



Adult Labor Policies Promoting Population Health: Where does Latin America Stand?

Labor Policies: Mediating Effects on Health

Labor policy directly affects the extent to which working adults can care for their own health and that of their family.

- Providing paid sick days for employees encourages the immediate treatment of illnesses, minimizing recovery time and avoiding the exacerbation of the condition; it also prevents the spread of illness to coworkers, customers, and others in the workplace.¹
- Paid leave for children's health needs allows parents to care for sick children, which is associated with shorter recovery periods, better vital signs, and fewer symptoms.²
- Similarly, studies have shown that when sick adults are cared for by family members, they have better outcomes from conditions such as heart attacks and strokes.³

Paid parental leave following the birth of a child, as well as workplace accommodations for breastfeeding, have particularly direct and powerful impacts on health, with benefits for both infants and families:

- Paid leave for mothers has been shown to be associated with lower rates of infant mortality, higher vaccination rates, and better mental health outcomes for mothers.⁴
- Studies have shown that paid leave for fathers is associated with lower rates of postpartum depression among mothers, longer durations of breastfeeding resulting from support from fathers, and increased involvement by men with their infants.⁵
- Longer breastfeeding duration provides health benefits for both mothers and infants, including reduced rates of a range of infectious and chronic diseases, and a 1.5- to 5-fold decrease in mortality rates among breastfed infants.⁶

Areas of Strength

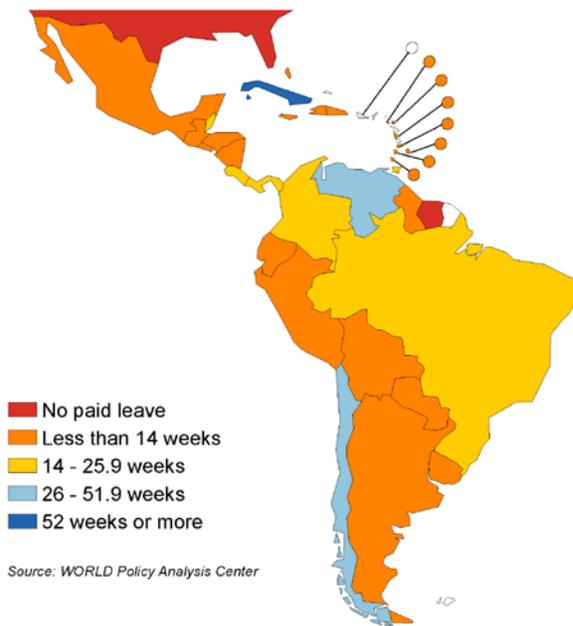
- All countries in Latin America and the Caribbean for which data are available guarantee paid sick leave to workers.
- With the exception of Suriname, all countries in the region also provide paid leave for mothers of infants.

Areas Needing Action

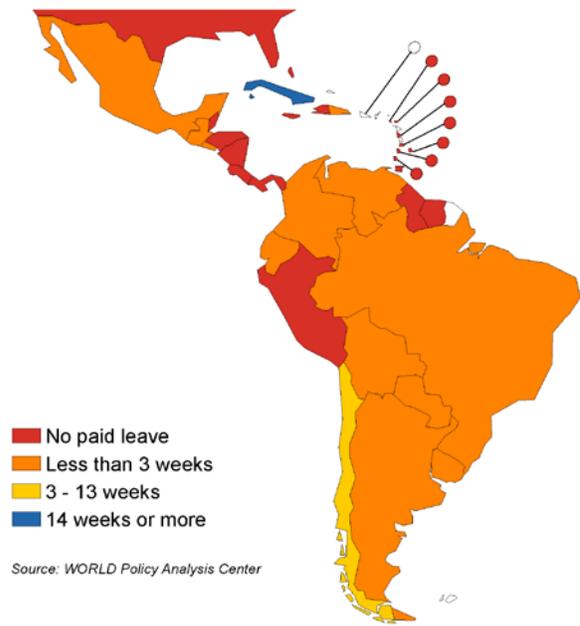
- 14 countries, or less than half the region, provide paid leave for fathers of newborn babies, and 12 of them provide less than 3 weeks of paid leave.
- 14 countries do not provide paid leave from the first day of illness. This places the region behind much of the rest of the world, where 73% of countries guarantee paid leave from the first day of sickness.

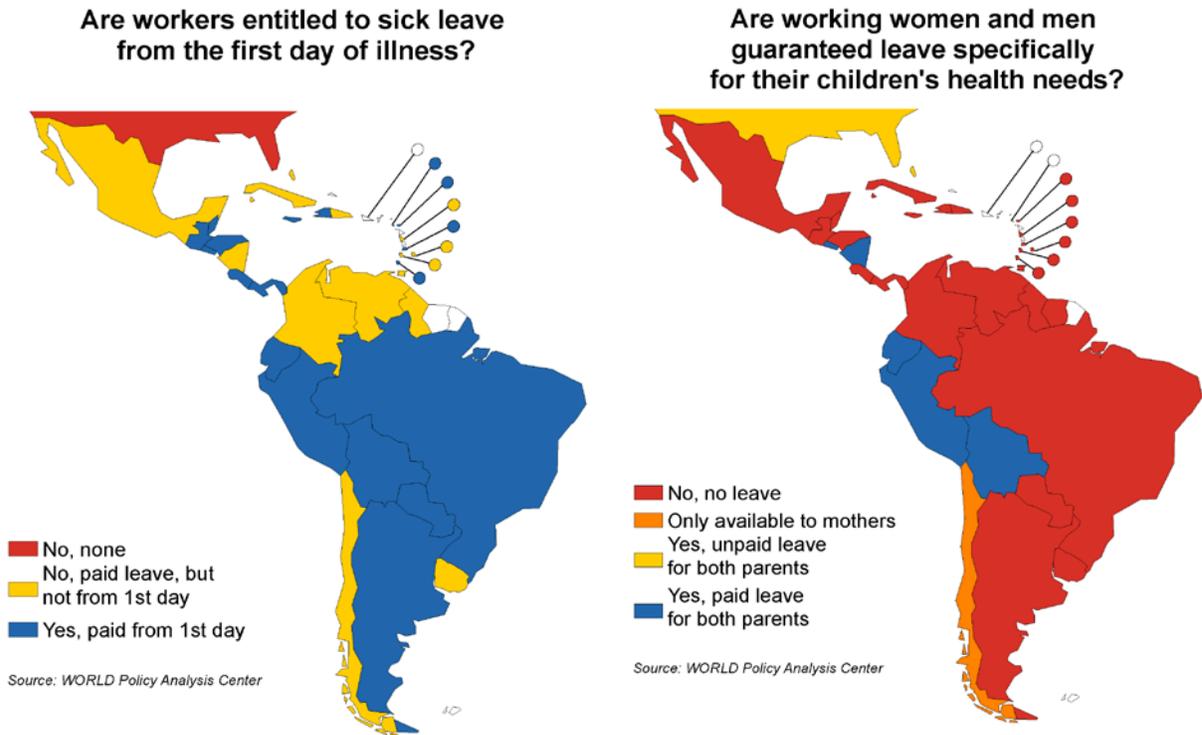
- Only 6 countries provide paid leave specifically for children’s health needs, though one of these countries (Chile) limits this leave only to mothers. Additionally, 1 country (Bahamas) provides unpaid leave for this purpose.
- The majority of the region does not meet the 14-week International Labour Organization (ILO) standard for the minimum duration of maternal leave. 23 countries – 70% of the region – guarantee fewer than 14 weeks of paid maternal leave. 6 countries (18%) provide between 14 and 25 weeks of leave, and just three countries, Chile, Cuba, and Venezuela, provide 6 months or more of paid leave for mothers.

Is paid leave available for mothers of infants?



Is paid leave available for fathers of infants?





Maps show laws and policies in place as of February 2014. Findings reflect information in national labor legislation available by that time through the International Labour Organization's NATLEX portal. If you are aware of relevant legislation updates, please contact Nicolas de Guzman at ndeguzman@ph.ucla.edu.

	Latin America and the Caribbean	Rest of the World	Countries for which Data are Available
Are workers entitled to paid sick leave from the first day of illness?			
No paid sick leave	0 (0%)	18 (12%)	
After a waiting period	14 (44%)	24 (16%)	185
Starts on the first day of illness	18 (56%)	111 (73%)	
Are working women and men guaranteed paid leave specifically for children's health needs?			
No, no leave	25 (78%)	84 (54%)	
Only available to mothers	1 (3%)	4 (3%)	
Yes, unpaid leave for both parents	1 (3%)	14 (9%)	189
Yes, paid leave for both parents	5 (16%)	55 (35%)	
Is paid leave available for mothers of infants?			

No guaranteed paid maternal leave	1 (3%)	7 (4%)	
Fewer than 14 weeks of paid maternal leave	23 (70%)	59 (37%)	
14 - 25 weeks of paid maternal leave	6 (18%)	47 (29%)	193
26 - 51 weeks of paid maternal leave	2 (6%)	15 (9%)	
52 weeks or more of paid maternal leave	1 (3%)	32 (20%)	
<i>Is paid leave available for fathers of infants?</i>			
No paid leave	19 (58%)	80 (50%)	
Less than 3 weeks	12 (36%)	34 (21%)	193
3 - 13 weeks	1 (3%)	4 (3%)	
14 weeks or more	1 (3%)	42 (26%)	
<i>Availability of Breastfeeding Breaks at Work</i>			
No guaranteed breastfeeding breaks at work	13 (39%)	38 (24%)	
Yes, until child is 1 - 5.9 months old	0 (0%)	2 (1%)	192
Yes, at least 6 months unpaid	0 (0%)	2 (1%)	
Yes, at least 6 months paid	20 (61%)	117 (74%)	

About WORLD: The WORLD Policy Analysis Center aims to improve the quantity and quality of globally comparative data on policies affecting human health, development, well-being, and equity. With this data, WORLD informs policy debates, facilitates comparative studies of policy progress, feasibility, and effectiveness, and advances efforts to hold decision-makers accountable.

¹ Heymann J, Rho HJ, Schmitt J, Earle A. Ensuring a healthy and productive workforce: comparing the generosity of paid sick day and sick leave policies in 22 countries. *Int J Health Serv.* 2010;40(1):1-22.

² Heymann, J. (2000). *The widening gap: Why America's working families are in jeopardy and what we can do about it*, New York: Basic Books.

³ Tsouna-Hadjis, E., et al. (2000). "First-stroke recovery process: the role of family social support." *Archives of physical medicine and rehabilitation* 81(7): 881-887.

⁴ Nandi, A., et al. (2016). "Increased duration of paid maternity leave lowers infant mortality in low-and middle-income countries: a quasi-experimental study." *PLoS medicine* 13(3): e100198; Daku, M., et al. (2012). "Maternal leave policies and vaccination coverage: A global analysis." *Social science & medicine* 74(2): 120-124; Avendano, M., et al. (2015). "The long-run effect of maternity leave benefits on mental health: evidence from European countries." *Social science & medicine* 132: 45-53.

⁵ Page, M. and M. S. Wilhelm (2007). "Postpartum daily stress, relationship quality, and depressive symptoms." *Contemporary Family Therapy* 29(4): 237-251; Flacking, R., et al. (2010). "The influence of fathers' socioeconomic status and paternity leave on breastfeeding duration: a population-based cohort study." *Scandinavian Journal of Social Medicine* 38(4): 337-343; O'Brien, M. (2009). "Fathers, parental leave policies, and infant quality of life:

International perspectives and policy impact." *The Annals of the American Academy of Political and Social Science* 624(1): 190-213.

⁶ Leon-Cava N, Lutter C, Ross J, Luann M. *Quantifying the benefits of breastfeeding: a summary of the evidence*. Washington DC: Pan American Health Organization; 2002.