

PAID PARENTAL LEAVE AND FAMILY-FRIENDLY POLICIES

An evidence brief

Introduction

Research has documented that children's experiences and exposures during their early years play a critical role in shaping their chances for long-term health and well-being. While parents need time, access to resources and support services to be able to provide nurturing care during early childhood and beyond, infancy is a particularly vulnerable period. Paid parental leave provides working parents with time off from work around the birth or adoption of a child with replacement of some or all of their usual earnings. Parental leave provides parents with time to care for and bond with their infant, establish routines for feeding and care, and attend to their medical care needs, while also providing mothers who have been through childbirth time to recover physically.

There is strong evidence that among the most effective strategies for supporting healthy development are increasing exclusive breastfeeding, adequate nutritional intake, and on-time immunization during infancy. In 2000, the importance of parental leave was recognized in International Labour Organization Convention (ILO) 183, which calls for 14 weeks of leave for mothers of infants. The accompanying Recommendation 191 calls for 18 weeks. This brief consists of a review of the evidence on the impact of breastfeeding and adequate nutrition, and the receipt of immunizations to infant health, as well as whether paid parental leave can raise the rates of each, thereby supporting healthy early childhood development. It also includes a review of global trends in the provision of paid parental leave and recommendations for governments and the private sector.

Evidence

BREASTFEEDING AND INFANT HEALTHY DEVELOPMENT

The World Health Organization (WHO) recommends six months of exclusive breastfeeding for optimal support of infant health and development.¹ Evidence from countries at all levels of economic development shows that breastfeeding has benefits for children's health, development and survival. Breastfeeding allows for the passive transmission of the mother's immunity to various illnesses, exposes infants to fewer pathogens and delivers higher-quality nutrition than formula. Studies from a wide range of countries have found that breastfed infants have lower rates of a number of infections than infants who were not breastfed. Studies have also shown that six months of exclusive breastfeeding has especially strong effects, including a reduction in the risk of ear infections by 50 per cent, upper respiratory infections by 63 per cent, and diarrhoea by 64 per cent, compared with infants who were not breastfed.² Breastfeeding is also associated with improved neurocognitive development.³ Ac-

ording to one study of 75 low- and middle-income countries (LMICs) with high child mortality rates, more than 800,000 deaths of children under the age of 2 could be prevented if breastfeeding became a near-universal practice.⁴

A number of studies examining the effectiveness of interventions to increase breastfeeding rates have found that once women return to work after childbirth, they are less likely to begin or continue breastfeeding.⁵ Studies report that among the most commonly cited reason mothers stop breastfeeding early is not a lack of interest or milk supply, but their early return to work and the conditions they face once back on the job.⁶

IMMUNIZATION AND OTHER PREVENTIVE CARE AND HEALTHY DEVELOPMENT

Research has shown the clear benefits of immunization during childhood. While children are most vulnerable to life-threatening infections during the neonatal phase (first 28 days), they face heightened risk during the first 12 months of life as they experience substantial development of their immune system.⁷ Studies from a wide range of countries have shown that the introduction of vaccinations markedly reduces the rates of infectious diseases such as influenza,⁸ measles⁹ and gastroenteritis,¹⁰ diseases that are among the leading causes of child mortality.¹¹ The global variation in immunization rates is due in part to the availability of vaccines and the population's understanding and awareness of their benefits; however, studies have found that even when vaccinations are provided free of charge and made widely available, immunization rates fall below 100 per cent.¹² Barriers that have been identified include the availability of transportation and distance to clinics, poverty and parental work schedules.¹³ In research from countries as diverse as Haiti, Indonesia and the United States, difficulties due to parents' work schedules are commonly cited as a reason that parents have not vaccinated their children.¹⁴

THE ROLE OF PAID PARENTAL LEAVE

A review of the evidence base suggests that paid parental leave can contribute to infants' healthy development and survival by facilitating breastfeeding, by enhancing parents' ability to obtain immunizations and other medical care in the postnatal period. A wealth of evidence from countries at all income levels has found that longer periods of maternal leave reduce infant mortality rates.¹⁵ A range of studies from high-income countries have found that extending the duration of paid leave increases rates of breastfeeding for at least the first six months of an infant's life.¹⁶ Few studies of paid leave and breastfeeding have been conducted in LMICs. A recent study by Chai, Heymann and Nandi (2018) examining nearly 1 million births between 1996 and 2014 in 38 LMICs found that a one-month increase in the duration of maternity leave was associated with a 5.9 percentage point increase in the prevalence of exclusive breastfeeding and a 2.2-month increase in breastfeeding duration.¹⁷ It is worth noting that one global study found that guarantees of six months of breastfeeding breaks (paid time off during the work day for mothers to breastfeed their infant) are asso-

ciated with higher rates of exclusive breastfeeding.¹⁸ These findings raise the possibility that complementing paid parental leave with breastfeeding breaks would enable more mothers to reach WHO's recommended six months of exclusive breastfeeding, thereby increasing infants' immunity to infections, which may reduce parents' need to take time off from work.

Paid parental leave, both by supporting lengthier breastfeeding and by providing needed income, is likely to improve nutritional outcomes that are essential to healthy development. A longitudinal study of nearly 1 million births occurring over an 18-year period (1996–2014) in 40 LMICs found that a one-month increase in the duration of paid maternity leave was associated with a 35 per cent reduction in the risk of bloody diarrhoea.¹⁹

Several studies from high-income countries have found that more generous paid maternal leave was associated with higher immunization rates,²⁰ although one study found that in countries where immunization rates were already relatively high and there was limited change in the leave policies, no effect was found.²¹ A more recent global study of 185 countries found that even after controlling for country income and health-care expenditures, more generous paid maternal leaves (measured in full-time equivalent weeks) were associated with higher childhood immunization rates.²² Recent studies examining LMICs have found that the length of leave, and the timing and type of vaccines, determine the strength of the effect.²³

Yet other evidence suggests that paid parental leave can contribute to the prevention of family violence. For example, research from Australia found that access to paid maternity leave was associated with reduced odds of intimate partner violence in the first year after birth,²⁴ which is detrimental to the health of both mothers and children. A study of California's paid parental leave policy using a difference-in-differences approach found that child maltreatment and physical abuse decreased after the introduction of the policy.²⁵

There is also evidence raising the possibility that paternity leave may indirectly affect children's health. Studies have found that fathers who take paternity leave are more involved in childcare and other unpaid labour at home,²⁶ which may support mothers' breastfeeding²⁷ and reduce the likelihood of post-partum depression,²⁸ which in turn benefits infant health. A study using a difference-in-differences

methodology to examine a policy reform in Norway that reserved a portion of parental leave for fathers found that the reform led to higher children's test scores at age 15, with particularly strong effects for children in families where the father's education level exceeded the mother's.²⁹

When paid parental leave is accompanied by paid leave for children's health needs, parents are given the opportunity to minimize the risk and duration of illness beyond infancy. Studies from high-income countries have shown that parental care of sick children is associated with faster recovery, shorter hospital stays, lower risks of re-hospitalization, and better health outcomes.³⁰ No studies from LMICs were found.

ECONOMIC BENEFITS OF PAID PARENTAL LEAVE FOR WOMEN, FAMILIES, BUSINESSES AND COUNTRIES

Rigorous research using quasi-experimental designs on the economic effects of paid leave, primarily conducted in high-income countries, find that paid parental leaves of moderate length support women's economic empowerment, from increased wages and earnings, work experience, tenure, employment and labour force participation. For example, one study of the implementation of a one-year paid parental leave policy in Germany found that the reform increased the likelihood of maternal employment by 12 per cent,³¹ while in another study the policy led to higher employment probabilities three to five years after childbirth among women who took longer leaves.³² A multilevel analysis of 19 countries found that longer parental leaves of up to a year were associated with a lower employment gap between mothers and non-mothers.³³ A study from Denmark found that a policy reform extending paid parental leave from 14 to 20 weeks led to an increase in mothers' incomes.³⁴ Cross-national studies find that leaves of moderate length, from 8 months to 1 year, reduce the gender earnings gap.³⁵

Studies also find that paid parental leave benefits families' economic well-being. For example, a study of 21 countries across the Organisation for Economic Co-operation and Development (OECD) found that in countries providing more than 24 weeks of paid leave, women contributed a higher proportion to household income.³⁶ For some families, paid parental leave may help prevent a drop in income that places a family in poverty. Cross-national comparative

studies of OECD countries find that more generous parental leave policies are associated with a lower risk of poverty among two-parent³⁷ and single-mother families.³⁸ These findings suggest another pathway through which paid parental leave can support children's health and development. By reducing the risk of poverty, paid parental leave can help to reduce a child's risk of exposure to conditions that if experienced for a long period of time can be harmful to physical, cognitive and emotional development. These include poor air quality, limited access to healthy food and exposure to violence.³⁹

A small number of studies, primarily from the United States and Europe, suggest that paid parental leave and other family-friendly policies may benefit employers' competitiveness and sustainability by enhancing their ability to attract and retain a diverse workforce⁴⁰ and increasing employee productivity and morale.⁴¹ These studies generally do not demonstrate causality and, in some cases, are subject to other methodologic issues (*see the brief by Jayasekaran and Kaempfer for a full discussion*). Ultimately, paid parental leave supports overall economic growth, by increasing women's economic empowerment and their ability to contribute to family income, increasing resources for children, with benefits for the labour force in the long term, and potentially enhancing the growth and competitiveness of businesses. According to one recent estimate, increasing women's overall equality could add US\$12 trillion (11 per cent) to global annual gross domestic product (GDP) by 2025.⁴² By another estimate, increasing women's employment in OECD countries to the rate in Sweden could add more than US\$6 trillion to global GDP.⁴³

COVERAGE AND IMPLEMENTATION

It is worth noting that even in countries with legal rights to parental leave, not all adults will have access. The ILO estimates that of all employed women globally, 45 per cent work in the formal sector and, because legislation frequently contains provisions that limit coverage to women in formal employment, the remaining 55 per cent of women will not have access if maternity leave is legally available. Beyond limiting coverage to formal sector workers, legislation often contains qualifying conditions such as minimum contribution requirements that disadvantage women with intermittent work histories and those who are employed part time.⁴⁴ Moreover, these figures will overestimate effective access if the laws are not well implemented and enforced.

Moreover, the benefits of paid parental leave can be realized only if parents who are covered by law can afford to take up the leave in practice. Studies of the unpaid national policy in the United States and the relatively low-wage replacement policy in the state of California found that a common reason for not taking leave when it was needed was that the low wage replacement made taking leave unaffordable.⁴⁵ Studies from LMICs on the determinants of leave use were not identified. Take-up of parental leave may also be influenced by perceived or real penalties or discrimination. Studies in high-income countries have found that workers with caregiving responsibilities, who are more likely to need leave, were significantly more likely to report experiencing wage and job loss related to those responsibilities.⁴⁶ Research from a range of middle- and high-income countries as diverse as Hungary, Spain, Venezuela and the United States also suggests that mothers face discrimination in terms of pay, promotions, hiring and firing.⁴⁷

DECENT FAMILY WAGES ON RETURN TO WORK

It is also important for the health and well-being of workers and their children that when parents return to work after a parental leave, they are able to earn enough to meet their families' needs. As noted above, income is one of the most important social determinants of health,⁴⁸ and poverty increases children's risk of poor health, developmental and educational outcomes. One method for ensuring sufficient family income is to establish an adequate minimum wage rate. A number of studies have found that small increases in the minimum wage are associated with higher earnings. In cross-national studies, high-

er minimum wages were associated with lower rates of family poverty.⁴⁹ Moreover, research from middle- and high-income countries has demonstrated that raising the minimum wage can increase earnings in the informal as well as formal sector,⁵⁰ and may benefit workers earning slightly above the minimum wage (whose wages rise as the wage floor rises).⁵¹ Research in a range of countries has shown that increasing the minimum wage by a typical amount led to little or no significant employment effects.⁵²

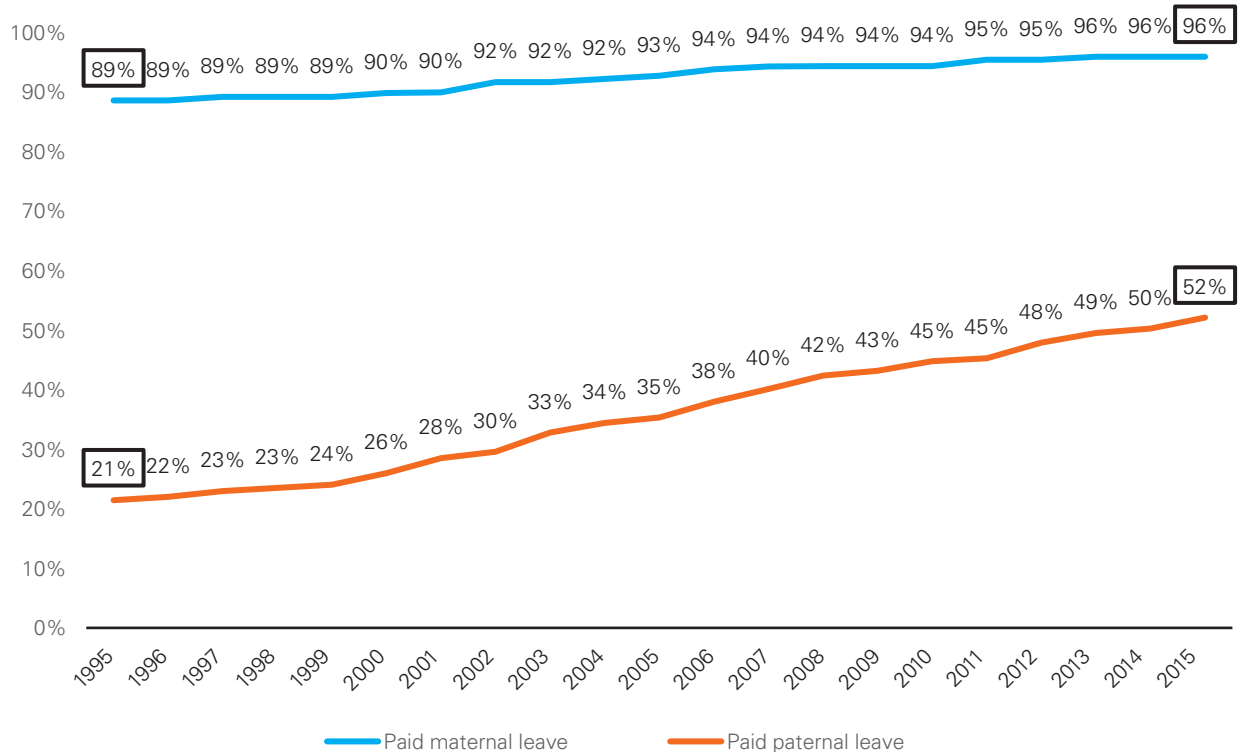
A series of studies using longitudinal data and rigorous methods have found that increases in the minimum wage are associated with positive effects on children's health. For example, a study of 23 LMICs using 10 years of data found that increases in the minimum wage were associated with significant decrease in child stunting and failure to thrive (though no effect on underweight and wasting).⁵³ Studies from the United States examining variation in state minimum wage levels have found that increases are associated with decreased risk of child maltreatment⁵⁴ and low birthweight, and an increased likelihood of higher birthweights.⁵⁵ Other studies have found positive effects on workers' physical health⁵⁶ and mental health,⁵⁷ which could in turn benefit children's development.

Policy adoption

Global data from the WORLD Policy Analysis Center shows clear and meaningful progress on provision of paid parental leave over the past two decades, most significantly a slow, steady rise in the number of countries providing paid leave for fathers. From 1995 to 2015, the share of countries guaranteeing paid paternal leave (paid paternity leave, or leave

reserved for fathers of infants, and/or paid parental leave, leave available to either parent) rose from 21 percent to 52 percent. The share of countries guaranteeing paid maternal leave (paid maternity leave, or leave reserved for mothers of infants, and/or paid parental leave) rose from 89 per cent to 96 per cent. (Figure 1)

Figure 1.
How has the percentage of countries guaranteeing paid maternal and paternal leave changed from 1995 to 2015?



Notes: Paid maternal leave includes both paid maternity leave, which is leave reserved for mothers of infants, and paid parental leave, which is leave available to either parent. Paid paternal leave includes both paid paternity leave, which is leave reserved for fathers of infants, and paid parental leave.

Source: WORLD Policy Analysis Center Adult Labor database and the PROSPERED longitudinal Adult Labour Policy database (McGill University).

Between 1995 and 2015, a total of 9 countries enacted maternal leave and 55 increased the duration of paid maternal leave. Though further progress is needed, more than half of all countries, 54 per cent, now meet the ILO standard of at least 14 weeks of paid maternal leave, up from 38 per cent in 1995 (Table 1), and 30 per cent now meet the ILO recommended duration of 18 weeks. As of 2015, 27 per cent provide mothers of infants with six months or more of paid leave up from 12% in 1995 (Table 1 and Figure 2).

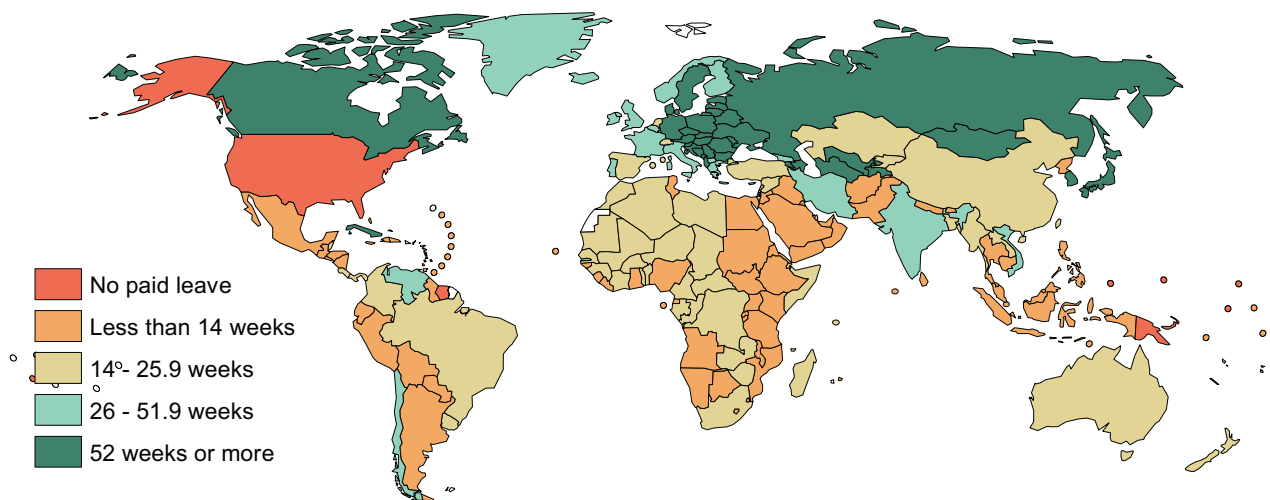
Table 1.
Global availability of paid maternal leave, 1995–2015

	1995		2000		2005		2010		2015	
	Number of countries	Per cent	Number of countries	Per cent	Number of countries	Per cent	Number of countries	Per cent	Number of countries	Per cent
No paid leave	21	12%	19	10%	14	7%	11	6%	8	4%
Less than 14 weeks	91	50%	91	49%	91	48%	85	44%	81	42%
14 – 25.9 weeks	49	27%	49	27%	49	26%	52	27%	52	27%
26 – 51.9 weeks	5	3%	7	4%	9	5%	14	7%	19	10%
52 weeks or more	17	9%	20	11%	28	15%	31	16%	33	17%
Total	183		186		191		193		193	

Note: Totals may not sum to 100 per cent due to rounding. *Paid maternal leave* includes both paid maternity leave, which is leave reserved for mothers of infants, and paid parental leave, which is leave available to either parent.

Source: WORLD Policy Analysis Center Adult Labor database and the PROSPERED Longitudinal Adult Labour Policy database (McGill University).

Figure 2.
Is paid leave available for mothers of infants?



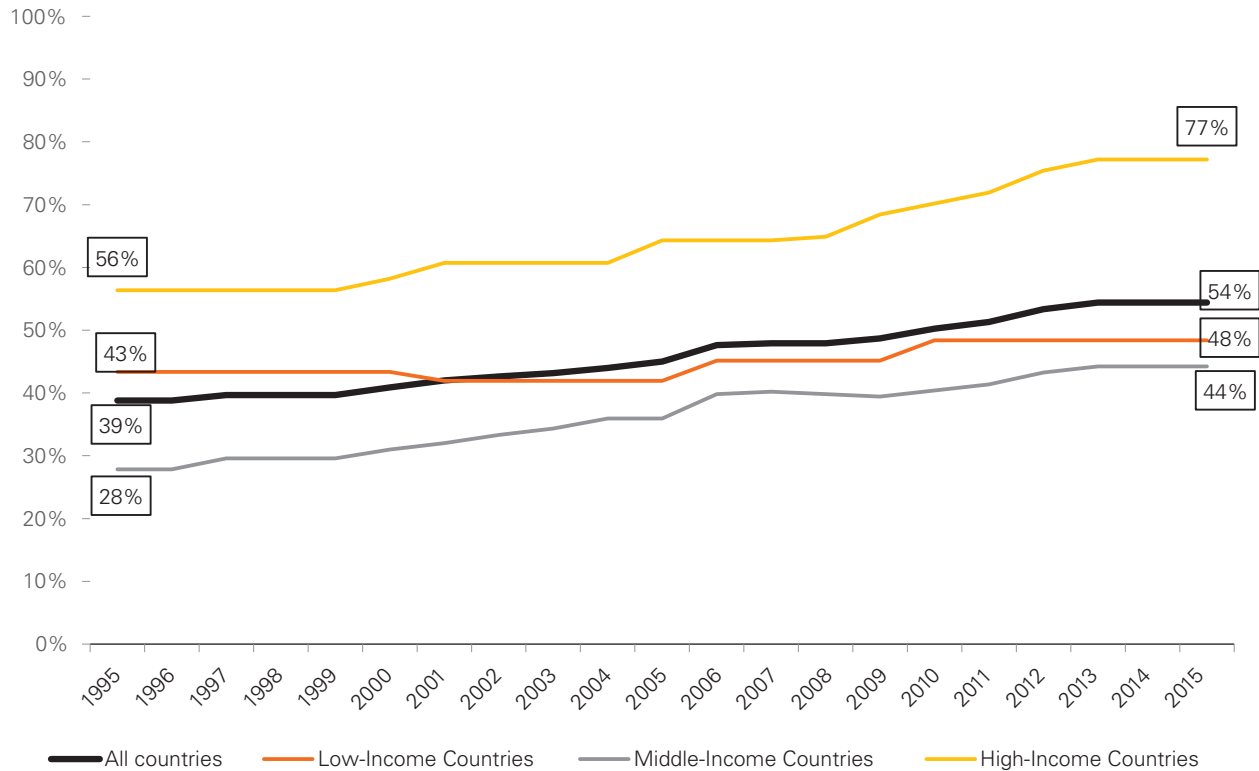
Notes: *Paid leave for mothers of infants or maternal leave* includes both paid maternity leave, which is leave reserved for mothers of infants, and paid parental leave, which is leave available to either parent.

Source: WORLD Policy Analysis Center Adult Labor database

While overall, the length of maternal leave guaranteed in national legislation has increased over the past two decades, there are important differences by income level (Figure 3). In 1995, a considerably higher percentage of high-income countries guar-

anteed at least 14 weeks, compared with low-income countries: 56 per cent vs. 28 per cent. By 2015, the gap had grown in magnitude: 44 per cent vs. 77 per cent.

Figure 3.
By country income, how has the percentage of countries with 14 weeks of paid maternal leave changed from 1995 to 2015?



Notes: Paid maternal leave includes both paid maternity leave, which is leave reserved for mothers of infants, and paid parental leave, which is leave available to either parent.

Source: WORLD Policy Analysis Center Adult Labor database and the PROSPERED longitudinal Adult Labour Policy database (McGill University)

The share of countries providing the 18 weeks of leave for mothers called for in ILO Recommendation 191 rose similarly, but the rates are consistently lower. By 2015, only 30 per cent of countries globally met the ILO recommended duration. The disparity between high-income and low-income countries with 18 weeks is even larger than the share with 14 weeks. There were no low-income countries with at least 18 weeks from 1995 until 2009, at which point it increased to just 3 per cent. In contrast, in high-income countries, more than a third (35 per cent) already provided at least 18 weeks of maternal leave in 1995. By 2015, more than half of the high-income countries (56 per cent) met the ILO recommendation.

Although sover – a total of 43 countries enacted paid paternal leave between 1995 and 2015 – the length of leave has remained far shorter than the length provided to mothers. About half of countries that provided any paid leave for fathers provided less than 3 weeks throughout the 1995-2015 period. (Table 2) However, the percentage of countries with paid paternal leave that provided 14 weeks or more rose from 10% in 1995 to 22% in 2015. (Figure 4) It is important to note that the countries with longer leaves are those with parental leaves available to both mothers and fathers. When examining paternity leave, leave available only to fathers, and excluding parental leave, no country provides more than 14 weeks, and the vast majority (92%) provide less than 3 weeks.

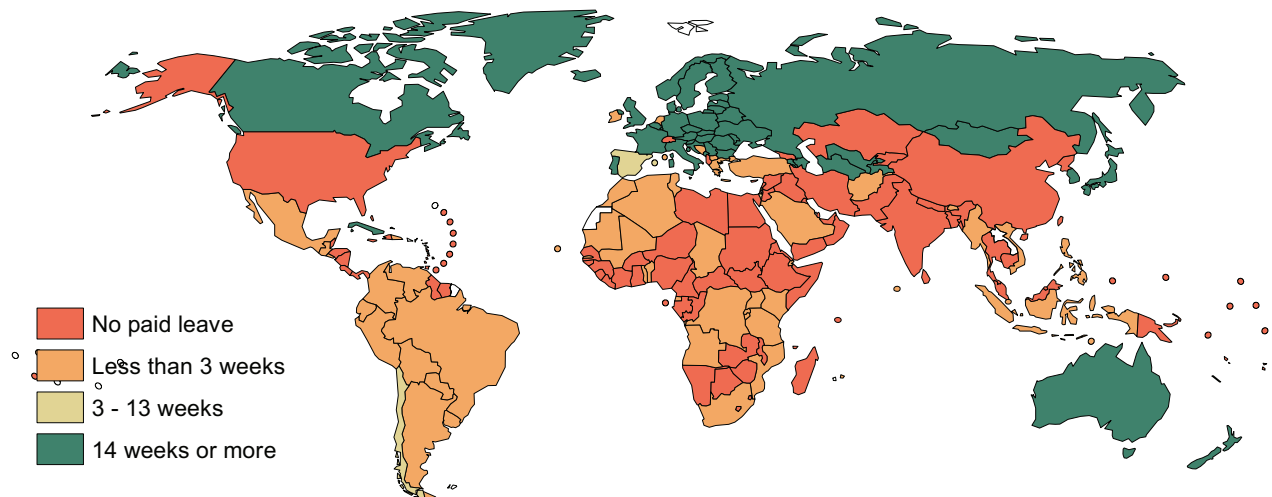
Table 2.
Global availability of paid paternal leave, 1995–201

	1995		2000		2005		2010		2015	
	Number of countries	Per cent	Number of countries	Per cent	Number of countries	Per cent	Number of countries	Per cent	Number of countries	Per cent
No paid leave	143	79%	137	74%	121	65%	105	55%	92	48%
Less than 3 weeks	17	9%	21	11%	29	16%	44	23%	53	28%
3 – 13.9 weeks	3	2%	4	2%	2	1%	4	2%	4	2%
14 weeks or more	19	10%	23	12%	35	19%	37	20%	43	22%
Total	182		185		187		190		192	

Note: Totals may not sum to 100 per cent due to rounding. *Paid maternal leave* includes both paid maternity leave, which is leave reserved for mothers of infants, and paid parental leave, which is leave available to either parent.

Source: WORLD Policy Analysis Center Adult Labor database and the PROSPERED Longitudinal Adult Labour Policy database (McGill University).

Figure 4.
Is paid leave available for fathers of infants?

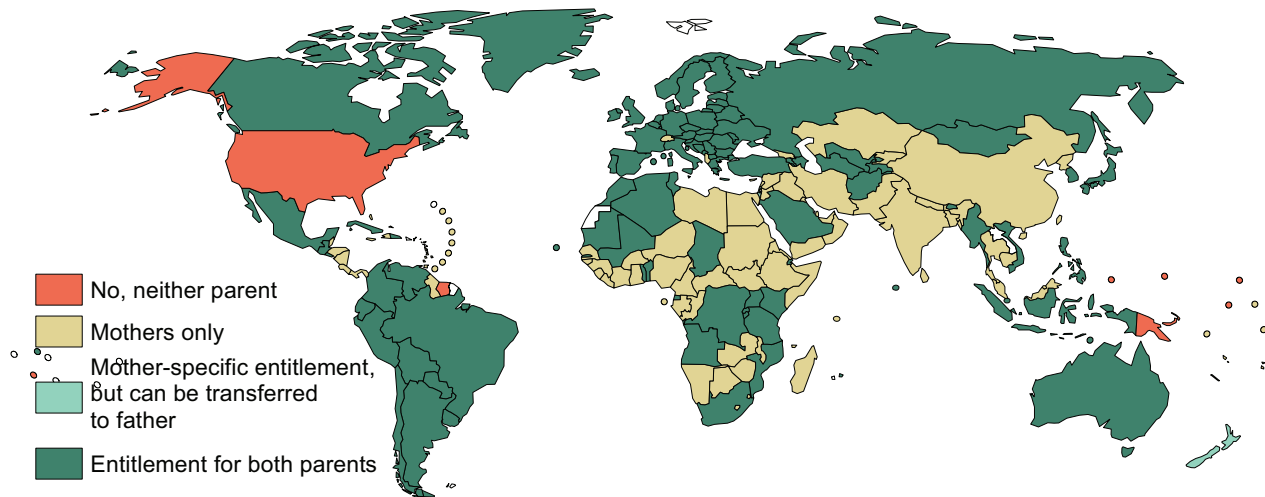


Notes: Paid leave for fathers of infants or paternal leave includes both paid paternity leave, which is leave reserved for fathers of infants, and paid parental leave, which is leave available to either parent.

Source: WORLD Policy Analysis Center Adult Labor database

Despite the marked rise in the number of countries guaranteeing paid parental leave for fathers, important gaps remain. As of 2015, just 52 per cent of all countries provided an entitlement to paid parental leave to both mothers and fathers (Figure 5).

Figure 5.
Is paid leave available to both mothers and fathers of infants?



Notes: Paid leave for mothers or maternal leave includes both paid maternity leave, which is leave reserved for mothers of infants, and paid parental leave, which is leave available to either parent. Paid leave for fathers or paternal leave includes both paid paternity leave, which is leave reserved for fathers of infants, and paid parental leave.

Source: WORLD Policy Analysis Center Adult Labor database

Substantial differences exist in the provision of parental leave for mothers and fathers across countries by income (Table 3). Currently, 68 per cent of

high-income countries provide paid leave to both mothers and fathers, compared with 38 per cent in low-income countries.

Table 3.
Is paid leave available for both mothers and fathers of infants globally?

	Low income countries (%)	Middle income countries (%)	High income countries (%)
No, neither parent	0%	6%	3%
Mothers only	62%	46%	25%
Mother-specific entitlement, transferable to father	0%	0%	3%
Entitlement for both	38%	47%	68%
Total(N)	36	100	56

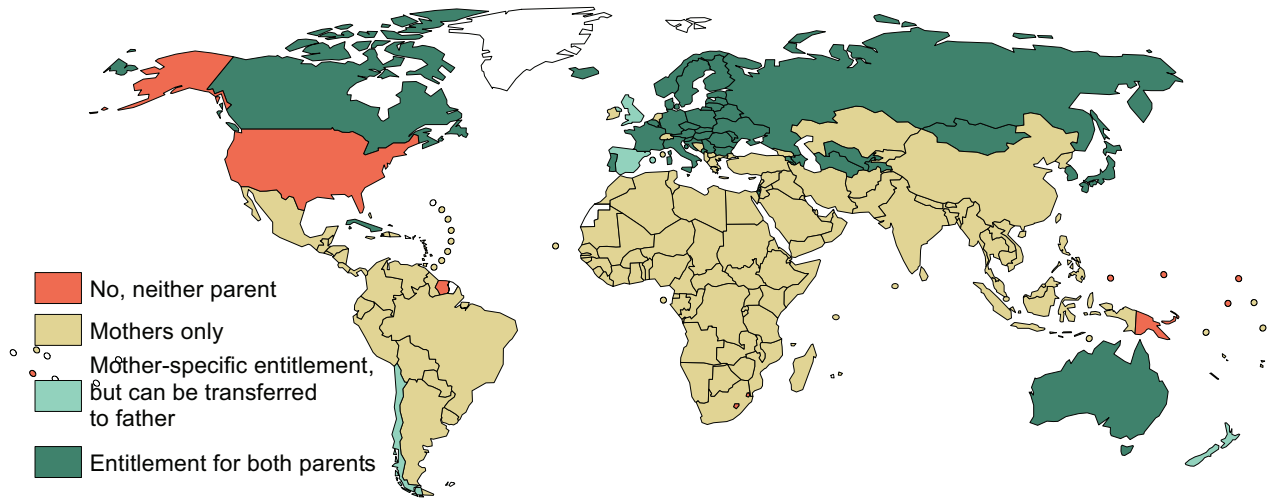
Note: Paid leave for mothers or maternal leave includes both paid maternity leave, which is leave reserved for mothers of infants, and paid parental leave, which is leave available to either parent. Paid leave for fathers or paternal leave, includes both paid paternity leave, which is leave reserved for fathers of infants, and paid parental leave, which is leave available to either parent.

Source: WORLD Policy Analysis Center Adult Labor database (2015/6)

A far larger gender gap appears when examining how often mothers and fathers receive at least four weeks of leave (Figure 6). Seventy per cent of countries globally provide four weeks or more of paid parental leave

to mothers, while just 22 per cent of countries provide at least four weeks of parental leave to both mothers and fathers. Another 3 per cent provide leave to mothers that can be transferred to fathers.

Figure 6.
Are at least four weeks of paid leave available to both mothers and fathers?



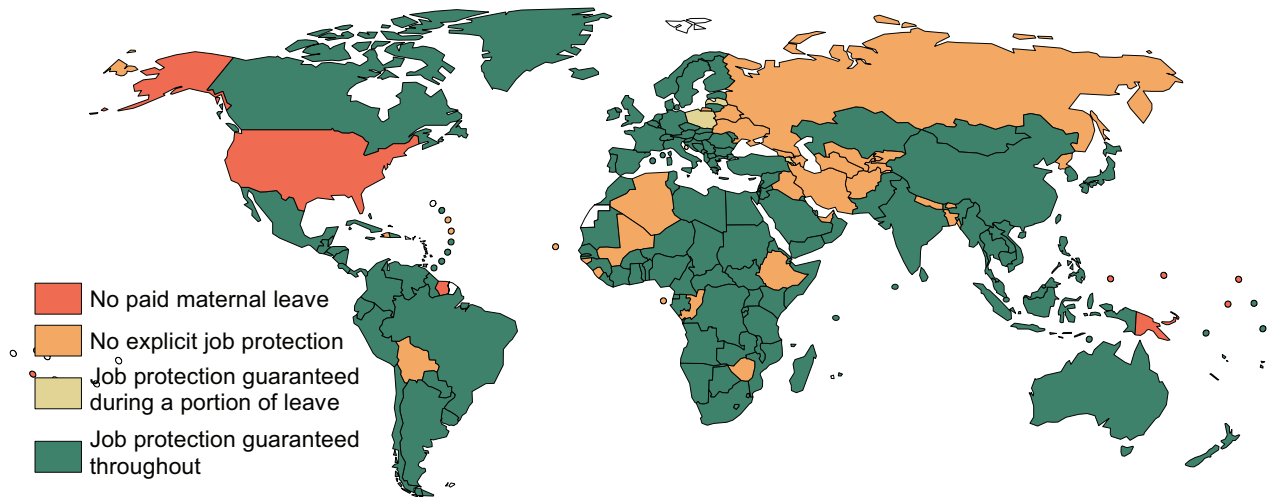
Notes: *Paid leave for mothers or maternal leave* includes both paid maternity leave, which is leave reserved for mothers of infants, and paid parental leave, which is leave available to either parent. *Paid leave for fathers or paternal leave* includes both paid paternity leave, which is leave reserved for fathers of infants, and paid parental leave.

Source: WORLD Policy Analysis Center Adult Labor database

A large majority of countries provide job protection throughout the entire length of maternal leave (78 per cent). Some 15 per cent provide no explicit protection, and 2 per cent provide job protection for only a portion of maternal leave (Figure 7).

Although a majority of low-income countries provide job protection throughout maternal leave, a substantially higher percentage of high-income countries provide this same guarantee (87 per cent versus 67 per cent).

Figure 7.
Is job protection guaranteed for mothers throughout paid maternal leave?



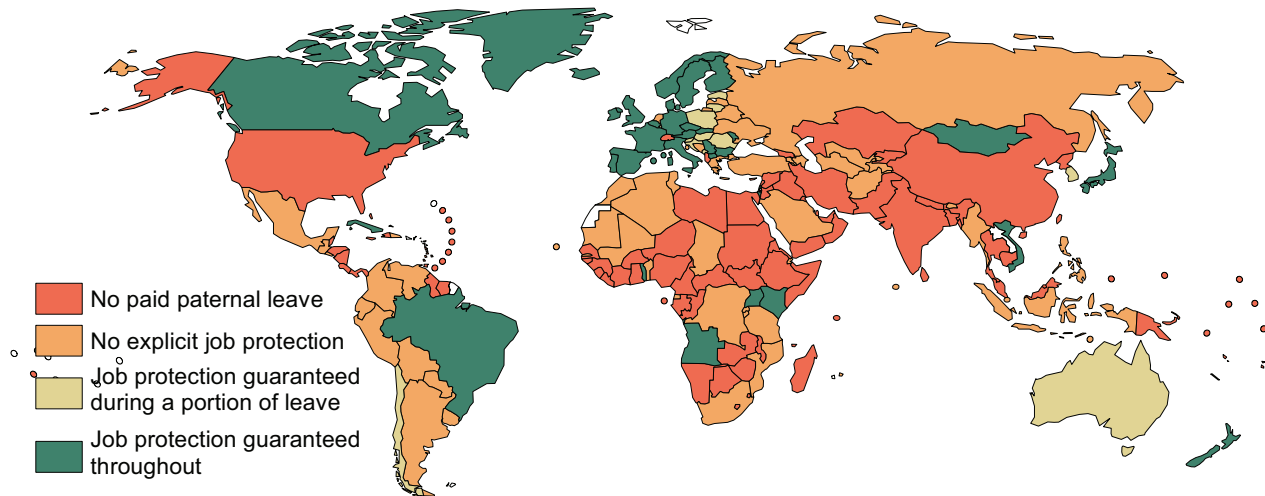
Notes: *Paid maternal leave* includes both paid maternity leave, which is leave reserved for mothers of infants, and paid parental leave, which is leave available to either parent.

Source: WORLD Policy Analysis Center Adult Labor database

Again a gender gap exists. A considerably smaller share of the countries providing paternal leave guar-

antee job protection compared with maternal leave (19 per cent vs. 78 per cent) (Figure 8).

Figure 8.
Is job protection guaranteed for fathers throughout paid paternal leave?



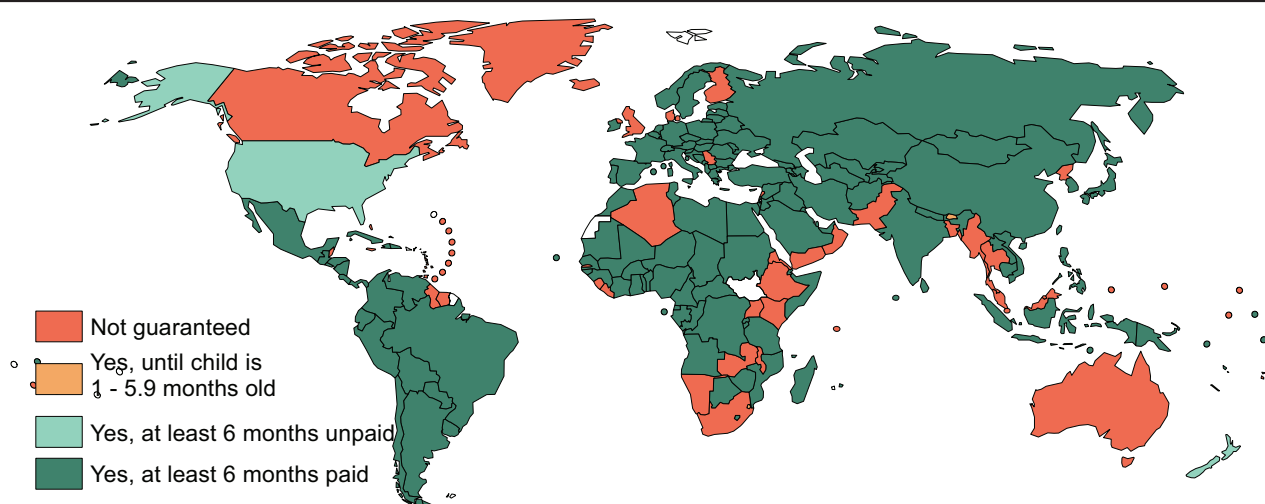
Notes: *Paid paternal leave* includes both paid paternity leave, which is leave reserved for fathers of infants, and paid parental leave, which is leave available to either parent.

Source: WORLD Policy Analysis Center Adult Labor database

Most countries provide mothers with breastfeeding breaks at work (73 per cent) and of those that do, virtually all (98 per cent) provide breaks with pay and

until the child is 6 months old, in line with the WHO recommended duration of exclusive breastfeeding (Figure 9).

Figure 9.
Are mothers of infants guaranteed breastfeeding breaks at work?



Notes: *Guaranteed breastfeeding breaks* reflect the legal right to breaks for breastfeeding upon a mother's return to work after childbirth, requiring workplaces to provide at least unpaid time for a mother to feed her infant or express milk.

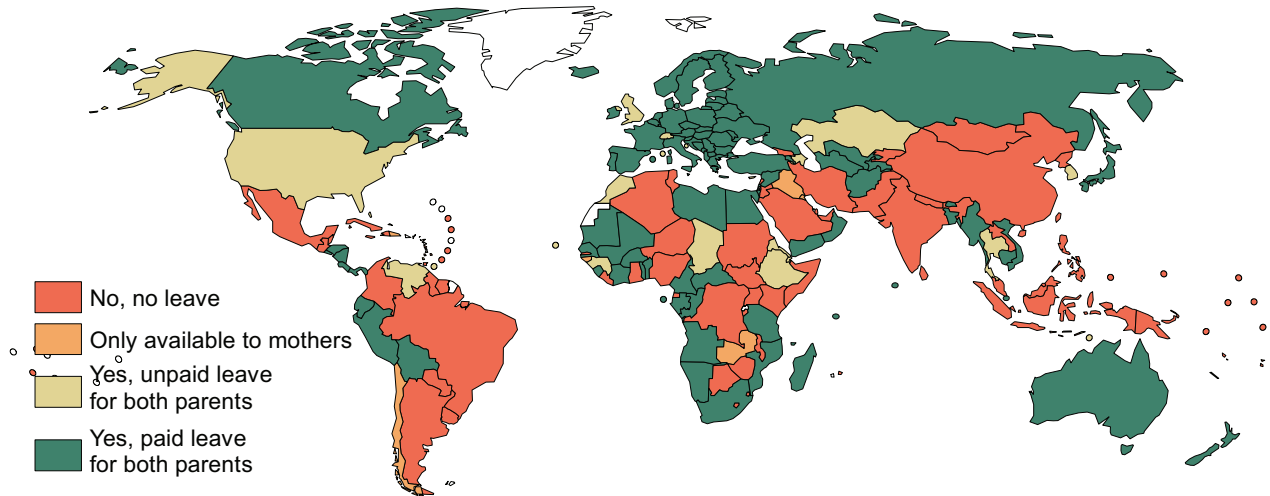
Source: WORLD Policy Analysis Center Adult Labor database

Leave for children's health needs facilitates parents' continuing participation in their children's care after parental leave has ended. Some 48 per cent of countries provide paid leave for children's health needs either in the form of leave specifically for this pur-

pose or other leave that can be used for this purpose such as leave for "family needs." A small minority provide unpaid leave (11 per cent) and 3 per cent (six countries) provide this type of leave that can only be used by mothers (Figure 10).

Figure 10.

Are working women and men guaranteed any leave for children's health needs?



Notes: Any paid leave for children's health needs includes both leave specifically designated for children's health needs including cases where leave is available only for serious illnesses, hospitalization, or urgent health needs, as well as discretionary, family needs, and emergency leave which may be used for health needs.

Source: WORLD Policy Analysis Center Adult Labor database

Recommendations

The following policy recommendations build on the research evidence surrounding children's healthy development.

Government plays a central role in ensuring paid parental leave is available to all families.

- Infant health is best supported by exclusive breastfeeding for six months (WHO recommendations based on research evidence). The best way to support this is to provide at least six months of paid maternity leave. Where this is not possible, a minimum of 18 weeks of paid maternity leave should be provided (consistent with current ILO recommendations) and paid breastfeeding breaks at work should be guaranteed for at least 8 weeks, and aspire to provide breaks until the child is 2 years old (consistent with WHO recommendations regarding duration of breastfeeding).
- Fathers should be provided with paid paternity leave of adequate length to support bonding with the infant, establish a role for the father in the care of the child, and support children's health development and gender equality. There is substantial evidence that paternity leave increases a father's involvement, reduces gender inequality, and benefits both infant and maternal health.
- Total paid parental leave (maternity, paternity and parental) should be long enough to ensure access to all preventive care and to ensure high-quality infant care at least until the age at which affordable, quality non-parental care is available. This should be at least 6 months and in many settings should total 9–12 months.

- Paid parental leave should be structured to better cover the informal sector given the high rate of employment in the sector in many countries.
- Working adults supporting families must receive an adequate wage. Governments should establish a minimum wage that enables a family to meet essential needs.

The private sector plays an important role in all policies and programmes related to employment. In the case of parental leave, businesses should:

- Include job protection with paid parental leave. Both working parents and their employers gain when parents are able to maintain their jobs, return to their pre-leave employers, and accrue tenure and work experience. Without job protection, parents may find it too risky to take leave or use all they need.
- Support their workers' continuation of breastfeeding once parental leave has ended by providing a location for breastfeeding mothers, and/or adequate time to go home to the infant, and refrigerated storage for those mothers who are pumping/expressing milk during breaks.
- Take steps to prevent or limit discrimination against working parents. Policies and practices must be comprehensive in scope, as there are multiple forms of discrimination at work, including those related to pay, promotions, hiring and firing, among other things. Among the useful strategies are training middle management and supervisors to prevent discrimination, and about the economic benefits of paid parental leave for employers.
- Pay all workers an adequate wage.
- Provide leave specifically for the care of a child or allow paid sick days to be used to care for family members. Once parents have returned to work, children are in the care of others who may not be able to care for a sick child. Paid sick leave facilitates parents' ability to obtain timely care and to be present, which may shorten recovery from illness and allow parents to return to work more quickly.

In order to fully realize the benefits of paid parental leave, policy designs need to account for the composition of the workforce, different types of employment relationships, different establishment sizes and the interconnected nature of the production of goods, among other factors. Among the most important of these is the large employment in the informal sector in many developing countries. Financing paid parental leave through a social insurance system can help to ensure that workers in both the formal and informal sector can have access to paid parental leave. There are a range of options for funding a social insurance system, including contributions from government (through general tax revenue), employers, individuals, or a combination of these entities.

Also important to achieving the benefits of paid parental leave is the collection of data on the implementation challenges that both national governments and employers have faced. These data are needed to identify where supplementary regulations, resources and education ought to be focused. Equally important is expanding the availability of data on take-up of policies, including information about which sub-groups are most likely to experience difficulties in making use of available policies, whether and which eligibility requirements limit access, and what barriers are most significant. This information can be used to guide policymakers and employers in shaping and prioritizing efforts to reduce barriers to accessing paid parental leave.

Endnotes

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