

# A Comparative Analysis of Breastfeeding Policies in Indonesia, the United Arab Emirates, and the Philippines

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# Abstract

To combat malnutrition in children, Indonesia, the United Arab Emirates, and the Philippines have passed legislation on breastfeeding requirements. The laws in each of these three countries are framed differently. This paper analyzes each law with the goal of determining why the law is or is not successful. This analysis reviews policy implementation and enforcement, as well as the role of women's rights in the framing of the law.

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# Introduction

Breast milk consumption has been linked to many different health benefits, such as limiting the risks of immune-related diseases, both during childhood and adult life (Cordeiro, 2014). Due to these benefits, breastfeeding has gained the focus of many different parties, including the World Health Organization (WHO). In 2001 the WHO administered a report that considered the effects of exclusive breastfeeding for different ages. This report concluded that children should receive breast milk for the first six months of their lives (World Health Organization, 2001). The WHO's recommendation encouraged countries around the world to create their own breastfeeding legislation to support this practice.

The goal of this project was to compare the breastfeeding legislation of three different countries (Indonesia, the United Arab Emirates (UAE), and the Philippines) to determine why they are or are not successful. The legislation in each country was considered based on four factors: 1) the policy, 2) the policymaking process, 3) the implementation and enforcement, and 4) the impact and public response. Based on this research, the laws of each country were analyzed to determine their origins and overall impact.

# Methodology

The goal of this project was to compare the breastfeeding legislation of Indonesia, the UAE, and the Philippines. To accomplish this goal, four different research criteria were selected for analysis: breastfeeding policy, policy making, implementation and enforcement, and impact and response. Information was collected using online research databases, news outlets, blog posts, and interviews. I performed a systematic analysis of these sources to provide a review of breastfeeding laws in three countries (Indonesia, the UAE, and the Philippines), before comparing and contrasting these policies across the three cases. While these three states have different types of government, legal systems, and culture (among many other factors), their differences make them useful for analysis as a means to illustrate the variation in breastfeeding laws. This project received Worcester Polytechnic Institute's Institutional Review Board approval to conduct interviews, focus groups, and surveys. Each participant in this project research has signed an informed consent form to ensure ethical practices.

# Breastfeeding Policies in Indonesia, the UAE, and the Philippines

The consumption of breast milk has long been connected to many health benefits, including the reduction of the risk of immune-related diseases later in the child's life (Cordeiro, 2014). While breastfeeding is very beneficial to the child, it is not always easy for the mother. Mothers often struggle with finding a breast milk expression technique that works well for them (AIMI Representative, Informal Conversation, March 21, 2017). When breastfeeding becomes too difficult, some mothers will chose to give up, switching to breast milk substitutes instead. Breast milk substitutes, however, do not provide the same benefits as breast milk itself (Food and Nutrition Bulletin, 1981). The numerous health benefits associated with breast milk led to the World Health Organization (WHO) releasing a report in 2001 with the recommendation that children be breastfed exclusively for the first six months of their lives (2001). Laws regarding the needs of breastfeeding mothers, both at home and in the workplace, have become more common since the WHO released this statement (Feig, 2011). These laws fall into two general categories: mother-focused legislation (when the law is focused on the needs of mothers), or child-focused legislation (when the law is focused on the needs of children). In this section I outline the laws and policies surrounding breast milk expression in three countries: Indonesia, the UAE, and the Philippines.

## *Indonesia*

Mothers in Indonesia are required to provide breast milk to their infant(s) for the first six months of the infant's life, unless a medical condition inhibits them from doing so (Better Work Indonesia, 2012). This is written in the Indonesian Health Law No. 36, which was enacted in 2009 (Better Work Indonesia, 2012). If a mother does not comply with this law, or if another individual does anything to inhibit her from providing her infant with breast milk, he/she could face a year in prison or a fine up to \$11,000 (Better Work Indonesia, 2012). Articles within this law, specifically article 128, give mothers the resources they need to successfully breastfeed for six months (Law of Republic on Indonesia Number 36 Year 2009 Concerning Health, 2009). They require that family, community, the government, and the workplace provide support (Better Work Indonesia, 2012).

## *United Arab Emirates*

The UAE has implemented their Child Rights Law with a specific clause that is similar to Indonesia's breastfeeding law; Emirati mothers in the UAE are now required to provide breast milk to their child for the first two years of the child's life (Nuseibeh, 2014). The law was originally proposed as part of a child protection bill, which was passed in 2014 (Constantine, 2014). This bill was child-focused, justifying breast milk as a right of all babies (Constantine, 2014). To make this law more feasible for working mothers, the UAE Labour Law helps give mothers the opportunity to breastfeed at work (What are your maternity rights in the UAE?, 2017). It requires that mothers receive 45 days paid maternity leave, as well as two daily breaks

to express breast milk for the first 18 months after delivery (What are your maternity rights in the UAE?, 2017).

### *Philippines*

Contrary to the laws in both Indonesia and the UAE, the Philippines' breastfeeding law, the Expanded Breastfeeding Promotion Act of 2009 (Breastfeeding in the Philippines, 2013) is not child-focused. Instead, this law is mother-focused, prioritizing the rights of mothers, as well as providing support so that mothers have what they need to successfully breastfeed for six months as recommended by the WHO.

The Philippines was an early supporter in the development of rights for breastfeeding mothers, taking action by passing legislation on the International Code of Marketing Breast-milk Substitutes in 1986, which restricts the advertisement and sales of breast milk substitutes (Breastfeeding in the Philippines, 2013). As breast milk substitutes do not provide all of the nutrients needed by infants (Karana and Rose, 2016), this regulation encourages mothers to choose breast milk instead (Breastfeeding in the Philippines, 2013).

Since then, the Philippines has also implemented the Expanded Breastfeeding Promotion Act of 2009 (Breastfeeding in the Philippines, 2013). This act created requirements for workplaces, including breastfeeding breaks and designated areas for breast milk expression (Breastfeeding in the Philippines, 2013). As half of women fifteen years or older in the Philippines are in the workforce, this law has broad impact (Breastfeeding in the Philippines, 2013).



## Policy Making

When analyzing a policy, it is important to understand the decisionmaking process that led to the policy's creation. Understanding the decisionmaking process behind a policy can provide clarity in ways the language in the policy itself may not. In this section I discuss the catalyst(s) for the policies surrounding breast milk expression in each of the selected countries. When looking at the policymaking process in these cases, I take into account the breastfeeding practices preceding the law, the roles and rights of women, and the stakeholders involved. This background provides an understanding of how the law came to be, as well as the possible reasons for the framing of the law.

### *Indonesia*

Breastfeeding policies in Indonesia stem from the government recognizing how important breastfeeding is to a child's health, and their policies are directly based on the WHO's six month recommendation (Indonesia's breastfeeding challenge is echoed the world over, 2014). As a result, the Indonesian government created their breastfeeding legislation in 2009, requiring that all babies receive breast milk for the first six months of their lives (Indonesia's breastfeeding challenge, 2014).

After three years, though, the government realized that the Indonesian Health Law No. 36 (Better Work Indonesia, 2012) was not written adequately, as it put all of the pressure to comply on mothers (Karana and Rose, 2016). Therefore, new laws - Articles 34 and 35 (Better Work Indonesia, 2012) - were released in 2012 in the hopes of clarifying some of the ambiguities in the

original law (Karana and Rose, 2016). The law now puts responsibility on employers as well, requiring them to provide time and space for women to express breast milk during the work day (Karana and Rose, 2016). Indonesia has also implemented legislation focused specifically on the breast milk substitute industry, which steered mothers away from using breast milk substitutes by making it less accessible (Karana and Rose, 2016). This law was implemented because breast milk substitutes provide less key nutrients than breast milk (Karana and Rose, 2016), as well as because the substitutes must be mixed with water, which is often contaminated in Indonesia (Wise, 2011).

### *United Arab Emirates*

The development of breastfeeding laws in the UAE had multiple catalysts. The original concerns leading to this law stemmed from the needs of children. In the UAE, where rates of non-communicable diseases are high, breastfeeding is extremely important, as it is known to help prevent these diseases during both child and adult life (Constantine, 2014). This reason, as well as other health benefits, is a large part of why breastfeeding is considered a right that should be granted to all babies through legislation, as they cannot defend that right themselves (Constantine, 2014). Breastfeeding during infancy has been shown to have significant health benefits during both infant and adult life; however there are still low numbers of mothers, both in the UAE and worldwide, who breastfeed for the six months recommended by the World Health Organization (Constantine, 2014). In the UAE only about 25% of children are exclusively breastfed for the first six months of their lives (Constantine, 2014).

When constructing this policy, the UAE's Federal National Council wrote it into the Child's Protection Bill (Constantine, 2014), as opposed to writing it in a way that focused on the mothers and their rights. This law largely reflects the cultural and religious views surrounding breastfeeding in the UAE. Breastfeeding is viewed as a human right for the child (Brownie et al., 2015), as well as part of the religious and traditional lifestyle (Radwan and Sapsford, 2016). It is written in the Islamic religious texts that infants should consume breast milk during their first two years of life (Radwan and Sapsford, 2016). When it comes to the tradition of breastfeeding, there is often pressure from elderly family members for a mother to provide breast milk to her infant (Radwan and Sapsford, 2016). Couples usually live with the husband's family (Radwan and Sapsford, 2016), which means that not only are mothers receiving advice and pressure from the elders of the family, new mothers are most likely receiving it from their mother-in-law.

### *Philippines*

The national breastfeeding conversation in the Philippines began in 1989 at the international Convention on the Rights of the Child (Breastfeeding in the Philippines, 2013). This convention strove to improve childhood health and nutrition worldwide, and the Philippines became a signatory (Breastfeeding in the Philippines, 2013). This convention led to the Philippine's own national legislation on breastfeeding (Breastfeeding in the Philippines, 2013). This code outlined the rights of children and nursing mothers, as well as the importance of breast milk as opposed to breast milk substitutes (International Code of Marketing of Breast-milk Substitutes, 1981). Malnutrition is the cause of 45% of the deaths of children under five-years-old and is often linked to inadequate breast milk consumption during a child's early

life (Breastfeeding in the Philippines, 2013). Because breast milk substitutes, while convenient, do not offer the same level of nutritional value as breast milk (Food and Nutrition Bulletin, 1981), this code was put in place to deter mothers from using them.

The Philippines has also implemented breastfeeding legislation, such as the Breastfeeding Promotion Act and the Republic Act (Breastfeeding in the Philippines, 2013). Supporting breast milk expression at the workplace is extremely important, as 50% of women over age 15 are in the workforce (Breastfeeding in the Philippines, 2013), which means that many mothers work. Breastfeeding is a function of supply and demand, so a mother will produce less milk if she expresses less frequently (Better Work Indonesia, 2012). Therefore, if a lactating mother does not express breast milk at all over the course of an 8-hour shift, her supply will decrease substantially (Better Work Indonesia, 2012).

The pieces of legislation regarding labor have been implemented to make the transition back to work easier. Women receive six to eight weeks of paid maternity leave, so additional support is required when they return to work (Breastfeeding in the Philippines, 2013). At work, women receive two paid breaks to express breast milk, for a total of 40 minutes (Breastfeeding in the Philippines, 2013). Work locations are also required to provide lactation rooms (Breastfeeding in the Philippines, 2013). Community-based healthcare support also provides breastfeeding counselors for mothers who have difficulty expressing breast milk (Breastfeeding in the Philippines, 2013).

## Policy Implementation and Enforcement

Each country has different practices for implementing and enforcing their laws and policies, which can play a key role in how the public perceives a law. In this section, I discuss the implementation process for the breastfeeding laws in each of the three countries. I then discuss the enforcement of each law, specifically reviewing the main stakeholders involved in implementation, as well as who is responsible for enforcing the law.

### *Indonesia*

Breastfeeding laws in Indonesia are vaguely-written and not well enforced. For example, the law requires that employers support their breastfeeding mothers when they return to work (Better Work Indonesia, 2012). The support required, however, is defined as “special protection” but “special protection” is never itself defined (Better Work Indonesia, 2012). Another article in the law requires employers to allow women to breastfeed, although only when “it must be done during work hours” (Better Work Indonesia, 2012). Therefore, if an employer claims that a mother can adequately express breast milk outside of working hours, the employer may not provide any additional support. Furthermore, no one entity or agency is charged with enforcing this law or ensuring that employers give women the adequate resources to breastfeed (Shetty, 2014).

## *United Arab Emirates*

There is also little clarity in the UAE regarding who is in charge of implementing and enforcing its breastfeeding law. There are clauses within the law giving the government the responsibility of spreading awareness of the benefits of breastfeeding (Salem, 2013), however there is no one specified as in charge of implementing the breastfeeding practices. Government officials have admitted that this law will be difficult to enforce (Salem, 2013), particularly because 84.7% of Emirati mothers do not work (Radwan, 2011), and therefore spend the majority of their time at home. There will, however, be the possibility for punishment if someone brings it to law enforcement's attention that a mother is not breastfeeding her child (Salem, 2013). This could result in mothers being sued by their husbands for neglecting their duties (Nuseibeh, 2014).

## *Philippines*

The framing of the breastfeeding-related laws in the Philippines make it easier to enforce than those in the UAE or Indonesia. They put the focus on entities larger than the mothers themselves, such as the breast milk substitute industry and workplaces that employ mothers. Since half of the adult women population works (Breastfeeding in the Philippines, 2013), there is significant focus on this sector. Almost 380 different work locations have implemented lactation stations, however only 34 of those were "Mother-Friendly" (Breastfeeding in the Philippines, 2013). The Department of Health enforces these laws, but there is little done when businesses do not comply (Breastfeeding in the Philippines, 2013).

## Impact and Public Response

In this section I discuss the impacts of and responses to the laws put forth in all three countries. I discuss impacts the law had on women's rights and experiences at home, in the community, and in the workplace. I also include how the main target of the policy - breastfeeding mothers - responded, as well as the responses of the people who are also impacted s, such as family members of breastfeeding mothers.

### *Indonesia*

Indonesia's breast milk expression law frames breast milk as a right of all children. In order to allow mothers to provide this nourishment, the law accounts for the resources required to aid nursing mothers. For example, the law places requirements on workplaces to provide both time and space for mothers to express breast milk (Better Work Indonesia, 2012).

While in theory this should improve the experiences of nursing mothers at work, in practice it does not. Instead, mothers are returning to work and ceasing to provide breast milk to their babies. Mothers return to long work days, which consist of few breaks due to the scheduling needs of assembly lines (AIMI Representative, Informal Conversation, March 21, 2017). When mothers are able to make time to express milk at work they are forced to do it in a crowded breakroom or even a bathroom, as few work locations provide a dedicated space (Indonesia launches "Breastmilk is enough" campaign, 2015). This creates many risks when giving the expressed breast milk to babies. The breast milk could have become contaminated if expressed in

a bathroom or during storage, as breast milk will spoil if it is not properly refrigerated or vacuum-sealed (How to safely store breast milk, 2017).

While this law has not improved breastfeeding practices in the workplace, it has been successful in bringing attention to the needs of breastfeeding mothers, specifically the need for education surrounding breast milk expression. Nonprofit organizations are forming to meet this need. Mothers who had this need themselves formed the Indonesian Breastfeeding Mothers Association (AIMI), which works to provide both education and resources to new mothers (AIMI Representative, Informal Conversation, March 21, 2017). The organization hosts classes and offers at-home visits for mothers, focusing on hand expression for mothers who have not been successful when breastfeeding (AIMI Representative, Informal Conversation, March 21, 2017). The organization even offers lessons for new fathers on how to support their wives during this difficult time (AIMI Representative, Informal Conversation, March 21, 2017). AIMI is continuing to grow and has begun working with the Indonesian government to improve this law, giving it the opportunity to make a more positive impact (AIMI Representative, Informal Conversation, March 21, 2017).

### *United Arab Emirates*

Both civilians and government officials expressed concerns when the breastfeeding clause in the UAE was originally being considered (Salem, 2014). The Minister of Social Affairs was concerned regarding the punishment women could endure under this law, as it is possible husbands will have the opportunity to sue their wives for not breastfeeding (Salem, 2014).



Members of the council fought for other laws to protect women to be put in place alongside this one, but these proposals were not accepted (Salem, 2014).

Women have a substantially lower status when compared to that of men in the UAE, and this law further engrains this status difference. The Child Rights Law takes mothers' control over their bodies out of their own hands. While I have not found evidence that a woman has been sued by her husband, the threat and the publication of this threat represents how women are viewed in the UAE. Women are considered second-class citizens who lack control over their own bodies and decisions to breastfeed.

This law also lacks clarity. There are many questions left unanswered in the current iteration of the law. The law discusses the use of wet nurses to provide milk for mothers who cannot physically provide breast milk on their own due to medical reasons (Salem, 2014), however it does not explain the process for receiving a wet nurse. It is not clear whether mothers will have to prove their need for a wet nurse, or how much of the financial burden they will have to bear to procure one (Salem, 2014). Cesarean births, which are known to lead to difficulty in breastfeeding due to the endured trauma, are very common in the UAE, with hospitals reporting C-sections as making up more than 50% of their deliveries (England, 2014). Therefore, there is the potential that many mothers are likely to need wet nurses.

Another question that is left unanswered by this law is how it will be enforced. In the UAE, 84.7% of mothers do not work (Radwan, 2013), so the law will need to be enforced in the home-setting as well as the work-setting. Sultan Al Sammahi, who worked on the committee creating this law, acknowledges that it will be difficult to ensure any enforcement of this law and that action may only be taken when an issue is brought to the attention of law enforcement

(Salem, 2013). It explains breastfeeding as a required duty of mothers (Nuseibeh, 2014), as opposed to an ideal situation.

There is a lack of published data on the impact of this law on women's rights and experiences at work and in the community because, according to midwife Shani Dean "... there is zero data collection in the UAE on breastfeeding rates on children after six months... It's almost impossible for the law to be enforced or proven unless mothers were required to be on some form of government register, which would be the first of this type in the world" (England, 2017). A database or register like the one discussed by Shani would be difficult to monitor and could compromise the privacy of those on it (Stewart, 1999). However, without some form of data collection, impact of the law in the UAE will be difficult to evaluate.

### *Philippines*

The reactions and feelings of women in the Philippines towards the breastfeeding laws in their country shows the importance of how these policies are framed. While the Filipino law has not fully solved the breastfeeding problem, the government has been very active in working to address it. The Philippines passed legislation on the International Code of Marketing Breast-milk Substitutes in 1986 and signed on during the Convention on the Rights of the Child in 1989 (Breastfeeding in the Philippines, 2013). While this caused a large change in the breast milk market in the Philippines, it only largely impacted upper class families.

In the 1970s, companies would hand out free breast milk substitute samples at hospitals (Breastfeeding in the Philippines, 2013). Upper class women, having tried these samples, would purchase the breast milk substitutes (Breastfeeding in the Philippines, 2013). When the

International Code of Marketing Breast-milk Substitutes was implemented in 1986, it took away the companies' ability to advertise their breast milk substitutes or hand out samples (Breastfeeding in the Philippines, 2013) Therefore, these substitutes became harder to purchase, even for upper class women.

In the Philippines, however, women possess high literacy rates, which are even higher than men in some years (The Role and Status Women). Women are also encouraged to pursue education (Jacobson, 2017). Therefore, women are able to hold positions of power throughout the workforce, both in government and business (Jacobson, 2017). The Expanded Breastfeeding Promotion Act of 2009 discusses breastfeeding time and space, which should make it easier for mothers when they return back to work (Breastfeeding in the Philippines, 2013). Most workplaces, however, are implementing lactation stations without making them "Mother-Friendly" (Breastfeeding in the Philippines, 2013). Mothers, therefore, may experience difficulty returning to work, as she cannot access breast milk substitutes nor can she adequately breastfeed at work.

# Results and Analysis

## *Indonesia*

Indonesia has long had numerous, serious problems regarding civil rights. Citizens and authorities recognize this as a problem, but little is done about it. These issues of discrimination are based on various characteristics, such as gender, religion, and sexual orientation (Wuysang, 2016). Discrimination against women is just as common in Indonesia as discrimination based on religious affiliation or sexual orientation (Wuysang, 2016). For example, over a period of eight months (January to August 2016), “the number of discriminatory national and local regulations targeting women” (Wuysang, 2016) went from 389 to 422. Thirty-three new laws were instituted that discriminated against women as opposed to their male counterparts (Wuysang, 2016).

The discrimination against women in Indonesia carries over into the workplace, which proves very problematic for working mothers. Across the public and educational sectors and in rural and urban environments, women work approximately the same number of hours weekly compared to men; however, there is a large wage gap between men and women (Taniguchi and Tuwo, 2017). In urban environments, a smaller gap is seen, but a gap nonetheless (Taniguchi and Tuwo, 2017). In rural environments however, this gap is much larger (Taniguchi and Tuwo, 2017). Because of these wage gaps, women have a hard time being financially independent and must therefore rely on their husbands or other family members (Taniguchi and Tuwo, 2017). This wage gap reflects where women fall on the hierarchy at the workplace. They are given little

respect or power at work (Taniguchi and Tuwo, 2017), which makes it difficult for them to feel comfortable taking time to express breast milk, even if they are given the time and space.

I believe that Indonesia's continued civil rights problems have had a large impact on how they framed their laws surrounding breast milk expression. Indonesia's breastfeeding law, which is child-focused, reflects this gendered discrimination. The law in Indonesia states that children must be breastfed for a minimum of six months (Better Work Indonesia, 2012). While the law proclaims breast milk as a right of all children, it puts mothers in a very difficult position.

This law undermines the effort required to express breast milk. It makes it seem like breastfeeding is something mothers should just be able to do, and if they are not doing it, it is because they are choosing not to as opposed to not being able to. I believe that this mentality is largely based on Indonesia's discrimination issues. Women are heavily discriminated against and looked down upon, and are expected to do as they are told. This law mirrors that mindset, as it requires women to complete the task without considering whether it is truly possible for them to complete it.

### *United Arab Emirates*

The World Economic Forum's 2016 gender gap report cited the UAE as being a leader in gender equality within its region (Women in the UAE, 2017). The UAE's embassy in the United States discusses the Emirati belief that, within society, men and women are equal and should act as partners (Women in the UAE, 2017). The rights of women are said to be growing, providing equal legal status, education access, and rights to personal inheritance (Women in the UAE, 2017). These claims put forth by the embassy, however, heavily conflict with what is occurring

on the ground in the UAE. While the UAE embassy claims that women and men have equal rights (Women in the UAE, 2017), their laws, as well as the experiences of women, tell a different story.

In 2015, the UAE implemented an anti-discrimination law (United Arab Emirates, 2016). While this law is a step in the right direction, the UAE left one important category out: discrimination based on gender (United Arab Emirates, 2016). This is most likely because women in the UAE hold lower social and legal statuses compared to men (United Arab Emirates, 2016). For example, marriage is a large point of social inequality in the UAE (United Arab Emirates, 2016). Federal law number 28, which was legalized in 2005, requires that a woman must have the permission of her male guardian when she wishes to marry (United Arab Emirates, 2016). This requirement is directly represented in marriage contracts (United Arab Emirates, 2016). Once a woman is married, her husband holds legal status over her (United Arab Emirates, 2016). She cannot divorce him without a court order, while he can divorce her without consulting her at all (United Arab Emirates, 2016). When she is married, she must obey her husband, and if she does not he is legally allowed to physically punish her, as long as he does not leave any physical marks (United Arab Emirates, 2016). This status hierarchy is taken very seriously in all aspects of married life, but especially when raising children.

The combination of the religious influence, discussed above, and marital status have shaped the breastfeeding law in the UAE. The two year requirement may be of religious origin, but it is strengthened by how women are viewed in society. Once a woman becomes a mother, motherhood is considered her duty and responsibility, and that includes breastfeeding (Nuseibeh,

2014). Whether or not a mother also works, she is expected to fully provide for her child while also maintaining the household and following any other instructions she is given by her husband.

These expectations heavily influenced this law, and are reflected in the fact that women are required to provide breast milk for two years. While the goal of this law is to describe breast milk as a right of all children, it instead can be viewed as describing it as a requirement for all mothers. Because of the social hierarchy between a wife and her husband, husbands can demand this right of their children from their wife (Nuseibeh, 2014). The law thus reinforces this hierarchy by giving husbands further power over their wives (Salem, 2014). A husband having the ability to sue his wife over not breastfeeding only fortifies the idea that men overpower women.

### *Philippines*

Once again, the Philippines are very different from both the UAE and Indonesia, but this time it is in regards to women's rights. While it has not always been this way, women are considered rather highly in the Philippines. The Philippines was ranked 7th worldwide in the World Economic Forum Gender Gap report of 2016 (Jacobson, 2017). This report showed that women in the Philippines have independent financial stability, as opposed to women in the UAE and Indonesia. In the same report, the UAE was ranked 124th and Indonesia was ranked 88th (Global Gender Gap Index 2016). In addition, women in the Philippines possess high literacy rates, which are even higher than men in some years (The Role and Status Women), and women are encouraged to pursue education (Jacobson, 2017). Filipino women use these high education

and literacy rates to pursue various positions in the workforce, including those in business and government (Jacobson, 2017).

The differences between the Philippines and both the UAE and Indonesia in their civil rights are reflected in their respective breastfeeding laws. The breastfeeding laws in the Philippines reflect the needs of breastfeeding mothers, while still acknowledging the nutritional needs of children. Their legislation on breastmilk substitutes was passed based on the understanding that breast milk substitutes do not provide the same nutritional benefits as breast milk itself. While the lack of access to breast milk substitutes can be inconvenient, this law takes away the temptation to use them and guides mothers towards continued breastfeeding. This is a key example that reflects the education in the Philippines. The government recognized that there was a problem, and women have the status to fight for their rights.

The majority of women work in the Philippines, so a labor law was a logical step towards supporting breast milk expression. While the law in the Philippines, which required breastfeeding time and space, proved more successful than comparable laws in the UAE and Indonesia, it still neglects the key point that not all women can breastfeed easily or successfully. Therefore, if a mother is struggling to express breast milk, putting her in a public situation where she does not have the resources to succeed can be frustrating and embarrassing. Like the Philippines' breast milk substitute law, this law shows that this was a matter of concern, but was not written in a way that reflected a sound understanding of the problem.





# Conclusion

The goal of this project was to compare the breastfeeding legislation of three different countries, Indonesia, the UAE, and the Philippines, to determine why they are or are not successful. Even with the implementation of the laws in these countries, breastfeeding rates remain low. Based on the compiled research, I believe that this is due to the level of enforcement and compliance of the laws more than the policies' targets - whether they are child-focused or mother-focused. None of the laws clearly indicated how compliance would be ensured and, as a result, enforcement has been lax. Although the social, political, and economic contexts of each state influenced the development and implementation of the respective laws, the results have been the same across all three cases: low levels of compliance leading to persistently low breastfeeding rates. While the laws as written have been unsuccessful in meeting their intended outcomes (higher rates of breastfeeding, especially during the first six months of a child's life), they have been successful in drawing national attention to the issue in all three states. Policymakers should capitalize on this attention to effect better policies. In order to have a positive impact on breastfeeding rates, laws must be implemented that provide versatile resources to mothers, which they can use to better their workplace and home. An example of this resource could be a mothers' class which teaches different breast milk expression techniques as well as mothers' breastfeeding rights in their countries. Policies that target women's needs as they attempt to breastfeed, and provide them with the education, support, and resources they need to be successful, will lead to better breastfeeding outcomes.

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