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# Paid maternity leave and breastfeeding practice before and after California's implementation of the nation's first paid family leave program

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## ABSTRACT

California was the first state in the United States to implement a paid family leave (PFL) program in 2004. We use data from the Infant Feeding Practices Study to examine the changes in breastfeeding practices in California relative to other states before and after the implementation of PFL. We find an increase of 3–5 percentage points for exclusive breastfeeding and an increase of 10–20 percentage points for breastfeeding at several important markers of early infancy. Our study supports the recommendation of the Surgeon General to establish paid leave policies as a strategy for promoting breastfeeding.

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## 1. Introduction

Breastfeeding has tremendous benefits for infants. It reduces the risks of many adverse health outcomes, such as sudden infant death syndrome (SIDS), asthma, diabetes, and obesity (Ip et al., 2007). Breastfeeding also benefits the mother by reducing the risks of breast and ovarian cancers (U.S. Department of Health and Human Services, 2011). The benefits of breastfeeding can be long lasting. For instance, based on breastfeeding practice data from Imperial Germany (1871–1919), Haines and Kintner's (2008) study indicates that breastfeeding could improve later life outcomes such as final adult stature, possibly by improving infant and early childhood health. Using data from India in 1998–1999, Brennan et al. (2004) find that some recommended infant feeding practices, such as

exclusive breastfeeding for the first four to six months, could reduce stunted growth among India's children. "Exclusive breastfeeding" refers to feeding an infant only with its mother's breast milk and without any other food or liquid. The economic benefits of breastfeeding are also significant for families, employers, and the society (U.S. Department of Health and Human Services, 2011). It is estimated that if 90 percent of the U.S. families follow medical recommendations to breastfeed exclusively for the first six months, the United States could save \$13 billion annually from reduced medical and other costs (Bartick and Reinhold, 2010).

According to the report card prepared by the Centers for Disease Control and Prevention (CDC), the national average breastfeeding rates for children born in 2009 were 76.9 percent in the early postpartum period, 47.2 percent in the first six months, and 25.5 percent in the first year; concerning exclusive breastfeeding, the rates are 36.0 percent in the first three months and 16.3 percent in the first six months (Breastfeeding Report Card, 2012). Although the breastfeeding rates noted above have met

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or approximated the goals of *Healthy People 2010*,<sup>1</sup> they all fall short of the newly revised goals of *Healthy People 2020*, which targets increasing the proportion of mothers who breastfeed: (1) in early postpartum period, up to 81.9 percent; (2) in the first six months, up to 60.6 percent; (3) in the first year, up to 34.1 percent; (4) exclusively through the first three months, up to 46.2 percent; and (5) exclusively through the first six months, up to 25.5 percent (*Breastfeeding Report Card*, 2012).

Despite the fact that breastfeeding has many benefits, early cessation is common in the United States. One reason consistently identified is mothers' returning to work (*Baker and Milligan*, 2008). To date, there have been calls for providing more generous maternity leaves (*Calnen*, 2010; *Guendelman et al.*, 2009; *Kurinić et al.*, 1989; *Roe et al.*, 1999; *U.S. Department of Health and Human Services*, 2011), which can have a significant impact on mothers' decision to return to work after childbirth (*Dustmann and Schönberg*, 2012) and breastfeeding practice (*Berger et al.*, 2005; *Fein and Roe*, 1998; *Kimbrow*, 2006; *Visness and Kennedy*, 1997). A report by *Fass* (2009) points out that the United States lacks adequate public policies supporting workers' work-and-family balance, and in fact the United States is one of the four countries—together with Liberia, Papua New Guinea, and Swaziland—that do not guarantee paid leave to new mothers.

In contrast, by 1994 all Western European countries offered at least 10 weeks of job-protected, paid parental leave (*Ruhm*, 2000), which was used predominantly by women as maternity leave (*Ruhm*, 1998). Using data from Greece and eight countries<sup>2</sup> in Western Europe between 1969 and 1993, *Ruhm* (1998) finds that granting short periods (three months) of paid parental leave increases the female employment-to-population ratio by 3–4 percent but has little effect on women's earnings.<sup>3</sup>

A more recent study by *Lalive and Zweimüller* (2009) investigates two parental leave reforms from Austria: an expansion of job-protected, paid parental leave from one to two years in 1990, and a subsequent reduction from two years to 18 months in 1996. Their study finds that most

women use up the maternity leaves they are eligible for, with increased probability (10 percentage points in the short term and 3 percentage points in the long term) of postponing the return to work after they exhaust the maternity leaves. Their study also finds that the 1990 reform decreases women's work experience and earnings in the short run, whereas the 1996 reform partially undoes the short-term effects of the 1990 reform. But, their study does not find the impacts of longer leaves on work experience and cumulative earnings in the long run.

Focusing on Canada, two studies have investigated the impacts of the expansion of Canadian job-protected, paid family leave from 25 to 50 weeks. The expansion began on December 31, 2000. *Hanratty and Trzcinski's* (2009) study finds that the expansion is associated with a decrease of 20 percentage points (or 40%) in the proportion of women returning to work within one year after childbirth, but the women's returns to work converge to previous levels once their paid leaves are exhausted. *Baker and Milligan* (2008) estimate that the Canadian family-leave expansion increases the duration of leave taken by those eligible women by 3–3.5 months during the first year after childbirth. They also find significant increases in the duration of breastfeeding (1–1.17 months) and exclusive breastfeeding (0.51–0.59 months). Furthermore, they find that the rate of exclusive breastfeeding through the first six months increases by 7.7–9.1 percentage points (or 38.7–45.5%).

Our study explores a landmark change in the law that provides *partially* paid family leave (PFL) to working Californians. "Family leave" refers to an absence from work granted to an employee, male or female, to care for a family member, such as a new child or a sick spouse or parent. It can be used for maternity or paternity leave. In September 2002, California became the first state in the United States to pass a PFL law, which took effect on July 1, 2004 and has been used primarily as maternity leave for bonding with newborns.

Prior to PFL, the federal Family and Medical Leave Act (FMLA, effective in 1993) represents an important workplace benefit but leaves much to be desired. FMLA allows eligible employees to take up to 12 weeks of job-protected leave annually for bonding with a new child or taking care of seriously ill immediate family members (including oneself), but it does not require employers to pay for the leave. Hence, a loss of income has been cited consistently as the top reason for not taking family leave. Moreover, eligibility criteria under FMLA are strict. FMLA covers private and state-and-local government employees, plus some federal workers, provided that they: (1) work for a covered employer<sup>4</sup>; (2)

<sup>1</sup> *Healthy People 2010* targets increasing the proportion of mothers who breastfeed: (1) in early postpartum period, up to 75 percent; (2) in the first six months, up to 50 percent; (3) in the first year, up to 25 percent; (4) exclusively through the first three months, up to 40 percent; and (5) exclusively through the first six months, up to 17 percent (*Breastfeeding Report Card*, 2010).

<sup>2</sup> These eight countries are Denmark, Finland, France, Germany, Ireland, Italy, Norway, and Sweden.

<sup>3</sup> In a follow-up study based on data from Greece and 15 countries in Western Europe (Austria, Belgium, Denmark, Finland, France, Germany, Ireland, Italy, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, and the United Kingdom) from 1969 to 1994, *Ruhm* (2000) finds that more generous paid leave could reduce deaths of infants and young children. In addition, *Osmani and Sen* (2003) find that women's lack of health care could lead to ill health of their offspring—males and females, as children and as adults. A study by *Komlos and Baur* (2004) finds that during the course of the 20th century, the U.S. population became shorter and fatter than the Western Europeans, which was exactly the opposite of what happened in the mid-19th century. As *Komlos and Baur* (2004) point out, this dramatic reversal could be explained by the less social inequality, better access to health care, and more social safety nets in Western Europe than in the United States. In our view, one of these differences is reflected by the different maternity leave benefits received by U.S. and Western European women.

<sup>4</sup> "An employer covered by FMLA is any person engaged in commerce or in any industry or activity affecting commerce, who employs 50 or more employees for each working day during each of 20 or more calendar workweeks in the current or preceding calendar year. Employers covered by FMLA also include any person acting, directly or indirectly, in the interest of a covered employer to any of the employees of the employer, any successor in interest of a covered employer, and any public agency. Public agencies are covered employers without regard to the number of employees employed. Public as well as private elementary and secondary schools are also covered employers without regard to the number of employees employed." (Source: <http://www.gpo.gov/fdsys/pkg/CFR-2002-title29-vol3/pdf/CFR-2002-title29-vol3-sec825-105.pdf>, accessed August 2013).

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