Andes Pediatrica
Revista Chilena de Pediatría
www.scielo.cl

Andes pediatr. 2021;92(4):534-540
DOI: 10.32641/andespediatr.v92i4.3350

ORIGINAL ARTICLE

Maternal leave extension effect on breastfeeding according to poverty, Chile 2008-2018

Efecto de la extensión de licencia maternal en la lactancia materna según pobreza en Chile 2008-2018

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Received: October 1, 2020; Approved: January 16, 2021

What do we know about the subject matter of this study?

In Chile, in 2011, was implemented the law extending the postnatal period from 12 to 24 weeks, which has led to an increase in the prevalence of exclusive breastfeeding at six months of life.

What does this study contribute to what is already known?

The increase in the prevalence of exclusive breastfeeding at six months of life is greater in the lower poverty group; however, the higher poverty group maintains higher prevalences compared with the other groups at the end of the period.

Abstract

In Chile in 2011, the postnatal leave was extended from 12 to 24 weeks. **Objective:** To determine the effects of the extension of maternity leave on the prevalence of breastfeeding in Chile according to poverty groups. **Methods:** Ecological study on the annual prevalence of exclusive breastfeeding at 1st month (EBF1m) and 6th month (EBF6m), and supplemented at 12th month (BF12m) in the public health system between 2008 and 2018, based on the monthly statistical records of primary care. The prevalence was calculated nationally and by region groups according to the poverty level reported by the National Socioeconomic Characterization Survey (CASEN). The variation in the time trend was determined through segmented Poisson regression models (joinpoint), estimating the Annual Percentage Change (APC). **Results:** Nationally, since 2011, the prevalence of EBF6m and BF12m increased annually by 5.9% and 4.2%, reaching 58.9% and 40.2% in 2018, respectively. This pattern is repeated in the different regional poverty groups, showing a higher prevalence in the poorest group, reaching 61.7% at EBF6m and 51.6% at BF12m in 2018. The EBF1m decreased annually by 1.7% between 2008 and 2014 and then remained without changes, reaching 74.7% in 2018. **Conclusions:** The EBF6m prevalence increased significantly since 2011 due to the extension of the maternity leave. This effect occurs in all regional groups of poverty, narrowing the differences in prevalence.

Keywords:
Breastfeeding;
Prevalence;
Maternity Leave;
Poverty;
Chile

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How to cite this article: Andes pediatr. 2021;92(4):534-540. DOI: 10.32641/andespediatr.v92i4.3350

Introduction

Since 1990, Chile has implemented as part of its public policies the creation of the *Hospital Amigo del Niño y la Madre*, the *Chile Crece Contigo* Program (Law 20.379), and the modification of Decree No. 977 of the Health Code banning the advertising of breast milk substitutes in 2017, among other activities aimed at promoting breastfeeding[1]. In 2011, following recommendation 191 of the International Labor Organization (ILO)[2], Chile enacted Law 20.545, which extends maternity leave (12 weeks) by 12 weeks, resulting in 24 weeks of postnatal leave.

A previous study that evaluated the effect of extending maternity leave on exclusive breastfeeding at six months of age in Chile showed an increase of 3.6% in the period 2011-2013. To date, the effect divided by regional poverty levels has not been studied, although evidence has shown that breastfeeding represents a problem of health inequity since populations with lower socioeconomic and educational levels tend to be less likely to breastfeed and/or initiate breastfeeding in the first hours of life of the newborn compared with their peers with better socioeconomic and educational levels[4,5]. However, once breastfeeding is initiated, the populations of lower socioeconomic status show a higher prevalence of breastfeeding at all ages[4,6].

This inequity has been associated with sex, as it is women who bear a high burden of poverty worldwide and at the same time, women of low socioeconomic status have less formal and informal support to initiate breastfeeding, in addition to higher workloads related to childcare and a higher level of misinformation on the subject[7,8].

It has been observed that children who are not breastfed are at higher risk of mortality and more visits due to respiratory and gastrointestinal diseases, in addition to a higher prevalence of teeth malocclusions and the probability of being overweight and obese in adulthood[9-15]. In the mother, not breastfeeding her child has been associated with breast cancer, ovarian cancer, type 2 diabetes mellitus, and osteoporosis[16,17]. This is especially important, considering that these diseases are among the main causes of morbidity and mortality in Chilean women[18]. Therefore, breastfeeding is one of the most cost-effective health interventions, protecting the health of both mother and child[4].

The World Health Organization (WHO) recommends initiating exclusive breastfeeding (EBF) within the first hours of life up to 6 months, and then complemented with solid foods up to 2 years of age or more[19,20]. However, worldwide, only 38% of children under 6 months are exclusively breastfed[21].

The objective of this research is to analyze the effect of the implementation of the law that extends maternity leave from 12 to 24 weeks on exclusive breastfeeding at six months and complemented at 20 months, divided by poverty level.

Methods

Observational ecological study to determine the trend in the prevalence of breastfeeding at 1, 6, and 12 months of life in Chile between 2008 and 2018. The prevalence of EBF at 1 month (EBF1m) and 6 months (EBF6m) and complemented BF at 12 months (BF12m) was estimated in children seen at the public health service, defining EBF as when the child is breastfed only with breast milk, without receiving any other type of milk substitute or food, and complemented BF as when the child receives breastfeeding in addition to other solid and/or liquid foods.

The prevalence of EBF1m, EBF6m, and BF12m was calculated using as a numerator the number of breastfed children and as denominator the number of children seen at the Chilean public health system, according to the region. These data were obtained from the Monthly Statistical Register (REM) issued in the public health care network and available at the Department of Health Information and Statistics (DEIS). This register contains breastfeeding information self-reported by the mother to health professionals while performing the well-baby check-up at 1, 6, and 12 months of life. The monthly records were consolidated to obtain annual breastfeeding figures at the national level and by region for each year of the study. The regionalization decreed in 2007 was used, which divides Chile into 15 regions (Laws 20.174 and 20.175).

In order to describe possible differences according to the level of poverty in the country, all the regions were grouped into 4 poverty groups using the following methodology: For each region, the average incidence of people living in poverty was calculated according to income level, as reported by the National Socioeconomic Characterization Surveys (CASEN) of 2009, 2011, 2013, 2015 and 2017[22]. Then, the 25th, 50th, and 75th percentiles of the average poverty incidence by region were estimated in order to create 4 groups, which were classified as follows: Group 1 (least poor), regions of Magallanes and the Chilean Antarctica, Antofagasta, Aysén, and the Metropolitan region; Group 2, regions of Atacama, Tarapacá, Arica and Parinacota, and Valparaíso; Group 3, regions of O'Higgins, Coquimbo, Los Lagos, and Biobío; and Group 4 (poorest), regions of Los Ríos, Maule, and La Araucanía.

Segmented Poisson regression models were used to estimate the annual percentage change (APC) in breastfeeding prevalence for the study period, along with their 95% confidence intervals, and $p < 0.05$ con-

sidered statistically significant. Analyses were performed for each month of breastfeeding evaluated, both at the country level and by regional poverty group. The analyses were performed using the Joinpoint Regression Program 4.8.0.1 software.

Results

The prevalence of EBF1m in the population seen at the public health system was 82.9% in 2008, progressively decreasing to 73.6% in 2017, with a slight rise in 2018. This pattern is similar in the different regional poverty groups, highlighting that the group with higher poverty presents a higher prevalence of EBF1m than the other groups in all study years (Table 1).

Nationally, the prevalence of EBF6m was 49.1% in 2008, which decreased by 41.1% in 2011. From this year onwards, a progressive increase was observed, reaching 58.9% in 2018. During the entire period, the highest prevalence figures were presented by the highest poverty group and the lowest figures by the lowest regional poverty group. The difference between these two groups reached 11.2 percentage points in 2008, decreasing to 3.8 in 2018 (Table 1).

The prevalence of BF12m at the national level presented a decrease from 39.3% in 2008 to 29.8% in 2011. From this date, the figures increase reaching 40% in 2017 and 2018. This decrease and subsequent increase throughout the period are evident in all regional poverty groups, although those with higher poverty present a higher prevalence of BF12m than groups with lower regional poverty, reaching 42.1% in Group 3 and 51.6% in Group 4 during 2018 (Table 1).

EBF6m and BF12m show a significant increase from 2011 onwards. In the case of EBF6m prevalence, it presented an increasing trend by 5.9% per year (95%CI: 3.9 – 8.0) since 2011, while BF12m, this increase was 4.2% per year (95%CI: 1.4 – 7.0). In both cases, between 2008 and 2011, the trend did not show significant changes (PCA: -5.9; 95%CI: -13.2 – 2.1 for EBF6m and PCA: -8.7; 95%CI: -17.4 – 1.0 for BF12m). In contrast, EBF1m presented a decrease of 1.7% per year between 2008 and 2014 (PCA: -1.7; 95%CI: -2.3 – -1.2), with no significant variations between 2014 and 2018 (PCA: 0.1; 95%CI: -1.3 – 1.5) (Figure 1).

According to the regional poverty group, the prevalence of EBF6m showed a significant upward trend since 2010 in Group 1, 2011 in Group 3, and 2012 in Groups 2 and 4. Although there are differences in the point values of PCA, based on the magnitude of the confidence intervals, it is not possible to state that there are significant differences between the different groups (Table 2).

The prevalence of BF12m presented an increase in Groups 2 and 4 since 2011 and in Group 3 since 2012, with no differences in the magnitude of change among these three groups. The lowest poverty group (Group 1) did not present significant variations in BF12m prevalence during the period (PCA: 2.0; 95%CI: 0.0-4.0) (Table 2).

In contrast, the prevalence of EBF1m in the highest poverty group (group 4) presented a significant decrease of 1.2% per year (95%CI: -1.6 – -0.7) during the period studied. In the other poverty groups, a decrease in the prevalence of EBF1m was also observed, but not during the entire period; Group 1 decreased until 2015, Group 2 until 2014, and Group 3 until 2012. There were no significant differences in the magnitude of PCA between the different groups (Table 2).

Discussion

Since 2011, the prevalence of EBF at 6 months has increased at the country level, in all regional poverty groups. Considering the temporality, it is highly probable that these findings are related to the enactment of the postnatal maternal leave law. The implementation of this law allows mothers to remain with their children for a longer period while receiving paid leave, which is in line with international agreements that protect the health of the mother and child, since returning to work is one of the main factors causing the discontinuation of breastfeeding[23-26].

It is estimated that in 2019, 44% of children under 6 months received EBF worldwide and that in Latin America this figure reached 33%, with Peru standing out with the highest prevalence (69.8%)[27]. Considering this scenario, Chile in 2018 is almost 15 percentage points above the global estimate.

At the end of the period, there was a gap in the prevalence of EBF6m of almost 4 percentage points between the highest and lowest poverty groups, which reached almost 15 percentage points in the prevalence of BF12m. This could be related to the effect that the extension of the postnatal period has on breastfeeding in high socioeconomic levels, considering that the law benefits formal working mothers.

In Chile, women's employment is directly proportional to their years of schooling, with only 31.2% of women with primary education having a job, compared with 87% of women with a postgraduate degree, and regarding employment formality, 35.5% of women are informal workers, i.e., workers with no contract or self-employed without current social security contributions[28,29].

Although the WHO recommends the extension of maternity leave as a mechanism to promote breastfeeding, the evidence has not shown a direct relationship

Table 1. Annual prevalence of exclusive breastfeeding 1th and 6th month and breastfeeding at 12th months in Chile according to regional poverty, 2008-2018.

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Prevalence of exclusive breastfeeding at 1th month (EBF1m) (%)											
Group 1	81.3	79.3	77.7	77.0	76.5	75.8	72.8	72.6	72.8	72.9	73.6
Group 2	80.0	79.2	77.8	75.1	73.6	73.8	71.8	72.9	74.3	73.1	74.7
Group 3	85.6	80.4	79.0	77.4	75.6	75.5	73.7	74.0	73.1	73.9	74.9
Group 4	86.3	83.0	78.6	81.1	80.0	79.6	79.1	78.0	76.1	75.6	75.7
Total	82.9	80.0	78.2	77.3	76.2	75.9	73.7	73.8	73.6	73.6	74.4
Prevalence of exclusive breastfeeding at 6th month (EBF6m) (%)											
Group 1	45.1	38.8	33.9	33.4	42.8	43.6	43.0	50.8	55.0	55.9	57.9
Group 2	50.3	45.8	43.0	41.9	40.5	42.0	42.0	52.2	55.2	56.1	57.8
Group 3	48.8	45.4	44.5	41.3	43.6	46.1	46.4	54.5	58.2	57.7	60.2
Group 4	56.3	50.9	52.1	50.8	46.5	48.4	48.5	56.8	59.5	61.8	61.7
Total	49.1	45.1	43.5	41.1	43.1	44.7	44.6	53.0	56.6	57.3	58.9
Prevalence of breasfeeding at 12th months (BF12m) (%)											
Group 1	32.9	29.4	26.7	28.6	28.6	32.9	30.2	28.2	31.4	36.4	36.9
Group 2	36.0	33.7	26.8	25.6	29.3	31.9	30.9	31.7	33.7	37.9	39.7
Group 3	43.0	41.4	38.9	33.6	34.5	37.3	37.1	35.5	38.2	43.4	42.1
Group 4	51.5	43.6	38.2	33.7	34.9	38.3	36.1	34.8	37.7	49.4	51.6
Total	39.3	35.7	31.7	29.8	31.4	34.8	33.2	31.9	34.7	40.3	40.2

Group 1: lower regional poverty, Group 4: higher regional poverty.

between the duration of maternity leave and breastfeeding[20]. In the study by Teurich et al, Sweden (39%), Belgium (28%), and Spain (18%) have the highest prevalence of EBF at 6 months compared with other European countries[30]. A review of maternity leave time as recorded by the ILO shows that Sweden grants 32 weeks, Belgium 15 weeks, and Spain 16 weeks[31].

As for EBF6m, the prevalence of BF12m also increased at the country level since 2011, although to a lesser extent (4.2% per year), and reached 40.2% in 2018. The relationship between the increase in BF12m and the Postnatal Maternity Leave Act is less evident, considering that there has been a moderate correlation between EBF and breastfeeding maintained up to one year of life in low- and middle-income countries[4].

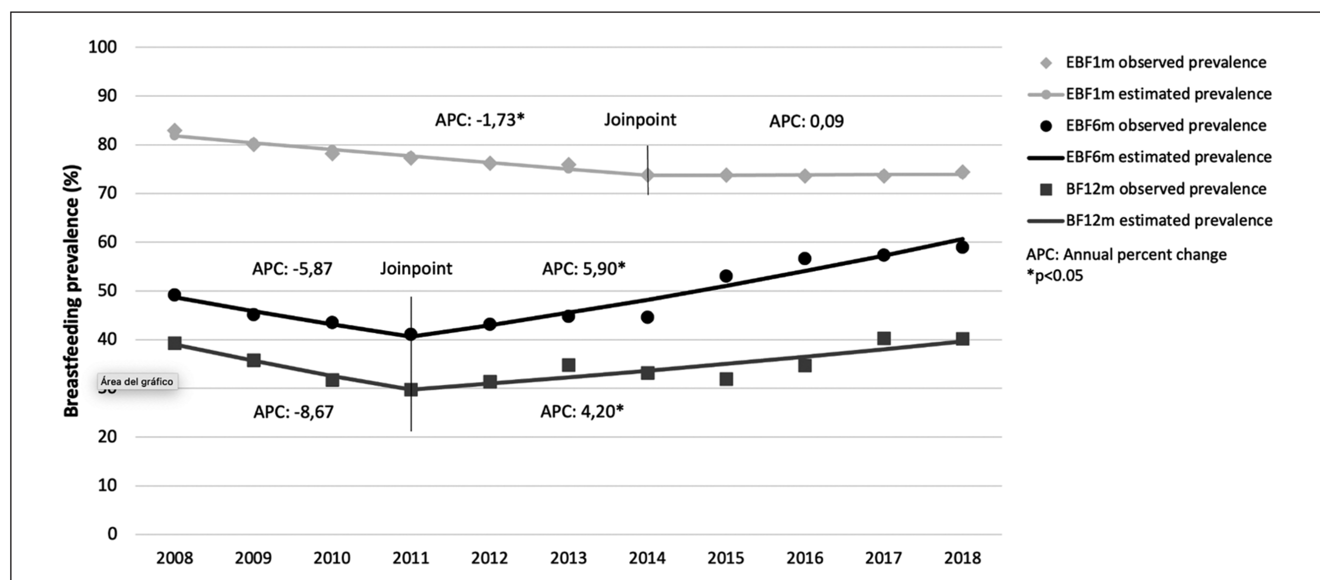

Figure 1. Tendencia de prevalencias de LME1m, LME6m y LM12m. Chile, 2008-2018 (LME: lactancia materna exclusiva).

Table 2. Annual percentage change (APC) of exclusive breastfeeding of 1th and 6th months and breastfeeding at 12th months in Chile according to regional poverty, 2008-2018.

	Period	APC	(IC95%)
	Prevalence of EBF1m		
Group 1	2008-2015	-1.5	(-1.9;-1.1)
	2015-2018	0.4	(-1.6; 2.5)
Group 2	2008-2014	-1.8	(-2.4;-1.2)
	2014-2018	1.1	(-0.4; 2.5)
Group 3	2008-2012	-2.9	(-4.2;-1.6)
	2012-2018	-0.3	(-1.4; 0.7)
Group 4	2008-2018	-1.2	(-1.6;-0.7)
	Prevalence of EBF6m		
Group 1	2008-2010	-10.3	(-37.3;28.1)
	2010-2018	6.6	(4.4;8.9)
Group 2	2008-2012	-5.0	(-11.0;1.4)
	2012-2018	7.1	(3.9;10.5)
Group 3	2008-2011	-5.1	(-10.2;0.3)
	2011-2018	5.9	(3.8;8.0)
Group 4	2008-2012	-4.3	(-10.1;1.9)
	2012-2018	5.5	(2.9;8.2)
	Prevalence of BF12m		
Group 1	2008-2018	2.0	(0.0;4.0)
Group 2	2008-2011	-10.0	(-17.2;-2.2)
	2011-2018	5.9	(3.6;8.3)
Group 3	2008-2012	-5.7	(11.0;-0.2)
	2012-2018	3.6	(0.7;6.7)
Group 4	2008-2011	-14.5	(-26.7;-0.2)
	2011-2018	5.8	(1.1;10.8)

Group 1: lower regional poverty, Group 4: higher regional poverty
EBF1m: Prevalence of exclusive breastfeeding at 1th month
EBF6m: Prevalence of exclusive breastfeeding at 6th month
BF12m: Prevalence of breastfeeding at 12th months

Evidence has shown that the continuity of breastfeeding after the mother returns to work depends on her having time to breastfeed, having childcare facilities close to work, and having a place where it is possible to express breast milk, among others[32]. According to the National Survey on Breastfeeding in Primary Care in Chile (ENALMA 2013), 10.4% of the mothers interviewed discontinued breastfeeding when they returned to formal work and 41.9% due to problems associated with poor breastfeeding technique[26].

No significant increase in the prevalence of BF12m was detected in the regional group with the lowest poverty, in contrast to the other three groups. This could be linked to a direct relationship between income level and the likelihood of mothers starting to give breast milk substitutes to their children. In high-income countries, it has been observed that less than 1 in 5 children are breastfed up to 12 months[4].

At the beginning of the period, the prevalence of EBF1m was above 80% at the country level and in all regional poverty groups, while at the end of the study period, it was 74.4% in the poorest group and 73.6% in the least poor group. Despite this decrease, the prevalence figures observed in Chile are similar to those reported by European countries, which are around 70%[33].

The prevalence of EBF1m decreased significantly at the country level until 2014 but has remained with no significant changes between 2014 and 2018, without observing that the implementation of the law has positively influenced breastfeeding during the first month of life. Although with variations in the year of stabilization, this pattern is repeated in the regional poverty groups, except in the group with the highest poverty, where the prevalence of EBF1m decreases throughout the entire period.

This result is consistent with the literature, where the poorest women are more susceptible to the barriers that hinder the early initiation of breastfeeding[6,34]; however, once breastfeeding is initiated, they tend to breastfeed longer than their higher-income counterparts[33], despite the lack of formal and informal support for successful breastfeeding, the work overload related to childcare, and the limited access to information on breastfeeding that they have[35].

The limitations of this study are the difficulty of obtaining information on breastfeeding from the private health system in Chile (20% of the population) since there is no adequate public registry of this information. In addition, since this is a population-based study, the level of poverty was measured at the regional level without considering the effects that may exist at the individual level. In this same sense, poverty is distributed unequally in each region, an effect that we cannot measure in this research.

In conclusion, the postnatal leave extension law in Chile is related to an increase in the prevalence of EBF6m, however, this effect is less significant in the poorest groups. One of the reasons that could explain this finding is that in the poorest groups, work is more often performed informally, so the implementation of this law would not be a benefit for those mothers. Therefore, there is a need for further studies on the structural and intermediate determinants that mediate the relationship between breastfeeding practices and poverty in Chile, as previous international evidence has shown that late initiation of breastfeeding in poor women is associated with the structural determinant of sex[36].

Ethical Responsibilities

Human Beings and animals protection: Disclosure the authors state that the procedures were followed ac-

cording to the Declaration of Helsinki and the World Medical Association regarding human experimentation developed for the medical community.

Data confidentiality: The authors state that they have followed the protocols of their Center and Local regulations on the publication of patient data.

Rights to privacy and informed consent: The authors state that the information has been obtained anonymously from previous data, therefore, Research Ethics Committee, in its discretion, has exempted from obtaining an informed consent, which is recorded in the respective form.

Conflicts of Interest

Authors declare no conflict of interest regarding the present study.

Financial Disclosure

Authors state that no economic support has been associated with the present study.

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