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Creating and using new data sources to analyze the relationship between social policy and global health: The case of maternal leave [1]

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Abstract

Objectives

Operating at a societal level, public policy is often one of our best approaches to addressing social determinants of health (SDH). Yet, limited data availability has constrained past research on how national social policy choices affect health outcomes. We developed a new data infrastructure to illustrate how globally comparative data on labor policy might be used to examine the impact of social policy on health.

Methods

We used multivariate ordinary least squares regression models to examine the relationship between the duration of paid maternal leave and neonatal, infant, and child mortality rates in 141 countries when controlling for overall resources available to meet basic needs measured by per capita gross domestic product, total and government health expenditures, female literacy, and basic health care and public health provision.

Results

An increase of 10 full-time-equivalent weeks of paid maternal leave was associated with a 10% lower neonatal and infant mortality rate ($p \leq 0.001$) and a 9% lower rate of mortality in children younger than 5 years of age ($p \leq 0.001$). Paid maternal leave is associated with significantly lower neonatal, infant, and child mortality in non-Organisation for Economic Co-operation and Development (OECD) countries and OECD countries.

Conclusions

This preliminary study, using newly available worldwide policy data, demonstrates the potential strength of using globally comparative data to examine SDH. Further data development to make multilevel modeling of the impact of labor conditions possible and to broaden which social policies can be examined is a critical next step.

Related link:

Region: International [3]

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