



International
Labour
Organization

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

MODULE 7



Engaging advocacy champions for working mothers and babies

Building partnerships
for breastfeeding-friendly workplaces

OBJECTIVES

This module provides a clear basis for the breastfeeding in the workplace advocacy. It identifies legal frameworks and mandates for different government agencies as well as opportunities of partnership with the private and social sector in order to implement policies and uphold regulations in infant and young child feeding, particularly in the workplace.

KEY CONTENTS

- 1 The cost of not breastfeeding is tremendous.
- 2 What are the economic stakes?
- 3 Why do mothers stop breastfeeding?
- 4 Our goal is to improve the breastfeeding rate of each region, each province, and each community.
- 6 Key government agencies are enjoined by laws and policies to support breastfeeding.
- 12 Social partners are important players for breastfeeding promotion, protection and support.
- 16 Champions at the local government and communities can be engaged.
- 16 Policies may not be enough: finding partners within the workplace.
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"Ensuring adequate maternity protection and time and space for breastfeeding at work is not only the right thing to do, it also makes economic sense."

GUY RYDER, Director General of the International Labour Organization
in his statement for the celebration of the 2015 World Breastfeeding Week



The cost of not breastfeeding is tremendous.

Only one out of three Filipino children are breastfed as recommended.¹ It is estimated that 16,000 Filipino infants die each year from not being breastfed optimally.² That is 44 infants – a bus-load of infants dying each day.

Infants 0-5 months old who were not breastfed have a sevenfold increased risk of dying from diarrhoea and fivefold increased risk of pneumonia than infants who are exclusively breastfed.³

Long term opportunities are potentially lost if mothers do not breastfeed. Mothers who have breastfed have reduced risk of type 2 diabetes, breast and ovarian cancer.⁴ 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.⁵

1 According to the *State of the World's Children Report* (UNICEF, 2014), in the Philippines, only 34% of infants under 6 months are exclusively breastfed. Also, only 34% continue to breastfeed until two years of age.

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

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

4 S. Ip et al.: *Breastfeeding and maternal and infant health outcomes in developed countries*. Evidence Report/Technology Assessment No. 153 (Prepared by Tufts-New England Medical Center Evidence-based Practice Center, under Contract No. 290-02-0022). AHRQ Publication No. 07-E007. (Rockville, MD: Agency for Healthcare Research and Quality, April 2007).

5 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.

In fact, children who were not optimally breastfed have a 3–7 IQ point disadvantage.⁶ Later in life, breastfed infants are at lower risk of obesity, cardiovascular disease, diabetes, and other non-communicable diseases such as certain cancers, allergies, asthma.⁷

Breastfeeding an entire generation is expected to result in a healthy and intelligent workforce. Investing in breastfeeding makes good economic sense.



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What are the economic stakes?

Economists estimate the price of breastmilk to be at the **US\$85–120 (Php3,825–5,400)** per litre range.^{8,9} At this rate, **the Philippines loses an estimated US\$19 billion (Php859.6 billion) worth of breastmilk annually** due to premature weaning.¹⁰

Philippine data from 2003 shows that **US\$260 million (Php13.52 billion)** was spent on infant formula. Combining this expense with its related out-of-pocket medical expenditure exceeded **US\$400 million (Php20.8 billion)**.¹¹

The formula milk industry in the Philippines aggressively invests in marketing efforts. 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.¹² Infant formula value growth in sales in the Philippines increased an average of 5.1 per cent per year between 2003 and 2009.¹³

Like all commercial companies, their bottom line is profit. Each formula milk sale corresponds to a mother who stopped breastfeeding or a baby who is not exclusively breastfed. Conversely, each successful breastfeeding mother is one potential long term consumer lost. The goal of optimal infant feeding will always be in conflict with the goal of milk companies.

6 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.

7 American Academy of Pediatrics Policy Statement: "Breastfeeding and the use of human milk" in *Pediatrics* (2012, Vol. 129, No. 3), pp. e827–e841.

8 This is the price that hospitals are willing to pay to obtain breastmilk. US\$1 = Php 45 (2010, BSP)

9 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).

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

11 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. US\$1 = Php 52 (2003, BSP)

12 V. Uy: "Breastfeeding rate in RP at 34 for past 5 years – UNICEF" in *Philippine Daily Inquirer* (7 September 2010).

13 *Ibid.*

What is the effect of this marketing on families? Almost half of Filipino families with young children purchased infant formula and one-third of very poor families¹⁴ purchased infant formula. Very poor families spent US\$37 (Php1,924) on formula, 70 per cent more than they spent on medical care and almost three times more than they spent on education.¹⁵

Why do mothers stop breastfeeding?

Work has consistently been a major reason for stopping breastfeeding.¹⁶ Virtually all mothers can breastfeed with proper support, but challenging conditions upon returning to work make it difficult for them to continue.

There is a window period, the first 1,000 Days of life, where breastfeeding – or not breastfeeding – impacts the child's ability to grow and learn in far reaching and irreversible ways. Working mothers spend most of these 1,000 Days in the workplace.

DID YOU KNOW?

At 60 days (around nine weeks), the Philippines has one of the shortest maternity leave durations in Asia and in the world.¹⁷ 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.¹⁸

By promoting and supporting programs that benefit women during this period, institutions such as the government, businesses, employers, and labour groups may influence breastfeeding success and improve the nation in lasting ways.



¹⁴ Defined in the article as living on less than US\$2 (Php 104) per day.

¹⁵ 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, US\$1 = Php 52 (2003, BSP)

¹⁶ According to the 2008 National Nutrition Survey, 25.5% of mothers surveyed stopped breastfeeding because they were working.

¹⁷ International Labour Organization (ILO): *A global review: ILO Working Conditions Laws Report 2012* (Geneva, 2013).

¹⁸ *Maternity leave boosts breastfeeding*, UNICEF, n.d., 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



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How many Filipino women workers do we have?

Women represent 40 per cent of the workforce in the Philippines.¹⁹ 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!²⁰

Our goal is to improve the breastfeeding rate of each region, each province, and each community.



Advocacy is a process that brings about change in the policies, laws and practices of *influential individuals, groups and institutions*. It involves many people and/or organizations *working together* towards a *shared vision of change*.²¹

The goal of advocacy is to reach key audiences, decision-makers or actors who can directly or indirectly implement objectives.

The **Department of Health (DOH)** is the lead agency for developing standards, guidelines and key messages on breastfeeding. It is mandated to provide capacity building for both health workers and community support, and to implement a national public education and awareness program on breastfeeding **through collaborative interagency and multi-sectoral effort at all levels**.²²

The Philippines has a policy-rich environment. With the existence of laws and policies, the creation of breastfeeding-friendly workplaces provides opportunities of collaboration at all levels of society. Such partnerships ensure coordination, accountability, sustainability and impact.

Implementation needs to be carried out at various levels.

- At the national, regional, and provincial levels
- At the municipal, community, and workplace levels

19 Labor Force Survey of 2013

20 Ibid.

21 Advocacy as defined in the Expanded Breastfeeding Promotion Act of 2009 (Republic Act (RA) 10028)

22 RA 10028

EXCLUSIVE BREASTFEEDING RATES BY REGION

Percentage of youngest children
6–35 months who were exclusively
breastfed until age six months,
by region, Philippines, 2011



Source: National Statistics Office, Family Health Survey 2011

DID YOU KNOW?

The global movement on breastfeeding support traces its roots to the Philippines through a Baguio General Hospital study²³ by Dr Natividad Clavano. She contributed to the World Health Assembly's adoption of the **International Code on the Marketing of Breastmilk Substitutes** and the **Baby-Friendly Hospital Initiative** of the United Nations Children's Fund (UNICEF).²⁴ In the Philippines, she was instrumental in the passage of two landmark national laws: the Philippine Milk Code of 1986 (Executive Order 51) and the Rooming-in and Breastfeeding Act of 1992 (Republic Act 7600).

The World Health Organization (WHO) Region for the Western Pacific recently launched the First Embrace campaign highlighting simple steps that will save more than 50,000 newborn lives each year from unsafe practices in newborn care.²⁵ This intervention also traces its roots to the Philippines as the Unang Yakap campaign jointly supported by the Department of Health (DOH), WHO and UNICEF. One of its key interventions is ensuring breastfeeding initiation within the first hour of life, among others.

23 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.

24 S. Pincock: "Obituary Natividad Relucio Clavano" in *Lancet* (2007, Vol. 370), p. 1753.

25 WHO First Embrace campaign to save more than 50,000 newborn babies a year in the Region, WHO Western Pacific Region, 05 March 2015, <http://a.wpro.who.int/mediacentre/releases/2015/20150305/en/> [accessed 20 July 2015].

Key government agencies are enjoined by laws and policies to support breastfeeding.

Department of Health (DOH)

Expanded Breastfeeding Promotion Act of 2009 or Republic Act (RA) 10028

The DOH is mandated to lead a comprehensive national public education and awareness program on breastfeeding and provide leadership through technical standards and guidelines, capacity building, and development of key messages on infant and young child feeding.

DOH Health Human Resource Development Bureau (HHRDB) is mandated to develop and implement a capacity development plan for health workers and in coordination with the Civil Service Commission (CSC), to develop an orientation course on breastfeeding for government employees.²⁶

As workplaces, health facilities and DOH offices are expected to implement the workplace provisions of RA 10028. Gender and Development (GAD) funds²⁷ can be used for this purpose.

Philippine Milk Code of 1986 or Executive Order (EO) 51

DOH has the powers and function to call the assistance of government agencies and the private sector to ensure implementation and enforcement of, and strict compliance with, the provisions of EO 51.

Under the DOH, the **Food and Drug Administration (FDA)**, formerly the Bureau of Food and Drugs (BFAD), is the designated secretariat of the Inter-Agency Committee mandated to implement and monitor EO 51.²⁸



DID YOU KNOW?

*The **Commission on Population (PopCom)** is a DOH-attached agency tasked to lead, coordinate and monitor the population program.²⁹ Responsible Parenthood (RP), Reproductive Health (RH) and Family Planning (FP) are fundamental pillars of the country's population management program. The Commission's **Directional Plan of 2011–2015** lists breastfeeding as part of the comprehensive RP and RH care information and service.*

26 Section 25 RA 10028 Implementing Rules and Regulations (IRR)

27 Section 17 RA 10028

28 Section 38 Executive Order (EO) 51 Revised Implementing Rules and Regulations (RIRR)

29 *Commission on Population - Mandates and Functions*, PopCom, n.d., www.popcom.gov.ph/transparency-seal/agencyprofile/b-mandates-and-functions [accessed 25 July 2015].

Philippine Health Promotion Program through Healthy Places (PHPPP) (Administrative Order 341 Series of 1997)

The DOH is also the lead agency for the implementation of the PHPPP aiming to build health supportive environments through advocacy, networking and community action by engaging multiple government agencies and sectors.

Among the “healthy places” that should promote health messages are schools, workplaces, hospitals, hotels, vehicles and terminals, ports, restrooms, markets, eating places, prisons, homes, resorts, movie-houses, streets and *barangays*. Breastfeeding rates and nutrition status of children 0-5 months are among the health indicators identified.

Philippine Strategic Framework for Comprehensive Nutrition Implementation Plan 2014-2025

This framework incorporates essential nutrition actions translated into essential health and nutrition packages for each life stage. It identifies the Disease Prevention and Control Bureau (DPCB) - Women’s and Men’s Health Development Division (WMHDD) and Children’s Health Development Division (CHDD) as primarily responsible in the overall execution and adoption of the strategic plan. The Infant and Young Child Feeding programme is currently managed under the DPCB-CHDD.

Integrating nutrition-related programmes, the DOH encourages intra-collaboration between the DPCB and other DOH offices such as the Health Facilities and Development Bureau, Health Emergencies Management Bureau, with the support of the Health Promotion and Communication Service, Health Human Resource Development Bureau and the Bureau of Local Health and Development.

DPCB also coordinates with the **National Nutrition Council (NNC)**, a DOH-attached agency, and other stakeholders in planning, implementation, monitoring and evaluation of the plan. NNC ensures harmonization of protocols and guidelines related to the framework, among other functions.

Department of Labor and Employment (DOLE)

DOLE ensures compliance of establishments with all labour laws and other labour related issuances such as the provision of lactation support in the workplace.

The **Bureau of Working Conditions (BWC)** enforces labour laws which include general labour standards and occupational safety and health standards through sixteen administrative regions. Provision of lactation stations and periods are incorporated in the DOLE Labor Law Compliance Assessment Checklist, a tool used by Labor Law Compliance Officers during assessments visits to establishments to monitor and ensure compliance with general law standards.

The **Bureau of Workers with Special Concerns (BWSC)** focus on policy and program development for special groups of employees under the Labor Code such as women, children, domestic workers and other equally vulnerable groups of workers. Breastfeeding promotion in the workplace can be part of the **Family Welfare Program** advocacy through the Responsible Parenthood and Nutrition dimensions.



Department of Social Welfare and Development (DSWD)

According to **EO 51 Revised Implementing Rules and Regulation of 2006 (RIRR)**, the promotion, protection and support of breastfeeding and the proper implementation of the Philippine Milk Code shall be an integral part of all activities of DSWD.^{30,31}

In the context of disaster relief, EO 51 bans the donation of infant formula and related products. An opportunity to collaborate with the DOH is the alignment of camp management guidelines with *Infant and Young Child Feeding in Emergencies* principles, particularly in putting up mother-baby friendly spaces.

RA 10028 Implementing Rules and Regulations (IRR) enjoins the agency to support the national breastfeeding awareness programme through its relevant programs, services and projects and integrate breastfeeding principles as appropriate in program manuals.³² The **Family Development Sessions** provide opportunities to promote principles of breastfeeding in the workplace among its conditional cash transfer recipients.



³⁰ Section 8c EO 51 RIRR

³¹ This is discussed in greater detail in **MODULE 6**

³² Section 27 RA 10028 IRR

Department of the Interior and Local Government (DILG)

DILG Memorandum Circular No.2011-54 entitled *Implementation and Monitoring of the National Policy on Breastfeeding and Setting up of Workplace Lactation Program* enjoins all Local Chief Executives to implement RA 10028 and include this requirement as part of private companies' business permit requirement.



Department of Education (DepEd), Commission on Higher Education (CHED) and the Technical Education and Skills Development Authority (TESDA)

The promotion, protection and support of breastfeeding and the proper implementation of **EO 51** shall be an integral part of all activities of DepEd, CHED, TESDA and other such concerned agencies.³³ This is discussed in greater detail in [MODULE 6](#).



In compliance with EO 51, parent companies of infant formula and other products under the scope of the law are prohibited from providing incentives or gifts of any sort to the public, with or without company name or logo or brand name of product.



RA 10028 enjoins these agencies to integrate breastfeeding concepts and change of societal attitudes towards breastfeeding in the curriculum of private and public institutions at the elementary, high school and college levels, especially in medical education.³⁴



As workplaces, schools are also expected to implement the workplace provisions of RA 10028. For state universities and colleges and other government instrumentalities, GAD funds can be allocated for this purpose.³⁵

³³ Section 8c EO 51 RIRR

³⁴ Section 24b, 24c, and 24c RA 10028 IRR

³⁵ Section 17 RA 10028

Professional Regulation Commission (PRC)

The PRC implements policies on the regulation and licensing of various professions and occupations, including health professionals. One of the sanctions provided by EO 51 is the revocation of license of offending professionals, upon the recommendation of the DOH.³⁶

The PRC ensures the inclusion of breastfeeding and related concepts in professional licensure examinations. It is mandated to develop and implement sanction mechanisms for professionals violating RA 10028, and address complaints of patients, relatives and society on violations concerning breastfeeding-related issues.³⁷

Professional organizations are mandated by RA 10028 to incorporate provisions that promote, protect and support breastfeeding in their Code of Ethics.³⁸



Civil Service Commission (CSC)

Pursuant to the Magna Carta of Women (RA 9710) and the General Appropriations Act (GAA), all government departments and instrumentalities are mandated to formulate their annual GAD plans and budgets, allocating at least five per cent of their total budget to mainstream gender perspectives in policies, programmes and projects.³⁹

The **CSC** is the central personnel agency of the Philippine government and is mandated to enforce the provisions of pertinent laws, in this case the adoption of RA 10028 in all government workplaces. RA 10028 mandates that GAD funds are to be used for this purpose.⁴⁰



National Anti-Poverty Commission (NAPC)

NAPC enables the basic sectors to be involved in the crafting of policy proposals and formulation of strategies for specific projects on sectoral issues. It also acts as a liaison on their behalf for legislative issues with government. Among the sectors assisted by NAPC are workers in the informal economies, women and children.



³⁶ Section 13b EO 51

³⁷ Section 24c RA 10028 IRR

³⁸ Section 24h RA 10028 IRR

³⁹ Policy Guideline 2.3, Philippine Commission on Women (PCW), National Economic and Development Authority (NEDA) and Department of Budget and Management (DBM) Joint Circular 2012-01

⁴⁰ Section 17 RA 10028

The NAPC-Workers in the Informal Sector Council (NAPC-WISC) cooperated closely with the Alliance of Workers in the Informal Economy/Sector (ALLWIES), a workers group, for the legislative for the legislative agenda on workplace breastfeeding support and establishment of lactations stations.

Through the Nutrition Security and Maternity Protection through Exclusive and Continued Breastfeeding Promotion in the Workplace (NSMP) project, NAPC assisted in the development of breastfeeding in the workplace tools for informal workers groups and local government units, listed in **Tool #8**.

Philippine Information Agency (PIA)

The mandates and functions of PIA are clearly focused on public information dissemination to provide access to accurate, timely and relevant information to help people improve their quality of life. It also provides technical assistance to other government agencies regarding the communications component of their programmes through multi-media strategies.⁴¹

The PIA can help raise awareness on breastfeeding in the workplace and the policies that protect it.

While any time of the year is a good time to promote breastfeeding, the following can provide timely opportunities for breastfeeding promotion:

1. Presidential Decree 491 declares July as “Nutrition Month”
2. RA 10028 declares August as “Breastfeeding Awareness Month”
3. Proclamation No. 227 designates March as “National Women’s Month”.

Movie and Television Review and Classification Board (MTRCB)

Presidential Decree No. 1986 series of 1985 created the Movie and Television Review and Classification Board (MTRCB), giving it the power to screen, review and examine all motion pictures, television programs, including publicity materials such as advertisements, trailers and stills. It has the power to approve or disapprove objectionable portions that are, among others contrary to law, in this case EO 51 and RA 10028.⁴²

One of its mandates is to promote and protect the family, the youth, the disabled, and other vulnerable sectors of society in the context of media and entertainment.⁴³



⁴¹ *Mandate*, Philippine Information Agency, n.d., newsdesk.pia.gov.ph/files/aboutpia.pdf [accessed 17 July 2015].

⁴² Presidential Decree No. 1986 series of 1985 Creating the Movie and Television Review and Classification Board.

⁴³ *Movie and Television Review and Classification Board Mandate*, MTRCB, n.d., www.mtrcb.gov.ph/transparency/mandateand-functions.html [accessed 17 July 2015].

Social partners are important players for breastfeeding promotion, protection and support.

Health Workers (including Associations and Societies)



"[H]ealth workers are the ideal conduit for promoting company products. They engender public trust and respect and have easy access to virtually all new mothers and babies. The 'halo effect' of having mothers associate the company brand with a health worker, be this a personal recommendation or simply a logo on a pen, is highly valued."

A guide for health workers to working within
the International Code of Marketing of Breastmilk Substitutes
UNICEF United Kingdom 2013



Health workers are central to breastfeeding promotion. Actively involving organizations in the promotion of policies and upholding of regulations in infant feeding is important. Members of these groups are often targets of unethical marketing practices of milk companies.

Like all commercial companies, the bottom line of milk companies is profit. Each formula milk sale corresponds to a mother who stopped breastfeeding or a baby who is not exclusively breastfed. Conversely, each successful breastfeeding mother is one potential long term consumer lost. The goal of optimal infant feeding will always be in conflict with the goal of milk companies.

Since the passage of EO 51, some companies started to take on more sophisticated approaches. While the law prohibits milk companies from providing assistance to health workers, some companies may continue offering assistance that is not infant feeding in nature. They may sponsor non-related topics like allergy or specific diseases. Some companies may even go to as far as funding a third party to provide trainings for health workers, including midwives. These activities provide the 'halo effect' to boost company image, with unsuspecting institutions/societies/experts lending credibility and influence to benefit the company.

WHO ARE HEALTH WORKERS?

A health worker means a person working in a component of such health care system, whether professional or non-professional, including volunteer workers. It also includes health workers in private practice. Community volunteers involved in health and nutrition promotion and education shall likewise be covered.⁴⁴

⁴⁴ Section 5m R.I.R.R.

Recognizing what forms this marketing can take is important for any health worker desiring to work within the bounds of the law for their best interest, and those who want to help mothers and babies succeed in breastfeeding.

Professional organizations are mandated by RA 10028 to incorporate provisions that promote, protect and support breastfeeding in their Code of Ethics.⁴⁵ They can also be encouraged to implement regulatory measures within their organizations and among their members.

Key organizations include, but are not limited to the following:

- Professional societies such as the Philippine Medical Association (PMA) and its specialty organizations: Philippine Pediatric Society (PPS) and its subspecialty societies, the Philippine Obstetrical and Gynecological Society (POGS), the Philippine Academy of Family Physicians (PAFP)
- The Philippine College of Occupational Medicine (PCOM) may also find opportunity in promoting competencies on lactation management to address the specific needs of working mothers
- The Association of Municipal Health Officers in the Philippines (AMHOP), as the umbrella organization of local government unit health officers
- Philippines Nurses Association (PNA) and its specialty organization Mother and Child Nurses Association of the Philippines (MCNAP)
- The Integrated Midwives Association of the Philippines (IMAP)
- The Philippine Association of Nutrition (PAN), and other nutrition bodies in the country including the Department of Science and Technology Food and Nutrition Research Institute (DOST-FNRI), and the Nutritionist-Dietician Association of the Philippines (NDAP)

"It is the primary responsibility of the health workers to promote, protect and support breastfeeding and appropriate infant and young child feeding. Part of this responsibility is to continuously update their knowledge and skills on breastfeeding. No assistance, support, logistics or training from milk companies is permitted."
Section 32 EO 51 RIRR

⁴⁵ Section 24b RA 10028/IRRC.

Employers' Organizations, Private Companies or Firms



Employers benefit from having the best possible workforce. There is an interconnection between an employee's productivity, health and work-life balance. Employers' organizations can promote best practices in the workplace within the wider business community.

Employers are in a position of power and leadership to implement policies on maternal protection and breastfeeding support. As an example, through its Corporate Social Responsibility (CSR) arm, the Employers Confederation of the Philippines (ECOP) was already implementing programs on work-life balance through women-friendly corporate policies that focused on breastfeeding in the workplace, even before the passage of RA 10028.⁴⁶

Trade Unions and Workers Associations



Trade unions are vital in raising awareness and improving maternity protection in the workplace and beyond. They can gather information from their members about their concerns and experiences and share this information with the workforce, the wider labour movement, concerned government agencies, as well as with employers' organizations.

Trade unions can also negotiate with employers on the creation of workplace policy, take part in its implementation and help in its monitoring and evaluation. With their reach, they can press for improvements in the implementation of RA 10028.

The following trade unions and workers' associations have been active in implementing Breastfeeding in the Workplace initiatives: Trade Union Congress of the Philippines (TUCP), Federation of Free Workers (FFW), and ALLWIES.

Academe and Academic Organizations



The academe is to implement issuances on the integration of breastfeeding concepts in the curricula. Academic organizations are mandated to protect, promote and support breastfeeding through advocacy in organizational activities, forum and conventions among its members, recognition of supportive institutions through awards and incentives and encouragement of relevant breastfeeding research among its members.⁴⁷

Assistance for research and clinical trials given by manufacturers and distributors of EO 51 covered products (i.e. milk formula, bottles and teats) are allowed only upon the approval by an ethics committee led by DOH. The DOH shall ensure that research conducted related to infant and young child feeding should be free from any actual or potential conflict of interest with the company/person funding the research.⁴⁸

⁴⁶ Employers Confederation of the Philippines: *Nutrition Security and Maternity Protection through Exclusive and Continued Breastfeeding Promotion in the Workplace* NSMP Project Final Report. (October 15, 2014).

⁴⁷ Section 24f and 24 g RA 10028 IRR.

⁴⁸ Section 9 EO 51 RIRR.

Socio-Civic Organizations



Socio-civic organizations are mandated by RA 10028 to incorporate provisions that promote, protect and support breastfeeding in their Code of Ethics.⁴⁹

Strategic advocates for breastfeeding protection, promotion and support would be various women and child welfare groups.⁵⁰ Some examples of local organizations with work focused on nutrition, breastfeeding support and/or maternal/child support are as follows: Philippine Coalition of Advocates for Nutrition Security (PhilCAN); Arugaan; Beauty, Brains and Breastfeeding (BBB); Lactation, Attachment, Training, Counselling, Help (LATCH); WomanHealth; Kalusugan ng Mag-ina, Inc. (KMI); Association for the Rights of Children in Southeast Asia (ARCSEA); Health Organization for Mindanao (HOM).

Advertising Industry



The Philippines' advertising industry is self-regulating through the **Advertising Standards Council (ASC)** – the body in-charge of screening and regulating content of advertising materials across all media.

Products, brands, services covered by EO 51 are subject to pre-screening. ASC's Code of Ethics states that “advertisements of infant formula, complementary food, feeding bottles, and teats must comply with the Milk Code of the Philippines and its Implementing Rules and Regulations”.⁵¹

The scope of their regulation includes all broadcast materials (on television, cable, radio, whether national or local), cinema ads, out-of-home advertising media (e.g. billboards, LED, street furniture or fixtures and street marketing demos), print ads (broadsheets, tabloids magazines), merchandising (such as banners, standees), point-of-sale or point-of-purchase materials, and internet and mobile advertisements.

International Agencies



These include United Nations attached agencies such as the United Nations Children's Fund (UNICEF), World Health Organization (WHO), and International Labour Organization (ILO) and development partners such as Action Against Hunger (ACF), Save the Children (SCI), and World Vision (WVI).

⁴⁹ Section 24h RA 10028 IRR.

⁵⁰ The Philippine Commission on Women has an extensive list of NGOs found in this link: <http://pcw.gov.ph/directory-ngos>

⁵¹ *Code of Ethics Article 8, Section 3*, Advertising Standards Council, n.d., <http://www.asc.com.ph/our-standards/code-ofethics/special-product-services> [accessed 17 July 2015].

Champions at the local government and communities can be engaged.



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At the community level, above mentioned actors can be engaged through regional or local counterparts or initiatives. As applicable at the provincial, city/municipal/barangay levels, the following groups or actors are among those who can effectively advocate for breastfeeding in the workplace:

- Local Chief Executive
- Focal persons of related standing committees in the *Sanggunian* (e.g. Committee on Health, Human Resource Development, Women and Family, Gender)
- Health Officer
- Nutrition Officer
- Human Resource Development Officer
- Gender and Development focal point
- Social Welfare and Development Officer
- Budget Officer

THE LOCAL HEALTH BOARD

*This group proposes programs and projects in support of the overall health thrust of the national government; it also proposes the annual budgetary allocation for the operation and maintenance of health facilities and services in the locality.
Ask if this group is active in your area.*

Policies may not be enough: finding partners within the workplace.

While formal policies are important in establishing guidelines and expectations for workplace breastfeeding support, a recent study found that interpersonal communication is as important as written communication in enacting these policies at the workplace level. Open communication is the context where such policies are explained, negotiated and implemented.⁵²

⁵² J. Anderson et al.: "Policies aren't enough. The importance of interpersonal communication about workplace breastfeeding support" in *Journal of Human Lactation* (2015, Vol. 31, No. 2), pp. 260-266.

The advocacy can be lodged through (but not limited to) the following channels:

- Employer/Supervisor/Human Resource Department
- Family Welfare Committee
- Labour Management Committee
- Employees/Workers Groups

It is also good to seek out mothers and individuals who share concerns regarding breastfeeding in the workplace. **MODULE 4** can provide guidance for the initiation of a Workplace Lactation Programme.



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Who will advocate for women in micro enterprises and the informal economy?

DID YOU KNOW?

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.⁵³

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 hotel/restaurant industries.⁵⁴

Workers in the informal economy as defined under the Magna Carta of Women Act of 2009 (RA 9710) refer to “self-employed, occasionally or personally hired, subcontracted, paid and unpaid family workers in household incorporated and unincorporated enterprises, including home workers, micro-entrepreneurs and producers, and operators of sari-sari stores and all other categories who suffer from violation of workers’ rights”.

Women in informal and atypical work settings lack access to maternity protection because they are not covered under the scope of existing policies applicable to those with formal employer–employee relationship. As such, the local government unit (LGU) can see to it that their needs are addressed through policy frameworks and direct interventions. **MODULE 5** provides inspiration on how this can be accomplished by the LGU in partnership with organized workers in the informal economy.

⁵³ Senate Economic Planning Office: *The micro, small and medium enterprises (MSMEs) sector at a glance* (March 2012).

⁵⁴ *Ibid.*

Key Points



With the economic and health costs at stake, the need for maternity protection in the workplace through breastfeeding support is difficult to ignore.



The Philippines has a policy-rich environment. The creation of breastfeeding-friendly workplaces provides opportunities of collaboration at all levels of society, ensuring sustainability and impact. Implementation needs to be carried out at various levels.



Advocacy brings about change in the policies, laws and practices of influential individuals, groups and institutions. It moves people and organizations towards a shared goal. In this case, the goal is to improve breastfeeding rates in every community to ensure a better future for the country.



EO 51 and RA 10028 mandate different sectors of society to protect, promote and support breastfeeding through awareness raising, provision of direct services, and regulation of unethical marketing practices that undermine breastfeeding.



While formal policies are important, non-confrontational and open communication provides a safe context where policies can be explained and negotiated in order to implement workplace breastfeeding support.



The LGU can see to it that the needs of women in informal and atypical work settings are addressed through policy frameworks and direct interventions that promote breastfeeding in the workplace.





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