



International  
Labour  
Organization

Healthy Beginnings  
for a Better Society  
BREASTFEEDING IN THE WORKPLACE IS POSSIBLE

## MODULE 1



# Why do mothers need to breastfeed?

**An economic and public health perspective  
of breastfeeding in the workplace**

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## OBJECTIVES

This module states facts on how breastfeeding benefits society, businesses, workers and families. It presents the workplace as an opportune venue to help mothers breastfeed. International frameworks as well as national laws that mandate the protection, promotion and support of breastfeeding in the workplace are discussed.

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## KEY CONTENTS

- 1 Breastfeeding is of great economic value!
- 1 Breastfeeding profoundly impacts the environment.
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**"In sheer, raw bottom line economic terms, breastfeeding may be the single best investment a country can make."**

KEITH HANSEN, Vice President, World Bank Global Practices  
speaking at the 7th Annual Summit of the Academy of Breastfeeding Medicine



## Breastfeeding is of great economic value!



The market-based price of breastmilk is at the US\$85–120<sup>1</sup> (Php3,825–5,400) per litre range.<sup>2</sup> At this rate, the Philippines loses an estimated **US\$19 billion (Php859.6 billion)** worth of breastmilk annually due to premature weaning.<sup>3</sup>

Mothers who invest in breastfeeding do so at the expense of losing work or income opportunities. Breastfeeding is currently not appreciated as women's work and thus goes unsupported and uncompensated.

## Breastfeeding profoundly impacts the environment.



Breastfeeding is zero waste in comparison to formula feeding. In the USA alone, 550 million cans, 860,000 tons of metal and 364,000 tons of paper are added to landfills every year.<sup>4</sup>

<sup>1</sup> This is the price that hospitals and mothers are willing to pay to obtain breastmilk.

<sup>2</sup> R. Holla et al.: *The need to invest in babies - A global drive for financial investment in children's health and development through universalizing interventions for optimal breastfeeding* (Breastfeeding Promotion Network of India (BPNI)/International Baby Food Action Network (IBFAN)-Asia, Delhi, India, 2013).

<sup>3</sup> J.P. Smith: Including household production in the System of National Accounts (SNA), ACERH Working Paper (2012, No. 10).

<sup>4</sup> A. Coutoudis and M. Coovadia: "The Breastmilk Brand: promotion of child survival in the face of formula-milk marketing" in *Lancet* (2009, Vol. 374), pp. 423–425.

Formula milk production uses scarce water resources. It is estimated that the global average water footprint to produce 1 kilogram of milk powder is about 4,700 litres of water.<sup>5</sup>

“Cattle (raised for both beef and milk, as well as for inedible outputs like manure and draft power) are the animal species responsible for most [greenhouse gas] emissions, representing about 65 per cent of the livestock sector’s emissions”.<sup>6</sup>

## The cost of not breastfeeding is tremendous.

For every 1,000 babies not breastfed, there are an extra 2,033 physician visits, 212 days in the hospital and 609 prescriptions for three illnesses alone – ear, respiratory, and gastrointestinal infections.<sup>7</sup>

Back in 2003, a total of **US\$260 million (Php13.52 billion)** was spent by Filipino families on infant formula. The combined economic burden from buying infant formula and out-of-pocket medical expenditure exceeded **US\$400 million (Php20.8 billion)**, excluding indirect costs such as absenteeism and risk of childhood death and illness – expenses that could have been invested in education and other social services.<sup>8,9</sup>

Long term opportunities are potentially lost if mothers do not breastfeed. Children who were not optimally breastfed have a 3–7 IQ point disadvantage,<sup>10</sup> comparable to low level lead poisoning.<sup>4</sup>

Infants unprotected by breastmilk are at greater risk of dying. Infants 0–5 months old who were not breastfed have a sevenfold increased risk of dying from diarrhea and fivefold increased risk of pneumonia than infants who were exclusively breastfed.<sup>11</sup>

**16,000**  
Filipino infants die  
each year

or

**44**  
infants die  
each day

**from not being breastfed optimally.<sup>12</sup>**

5 A. Linnecar et al.: *Formula for Disaster: weighing the impact of formula feeding vs breastfeeding in the environment* (Breastfeeding Promotion Network of India (BPNI)/International Baby Food Action Network (IBFAN)-Asia, Delhi, India, 2014).

6 *Key facts and findings - By the numbers: GHG emissions by livestock*, Food and Agriculture Organization of the United Nations, 2013, [www.fao.org/news/story/en/item/197623/icode/](http://www.fao.org/news/story/en/item/197623/icode/) [accessed 20 June 2015].

7 T.M. Ball and A.L. Wright: “Health care costs of formula-feeding in the first year of life” in *Pediatrics* (1999, Vol. 103, No. 4), pp. 870–876.

8 H.L. Sobel et al.: “The economic burden of infant formula on families with young children in the Philippines” in *Journal of Human Lactation* (2012, Vol. 28, No. 2), pp. 174–180.

9 US\$1 = Php 52, average peso to US dollar exchange rate for 2003 according to the Bangko Sentral ng Pilipinas (BSP).

10 M.S. Kramer et al.: “Breastfeeding and child cognitive development: New evidence from a large randomized trial” in *Archives of General Psychiatry* (2008, Vol. 65, No. 5), pp. 578–584.

11 G. Jones et al.: “How many child deaths can we prevent this year?” in *Lancet* (2003, Vol. 362), pp. 65–71.

12 United Nations Children’s Fund (UNICEF): *Infant and Young Child Feeding Programme Review, Case Study: The Philippines* (New York, June 2009).

## Breastfeeding leads to a healthy and productive workforce.



A landmark study found breastfeeding to have long-term beneficial effects on intelligence, and is associated with increased educational attainment and higher income by 30 years of life.<sup>13</sup>

Mothers who have breastfed have reduced risk of type 2 diabetes, breast and ovarian cancer.<sup>14</sup>

Breastfeeding has long-term benefits for the population. Breastfed infants are at lower risk of obesity, cardiovascular disease, diabetes, and other non-communicable diseases such as certain cancers, allergies, asthma.<sup>15</sup>

## Breastfeeding impacts the workplace.



Women take an active role in the workplace. With a strong body of evidence favouring breastfeeding such as the ones stated, it is expected that more women will choose to breastfeed upon birth, and plan to continue once they return to work. A supportive workplace will provide satisfaction to these workers, and may improve retention of women in the workforce.

Return to work after maternity leave has consistently been a major reason for giving up breastfeeding.<sup>16</sup> However, infant feeding choices have workplace consequences:

- One-day absences to care for sick children occur more than twice as often for mothers of formula feeding infants.<sup>17</sup>
- The father or mother of a sick child may not be fully focused and productive in the workplace. Absences due to sick children are not predictable, and may compromise workplace operations.
- More infant illnesses mean higher health care and insurance costs.

<sup>13</sup> C.J. Victora et al.: "Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: a prospective birth cohort study from Brazil" in *Lancet Global Health* (2015, Vol. 3), pp. e199–205.

<sup>14</sup> S. Ip et al.: *Breastfeeding and maternal and infant health outcomes in developed countries*. Evidence Report/Technology Assessment No. 153, AHRQ Publication No. 07–E007. (Rockville, MD: Agency for Healthcare Research and Quality, April 2007).

<sup>15</sup> American Academy of Pediatrics: "Breastfeeding and the use of human milk" (Policy statement) in *Pediatrics* (2012, Vol. 129, No. 3), pp. e827–e841.

<sup>16</sup> According to the 2008 National Nutrition Survey, 25.5 per cent of mothers surveyed stopped breastfeeding because they were working.

<sup>17</sup> R. Cohen, M.B. Mrtek, R.G. Mrtek: "Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula-feeding women in two corporations" in *American Journal of Health Promotion* (1995, Vol. 10, No. 2), pp. 148–153.

# Formula feeding can threaten a family's economic security.



In a 2010 statement, World Health Organization (WHO) representative Dr Soe Nyunt-U said that over a period of five years, the milk industry spent US\$480 million in promoting and advertising in the Philippines, in contrast to the US\$130 million it spent in the United States.<sup>18</sup> This aggressive promotion of infant formula changes people's behaviour.

- Children were more likely to be given formula if their mother recalled advertising messages, or if a doctor, or mother or relative recommended it. Two factors were strongly associated with the decision to formula feed: self-reported advertising exposure, and physicians recommendations.

Those using  
formula were

6.4 times more likely  
to stop breastfeeding

before  
12 months.<sup>19</sup>

- Follow-up milk (also known as toddler or growing up milk) has been widely marketed in the Philippines in the recent years to target young children. As a result, it is incorrectly perceived as a necessity by the general public. The WHO states that follow-up formula is not necessary and that marketing may mislead parents.<sup>20</sup>
- Mothers understand that toddler milk advertisements promote a *range* of products that includes infant formula and mothers tend to accept these advertising messages uncritically.<sup>21</sup>
- What is the impact of this marketing on formula consumption? In 2003, almost half of Filipino families with young children purchased infant formula. One-third of families living on less than US\$2 per day purchased infant formula. Poor families spent US\$37 on formula, 70 per cent more than they spent on medical care and almost three times more than they spent on education.<sup>22</sup>

To save on costs, low income families give any available milk to their infants, even if it is inappropriate (e.g. creamer, condensed milk) or give very dilute preparations in order to make the milk last longer, leading to malnutrition, illnesses and death.

Workers in our factory ask for salary advances  
for two main reasons: when their young child is sick  
or if they don't have money to buy milk.

FLOR IGNACIO, General Manager

18 V. Uy: "Breastfeeding rate in RP at 34 for past 5 years - Unicef" in *Philippine Daily Inquirer* (Manila, 7 Sep 2010). Accessed at <http://globalnation.inquirer.net/news/breakingnews/view/20100907-290976/Breastfeeding-rate-in-RP-at-34-for-past-5-yearsUnicef>.

19 H.L. Sobel et al.: "Is unimpeded marketing for breast milk substitutes responsible for the decline in breastfeeding in the Philippines? An exploratory survey and focus group analysis" in *Social Science & Medicine* (2011, Vol. 73, No. 10), pp. 1445-1448.

20 *Information concerning the use and marketing of follow-up formula*, World Health Organization, 17 July 2013, [www.who.int/nutrition/topics/WHO\\_brief\\_fufandcode\\_post\\_17July.pdf](http://www.who.int/nutrition/topics/WHO_brief_fufandcode_post_17July.pdf) [accessed 5 May 2015].

21 N.J. Berry et al.: "It's all formula to me: women's understandings of toddler milk ads." in *Breastfeeding Review* (2010, Vol. 18, No. 1), pp. 21-30.

22 H.L. Sobel et al.: "The economic burden of infant formula on families with young children in the Philippines" in *Journal of Human Lactation* (2012, Vol. 28, No. 2), pp. 174-180.

## The challenge: Only one out of three Filipino children are breastfed as recommended.<sup>23</sup>



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Virtually all mothers can breastfeed if given the proper support. Although work is a major reason for stopping breastfeeding, return to work does not necessarily have to lead to lower breastfeeding rates. Maternal work or activity, including vigorous exercise, does not undermine the quantity and nutritional quality of breastmilk; there is also no indication that working women are less interested in breastfeeding than those who are not working.<sup>24</sup>

The bottleneck lies in the difficulty to continue breastfeeding under conditions experienced when mothers return to work. Thus, there is an opportunity to support women in this aspect. Policies and laws mandate breastfeeding support in the workplace.

Practical workplace support for new mothers includes:

- provision of maternity leave;
- time to express and store breastmilk for her baby back home, and a space to comfortably do so;
- knowledge and skills that will help her succeed and a community supportive of her efforts;
- protection from market forces that can negatively influence her infant feeding choices; and
- support from employers/supervisors and co-workers through policies.

### DID YOU KNOW?

*At 60 days (around nine weeks), the Philippines has one of the shortest maternity leave duration in Asia and in the world.<sup>25</sup>*

*When the maternity leave in Norway was increased from 10 to 40 weeks, breastfeeding rates at six months went from 10 per cent to 80 per cent.<sup>26</sup>*

<sup>23</sup> According to the *State of the World's Children Report* (UNICEF, 2014), in the Philippines, only 34 per cent of infants under 6 months are exclusively breastfed. Also, only 34 per cent continue to breastfeed until two years of age.

<sup>24</sup> J. Heymann et al.: "Breastfeeding policy: a globally comparative analysis" in *Bulletin of the World Health Organization* (2013, Vol. 91), pp.398–406.

<sup>25</sup> International Labour Organization (ILO): *Working conditions laws report 2012: A global review* (Geneva, 2013), p. 35.

<sup>26</sup> *Maternity leave boosts breastfeeding*, UNICEF, n.d., [www.unicef.org.uk/BabyFriendly/News-and-Research/News/Paid-maternity-leave-can-improve-breastfeeding-rates/](http://www.unicef.org.uk/BabyFriendly/News-and-Research/News/Paid-maternity-leave-can-improve-breastfeeding-rates/) [accessed 27 July 2015].

# Keeping things in perspective: Women in the Philippine workforce.

## How many Filipino women workers do we have?

In the Philippines, women represent 40 per cent of the workforce.<sup>27</sup> Around 8.4 million Filipino women are employed as wage and salary workers while around 6.6 million women are either self-employed or working in own family-operated farms or businesses. That is a total of around **15 million working women!**<sup>28</sup>

## Where do they work?

Micro, small and medium enterprises (MSMEs) account for 99.6 per cent of the total business enterprises in the Philippines with 777,664 establishments. Of these enterprises, 91.6 per cent (709,899) are micro enterprises.<sup>29</sup>

Overall, 49.7 per cent of MSMEs are engaged in the wholesale/retail trade and repair services, followed by 14.4 per cent in manufacturing, and 12.5 per cent in hotels/restaurant industries.<sup>30</sup>

Largely unaccounted for are women workers in the informal economy (e.g. vendors, contributing family workers, and household help) where labour is usually not recorded, regulated or protected by public authorities.

Women workers in the informal economy should be given the same support as women in formal, standard jobs.



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27 Labor Force Survey of 2013.

28 *Ibid.*

29 Senate Economic Planning Office: *The micro, small and medium enterprises (MSMEs) sector at a glance* (March 2012).

30 *Ibid.*

# The opportunity: Workers are a captive audience.

"[The] Workplace is a promising entry point for scaling up interventions aimed at improving maternal and infant health, addressing income and social insecurity and poverty."<sup>31</sup>

Working women spend a great deal of time in the workplace during a critical window period: the first 1,000 Days of her child's life where rapid growth and development takes place.

The right nutrition during this period profoundly impacts a child's ability to grow, learn, and rise out of poverty. The effects of undernutrition are irreversible. Stunted children have weaker immune systems, making them vulnerable to common illnesses and disease, and suffer from suboptimal brain development affecting their ability to learn and earn a good living as adults.<sup>32,33</sup> They are likely to have lower incomes, higher fertility rates, and provide poor care for their children, thus contributing to the intergenerational transmission of poverty.<sup>34</sup>

By promoting and supporting programs that benefit women during this period, institutions such as the government, businesses, employers, and labour groups may influence birthing and infant nutrition practices and help improve society in lasting ways.

## OPTIMAL INFANT FEEDING PRACTICES

which ensure the child's best protection, nutrition and development:

- Breastfeeding immediately after birth, within the **first hour of life**.
- **Exclusive breastfeeding for six months** – no water, no solids, no other liquids except breastmilk.
- **Continued breastfeeding for two years or beyond** along with the introduction of appropriate and adequate complementary foods after six months.



31 ILO: *Maternal Protection Resource Package: From Aspiration to Reality for All* (Geneva, 2012).

32 UNICEF: *Improving Child Nutrition: The achievable imperative for global progress* (New York, 2013).

33 *Global targets to improve maternal, infant and young child nutrition - Policy Brief*, 1,000 Days Partnership, n.d., [thousanddays.org/wp-content/uploads/2012/05/WHO-Targets-Policy-Brief.pdf](https://thousanddays.org/wp-content/uploads/2012/05/WHO-Targets-Policy-Brief.pdf) [accessed 10 May 2015].

34 S.G. Grantham-McGregor et al.: "Developmental potential in the first 5 years for children in developing countries" in *Lancet* (2007, January 6), pp. 60-70.

# International frameworks support breastfeeding in the workplace.



While being part of the workforce, women also play a distinct biologic role: **motherhood**.

The welfare of the child is inseparable from the welfare of the mother. Thus, principles of maternity protection at work are established through a number of international treaties relating to human rights, women's rights, rights to health, and the rights of the child.

The United Nations (UN) protects breastfeeding as a right through the following conventions:

1

## The UN Convention on the Rights of the Child (UNCRC)

The right to breastfeeding is protected by the following principles of the Convention:

- The best interests of the child must be a top priority in all things that affect children. (Article 3)
- Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential. (Article 6)
- Both parents share responsibility for bringing up their child and should always consider what is best for the child. Governments must support parents by creating support services for children and giving parents the help they need to raise their children. (Article 18)
- Every child has the right to the best possible health. (Article 24)

2

## The UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

States committing themselves to this convention should incorporate the principle of equality of men and women in their legal system and prohibit discrimination against women. Pregnancy and breastfeeding are reproductive functions specific to women. Thus, discriminating against a pregnant or breastfeeding woman is to discriminate on the basis of sex.

3

### The International Labour Organization (ILO) Workers with Family Responsibilities Convention, 1981 (No. 156)

This Convention aims to create equality of opportunity and treatment in employment and occupation between workers with family responsibilities and those without family responsibilities. It promotes support to workers with family responsibilities to help reduce conflict between work and family life. Infant feeding is a family responsibility and lactation is a function specific to mothers.

4

### The ILO Maternity Protection Convention, 2000 (No. 183) and Recommendation, 2000 (No. 191)

These frameworks provide employment protection and non-discrimination to women who are pregnant or have just given birth. It also protects breastfeeding by encouraging workplace support such as the establishment of lactation periods and the provision of lactation facilities in the workplace.

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#### DID YOU KNOW?

*The global movement on breastfeeding support traces its roots to a Baguio General Hospital study by Dr Natividad Clavano.<sup>35</sup> She contributed to the World Health Assembly's adoption of the **International Code on the Marketing of Breastmilk Substitutes** and UNICEF's **Baby-Friendly Hospital Initiative**.<sup>36</sup>*

*In the Philippines, she was instrumental to the passage of two landmark national laws: the Philippine Milk Code of 1986 (Executive Order 51) and the 1992 Rooming-in and Breastfeeding Act (Republic Act 7600).*

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<sup>35</sup> N. Clavano: "Mode of feeding and its effect on infant mortality and morbidity" in *Journal of Tropical Pediatrics* (1982, Vol. 28, No. 6), pp. 287–93.

<sup>36</sup> S. Pincock: "Obituary Natividad Relucio Clavano" in *Lancet* (2007, Vol. 370), p. 1753.



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## National laws protect and promote breastfeeding in the workplace.

1

### The Philippine Milk Code of 1986 (Executive Order 51)

Executive Order (EO) 51 incorporates many provisions of the **International Code on Marketing of Breastmilk Substitutes**, which was adopted by the World Health Assembly in May 1981. This law provides the framework for breastfeeding promotion in the Philippines. Because of its importance, a separate module is dedicated to its discussion ([MODULE 6](#)).

The rationale of EO 51 is to provide safe and adequate nutrition of infants by the protection and promotion of breastfeeding. It calls for the regulation of advertising, marketing and distribution of breastmilk substitutes and other related products, including bottles and teats.

## 2 The Expanded Breastfeeding Promotion Act of 2009 (Republic Act 10028)

The Rooming-in and Breastfeeding Act of 1992 or Republic Act (RA) 7600 was amended into RA 10028. Its workplace-related provisions require establishments to:

- come up with workplace policy on breastfeeding;
- set up lactation stations;
- allow lactation periods;
- provide breastfeeding information to its employees; and
- comply with EO 51.

Two separate modules provide practical guidance to help establishments implement this mandate (**MODULE 4** and **MODULE 5**).

## 3 The Magna Carta of Women (RA 9710)

This law strengthens existing laws and policies that empower and protect women, and ensures equal rights and opportunities with men. It includes the right to decent work inclusive of access to support services that will allow women to balance family obligations and work responsibilities, such as provision of maternity leave, access to breastfeeding stations and day care centres.

It is hoped that the weight of the issue and the legal frameworks that protect and support breastfeeding would stimulate interest among actors who can shape enabling environments for working women and mothers.

The next modules aim to provide information and practical guidance to families and health workers for breastfeeding to be timely initiated and sustained in the workplace. Succeeding modules developed for employers and local governments provide examples and tools to help translate these broad policies into achievable actions at the community level.

## Key Points



The economic value of breastfeeding is tremendous but is largely unaccounted for and underestimated. This unnoticed investment should be recognized as unpaid work that society needs to allocate support for. To promote both health and economic justice for women, governments and society should be able to make supportive investments to help them succeed.



Return to work is a major reason for women to stop breastfeeding. Breastfeeding needs to be promoted, protected and sustained in the workplace.



The workplace presents an opportune venue to influence a mother's infant feeding choices. The working mother spends most of her child's first 1,000 Days of life in the workplace. Proper nutrition during this period plays a big role in the child's growth and development. The negative effects of undernutrition during this critical time are irreversible. Promoting and supporting programs that benefit women during this period improve society in lasting ways.



International frameworks and national policies empower women to fulfil their workplace obligations while at the same time enable them to meet their role as mothers. These mandates require government agencies and employers to make provisions for breastfeeding-friendly workplaces.



Philippine laws support breastfeeding women and their right to decent work by providing support systems for continuing breastfeeding in the workplace. Mandated workplace provisions include a place to breastfeed or express breastmilk (lactation stations), time to breastfeed or express breastmilk (lactation periods or breaks), access to breastfeeding information, protection from unethical industry marketing practices (compliance with EO 51) and a written workplace lactation policy.





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