

Maternity leave policy in Viet Nam

Summary report


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Alive & Thrive (A&T) is a six-year (2009–2014) initiative to improve infant and young child feeding practices by increasing rates of exclusive breastfeeding and improving complementary feeding practices. The first two years of life provide a window of opportunity to prevent child deaths and ensure healthy growth and brain development. Alive & Thrive aims to reach more than 16 million children under two years old in Bangladesh, Ethiopia and Viet Nam through various delivery models. Learnings will be shared widely to inform policies and programs throughout the world. Alive & Thrive is funded by the Bill & Melinda Gates Foundation and managed by FHI 360. Other members of the A&T consortium include BRAC, GMMB, IFPRI, Save the Children, World Vision and UC-Davis.

Recommended citation

Alive & Thrive. *Maternity Leave Policy in Viet Nam: Summary Report*. Ha Noi, Viet Nam: Alive & Thrive, 2012.



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Acknowledgments

In Viet Nam, A&T acknowledges the special support of the Ministry of Labor, the United Nations Children's Fund (UNICEF) and the Ministry of Labor, Invalids and Social Affairs (MOLISA) for enabling us to undertake this formative research at the selected sites, as well as the Viet Nam General Confederation of Labor for carrying out the study. Thanks go to all stakeholders in Viet Nam for sharing their experiences in infant and young child feeding (IYCF). A&T is indebted to participating employers and employees for sharing their perceptions on IYCF and relevant labor laws, and for sparing their valuable time.

Study team

This summary report was co-authored by Nemat Hajejbhoy, A&T Country Director; and My Ha Nguyen, A&T Technical Specialist – Private Sector; and Thanh Hong Thi Pham, Head of the Department of Women's Welfare at the General Confederation of Labor. Staff at A&T headquarters and Viet Nam offices made valuable contributions, particularly Milena Dalton, who compiled the summary materials.

At a glance

83% of women agree that work prevents exclusive breastfeeding

89% of women and **80%** of employers & union officials support extending maternity leave to six months

Mothers already need and take longer leave:

56% request at least one extra month of leave

Mothers' jobs are secure if they take longer leave:

95% have contracts for one year or more

"Most women in Viet Nam spend 30–35 years of their lives working, and on average a woman has one or two children. Providing mothers with 6–12 months off from their 30 years of work life is an intelligent investment in the health and well-being of 50% of our nation's current workforce and 100% of our nation's future workforce." – Nemat Hajeebhoy, A&T Country Director

I. Background

To improve children's future growth and development, resistance to infection, educational achievement and economic status, the World Health Organization and the United Nations Children's Foundation (UNICEF) recommend that all mothers breastfeed exclusively in children's first six months of life, giving only breastmilk and no other foods or liquids. In Viet Nam, fewer than one in five infants is fed in this way; one result is that 29% of children under five have stunted growth. In response, Alive & Thrive (A&T), UNICEF and the Ministry of Labor, Invalids and Social Affairs have worked together to increase Viet Nam's current maternity leave policy from four to six months, which will help working mothers breastfeed exclusively for the recommended period of time, reduce healthcare costs and increase the stability of the workforce for employers and Viet Nam as a whole.

This summary report presents the key findings of a 2011 study, conducted by A&T and the Viet Nam General Confederation of Labor, on breastfeeding practices among female workers, current workplace implementation of maternity policy and opinions on diverse policy options to promote exclusive breastfeeding.

II. Methodology

The study was conducted in July and August 2011. A preliminary desk review of secondary documents (mainly trade union reports on breastfeeding among female workers) was followed by a questionnaire and in-depth interview with 1,200 mothers who had babies under 24 months of age or were pregnant with their second child; with 150 trade union officers; and with 150 employers. Respondents were selected from 59 companies in industrial and processing zones that employ large numbers of women in North Viet Nam (Ha Noi, Hai Phong, Hai Duong, Vinh Phuc, Quang Ninh, Thanh Hoa, Hung Yen), Central Viet Nam (Da Nang) and South Viet Nam (Ho Chi Minh City, Binh Duong, Dong Nai, Tay Ninh). In-depth interviews were approximately one hour in length, conducted in Vietnamese and audio-recorded.

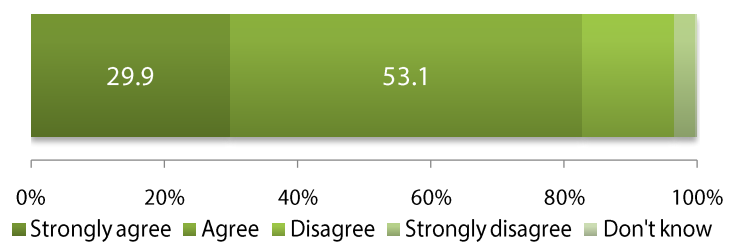
III. Key findings

Breastfeeding: women's knowledge, attitudes and practices

The female employees' breastfeeding knowledge was fairly accurate; 80% stated that children should breastfeed exclusively for six months, and 67% that breastfeeding should continue until 19–24 months.

Work was perceived as a key barrier to exclusive breastfeeding: 83% believed it to be impossible for “most women who work like I do” (see chart). Further barriers included low belief that breastfeeding alone is better than mixed feeding with formula milk (56% of respondents) and that expressed breastmilk can be refrigerated for up to four days (7%).

Female workers’ agreement with the statement: “Most women who work like I do cannot practice 6 months exclusive breastfeeding”



When mothers returned to work, babies were fed a range of non-breastmilk foods: 74% were fed rice soup and 15% formula milk, versus only 4% stored breastmilk. Only 38% of mothers continued to breastfeed until 19–24 months as recommended, and 9% of babies were completely weaned prior to six months. The main reasons reported for stopping breastfeeding were return to work (41% of respondents) and the perception of insufficient breastmilk (38%).

Policy: women’s knowledge, attitudes and practices

Regarding relevant workplace laws, 87% answered that they had been informed of the Labor Code. Knowledge of relevant maternity policies was clear: Almost all of those interviewed were aware of their rights, for example, to four months of maternity leave (98%), to additional maternity leave allowance if returning to work after two months (91%), to leave for prenatal examinations (92%) and to 60 minutes of breastfeeding breaks per day (82%). Only 29% were aware of their right to childcare service allowance, however, as compared to 51% who claimed knowledge of a right to a maternal income tax exemption that did not in fact exist.

The proposal to extend maternity leave was supported by 89% of women. Three other policy alternatives (company childcare, a childcare allowance, workplace breastfeeding support) received support from only 20% of women each.

While 40% of mothers said they resumed work immediately after their four-month maternity leave, more (56%) requested at least one extra month of leave. This indicates a real need to extend the current leave to six months, to allow mothers the necessary period to breastfeed exclusively. Women had sufficient job security to extend their leave: 68% were under long-term contract, and 28% under short-term contracts of one year or more.

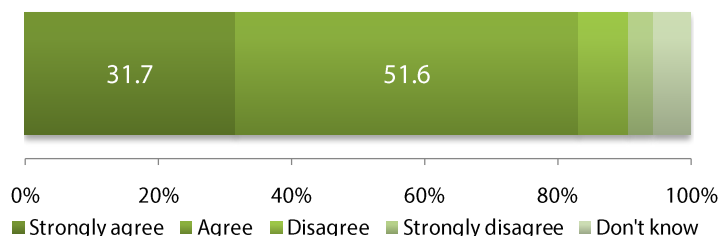
External factors

The proposal to extend maternity leave was supported by 83% of trade union officers and 73% of employers; 86% believed it would be good for the company. Most agreed that exclusive breastfeeding raises productivity and reduces work hours lost to caring for sick children (83%; see chart); also that breastfeeding support was an

investment in the current and future workforce (92%), and that it is beneficial for companies to offer a good maternity leave package because mothers will take less leave if their babies are well (94%).

Childcare services are scarce. Nearly all women (94%) indicated that their workplace had no daycare or kindergarten; 78% of women believed their company should offer such services. Childcare during work hours most commonly fell to grandmothers (70% of respondents). Employers stated that they were unable to offer childcare due to lack of land, funds and capacity to organize childcare staff.

Employer agreement with the statement: “Women who practice 6 months exclusive breastfeeding will have higher productivity and less work time lost to caring for their sick children”



IV. Conclusions and recommendations

As noted above, 83% of women agreed that work prevents exclusive breastfeeding. A six-month maternity leave policy would benefit mothers who wish to breastfeed exclusively; such a policy is supported by 80% of employers and trade union officers and 89% of female workers. Most women already require and take additional leave, which they have sufficient job security to enjoy without risk of losing their job. Extended maternity leave also partially solves the growing problem of childcare from four to six months and contributes to the strength of Viet Nam's current and future workforce. The Viet Nam General Confederation of Labor supports this extension and further recommends:

- Dissemination of educational information and materials on nutrition and breastfeeding for pregnant and lactating women to workers and trade union officers
- Increased supervision and monitoring the implementation of policies for female workers, including those on pregnancy, childbirth and social security
- More daycare facilities and kindergartens run by the Government of Viet Nam, with a priority on services at workplaces in industrial and processing zones

To advocate for the extension of the maternity policy, recommendations arising from this study were submitted to the Government of Viet Nam in advance of the May 2012 National Assembly meeting to amend the Labor Code.

Alive & Thrive franchise model



Dinh dưỡng hôm nay, sức khỏe cho ngày mai

A&T Viet Nam has launched an innovative franchise system, *Mặt Trời Bé Thơ* ("Little Sun"), that provides a quality counseling package on infant and young child feeding (IYCF) for pregnant women, lactating mothers and caregivers at commune, district and provincial health facilities.

Approximately 800 social franchises are in operation across 15 provinces, providing accurate IYCF information through interpersonal counseling and group sessions from the third trimester of pregnancy through the first two years of life.

The health system is enabled to run franchises through focused capacity building for healthcare workers at all levels. One-on-one services, including e- and tele-counseling, are supported by a communication strategy that generates demand and promotes optimal IYCF practices via a mass media campaign, print materials and an interactive website (www.mattroibetho.vn).

franchisors

Alive & Thrive

- Advertising & promotion
- Monitoring & evaluation
- Detailing & referral system
- Client support

National Institute of Nutrition

- Training
- Support & supervision

sub-franchisors

Provincial departments of health & reproductive health centers

- Overseeing regional implementation
- Establishing franchises
- Procuring supplies
- Coordinating staff development
- Supervising and monitoring franchises

franchisees

Province

- Provincial hospitals
- Reproductive health centers
- Preventive medical centers

District

- District hospitals
- Maternity homes
- Preventive medical centers

Commune/Ward

- Commune health centers
- Private clinics

service package

for pregnant women, lactating mothers, caregivers & fathers of children 0–24 months old

- Breastfeeding promotion
- Breastfeeding support
- Breastfeeding management
- Complementary feeding promotion
- Complementary feeding management

demand creation

- Mass media
- Village health workers
- Nutrition collaborators
- Women's Union