

WELFARE-TO-WORK UNDERMINES NATIONAL BREASTFEEDING GOALS

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Health professionals have long recognized the benefits of breastfeeding for children, mothers, and society as a whole. Despite these benefits, only 41.5% of women nationwide breastfeed six months after birth and this problem is even more pronounced for low-income mothers – only 33.1% continue breastfeeding six months after birth.¹ Both federal- and state-sponsored programs, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), have prioritized increasing breastfeeding among low-income women. However, alterations to work requirements for low-income mothers stemming from the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996 negatively impact efforts to increase breastfeeding rates among these women. Given the inverse relationship between welfare-to-work requirements and breastfeeding rates, we should improve these incongruent policies to better serve mothers and infants.

Importance of Sustained Breastfeeding

Child and public health advocates suggest that women breastfeed infants for a minimum of six to twelve months.² Research indicates that breastfeeding beyond this point is highly beneficial for both infants and mothers in a wide range of areas such as infection rates of infants and mothers, mental health of mothers, and physical and intellectual development of infants.³ Generally, breastfed infants are far less likely to get sick and, when they do get sick, to recover much faster.⁴ One recent literature review concluded that there was a 72% reduction in the risk of hospitalization due to respiratory diseases in children who were breastfed for four or more months. Reductions in the following diseases and infections have also been observed: ear infections,⁵ diabetes,⁶ asthma,⁷ obesity,⁸

and some cancers.⁹ Mothers who breastfeed also derive benefits including a decreased risk of developing type 2 diabetes and breast and ovarian cancer.¹⁰ As a result, the U.S. Department of Health and Human Services (DHHS) recently set the following national goal for 2010: 75% of mothers would breastfeed immediately after delivery and 50% would breastfeed six months after delivery.¹¹

In addition, several recent studies have indicated that there are economic benefits to breastfeeding. The U.S. Department of Agriculture estimates that a minimum of \$3.6 billion in health care and indirect costs would be saved if breastfeeding rates were increased to reach the DHHS goal for 2010.¹²

Efforts to Increase Breastfeeding in Low-Income Families

WIC provides nutritious food and nutrition services to low-income pregnant and postpartum women. To address the gap in breastfeeding rates between the general population and low-income mothers, WIC created the Breastfeeding Promotion and Support Program through which WIC provides information about breastfeeding, follow-up counseling, enhanced food packages, and breast pumps, and also grants eligibility extensions for breastfeeding mothers.¹³ In 2002, WIC estimated that 48.3% of enrolled women initiated breastfeeding; the target for 2010 is 60%.¹⁴ It is important to note that all welfare recipients are income-eligible for WIC services and that a large number of women participate in the program. Nationwide, approximately 47% of infants born in the U.S. receive WIC benefits.¹⁵

Given the overlap of WIC and welfare eligibility, the breastfeeding rates of WIC participants provide some insight into breastfeeding rates of welfare

recipients. Only 40% of children participating in WIC were breastfed as compared to 67% of children in higher income families.¹⁶ Another study concluded that the strongest predictor of discontinued breastfeeding at six months of age was enrollment in the WIC program.¹⁷

Work Requirements for Low-Income Mothers

Several structural aspects of U.S. welfare-to-work policies run counter to the national goal of increasing breastfeeding rates among low-income mothers. These requirements hamstring WIC from helping the nation realize the stated breastfeeding goals. PRWORA changed welfare policy in two key ways. First, it had much stricter work requirements for recipients. Second, it gave states much more discretion in determining policies and allocating resources. As such, many states now require work or work-related activities for mothers with children under the age of one.¹⁸ As of 2003, twenty states give no exemptions to women with newborns or give exemptions extending three or four months, and 46 states require that women receiving welfare return to work by their child's first birthday.¹⁹ A woman receiving welfare benefits through Temporary Aid for Needy Families (TANF) must return to work 13 weeks after the birth of her child.

Impact of Welfare-to-Work Requirements on Breastfeeding

One factor in the low breastfeeding rates among low-income women is the strict work requirements associated with welfare receipt. Relative to imposing no work requirements, the most stringent welfare-to-work laws reduce breastfeeding among new mothers by 22%.²⁰ While the primary intention of welfare-to-work requirements is to increase self-sufficiency among impoverished mothers, the policy may have unintended negative consequences on breastfeeding rates and the overall health of low-income mothers and their infants. In 2001, women working full-time six months after giving birth were approximately 30% less likely to breastfeed than women who were not working.²¹ One of the most important reasons that mothers cite for not breastfeeding is going back to work.²² While stringent welfare-to-work require-

ments reduce breastfeeding rates, women who are low-income, black, less educated, younger, or working are all less likely to initiate, let alone continue, breastfeeding.²³ These criteria clearly apply to many welfare recipients. As the Government Accountability Office noted in a recent report, "the increase in the number of WIC participants who work will make attaining some of WIC's goals, such as increasing breastfeeding, a greater challenge."²⁴

Workplace Accommodations and Breastfeeding Rates

While returning to work alone may not be the sole cause of lower breastfeeding rates,²⁵ this requirement highlights a second structural problem: workplace atmosphere and employer support of breastfeeding.²⁶ Some workplaces accommodate new mothers who wish to breastfeed because they recognize the benefits of having women return to work after the birth of their child. Accommodations include pumping stations, refrigerators, and frequent breaks for mothers with infants.²⁷ These accommodations address the fact that breastfeeding women repeatedly cite difficulty in finding time at work to pump milk as an obstacle to breastfeeding.²⁸ These obstacles appear to delay the discontinuation of breastfeeding among working mothers.²⁹

Research about women receiving welfare indicates that the jobs they receive are often entry level, hourly positions, which pay at or only slightly above the minimum wage. Based on 2002 Department of Labor statistics, 63% of *all* women in the U.S. have hourly paid positions or minimum wage jobs.³⁰ Of low-income workers, only 39% receive paid time off for illness and only 51% receive paid vacation days.³¹ This compares to 74% and 89%, respectively, for middle-income workers.³² Along with other so-called 'fringe' benefits, it is clear that these jobs "may not offer the flexibility or workplace programs needed to facilitate continued breastfeeding."³³ A 1996 survey of 500 WIC mothers found that only 2% reported having the accommodations they needed to support daily breastfeeding.³⁴ Thus, the requirement that new mothers enter the workforce in order to continue receiving welfare benefits means that women are taking jobs that do not accommodate breastfeeding. For

example, *et al.* predict that absent PRWORA, the national breastfeeding rate in 2002 would have been 5.5% higher.³⁵

Alternative Policy Recommendations

The welfare-to-work requirements and the emphasis on breastfeeding as a public health issue are conflicting policies; however, this need not necessarily be the case. There are two sets of public policies that may be able to support both economic self-sufficiency and breastfeeding.

Firstly, the Federal Government should reconsider the work requirements for women with infants. As Jackowitz suggests, “the vast majority of the harmful effects on breastfeeding would be eliminated if mothers of infants were not required to work full-time.”³⁶ One could envision a program whereby new mothers would be exempt from work for the first six months the child’s life and then, perhaps, only required to work part-time for the following six months. Several studies suggest that women who work part-time have the highest breastfeeding rates of all women, including those who stay at home full-time.³⁷ Moreover, any potential benefits which may be received through increased work are most likely offset via “a greater financial burden on Medicaid and WIC” as a result of lower breastfeeding rates.³⁸

A slight permutation of reduced work requirements has been tried in Europe where the state actually provides extended maternity benefits for women through a social security type program. Under such a system, women with infants under one year of age are exempt from welfare and its work requirements and instead are enrolled in a ‘stay at home’ program. Minnesota has enacted a similar program whereby families receive 90% of what the state would have paid in child care subsidies when one parent stays home during the first year of life.³⁹ This policy not only encourages breastfeeding, but it may also achieve other social benefits associated with at-home care with a parent.

Secondly, if the goals of both welfare reform and breastfeeding promotion campaigns are to be equally respected and considered, it is most logical to focus efforts on reforming the employment side of the equation. There are several policies that could be

implemented to encourage employers to provide accommodations and support for breastfeeding mothers, regardless of their welfare status. First, a federal law could mandate that all employers provide flexible break schedules, lactation facilities, and other accommodations for breastfeeding mothers. By mandating a more supportive environment, employers could help smooth the transition from childbirth to work and remove the primary barrier to continued breastfeeding: work.

There are several other alternatives that could be promoted on the employment side of the equation. First, employers could be educated as to the financial and productivity benefits associated with breastfeeding. Women who breastfeed not only have healthier children and thus miss less work, but they are also less likely to get sick themselves, have better mental health, higher morale, higher productivity, lower health care costs, and are more able to manage home and work.⁴⁰ Lower absenteeism and happier employees directly impact the

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bottom line for employers. Second, the federal and state governments, recognizing that saving will arise in other programs, could provide incentives for employers to provide breastfeeding promotion facilities. Additionally, given that employer sponsored child care increases breastfeeding rates by 59%, incentives could be given to employers who provide such care.

By targeting incentives or policies toward employers, the socially popular work requirements associated with TANF and welfare reform could be maintained while simultaneously encouraging breastfeeding, which has been proven to promote better public health.

Endnotes

- 1 Centers for Disease Control, National Immunization Survey, 2004. See <http://www.cdc.gov/breastfeeding/data/NIS_data/data_2004.htm>
- 2 In 1997, the American Academy of Pediatrics endorsed exclusive breast feeding for approximately six months after birth and recommends continued breastfeeding with supplementation until the infant is at least 12 months old.
- 3 Lawrence RA. Breastfeeding: Benefits, Risks, & Alternatives. *Current Opinion in Obstetrics and Gynecology* 12:519-24, 2000.
- 4 United States Breastfeeding Committee. Benefits of Breastfeeding [issue paper]. Raleigh, NC: United States Breastfeeding Committee; 2002.
- 5 M.J. Heinig. "Host Defense Benefits of Breastfeeding for the Infant: Effect of Breastfeeding Duration and Exclusivity." *Pediatric Clinics of North America*. 2001; 48: 105-123.
- 6 "Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries;" *Evidence Report/Technology Assessment #153*, Agency for Healthcare Research and Quality Publication (AHRQP) No. 07-E007, April 2007.
- 7 M. Gdalevich, D. Mimouni, M. David, and M. Mimouni. "Breastfeeding and the Onset of Atopic Dermatitis in Childhood: A Systematic Review and Meta-analysis of Prospective Studies." *Journal of the American Academy of Dermatology*. 2001; 45:520-527.
- 8 Lau, Joseph, et al. "Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries." *Evidence Report/Technology Assessment No. 153*. Prepared for the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services, 2007. See <<http://www.ahrq.gov/downloads/pub/evidence/pdf/brfout/brfout.pdf>>.
- 9 M.K. Davis. "Review of the Evidence for an Association between Infant Feeding and Childhood Cancer." *European Journal of Cancer, Supplement*. 1998; 11: 29-33.
- 10 Lau, 2007, *supra* note 7.
- 11 U.S. Department of Health and Human Services. 2010 Healthy People. 2000.
- 12 Weimer J. The Economic Benefits of Breastfeeding: A Review & Analysis. Food and Rural Economics Division, Economic Research Service, U.S. Department of Agriculture. Food Assistance and Nutrition Research Report No. 13, 2001.
- 13 WIC website. See <<http://www.fns.usda.gov/wic/Breastfeeding/breastfeedingmainpage.HTM>>.
- 14 Strategic Goal 5: Improve the Nation's Nutrition and Health. 14 Food and Nutrition Service. Frequently asked questions about WIC. See <www.fns.usda.gov/wic>.
- 15 Food and Nutrition Service. Frequently Asked Questions about WIC. See <<http://www.fns.usda.gov/wic>>.
- 16 WIC Executive Summary. See <http://www.fns.usda.gov/oane/MENU/Published/WIC/FILES/profile_wic_children.htm>.
- 17 Ryan AS, Zhou W, Arensberg MB. The effect of employment status on breastfeeding in the United States. *Women's Health Issues* 16:243-251, 248, 2006.
- 18 Waldfogel J. *What Children Need*. Cambridge (MA): Harvard University Press, 2006.
- 19 *Ibid*.
- 20 Haider SJ, Jacknowitz A, Schoeni RF. Welfare Work Requirements and Child Well-Being: Evidence from the Effects on Breast-Feeding. *Demography* 40(3):479-497, 2003.
- 21 Ryan AS, Wenjun Z, Acosta A. Breastfeeding continues to increase in the new millennium. *Pediatrics* 110:1103-1108, 2002.
- 22 Fairbank L, O'Meara S, Renfrew M J, Woolridge M, Snowden AJ, Lister-Sharp D. A systematic review to evaluate the effectiveness of interventions to promote the initiation of breastfeeding. *Health Technology Assessment* 4(25): 1-171, 2000.
- 23 Jacknowitz, A. "An Investigation of the Factors Influencing Breastfeeding Patterns," *Dissertation*, RAND Graduate School, 2004.
- 24 WIC Faces Challenges in Providing Nutrition Services. Government Accountability Office. GAO-02-142. 2001.
- 25 Ryan et al., 2002, *supra* note 21.
- 26 Haider et al., 2003, *supra* note 20. In 2003, Haider et al. found a positive causal impact of welfare reforms on employment and a negative correlation between employment and breastfeeding; "if such employment effects exist among women with infants, then welfare reform could be causing some new mothers to enter the workforce, and in turn, to stop breast-feeding."
- 27 Roe B, Whittington LA, Fein SB, Teisl MF. Is there competition between breastfeeding and maternal employment? *Demography* 36:157-171, 1999. Employer-provided space and break time to pump breast milk may allow mothers to better manage breastfeeding and employment.
- 28 Auerbach, KG. Employed Breastfeeding Mothers: Problems They Encounter. *Birth* 11(1):17-20, 1984. et al., 1984.
- 29 *Ibid*.
- 30 US Department of Labor, Bureau of Labor Statistics. Characteristics of Minimum Wage Workers: 2002.
- 31 Families and Work Institute. What do we know about entry-level, hourly employees? Research Brief No. 1, November 2006. See <<http://familiesandwork.org/site/research/reports/main.html>>.
- 32 Families and Work Institute, 2006.
- 33 Lindberg LD. Trends in the relationship between breastfeeding and postpartum employment in the United States. *Social Biology* 43(3-4):191-202, 1996.
- 34 Bronner Y, Gross S, Caulfield L, Bently M, Jensen J, Kessler L, Paige D. Influence Of Work Or School On Breastfeeding Among Urban African American WIC Participants. *Abstracts of the 124th Annual Meeting, American Public Health Association*, Nov. 17-21, 1996, New York City, Session #3090.
- 35 Haider et al., 2003, *supra* note 20.
- 36 Jacknowitz, 2004, *supra* note 23.
- 37 Ryan et al., 2006, *supra* note 17.
- 38 Haider, 2003 *supra* note 20.
- 39 Waldfogel J. *What Children Need*. Cambridge (MA): Harvard University Press, 2006.
- 40 Ryan et al., 2006, *supra* note 17.