2010.

The IGMSY scheme recognizes the importance of IYCF counseling as well as growth monitoring; however it assumes that supply side provision of counselling and growth monitoring will happen automatically, not taking into account the current lack of capacity or service available as of now. As of now only 18.2% infants are weighed and nutrition education is given to 48.9% mothers.⁴

It would, therefore, be logical to bridge this service gap by ensuring that workers capacity exists from block level downwards with proper skill training on breastfeeding and infant and young child feeding as well as growth monitoring, and faltering.

Though not much work has been done in India to research on the critical issue concerning mother and child care, there are however data available from other parts of the world that shows that infants' right to breastfeeding and mothers' right to breastfeed can be actualised through creative means of ensuring maternity entitlements to women. All it requires is political will.

This newsletter is an attempt to compile the various research evidences related to breastfeeding and Maternity entitlements/benefits. The newsletter is a joint effort by BPNI & IMCH to develop advocacy documents based on the research compilation and disseminate these to all stakeholders.



Longer Maternity Leave Leads to Longer Breastfeeding Duration

It is well known that employment and an early return to work after childbirth are associated with shorter duration of breastfeeding. Maternity leave, paid or unpaid, has therefore been put forward as an important ingredient for promoting prolonged breastfeeding for working mothers. A study from Scotland⁵ now verifies this assumption by showing a direct association between the duration of breastfeeding and the length of maternity leave. This positive effect was seen to be important up to five months. Mothers working part time were also more likely to breastfeed longer compared to mothers who worked full time. More flexible working conditions and more generous employment leave could thus be an important intervention in order to prolong breastfeeding among working mothers and should be part of public policy. As also concluded in a study from US⁶ that postpartum maternity leave may have a positive effect on breastfeeding among full-time workers, particularly those who hold nonmanagerial positions, lack job flexibility, or experience psychosocial distress. Pediatricians should encourage patients to take maternity leave and advocate for extending paid postpartum leave and flexibility in working conditions for breastfeeding women.

Breastfeeding at Work Needs to be Better Recognized and Supported

According to Payne and Nicholls, to combine breastfeeding and paid work requires a negotiation of the roles of good mother and good worker.⁷ With the present recommendations of exclusive breastfeeding for the first six months and partially until the age of 2 years in combination with the fact that many mothers return to paid employment within these time periods, how to combine BF and work needs to be highlighted. Payne and Nicholls emphasize that the strategies used of breastfeeding mothers in the workplace tend to maintain the marginalization and invisibility of the issue. By disciplining themselves to minimize the disruptive effects of breastfeeding on their work they manage to fulfill both the ideals of being a good worker and a good mother at the same time. This was done by stockpiling breast milk and maintaining milk supply, which sometimes took a lot of preparations, and planning, as well as skills. Not only did the mothers discipline themselves in this way but did also prepare their babies for their absence through bottle feeding training and teaching them to be adaptable. These strategies are however conserving the present situation and leaves breastfeeding mothers in the dilemma of fulfilling two contradictory expectations. In order to change this patters, Payne and Nicholls suggest that nurses and midwives have the potential to bring about change by educating and supporting women in relation to breastfeeding. At the same time they can themselves lead by example by supporting their breastfeeding colleagues by demonstrating understanding and arguing for appropriate spaces where breastfeeding mothers may feed their babies or extract breastmilk. Furthermore, Payne and Nicholls put forward the importance of professional nursing unions that can play a significant role by lobbying governments to provide paid work breaks for breastfeeding workers.

Returning to Work a Major Reason to Stop Breastfeeding both in High and Low-income Settings

Return to work is a major reason why breast-feeding mothers stop to breastfeed their babies. This has recently been highlighted both from low as well as high-income settings. Sasaki et al⁸ found in a study of mothers in Phnom Penh, Cambodia that returning to work was associated with an almost five-fold risk of exclusive breastfeeding cessation during the first six months compared to mothers who stayed at home during that period. The authors call for the promotion and development of better working conditions and environment for working mothers in order to increase breast feeding rates.

The same pattern was found in a study by Nawaz et al⁹ from Pakistan where almost 20 % of mothers stated that the reason for not breastfeeding their baby was that they had to work.

Similar results were found in a study from the US where 23 % of study participants stated return to work or school to be the main reason for discontinuing breastfeeding their child.¹⁰ Breastfeeding-friendly policies in the workplace are likely to make a difference, both in high as well as in low-income settings.



Fathers have an Important Role for Continued Breastfeeding

To practice exclusive breastfeeding is something that requires dedication and commitment from the mother. That she gets support from family members and health staff is equally important since mothers often face many obstacles to successfully breastfeed their babies. The balancing of responsibilities for home, family and work in relation to breastfeeding can many times be difficult. There are evidence that indicate that fathers want to be involved to a larger extent in the process of parenthood and that fathers are many times neglected resource to maintain breastfeeding practice. In an Australian study, Tohotoa et al¹¹ focused on paternal support for breastfeeding and found that "Dads do make a difference". The fathers in the study were eager to be a part of parenthood and wanted to be involved. Their involvement was seen as an important factor to promote successful breastfeeding and recognition that breastfeeding is a family issue benefited everyone. The study points out that when mothers are sharing the difficulties they encounter with their partners, babies will have a better chance of receiving breast milk exclusively for the recommended six months.



Direct Feeding at Work Most Effective Strategy for Combining Breastfeeding and Work

A study from the United States¹² shows that feeding the infant directly from the breast rather than pumping breast milk is the most effective strategy for combining breastfeeding and employment. Most workplace lactation programs encourage pumping breast milk at work. However, direct feeding of the infant from the breast during the work day results in longer duration of breastfeeding and should be promoted. Mothers who had started to pump milk and bottle-feed their babies when returning to work were not likely to change strategy and the intensity and duration of breastfeeding were less in this group. Since many mothers train their infants to get used to bottle-feeding before returning to work, information of the possibilities to direct feeding must be provided in advance. In order to enable mothers to directly feed their infants there is a need for on-site day care or other ways to keep the infant at work, or the possibility of having the baby brought to the work site. Mothers must also be allowed to leave work to go to the infant if direct feeding is to be successful.

Interventions in the Workplace to Support Breastfeeding a Neglected Research Area

Breastfeeding is well known to be beneficial for mothers and their infants. However, working mothers may return to work early after giving birth for various reasons and if not supported by their employers, they can be separated from their babies, have difficulty expressing and storing milk and thus not be able to maintain breastfeeding. Workplace programs could help women to continue to breastfeed, and by promoting and supporting the programs, employers may be able to influence the duration of breastfeeding (including exclusive breastfeeding) and so improve the health of mother and baby, but also benefit from less work absenteeism, high productivity and increased employee morale and retention. However, a Cochrane review by Abdulwadud and Snow¹³ indicates that no randomized-controlled trials to evaluate the effect of such programs have been performed and that there is a need to further explore this important public health issue.

The IMCH and BPNI PDC Project

International Maternal and Child Health, Uppsala University, Sweden and Breastfeeding Promotion Network of India has come together to work on a partner driven cooperation project in India. The purpose of this project is to use evidence-based advocacy (policy advice) to expand the provision of full maternity entitlements/benefits to all women (in the selected States) and to provide women with accurate, unbiased information through skilled counseling and support. The project will work through situational analysis of policy and programmes at state and district levels; and national and state level consultations to develop call for action.

Awareness of Breastfeeding-friendly Measures in the Workplace Increase Continued Breastfeeding

The provision of lactation rooms and breast pumping breaks has been shown to have a positive effect on mothers' continued breastfeeding after returning to work. This is one of the conclusions that can be drawn from a study in a semi-conductor plant in Taiwan.¹⁴ Mothers who were aware of these interventions were almost seven times more likely to continue breastfeeding their babies after returning to work compared to those who did not know that they had these benefits. This shows on the importance not only to provide space and time for mothers to breastfeed, but also to raise awareness that it is possible and acceptable. The Taiwanese study also found that the white-collar workers of the company were more likely to utilize the breastfeeding-friendly possibilities provided than their blue-collar colleagues, which emphasizes the need to have a holistic approach when promoting breastfeeding in the workplace.

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