

Promoting Breastfeeding: The Need for Longer Maternity Leave for Female Worker

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ABSTRACT

Breastfeeding provides health benefits which are vital and significant not only during the period of breastfeeding but extend throughout the life of a human. It offers benefits both to mother and baby. As suggested by many key medical organization, babies should be breastfed exclusively through the first six months of life. Having acknowledged for importance of breastfeeding, Malaysia has come out with National Breastfeeding Policy in 1993 (revised 2005). However, the maternity leave for working mothers for public sector does not support the National Breastfeeding Policy. This paper aims to examine the given rights under the government service circular 2010; Vol. 14 and compare with the National Breastfeeding Policy. This paper also means to discuss the duration of the paid maternity leave then recommend a better policy, which supports breastfeeding among working mothers according to the National Breastfeeding Policy with special reference to International Labour Organization Convention No. 183.

KEYWORDS: Breastfeeding, Maternity Leave, Female Worker.

INTRODUCTION

The essence to protect and support breastfeeding among female workers in the labour force needs greater consideration and seen as an important global issue. The government of Malaysia has highlighted the significant of breastfeeding and infant nutrition. Thus, in accordance with the World Health Assembly Resolution 54.2 (2001), the National Breastfeeding Policy was formulated in 1993 and revised in 2005. The NBP can be found in the Malaysian Dietary Guidelines in Key Message 12 [8]. It was recommended that exclusive breastfeeding for the first six months and continued up to two years of age and beyond with the acceptable and safe complementary foods. Even with this recommendation, only 43.8% babies breastfed exclusively for the first six months [9]. The understanding towards factors that influence exclusive breastfeeding is important for mothers to be able to exclusively breastfeed to six months as recommended. With the increasing female workers contributed to the overall labour force participation rate in Malaysia, many working mothers lack experience, role models and social support for breastfeeding. Hence, increase in challenges to successful breastfeeding will occur when a woman is employed outside the home. Exclusive breastfeeding often turn out to be more challenging if the mother returns to work outside the home when the infant is young, because of the environmental separation between the mother and infant as well as more maternal time boundaries.

The success of exclusive breastfeeding among employed mother can be realized through breastfeeding support programs. One important support that most women lack is paid maternity leave. A study conducted by [14] in Turkey reveals that longer maternity leave and improved breastfeeding environments at work should be taken into consideration to encourage breastfeeding women who work outside home. As mentioned by [4] the length of maternity leave affects the duration of breastfeeding. It is very unlikely that woman will initiate breastfeeding if she has given a short or no maternity leave. The Malaysian Employment Act 1955 Act [6] provides entitlement to mothers for at least 60 consecutive days of maternity leave with full pay. The Act is applicable to employees in both public and private sectors. Private sectors however may have their own policy following the Act, whilst the public sector is governed by the government service circular vol. 14 [7]. Even the circular provides not more than 90 days of paid maternity leave; it states the right for maternity leave, whether fully paid, partly paid or unpaid, the public servant may opt between 60 days through 90 days at one time.

The provision enunciated by the circular clearly does not support the National Breastfeeding Policy. Hence, this paper aims to examine the given rights under the government service circular of 2010; vol. 14 and compare with the National Breastfeeding Policy and at the same time recommend a better policy to substantiate breastfeeding among working mothers.

LITERATURE REVIEW

Government Circular Vol. 14 Year 2010

It should be noted that government servant of all departments including teachers are bound by the circular. However, this paper will only look at the definition or interpretation of terms concerning public servants except teachers. Below are several definitions:

- Maternity leave means “leave given to women officer for preparation of giving birth or for recovery from giving birth”
- Fully paid maternity leave means “fully paid emolument for the purpose of recovery from giving birth according to entitlement as prescribed”
- Partly paid maternity leave means “emolument half paid and only eligible for teachers within 14 days during the school session”
- Unpaid maternity leave means “no emolument paid to officers that has utilised her fully paid entitlement and partly paid entitlement”
- Officer refers to “woman officer working in the public sector serving permanently, by contract or part-time basis”

Based on the above interpretations, women officers are entitled to fully paid and unpaid maternity leave, but not partly paid maternity leave as it is only available to teachers. The circular provides 300 days for the maternity leave entitlement of a woman officer throughout her period of service. Having such entitlement, the officer is given flexibility to opt between 60 days through 90 days of maternity leave for each birth. The circular also provides the period of maternity leave runs from the day of the birth of a child or earlier date within the expected due date of the birth.

Paragraph 7.1 of the circular provides that for a woman officer who has not more than 90 days paid maternity leave, the officer is required to utilise the fully paid maternity leave and subsequently take the annual leave. If the annual leave is not sufficient, to apply for unpaid maternity leave or compassionate leave for the purpose of nurturing her child as provided by the Service Circular Vol. 15 2007.

Paragraph 8.1 of the Circular further provides that for a woman officer who has utilised the 300 days maternity leave entitlement, she is required to apply for firstly, annual leave entitlement of that particular year from the date of birth and secondly, to apply for unpaid maternity leave or to apply for compassionate leave for the purpose of nurturing child as per the Service Circular Vol. 15 2007. However, the rights for compassionate leave are not applicable to women officer employed under contract basis and the contract shall be terminated should she wishes to do so. Besides that, the circular also provides in Paragraph 11 that medical leave is applicable to any other type of diseases except giving birth.

Based on the above, a woman officer has to plan the number of children she wishes to bear, to be able to plan for a suitable paid maternity leave. If the 300 days paid maternity leave is fully utilised, the woman officer has no choice except to apply for unpaid maternity leave and if she wishes to continue breastfeeding her child, she is also entitled to apply for unpaid compassionate leave for the purpose of breastfeeding. The entitlement for compassionate leave is given for 1,825 days or 5 years. Unpaid compassionate leave can also be applied if the woman officer has utilised her 300 days paid maternity leave.

Breastfeeding Benefits Emulated by the National Breastfeeding Policy

The National Breastfeeding Policy enlighten abundance significant of breastfeeding both to infants and mothers. According to the Policy, breastfeeding enumerates health benefits during infancy and long term benefit surpassed the childhood period. In [2] mentioned that children who were breastfed during the first year of life were significantly better off than their bottle-fed counterparts. There is a strong connection between breastfeeding and child health which includes impact behavioural outcomes in childhood such as hyperactive, secure parental attachment and compliance. According to [13], breastfed babies possessed lower risk of sudden infant death syndrome, respiratory infections, otitis media, asthma, leukaemia and oral health problem. The breastfed children also have lower risk of type 1 and type 2 diabetes, overweight or obesity when they grow up. Besides that, in [3] found that breastfeeding is also associated with brain development of the babies and infants as well as increase in performance and intelligence of the children due to higher nutrients such as DHA and AA in breast milk. This finding is supported by latest research by [13] which found the higher performance and intelligence quotient (IQ) does not only found in breastfed children, it also affects adults whom were breastfed during infancy. Moreover, mothers who practice breastfeeding also enjoyed numerous benefit such as lactational amenorrhea, reduce the risk of type 2 diabetes, breast and ovarian cancer and osteoporosis. One of the significant of breastfeeding is its economic implications. In [10] found that breastfeeding practice for more than six months reduces medical and treatment costs arising from lower child morbidity. Furthermore, breastfeeding also affects environment and gives impact towards environmental costs. In [10] also believed breastfeeding encapsulates natural and renewable food thus it is environmentally safe, in term of production as well as

delivery without pollution, unnecessary packaging or waste as compared to formula milks which need energy to manufacture, materials for packaging, fuel for transport distributions and many more.

Factors Determining Exclusive Breastfeeding among Working Mothers

In Malaysia, the practice of breastfeeding was first assessed by the Second National and Health Morbidity Survey (NHMS II) 1996 using the indicators recommended by the WHO. This effort continued until the Third National and Health Morbidity Survey, NHMS III 2006. Comparing the two surveys, the prevalence of exclusive breastfeeding dwindled in 2006 and results showed an increment of predominant feeding involving infants below 4 months of age. The benefits of exclusive breastfeeding has been studied by various research including lower risks of pneumonia, diarrheal diseases, otitis media, asthma and other atopic conditions, as well as prevention of obesity and other chronic diseases in later childhood and adolescence [12]. Among different benefits, breastfed mothers had lower risk of breast cancer [1].

According to [11], there are several factors which influence exclusive breastfeeding, its initiation and duration among mothers in Malaysia. In [11] further stated that the determining factors to be divided into 4; socio-demographic factors, biosocial factors, cultural factors and employment policies. Work-related issue has been noted as a major reason for non-breastfeeding. Therefore, for the purpose of this paper was to explore into employment factors alone.

Returning back to work after confinement period is a vital component that may influence the practice of exclusive breastfeeding. In Malaysia, about half of the women in the age range of 15-64 years were employed and they have to return to work, usually after a maximum confinement period of 3 months [5]. Working mothers who leave their infants with a nursery near to their workplaces could breastfeed their babies in the middle of their working time. However, not all women are sufficiently blessed to have these facilities or alternatives accessible to them. For these women, they have to express their breast milk regularly, store it and permit others to give the expressed breast milk to their infants while they are at work [12].

DISCUSSION

Maternity protection worldwide can be found through International Labour Organisation Convention 103 Maternity Protection Convention (Revised) 1952, which was later replaced by International Labour Organisation Convention 183 Maternity Protection Convention 2000. Article 4 provides a period of not less than 14 weeks maternity leaves entitlement to a woman in which her country ratifies the Convention with the inclusion of compulsory 6 weeks leave be given after a child birth.

Article 10 further provides that a breastfeeding woman shall be given right of one or more daily breaks or a daily reduction of hours of work for the purpose of breastfeeding her child. However, the Convention gives freedom to each member countries to draft its own national law or policy for implementation and there shall not be any diminution of wages for each break or reduction of working hours of the breastfeeding woman.

In interpreting the wordings of Article 4 above, the World Alliance for Breastfeeding Action (WABA) recommended a period of 18 weeks be given as maternity leave by the member countries. Malaysia has yet to ratify the above convention. However, it cannot be said that our government are not concern with the maternity protection. Since early 1990s, the government has played a remarkable role in establishing a well-balanced society in spite of striving for economic achievement towards becoming a developed nation by 2020.

Our government's concern on the health benefits of the infants is renowned and undoubtedly evidenced through the materialisation of the NBP as well as the implementation of the Baby Friendly Hospital Initiative which began back in 1992. However, with the current Government Circular Vol. 14 which provides 60 through 90 days maternity leave for each birth and limited to 300 days throughout the service term, the noble intention and effort of the government and its workforce may not be completely achieved. 60 days are equivalent to 8.5 weeks and 90 days are equivalent to more or less 12 to 13 weeks.

As evidenced in the researches above, inadequacy of the maternity leave may result in the mothers not to continue breastfeeding their child. It is also not practical for mothers to take unpaid compassionate leave, especially for dual-income family. If mothers are given longer paid leave to breastfeed, it will also bring about long term benefits which include a more productive nation through healthier and smarter babies. As mentioned above, when the babies are healthy, the mothers will not have to be absent from work often and consequently the productivity of the mothers will also increase.

CONCLUSION AND RECOMMENDATIONS

In light of the above discussion, it is suggested that an amendment to the current circular can be made to provide longer paid maternity leave. In order to match the WHO recommendation of 6 months exclusive breastfeeding, an extended maternity leave to at least 6 months should be proposed. Longer maternity leave may increase the proportion of mothers who plan to breastfeed exclusively without the need to anticipate

discontinuation after returning to work. Since the proposed leave is adequate to assist exclusive breastfeeding for the first 6 months of a child's life, the mother need not worry about not being provided adequate facility to continue breastfeeding. This would later lead to the child having an optimum health and the mother being more productive when she returns to work. On the employers' part, they need not worry about providing breastfeeding facilities and the number of mothers taking break to express milk during work time may be reduced.

Secondly, in the affirmation of the above resolution, an amendment to the current allocated maternity leave throughout the period of service from 300 days to 600 days to facilitate breastfeeding is accordingly necessary.

Thirdly, as an alternative resolution, an amendment to the current circular should include partly paid compassionate leave as an option to the mothers. This is a special leave given to the mothers for the purpose of breastfeeding her infant up to 3 months or 90 days in concurrent with the existing 90 days paid maternity leave. Hence, the mothers would have an option to continue breastfeeding by way of taking partly paid compassionate leave or return to work after the expiration of 90 days maternity leave. The current unpaid compassionate leave provided by the circular is not realistic especially to dual-income families.

Fourthly, it is therefore proposed that an amendment to the current circular be made by way of insertion of a new clause regarding partly paid compassionate leave for the purpose of breastfeeding only.

Last but not least, in the affirmation of any of the above resolutions, it is hereby recommended that Malaysia affirms and ratifies Convention No 183 as our policy would be in conformity with the spirit of the Convention.

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