

**MATERNITY PROTECTION  
RESOURCE PACKAGE**  
From Aspiration to Reality for All

**MODULE 15:  
CAPACITY DEVELOPMENT AND TRAINING ON MATERNITY  
PROTECTION AT WORK**

**ANNEX 1:  
SAMPLE TRAINING PROGRAMMES, EXERCISES AND  
OTHER USEFUL MATERIALS**



## Table of contents

<b>ANNEX 1: Sample training programmes, exercises and other useful materials .....</b>	<b>1</b>
<b>Programme One: Advancing Maternity Protection through policy development.....</b>	<b>2</b>
Task Sheet 1 – World Cafe: Introductions .....	9
Handout – What is Maternity Protection?.....	10
Task Sheet 2 – The importance of Maternity Protection and the role of the key stakeholders.....	11
Handout – Maternity Protection: Why is it important? .....	12
Task Sheet 3 – Global level instruments.....	16
Task Sheet 4 – National situation of Maternity Protection .....	17
Task Sheet 5 – Five years...Hold the front page!.....	18
Task Sheet 6A – Role play on cash benefits (Employers).....	20
Task Sheet 6B – Role play on cash benefits (Trade unions) .....	21
Task Sheet 6C– Role play on cash benefits (Chairperson) .....	22
Handout – Cash benefits.....	23
Handout – Who should pay the cash benefits?.....	25
Task Sheet 7A – Debate: Are cash and medical benefits too costly?.....	28
Task Sheet 7B – Debate: Are cash and medical benefits too costly?.....	29
Handout – Are cash and medical benefits too costly? .....	30
Task Sheet 8A – Employment discrimination.....	32
Task Sheet 8B – Employment discrimination (Alternative exercise).....	33
Task Sheet 9 – Employment discrimination: Who can take action? .....	36
Handout – Dismissal on grounds of maternity around the world.....	37
Task Sheet 10 – Breastfeeding in the workplace.....	38
Task Sheet 11 – Assessing the current status of Maternity Protection in a country .....	39
Handout – Assessing the current status of Maternity Protection in a country .....	40
Task Sheet 12 – Designing a programme for enterprises.....	45
Task Sheet 13 – Stakeholder analysis.....	46
Handout – Stakeholder analysis .....	47
Task Sheet 14 – Establishing a forum or a national committee role play .....	50
Task Sheet 15 – Action planning .....	58
Handout – Action plan.....	59
Task Sheet 16 – Action planning: Joint actions .....	60
Task Sheet 17 – Writing the book.....	62
<b>Programme Two: Advocacy for improving Maternity Protection.....</b>	<b>63</b>
Task Sheet 1 – Introductions and key issues.....	67
Handout – Scope of Maternity Protection legislation: Who is covered?.....	68
Handout – Scope at the national level .....	70
Handout – Exclusions of categories of workers .....	71
Task Sheet 2 – International instruments.....	73
Handout – International tools and guidance.....	74
Task Sheet 3 – Responding to the arguments.....	83
Handout – Common arguments against Maternity Protection .....	84
Handout – Arguments for Maternity Protection: Possible responses to common arguments .....	85
Quiz – Risks and precautions .....	87
Handout – How to assess occupational safety and health risks for pregnant and nursing workers	
Handout – Examples of legislative protection from work that is dangerous or unhealthy to reproduction, by country .....	90
Task Sheet 4 – National level promotion of Maternity Protection .....	91

Task Sheet 5 – Advocacy: Identifying the issue.....	94
Task Sheet 6 – Exploring the causes.....	96
Task Sheet 7 – Generating solutions.....	98
Task Sheet 8 – Strategies for gaining commitment .....	100
Task Sheet 9 – Using the media .....	101
Task Sheet 10 – Action planning: Circles of influence.....	102
<b>Programme Three: Breastfeeding action at the workplace .....</b>	<b>104</b>
Task Sheet 1 – Introductions and key issues.....	107
Handout – Reviewing the five essential elements of Maternity Protection.....	108
Handout – Advantages of breastfeeding.....	109
Handout – The business case for breastfeeding-friendly workplaces.....	110
Handout – Support for breastfeeding at work .....	111
Task Sheet 2 – Breastfeeding at work: Case studies .....	114
Case Study 1: Provision of breastfeeding facilities .....	115
Case Study 2: Breastfeeding, HIV and preventing mother-to-child transmission at the workplace .....	116
Handout – Breastfeeding, HIV and preventing mother-to-child transmission.....	117
Task Sheet 3 – Comparisons of national legislation .....	120
Handout – Legislation related to workplace breastfeeding in selected countries.....	121
Task Sheet 4 – Factors affecting breastfeeding at work .....	124
Handout – A breastfeeding facility is not expensive or complicated to set up.....	125
Handout – More practices supporting breastfeeding at work .....	126
Handout – Ideas for smaller businesses .....	128
Task Sheet 5 – Open Space Technology .....	129
Task Sheet 6 – Upgrading the workplace .....	130
Task Sheet 7 – Action planning .....	131
Task Sheet 8 – Key messages .....	132
<b>Additional materials and exercises.....</b>	<b>133</b>
How a manager thinks – two exercises.....	133

## ANNEX 1: SAMPLE TRAINING PROGRAMMES, EXERCISES AND OTHER USEFUL MATERIALS

---

The following three programmes can be adapted for training in a range of topics and for a range of different client groups. Each programme has a course outline which can be sent to participants, session plans for the course team; task sheets that can be given out to participants during the programme; and handouts that have been adapted from this package.

Presentations can be made from the materials contained within the package. It is always recommended that additional relevant country-based materials are researched and used to supplement these materials. Some of the exercises even require specific information relevant to the national context. All materials have a shelf of life, so please check to see how things have changed since this package was prepared.

**Sample Programme One:** Advancing Maternity Protection through policy development (5 days).

**Sample Programme Two:** Advocacy for improving Maternity Protection (3 days).

**Sample Programme Three:** Breastfeeding action at the workplace (2 days).

## PROGRAMME ONE: ADVANCING MATERNITY PROTECTION THROUGH POLICY DEVELOPMENT

---

**Aim of the programme:** To bring together representatives of the relevant ministries, workers' organizations and employers' organizations to discuss how to progress legislation on maternity protection.

**Length of sample programme:** 5 days

**Target group:** Representatives of the relevant ministry (or ministries), trade unions and employer organizations

**Learning objectives:** By the end of this workshop participants will have:

- Identified the five major components that constitute maternity protection
- Discussed why maternity protection is important
- Reflected on the collective responsibilities of the key stakeholders
- Examined global and regional instruments
- Considered the ILO instruments and compared the national level with ILO standards
- Examined the range of issues relating to maternity leave
- Explored the range of practices used for cash and medical benefits
- Discussed the importance of employment protection and non-discrimination
- Developed an outline policy for breastfeeding at work
- Reviewed good employment practice beyond maternity
- Reflected on the types of assessment available
- Identified the key stages to advocacy
- Prepared a realistic action plan

**Learning methods:** This workshop is designed to be highly participative, drawing on the experiences of participants and current national and international good practice. The learning methods will include: presentations, small group exercises and discussions, case studies, role plays and action research.

## ***Programme outline***

### **Day one**

- Introduction and ground rules
- What is maternity protection and who is covered?
- Why is maternity protection important and what are our collective responsibilities?
- Global and regional instruments

### **Day two**

- Current situation and scope of maternity protection
- Maternity leave

### **Day three**

- Cash and medical benefits
- Employment protection and non-discrimination
- Breastfeeding at work

### **Day four**

- Promoting and assessing maternity protection
- Beyond maternity
- Advocacy

### **Day five**

- Advocacy
- Action planning
- Shared learning, feedback and evaluations

<b>Day one – Maternity Protection and the key instruments</b>			
<b>Subject</b>	<b>Activity</b>	<b>Learning objective(s)</b>	<b>Equipment</b>
<b>Introduction and ground rules</b>  <b>What is Maternity Protection?</b>	Welcome, introductions in small groups, followed by a presentation  Introducing maternity protection	Break the ice and get to know each other  To identify the five major components that constitute maternity protection and who is covered	Task sheet 1 Flipcharts Presentation Summary handout
<b>Coffee break</b>	Coffee break	Coffee break	Coffee break
<b>Why is Maternity Protection important?</b>  <b>What are our collective responsibilities?</b>	Working in tripartite groups to discuss why maternity protection is important and what responsibilities each key stakeholder has.  Feedback in plenary to summarize	To discuss why maternity protection is important  To reflect on the collective responsibilities of the key stakeholders	Task sheet 2 Summary handout
<b>Lunch break</b>	Lunch break	Lunch break	Lunch break
<b>Global and regional instruments</b>	Action research in small groups followed by a ten minute presentation from each group in plenary with time for questions	To examine global and regional instruments	Task sheet 3 Articles and Internet access
<b>Coffee break</b>	Coffee break	Coffee break	Coffee break



<b>Day two – Coverage and the key components of Maternity Protection (1)</b>			
<b>Subject</b>	<b>Activity</b>	<b>Learning objective(s)</b>	<b>Equipment</b>
<b>Current situation at national level</b>  <b>And scope of Maternity Protection</b>	Short presentation by a local person to identify the current situation(s)  Small group discussions to compare the national situation with the ILO standards  Feedback to plenary	To compare national level with ILO standards	Presentation Task sheet 4
<b>Coffee break</b>	Coffee break	Coffee break	Coffee break
<b>Maternity leave</b>	Short presentation about good practice for maternity leave followed by a group exercise creating a newspaper headline for five years in the future	To examine the range of issues relating to maternity leave	Presentation Task sheet 5, part one A1 paper for each group Paints & pens, etc.
<b>Lunch break</b>	Lunch break	Lunch break	Lunch break
<b>Maternity leave</b>	Feedback of newspaper exercise followed by a discussion about how to achieve the visions – the logical steps to arrive there	To examine the range of issues relating to maternity leave	Task sheet 5 part two
<b>Coffee break</b>	Coffee break	Coffee break	Coffee break
<b>Cash and medical benefits</b>	Short introduction to show the trends in cash and medical benefits followed by a role play.  Plenary feedback to reflect on the learning	To explore the range of practices used for cash and medical benefits	Task sheet 6 Role play briefs (task sheet 6a, b, c)

<b>Day three – The key components of Maternity Protection (2)</b>			
<b>Subject</b>	<b>Activity</b>	<b>Learning objective(s)</b>	<b>Equipment</b>
<b>Cash and medical benefits</b>	Debate – are maternity protection schemes costly?	To explore the issue of affordability of maternity benefits	Task sheets 7a & b
<b>Coffee break</b>	Coffee break	Coffee break	Coffee break
<b>Employment protection and non-discrimination</b>	<p>In small groups create studies on employment discrimination for another group to respond to followed by a presentation on the key issues</p> <p>Examine the mini case studies provided and respond to the questions</p>	To discuss the importance of employment protection and non-discrimination	Task sheet 8a or 8b
<b>Lunch break</b>	Lunch break	Lunch break	Lunch break
<b>Employment protection and non-discrimination</b>	<p>Small group discussions on what can be done to address employment protection and non-discrimination</p> <p>Three perspectives: Gov., EO &amp; TU. Followed by plenary discussion</p>	To discuss the importance of employment protection and non-discrimination	Task sheet 9
<b>Coffee break</b>	Coffee break	Coffee break	Coffee break
<b>Breastfeeding at work</b>	<p>Short introduction – why breastfeeding is important</p> <p>Small group discussion – what features are necessary for good practice in breastfeeding at work</p>	To develop an outline policy for breastfeeding at work – identify what different stakeholders can do to improve the situation	Task sheet 10

<b>Day four – Taking action (1)</b>			
<b>Subject</b>	<b>Activity</b>	<b>Learning objective(s)</b>	<b>Equipment</b>
<b>Promoting and assessing Maternity Protection</b>	Presentation on types of assessment and their pros/cons	To reflect on the types of assessment available	Summary handout
<b>Coffee break</b>	Coffee break	Coffee break	Coffee break
<b>Beyond maternity</b>	Using checklists, identify family friendly and anti-discrimination issues at government level	To explore good employment practice beyond maternity by examining family-friendly policies	Task sheet 11 Family-friendly checklist
<b>Lunch break</b>	Lunch break	Lunch break	Lunch break
<b>Beyond maternity</b>	Case study – designing a programme for enterprises. (EO perspective) and presentations	To explore good employment practice beyond maternity	Task sheet 12
<b>Coffee break</b>	Coffee break	Coffee break	Coffee break
<b>Advocacy</b>	Short introduction  Stakeholder analysis exercise	To identify the key stages to advocacy  To undertake stakeholder analysis	Presentation  Task sheet 13 Handouts and template

<b>Day five – Taking action (2)</b>			
<b>Subject</b>	<b>Activity</b>	<b>Learning objective(s)</b>	<b>Equipment</b>
<b>Advocacy</b>	Establishing a national committee on maternity protection – role play	To identify the key stages to advocacy	Task sheet 14 Role play scenario Role play briefs
<b>Coffee break</b>	Coffee break	Coffee break	Coffee break
<b>Action planning</b>	In organization groups or in pairs, work out a detailed action plan for the next steps	To prepare a realistic action plan	Task sheet 15 Action plan template
<b>Lunch break</b>	Lunch break	Lunch break	Lunch break
<b>Action planning</b>	Share feedback and identify areas of common action and collaboration, then prepare collaboration offers.  Share in plenary	To prepare a realistic action plan and consider opportunities to collaborate	Task sheet 16 collaboration
<b>Coffee break</b>	Coffee break	Coffee break	Coffee break
<b>Shared learning, provided feedback and evaluations</b>	Each day is listed on a flipchart as in the chapters of a book. Participants go around and write on each flipchart the key things they learned from that day – in doing so they “write the book”.	To capture the key messages and learning from the workshop	Task sheet 17

## TASK SHEET 1 – WORLD CAFE: INTRODUCTIONS



Introduce yourself to your group (name, organization and country). Then in your group discuss:

1. How is your daily work related to maternity protection?
2. What would be the two most useful results of this workshop for you?
3. What can you personally offer to make this a really great event?
4. What is your one easy tip for making the workplace more family friendly?

Please write on a flipchart your answers to all four questions.

1.
2.
3.
4.



You have 20 minutes in your group to introduce yourselves and respond to the four questions and then select one person from your group to report on behalf of your group to the plenary.



You will have a maximum of 10 minutes to present your group to the plenary.

## *Handout – What is Maternity Protection?*

**Maternity Protection** refers to a set of measures enshrined in ILO standards that are intended to ensure that a woman's economic activities do not threaten her health or that of her child during and after pregnancy, and that a woman's reproductive role does not compromise her economic and employment security.

Five basic elements of maternity protection are covered by the most recent international labour standards, Convention No. 183 and Recommendation No. 191 (2000):

- **Maternity leave** – the mother's right to a period of rest from work in relation to pregnancy, childbirth and the postnatal period.
- **Cash and medical benefits** – the mother's right to cash benefits during her absence for maternity and health care related to pregnancy, childbirth and postnatal care.
- **Protection of the mother's and child's health** at the workplace during pregnancy and breastfeeding.
- **Employment protection and non-discrimination** – guaranteeing the woman employment security and the right to return after her leave to the same job or an equivalent one with the same pay. Moreover, a woman cannot be discriminated against at work or while searching for work because of her reproductive role.
- **Breastfeeding arrangements** to support breastfeeding or milk expression at the workplace.

In principle, Convention No. 183 covers all women in all types of economic activities, including women in atypical forms of dependent work. In practice, as this Resource Package explains, national systems and mechanisms are generally not adequately developed to reach all women who require maternity protection.

Looking at the elements covered, maternity protection in its broad sense is not simply a maternal health and decent work issue, but touches on a broad range of areas including gender equality, human rights, poverty reduction and development. Moreover, it is part of a larger issue, namely "balancing work and family responsibilities", that is currently generating more and more discourse in issues regarding economic and social policies. These linkages will be discussed later.

Maternity protection makes a central contribution to a decent life and to decent work, and the ILO closely links the two issues. For the ILO, Decent Work involves opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for families, better prospects for personal development and social integration. It also involves freedom for workers and employers to express their concerns, organize and participate in the decisions that affect their lives and, equality of opportunity and treatment for all women and men.

National laws designed to protect the health of mother and child and the labour rights of working women figure prominently in the legislation of almost every ILO member State, with at least 167 having passed maternity protection laws. However, there are significant variations in the scope of coverage, the extent of protection, the complexity of the schemes in force, and the respective responsibilities of the State, of social security and of individual employers for the provision of cash benefits.<sup>1</sup>

---

<sup>1</sup> For more information on maternity protection please refer to **Module 1** of this Resource Package.

## TASK SHEET 2 – THE IMPORTANCE OF MATERNITY PROTECTION AND THE ROLE OF THE KEY STAKEHOLDERS

### Part one

Working in your constituency group, identify six reasons why maternity protection is important. Then prioritize the reasons and write them up on a flipchart. Be ready to report back to plenary your six reasons and your arguments for your prioritization.

### Part two

When you have completed your priority list, think about the three main stakeholders in the room (representatives from government, trade unions and employers' organizations) and identify what role they have to play in maternity protection. See if you can relate their roles to the items you have on your list from part one of this exercise.

Priority reasons for why maternity protection is important.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.



You will have a total of 25 minutes to complete the two parts of this exercise and a maximum of ten minutes to present your group to the plenary.

## ***Handout – Maternity Protection: Why is it important?<sup>2</sup>***

### **Maternity Protection, a collective responsibility**

*Maternity is a condition which requires differential treatment to achieve genuine equality and, in this sense, it is more of a premise of the principle of equality than a dispensation. Special maternity protection measures should be taken to enable women to fulfil their maternal function without being marginalized in the labour market.<sup>3</sup>*

Women the world over have always performed two roles in society, that of reproducing our species through childbearing and nurturing their offspring; and that of producing goods and services for themselves, their immediate family or for others outside of the home. Over the past one hundred years or more, work has evolved tremendously and over the past half century or so, women have become increasingly integrated into the labour market. Tension between reproductive and productive roles has risen and, slowly, solutions have appeared. These solutions originated for the most part from collaboration to assist individuals to both participate in the reproduction of children and the production of goods and services. Maternity protection at work is one such type of collective assistance.

*What the exact role of the State should be when it comes to work and family is often the subject of debate. Opinions range widely, from those who believe it is the main entity responsible for regulating and providing support services, through those who consider this a private affair to be handled solely by families, with some support from the market and minimal State intervention.<sup>4</sup>*

In 1919, when the ILO was constituted, it immediately recognized maternity as the “social responsibility” of society at large, and the need to draft provisions to protect individual working women in their maternity functions. The first Maternity Protection Convention No. 3 (1919) entitled women to a compulsory six-week paid leave after childbirth. Two other maternity protection conventions have since been adopted by the ILO (Convention No. 103, 1952 and Convention No. 183, 2000). All three of them aim to preserve the health of the mother and her newborn, and to provide a measure of job security (protection from dismissal and discrimination, the right to resume work after birth and the maintenance of wages/income and benefits during maternity).

Since then, it has taken more than three decades, several international decisions, many resolutions and standards to recognize that maternity is a “social function” and not a handicap in employment, a privilege for which working women should not be punished on an individual basis. This principle is the basis for introducing protective measures, policies and legislation in a large number of countries.

At national level, the need for mothers to rest from their work activities has been set out in legislation: virtually all countries in the world entitle at least part of their female workforce to maternity leave with a guarantee to return to their job at the end of leave. Collective sharing is further underlined with the payment of maternity cash and medical benefits during pregnancy, childbirth and afterwards, funded by the pooling of funds either through social security, public funds or by employers. Thus States, even amongst the poorest in the world, understand the importance of protecting maternity for working mothers.

---

<sup>2</sup> For further information on the importance of Maternity Protection, please refer to **Module 3** of the Resource Package.

<sup>3</sup> ILO: *Equality in employment and occupation*, Report III (4B), International Labour Conference, 83rd Session, Geneva, 1996, p. 42.

<sup>4</sup> ILO/UNDP: *Work and family: Towards new forms of reconciliation with social co-responsibility* (Santiago, ILO, 2009), p. 31.



*Bearing children is an important contribution to the continuation of future generations. Responsibility for maternity protection involves more than just favouring mother and child. Investing in health promotion and protection for women and children is a direct entry point to improved social development, productivity and better quality of life.<sup>5</sup>*

### **The wider framework**

Maternity is a social function and thus its protection is a collective responsibility. More specifically, maternity protection is an integrated and multidimensional approach, which uses the world of work as an entry point to contribute to a broad range of objectives. Strong standards of maternity protection benefit everyone – men and women, young and old, employers, workers and governments. It is essential to the following issues.

### **Fundamental human rights**

The right to live free of discrimination and harassment is a fundamental human right. The right to work in dignity and to benefit from decent working conditions is also a human right. These rights are set out in the human rights Convention on the Elimination of Discrimination against Women, the Convention on the Rights of the Child and the International Covenant on Economic, Social and Cultural Rights.

Maternity protection is obviously significant in the realization of these human rights. Maternity protection explicitly provides for the right of all women of reproductive age to work without threat of discrimination, and in the case of maternity, the right for women to work in conditions of economic security and equal opportunity, and to benefit from just and decent working conditions. Therefore, it is not surprising that most of the human rights treaties mentioned above explicitly affirm the importance of maternity protection to human rights.

### **Social justice and gender equality**

While both women and men can rear children and take care of dependants, only women can biologically bear and breastfeed children. Maternity protection is required to enable women to carry out this biological role without being marginalized in the labour market, threatening their productive roles as workers or undermining their economic security. Thus, maternity is a condition that necessitates differential treatment to achieve genuine equality and, in this sense, it is more of a premise of the principle of equality than a dispensation. In recognition of the importance of maternity protection to gender equality, the ILO has placed it among the four international labour Conventions recognized as the key equality Conventions: the Discrimination (Employment and Occupation) Convention, 1958 (No. 111); the Equal Remuneration Convention, 1951 (No. 100); the Workers with Family Responsibilities Convention, 1981 (No. 156); and the Maternity Protection Convention, 2000 (No. 183).

Gender equality is an important societal goal because it is just. It also makes economic sense. The rights-based equity rationale highlights the need to address the discrimination women face in the world of work, as a matter of fundamental human rights and justice. The efficiency-based rationale recognizes that women can play a critical role as economic agents capable of transforming societies and economies. In this sense, equality is not only an intrinsic value and a right in itself, but is instrumental in achieving economic growth and poverty reduction. Relevant in all cultural settings, economic empowerment of women unleashes their socio-economic potential as a force for development. Women's increased bargaining power and decision-making ability in the household, as well as their improved status and income, have led to a number of positive secondary effects, such as enhanced child nutrition, health and education, better child-caring practices, lower infant mortality rates and less child labour.

---

<sup>5</sup> ILO: *Women at work, protection of working mothers: An ILO global survey (1964-1984)*, No. 2 (Geneva, 1984), p. 3.

Promoting gender equality and empowering women is the objective set out by Millennium Development Goal (MDG) 3, as part of the eight time-bound targets that world leaders from rich and poor countries committed themselves to achieve by 2015.

### **Improving maternal and newborn health**

Maternity protection has two aims: to preserve the health of the mother and her newborn infant and to provide a measure of economic security during maternity. Preserving the health of the mother and her newborn directly contributes to development objectives related to maternal, newborn and child health. Maternity protection safeguards against maternity-related threats to women's health through several different mechanisms. **Maternity leave** is intended to safeguard the health of a woman and that of her child during the perinatal period, in view of the particular physiological demands associated with pregnancy and childbirth. Maternity protection also provides for **health protection**, to protect women workers from health risks and dangerous working conditions and to support the healthy physical and psychological development of mother and child during pregnancy, after birth and whilst breastfeeding. Maternity protection calls for supports enabling women to continue **breastfeeding after returning to work**, bringing significant benefits to the health of the mother and her child. Women living with HIV who wish to breastfeed and work face many of the same challenges as other working women in continuing to breastfeed after returning to work. In settings where mothers living with HIV are encouraged to breastfeed exclusively as the option which is likely to lead to the best outcome for their infants, maternity protection supporting continued breastfeeding after returning to work is even more critical. In these ways, maternity protection contributes to United Nations MDG 4 (reduce child mortality), MDG 5 (improve maternal health) and MDG 6 (combat HIV/AIDS, malaria and other diseases).

### **Families**

Protecting women workers during their reproductive cycle is also good for families. Protection that ensures job and income security means those families can enjoy and treasure the experience of birth and childcare. It also means that decisions about child bearing can be made in an atmosphere free from financial and employment anxiety.

### **Child development**

A generation of healthy children is an asset for any society. Maternity protection is also about providing a healthy environment for infants and young children, and about child nutrition and protection. Adequate maternity leave, income security during this time and rights that allow a mother to continue to breastfeed in the best way possible and have access to health care when she has returned to work, all promote the health of the newborn child. In this sense, maternity protection also contributes to MDG 1 (eradicate extreme poverty and hunger) through helping to facilitate breastfeeding.

### **Economic growth and poverty reduction**

Maternity protection makes economic sense and contributes to MDG 1 on eradicating extreme poverty and hunger. It ensures that women can continue to contribute to a country's economic growth, and it helps to maintain the health of women and their children, to the benefit of individuals, families, businesses and societies as a whole.

Maternity protection brings economic benefits because it strengthens women's economic roles and labour force attachment. Providing maternity leave and other elements of maternity protection is a way of encouraging young women of reproductive age, without children, to join the labour market. It is also an incentive for young mothers to maintain a labour market attachment and return to work at the end of leave.

Breastfeeding also provides numerous economic benefits, ensuring a nutritionally perfect, environmentally friendly, sustainable supply of food for infants that helps to reduce the use, and therefore, the expense of milk substitutes, while also bringing long-term health benefits for children, and reducing the demand for (and costs of) curative health services. Maternity protection, by supporting the continuation of breastfeeding upon return to work, is therefore a critical tool for cost savings and poverty reduction, from the household to the national budget.

### **Productivity**

Maternity protection can assist employers to maintain experienced, skilled and valued female employees. Employers who consider employees as a worthy investment (in terms of skills, knowledge and experience) will want these employees to continue working for them. Maternity protection will assist women to make the decision to return to work at the end of their leave. An employee who is valued is more productive and loyal to her employer.

### **Governments**

Maternity protection that ensures that women can continue to contribute to a country's economic growth, and which maintains the health of women citizens and their children is good for the whole of society and for governments. This protection will help governments to save scarce resources that might be utilized elsewhere. Maternity protection supports the development of a healthy, productive population.<sup>6</sup>

### **Decent work**

The Decent Work Agenda of the ILO aims to advance opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security and dignity. Through the Decent Work Agenda, the ILO aims to ensure that men and women benefit from employment, rights, social protection and dialogue. The rights extended by maternity protection to work free from discrimination and to work in decent working conditions is central to **rights** as well as access to **employment**. Maternity protection is also a core component of **social protection** and it is central to the cross-cutting concern of **gender** equality. As a key part of these goals, maternity protection is part and parcel of the Decent Work Agenda.

---

<sup>6</sup> For more information on why maternity protection is important, please refer to **Module 3**.

## TASK SHEET 3 – GLOBAL LEVEL INSTRUMENTS

In your small group you are going to undertake some action research and prepare a summary presentation for the plenary group on the global instrument that has been allocated to you. It will be one of the following:

1. Millennium Development Goals
2. Human rights treaties
3. World Health Assembly Resolutions
4. *Innocenti* Declarations
5. Beijing Declaration and Platform for Action
6. ILO Conventions and Recommendations

You will need to undertake a short review of any literature that explains the tool and what it aims to achieve. The structure of your presentation should be:

1. The background to the tool (when it was instigated, by whom)
2. The particular aspects of maternity protection it addresses or relies upon
3. The overall aim of the tool
4. The ways of monitoring and reporting on the progress made
5. Progress made since its implementation/adoption

Alternatively, presentations can be prepared based on the *INTERNATIONAL TOOLS AND GUIDANCE*, under *TASK SHEET 2* of Programme 2 in this Annex.

Your presentation should last for no longer than 10 minutes. You might want to prepare summary handouts or flipcharts for your presentation, or prepare an electronic presentation, in which case please do not make more than four slides of content and one title slide.



You will have a total of 30 minutes to complete your research and prepare your presentation and a maximum of 10 minutes to present your group's work to the plenary.

## TASK SHEET 4 – NATIONAL SITUATION OF MATERNITY PROTECTION


Having heard the presentation about the current national situation in terms of maternity protection, discuss in your small group what the priorities are.

Create short action plans identifying what each key stakeholder needs to act upon. Think about their spheres of influence and be realistic about what they can achieve within their roles and boundaries.

***Government ministries could:***

***Employers' organizations could:***

***Trade unions could:***

 You will have a total of 20 minutes to complete this task and be ready to present your ideas to the plenary.


## TASK SHEET 5 – FIVE YEARS...HOLD THE FRONT PAGE!

### Part one




What will the situation of maternity protection be like in five years? In your group you are going to produce the front page of a national newspaper. The feature story will be about maternity protection and what has happened in the last five years. In your newspaper talk about what each key stakeholder has done to contribute to the changes that have been made and about the real impact and outcomes that have been achieved.

You will need at least three stories on your front page: the lead story with a picture and at least two follow-up stories taking different angles or perspectives.

 You will have a total of 20 minutes to complete this task and be ready to present your front page to the plenary in a maximum of 5 minutes.

### Part two

After the presentations of the front pages, return to your group and discuss what it will take to achieve your vision. Try and identify the logical sequence of events that will be required. You can call these individual events milestones. Identify who will need to be involved and work backwards from your front page date to today to see what needs to happen. Be as realistic as you can about both the milestone events in the five years and the time it will take to achieve them.

 You will have a total of 20 minutes to complete this task and be ready to present your front page to the plenary in 10 minutes.

**Feet on the ground (what is the current situation in terms of maternity protection?)**

**Head in the clouds (what has to be done to move from feet on the ground to reaching for the stars?)**

**Reaching for the stars (what is the situation envisioned in your newspaper headline?)**



## **TASK SHEET 6A – ROLE PLAY ON CASH BENEFITS (EMPLOYERS)**

You are going to divide into three groups. The first group will be the representatives of the employers in the garment manufacturing industry. The second group will represent the trade unions. The third group will represent the government, which in this instance is taking the role as an impartial moderator.

### **Current situation**

Within the law, unions can persuade employers to supplement state maternity payments where they are less than a woman's salary. The current national situation is that the statutory provision is 12 weeks on half pay.

The garment manufacturing sector is an important sector within the economy as many multinational companies use the country's well established manufacturing base, not only because of the low cost of labour, but also because of the high quality work that can be produced, much of this because of training and good management within the factories. There are also many women who work from home or for smaller manufacturers.

Your group represents employers in the garment industry. The current national legislative framework provides 12 weeks maternity leave on half pay. Whilst there is provision within the law for employers to "top up" the salary, this has not yet happened at a national level. It has generally been individual employers that have made a decision to contribute.

As employers, you would generally prefer not to make any changes to the current situation, but as you find yourself at the negotiating table you know you will have to concede something and you would rather concede something than face new government requirements on employers.

### **Preparation – 20 minutes**

Your group will decide what strategies and arguments to make. What evidence do you have to support your position? You will need to make some concessions as you have agreed to come to the negotiating table, and you know if you do not offer something the government might decide to take its own action with a new piece of legislation on maternity rights.



## **TASK SHEET 6B – ROLE PLAY ON CASH BENEFITS (TRADE UNIONS)**

You are going to divide into three groups. The first group will be the representatives of the employers in the garment manufacturing industry. The second group will represent the trade unions and the third group will represent the government, which in this instance is taking the role as an impartial chair.

### **Current situation**

Within the law, unions can persuade employers to supplement state maternity payments where they are less than a woman's salary. The current national situation is that the statutory provision is 12 weeks on half pay.

The negotiations are taking place on a collective basis within the garment manufacturing sector. This is an important sector within the economy as many multinational companies use the country's well established manufacturing base, not only because of the low cost of labour, but also because of the high quality work that can be produced, much of this because of training and good management within the factories. There are also many women who work from home or for smaller manufacturers.

Your group represents the trade unions. Your aim is to get 12 weeks maternity leave on full pay, but also an important addition is to agree that upon return to work women will have an entitlement of one hour a day paid leave for breastfeeding. This hour could be one total hour or two thirty-minute breaks, but it should be up to each woman to choose based on her personal circumstances.

### **Preparation – 20 minutes**

In your group, work out your key arguments and the evidence to support your arguments. While you are negotiating with the employers' organization, you also realize that the chairperson is from the government and this is an opportunity to influence their thinking and, you have heard privately that next year there may be some new legislation on maternity protection.

## **TASK SHEET 6C – ROLE PLAY ON CASH BENEFITS (CHAIRPERSON)**

You are going to divide into three groups. The first group will be the representatives of the employers in the garment manufacturing industry. The second group will represent the trade unions and the third group will represent the government, which in this instance is taking the role as an impartial chair.

### **Current situation**

Within the law, unions can persuade employers to supplement state maternity payments where they are less than a woman's salary. The current national situation is that the statutory provision is 12 weeks on half pay.

The negotiations are taking place on a collective basis within the garment manufacturing sector. This is an important sector within the economy as many multinational companies use the country's well established manufacturing base, not only because of the low cost of labour, but also because of the high quality work that can be produced, much of this because of training and good management within the factories. There are also many women who work from home or for smaller manufacturers.

There will be two teams and one chairperson.

As the chairperson you are aware of the impact these negotiations will have in setting precedents. You can ask both sides to provide evidence to back up their statements and claims. Your job is to be impartial and ensure that both sides are equally heard. Your government is thinking about new legislation on maternity protection, but generally would prefer not to create new legislation if it felt that employers and trade unions could find a way to create collective agreements. However, if you think that it is necessary, you will be asked to recommend new legislation.

### **Preparation – 20 minutes**

In your group decide what criteria will help you to formulate a recommendation for new legislation and what might be the basis of the new legislation. Your role will be to ensure that both sides are able to make their case and be respectfully listened to. You also want to ensure that each side can back their arguments with evidence, and if you wish you can call short breaks in proceedings to allow each side to find and return to the table with adequate evidence.

## **Handout – Cash benefits**

Cash benefits provided during maternity leave are intended to replace a portion of the income lost due to the interruption of the woman's economic activity. Without such support, the woman's loss of earnings during her absence on leave, coupled with increased expenditures associated with pregnancy and birth, would pose financial hardship for many families. In such circumstances, women might feel compelled to return to work before their leave entitlement was exhausted and, perhaps before it was medically advisable to do so. Cash benefits give substance to the right to leave and, as a general rule, the duration of cash benefits coincides with the length of leave.

The need for cash benefits has been recognized in all ILO standards concerning maternity protection, including in Convention No. 183 and its accompanying Recommendation (see **Box 1**).

<p style="text-align: center;"><b>Box 1</b></p> <p style="text-align: center;"><b>Maternity cash benefits in Convention No. 183 and Recommendation No. 191</b></p> <p style="text-align: center;"><b>Convention No. 183, Article 6</b></p> <p>(1) <i>Cash benefits shall be provided, in accordance with national laws and regulations, or in any other manner consistent with national practice, to women who are absent from work on leave.</i></p> <p>(2) <i>Cash benefits shall be at a level which ensures that the woman can maintain herself and the child in proper conditions of health and with a suitable standard of living.</i></p> <p>(3) <i>Where, under national law or practice, cash benefits paid with respect to leave referred to in Article 4 are based on previous earnings, the amount of such benefits shall not be less than two-thirds of the woman's previous earnings or of such of those earnings as are taken into account for the purpose of computing benefits.</i></p> <p>(4) <i>Where, under national law or practice, other methods are used to determine the cash benefits paid with respect to leave referred to in Article 4, the amount of such benefits shall be comparable to the amount resulting on average from the application of the preceding paragraph.</i></p> <p>(5) <i>Each Member shall ensure that the conditions to qualify for cash benefits can be satisfied by a large majority of the women to whom this Convention applies.</i></p> <p>(6) <i>Where a woman does not meet the conditions to qualify for cash benefits under national laws and regulations or in any other manner consistent with national practice, she shall be entitled to adequate benefits out of social assistance funds, subject to the means test for such assistance.</i></p> <p style="text-align: center;"><b>Recommendation No. 191</b></p> <p><b>Paragraph 2:</b> <i>Where practicable, and after consultation with the representative organizations of employers and workers, the cash benefits to which a woman is entitled during leave referred to in Articles 4 and 5 of the Convention should be raised to the full amount of the woman's previous earnings or of such of those earnings as are taken into account for the purpose of computing benefits.</i></p>
---

There has been much progress in the provision of maternity benefits over the past 90 years. In 1919, only nine of the 29 countries that had instituted statutory maternity leave provided allowances through some kind of insurance scheme. By 1950, some 40 countries had compulsory social insurance laws providing maternity benefits. In 1997, more than 100 countries worldwide guaranteed the provision of social security benefits before and after childbirth. In 2009, 97 per cent of 167 countries provided cash benefits to women during maternity leave.

In some countries, the cash benefit does not cover the entire period of the minimum statutory leave, but in others benefits are paid for the whole leave period.

While maternity benefits are generalized in developed countries, there are enormous disparities within and between developing countries. In newly industrialized countries, maternity protection has progressed a great deal and, in some instances, the rights granted exceed ILO minimum social security standards. For example, in Latin America and some parts of Asia, workers in the formal sector are relatively well-protected in this respect. However, in regions such as sub-Saharan Africa protection has developed little and is largely dependent on social welfare, rather than on a social security system, with insufficient scope, effectiveness and permanence. A large proportion of economically active women remain unprotected because they are under-represented in the formal economy towards which social security protection is directed.<sup>7</sup>

---

<sup>7</sup> More information on the topic of cash benefits can be found in **Module 7**.

## ***Handout – Who should pay the cash benefits?***

### **Social security versus other systems**

In relation to maternity benefits, a key challenge is State financing; a second challenge is how to extend cash benefits to currently uncovered workers, for example those in the informal economy.

### **Collective responsibility**

In many countries, social insurance schemes, financed through insurance contributions or social assistance funds, backed by general revenues or a combination of both, provide income replacement during the maternity leave period in the form of cash maternity benefits. This is the aim to be achieved. The ILO promotes maternity cash benefits schemes based on solidarity and on the pooling of responsibility through the use of public funds or insurance contributions. Children represent the future for any nation and therefore the financial support of women during their maternity leave period should be seen as a worthwhile investment for society.

ILO Conventions No. 3 and No. 103 emphasize that benefits should be provided through social insurance or other public funds and therefore that employers should not be individually liable for the cost of maternity benefits payable to women employed by them. The principle of payment through social insurance or other public funds is important for mitigating labour market discrimination, as explained below. This principle is maintained in Convention No. 183, although this Convention allows employers to be individually liable for maternity benefits in cases where they have given their specific agreement, where this was determined at the national level before the adoption of Convention No. 183 in 2000, or where it is agreed upon at the national level by the government and the social partners.

Three patterns tend to predominate for providing benefits collectively:

- In a number of countries, both maternity health care and paid maternity leave are part of a wider social insurance scheme which also characteristically covers retirement pensions, sickness and invalidity benefits, and health care costs.
- In another group of countries, both maternity medical costs and paid maternity leave are part of the health insurance system.
- In a third group of countries, paid maternity leave is administered in conjunction with cash sickness benefits or cash social insurance, while maternity medical costs are covered by the separate public or national health system.

Nevertheless, there are also a few countries with somewhat different patterns. For example, in New Zealand paid maternity leave is funded from general taxation, and the scheme is administered by the Inland Revenue Department. In Canada, there is a linkage to unemployment insurance. A few countries have individual employer liability schemes for paid maternity leave. This is the case for several Pacific Island or Middle East countries. A common pattern is for one organization, such as a social insurance or health insurance fund, to be the delivery agent for assistance, with another arm of government, such as a Ministry of Social Affairs, Labour, or Finance, being responsible for the oversight of the organization.

However, as the system of public financing is not yet developed in all countries other systems continue to prevail.

## Employer liability systems

Employer liability schemes oblige individual employers to pay wage replacement directly during the maternity leave period. According to worldwide experience, employer liability schemes often work against the interests of women workers, as employers may then be reluctant to hire women who could become pregnant, or who already are pregnant; they may thus seek to discharge pregnant employees in order to avoid the costs of paying the wage replacement during the maternity leave period. In this respect, employers' liability schemes have long been viewed as detrimental to the promotion of equal treatment for men and women in the labour market.

Also, compliance with individual employer liability schemes is often problematic, particularly in developing countries, where employers may not pay the wage replacement and the legislation is not enforced. Moreover, individual employers' liability can impose an excessive cost on small enterprises struggling for survival and on businesses operating in female-dominated industries.

When employers are solely responsible for the cash benefits, the proportion of prior earnings they must pay varies widely. In some countries employers are responsible for full replacement of a woman worker's earnings during her maternity leave. In other cases, employers are required to provide cash benefits at a rate which is lower than full pay.

## Mixed systems

When countries use a mixed system in which employers and social security systems or public funds share responsibility for benefits, the percentage employers must contribute to cash benefits varies. Sometimes, employers' contributions are relatively small. In many countries, contributions are split equally between social security and employers. Other countries require employers to make variable contributions, such as when employers must pay the difference between the social security benefit and a woman's previous earnings. In a few of the cases where mixed systems exist, employers bear responsibility for the majority of the cash benefit.

## Regional situations

While the labour legislation of many countries initially required employers to grant paid maternity leave, ILO member States have made considerable progress in providing maternity cash benefits to employed women financed through social security contributions or general tax revenues or both.

As shown in **Figure 1**, half (53 per cent) of 167 countries provide for cash benefits through national social security schemes. In 26 per cent of the countries, benefits are paid solely by the employer. In 17 per cent of countries, employers and social security systems share the cost of cash maternity benefits. In five countries (three per cent), benefits are not paid.

Large differences still persist between regions with respect to who pays cash benefits.

- In **Africa**, 38 per cent of countries rely on employer liability systems, one-third of countries rely on social security systems and roughly one in five rely on mixed systems.
- In **Asia and the Pacific**, 52 per cent of countries finance benefits through employer liability systems, while just 30 per cent provide benefits through social security systems and 14 per cent through mixed systems.
- **Central and South-Eastern Europe (non-EU)** and the **CIS** also rely predominantly on social security systems, with 93 per cent of countries providing payment through social security, and only six per cent relying on employer-financed benefits.

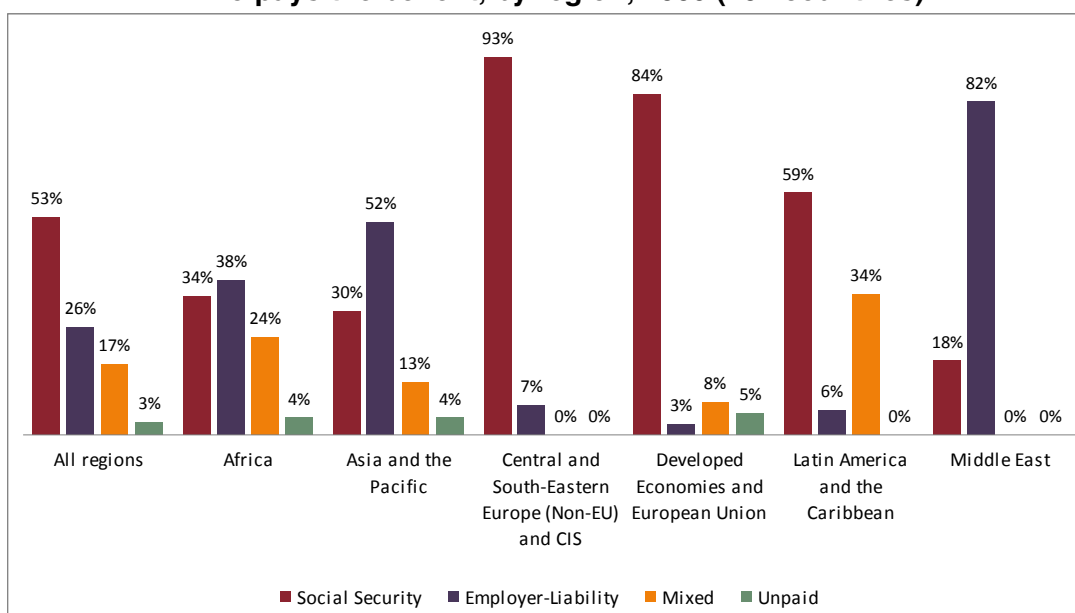
- In the **Developed Economies and European Union** countries, benefits are paid through social security systems in 84 per cent of the countries, with just one country relying on employers as the direct source of cash benefits.
- Most countries in **Latin America and the Caribbean** rely either on social security systems (59 per cent), or on mixed systems (34 per cent). Just six per cent of countries in this region rely on an employer liability system.
- In the **Middle East**, reliance on social security is the lowest of all regions, with more than four-fifths (82 per cent) of countries in this region relying on employer liability systems.

### Trends in sources of payment

Globally, the percentage of countries relying on employer liability systems has declined over time from 31 per cent in 1994 to 28 per cent in 2009. There has been a shift towards mixed systems in which employers and social security systems share responsibility for benefits (an increase from 14 per cent in 1994 to 19 per cent in 2009). The overall percentage of countries relying on social security systems alone for financing cash benefits remained steady at 51 per cent in 1994 and 2009. In three per cent of countries, leave is unpaid.

Changes in financing sources differed by region. In Africa, an overall shift towards mixed systems occurred as one country moved away from employer liability systems, and three moved away from social security systems alone. In contrast, in Asia, reliance on employer liability systems decreased from 63 per cent to 53 per cent, as countries moved towards social security and mixed systems. Among the Latin American and Caribbean countries, increased reliance on mixed systems (from 31 per cent to 34 per cent) corresponded with a decrease in the share of countries financing benefits through social security alone.

**Figure 1**  
**Who pays the benefit, by region, 2009 (167 countries)**



Source: ILO Conditions of Work and Employment Database on Maternity Protection (ILO, 2009).

Note: Figures may not add up to 100 per cent because of rounding.<sup>8</sup>

<sup>8</sup> For more information, please refer to the "financing" section on cash benefits, **Module 7**.

## TASK SHEET 7A – DEBATE: ARE CASH AND MEDICAL BENEFITS TOO COSTLY?

There will be two debating teams. Each team can nominate 2 of its team members as speakers.

**Debate motion:** Cash and medical benefits are too costly

### Part one

In your group decide what your main arguments will be **in favour** of the debate proposition. Take a number of different perspectives and use EVIDENCE to back up your argument.

### Part two

Nominate 2 people from your team. The first person will introduce and speak in favour of the motion (maximum of 5 minutes). Then the opposing team will have 5 minutes to respond.

After this, the chair will take questions and comments from the floor (maximum of 15 minutes). Then the second person from your team will have a chance to make some closing remarks (3 minutes).

A vote will be taken at the end of the debate.



You will have a total of 30 minutes to complete this task and be ready to debate with the opposing team.



## TASK SHEET 7B – DEBATE: ARE CASH AND MEDICAL BENEFITS TOO COSTLY?

There will be two debating teams. Each team can nominate 2 of its team members.

**Debate motion:** Cash and medical benefits are too costly

### Part one

In your group decide what your main arguments will be **against** the debate motion. Take a number of different perspectives and use EVIDENCE to back up your argument.

### Part two

Nominate two people from your team. The first person from the other team will introduce and speak in favour of the motion (5 minutes maximum). Then your team will have 5 minutes to respond.

After this, the chair will take questions and comments from the floor (maximum of 15 minutes). Then the second person from the other team, followed by the second person from your team will have a chance to make some closing remarks (3 minutes).

A vote will be taken at the end of the debate.



You will have a total of 30 minutes to complete this task and be ready to debate with the opposing team.

## ***Handout – Are cash and medical benefits too costly?***

A key objection to extending maternity protection often relates to concerns about the cost of cash and medical benefits associated with maternity. This concern can be addressed by looking at the costs of social security more generally, as well as by looking at the costs of maternity protection benefits directly. It is also important to compare the costs of providing maternity protection with the costs of not providing it.

According to ILO calculations, less than two per cent of the global Gross Domestic Product (GDP) would be necessary to provide a basic set of social security benefits to the entire world's poor.<sup>9</sup> Six per cent of global GDP (less than ten per cent of the global investment in tangible assets) would be needed to provide a basic set of benefits to all who have no access to social security. Most of the resources needed would obviously stem from national governments.<sup>10</sup>

Costing studies by the ILO for twelve countries in Africa and Asia showed that the costs of a minimum package of essential health care would require between 1.5 and 5.5 per cent of GDP in 2010. A broader package of social security benefits that includes old age pensions, health care, child benefits, social assistance/employment schemes (but not maternity), and administrative costs would cost between 3.7 and 10.1 per cent of GDP for the countries studied. This would require a level of resources that is higher than current spending in the majority of low income countries (which rarely spend more than three per cent of GDP on health care and rarely more than one per cent of GDP on non-health social security measures). The ILO estimates in developing countries indicate that this would be affordable if governments would commit a larger proportion of their budgets to social protection and if the international community would provide some temporary support.<sup>11</sup>

With respect to maternity cash and medical benefits in particular, the cost of financing maternity protection is low relative to other forms of social security. Almost everywhere, **it is possible to finance a social insurance scheme providing cash maternity benefits for less than 0.7 percent of covered wages.**<sup>12</sup> Thus, in Namibia, the Social Security Administration's Maternity, Sickness, and Death (MSD) cash benefit programme is financed by a 1.8 per cent contribution rate, of which 0.35 per cent is allocated to maternity. In the United Republic of Tanzania, the National Social Security Fund plans to earmark just 0.5 per cent of its 20 per cent contribution rate for maternity (today it pays out maternity benefits of far less than this). In schemes that combine maternity and sickness benefits, the contribution rate is often in the range of one to three per cent, with sickness expenditures consuming the major share of scheme revenues.

The costs of providing maternity care benefits cannot easily be separated from general health care costs unless there is detailed reporting, however, in general, maternity costs tend to be only a fraction of total health care costs. The extent of these costs depends on the level of benefits provided, the frequency of cases, and the level of co-payments. Referring to the ILO costing studies above, a basic social protection package that includes health

---

<sup>9</sup> ILO: *Social security for all: Investing in global social and economic development: A consultation*, Issues in Social Protection, Discussion Paper 16 (Geneva, 2006).

<sup>10</sup> K. Pal et al. *Can low income countries afford basic social protection?* Social Security Policy Briefings, Paper 3 (Geneva, ILO, 2005).

<sup>11</sup> K. Pal, et al., 2005, op. cit.

F. Gassman and C. Behrendt: *Cash benefits in low-income countries: Simulating the effects on poverty reduction for Senegal and Tanzania*, Discussion Paper No. 15 (Geneva, ILO, 2006).

<sup>12</sup> Based on SSA and ISSA: *Social security programs throughout the world*. Maternity medical care, though not measured as a percentage of wages, is also relatively cheap compared to other medical needs.

services is affordable to all countries, and this package should include maternal health services.

In thinking about the costs of providing maternity cash and medical benefits, as well as social security for all contingencies, it is important to also consider the costs of **not** providing such benefits. The lack of social protection for large portions of the world's population today is a major factor in increasing poverty, inequality, and social conflict. Out-of-pocket financing and catastrophic health expenditures push many families into poverty, while poverty contributes further to poor health, illness and disease, creating a vicious circle and eroding productivity and prospects for economic growth.

In terms of the costs of not providing maternity cash and benefits more specifically, the facts are sobering. When a woman dies or becomes ill, her family and community lose her productivity and her income. Her children are much more likely to drop out of school, to suffer poor health, and even to die themselves.<sup>13</sup> On an international level, it has been estimated that the global economic impact of maternal and newborn mortality amounts to US\$15 billion in lost productivity every year.<sup>14</sup>

---

<sup>13</sup> Women deliver, undated. Focus on five: Women's health and the MDGs. [www.womendeliver.org/assets/Focus-on-5.pdf](http://www.womendeliver.org/assets/Focus-on-5.pdf).

<sup>14</sup> USAID: "Program, performance and prospects", in *Budget Justification FY2002*, [http://www.usaid.gov/pubs/cbj2002/prog\\_pref2002.html](http://www.usaid.gov/pubs/cbj2002/prog_pref2002.html) [accessed 12 Oct. 2011].

## TASK SHEET 8A – EMPLOYMENT DISCRIMINATION

### Part one

In your group, create a realistic case study illustrating some of the typical problems of employment discrimination that women can face when they are pregnant.

Choose a workplace, and create a scenario based on a real or realistic situation. You can choose any aspect of employment discrimination such as a woman being fired when she declares she is pregnant, or not being able to return to her job or a job of equal value.

When you have created your scenario identify three questions such as:

1. Is the company breaking the law? If so which law(s)?
2. How could you prevent this situation from happening again?
3. What could the different stakeholders do to eradicate this type of discrimination?

Then write up your case study on a flipchart and send the flipchart and a member from your team to join another group who will answer the questions in the case study you have prepared.

### Part two

You will receive from another group a case study and a team member who was involved in creating the case. Answer the questions and be ready to report back to the plenary.



You will have a total of 20 minutes to complete part one of this task and a further 20 minutes to respond to the case study you are given (part two).

## TASK SHEET 8B – EMPLOYMENT DISCRIMINATION (ALTERNATIVE EXERCISE)

In your group, examine the mini case studies provided and respond to the questions for each. Nominate someone from your group and be ready to present your response to the plenary

### Case study 1: Inadequate maternity protection (clothing manufacturing)

In a large clothing manufacturing factory, workers, including pregnant women, have to stand all day whilst working. They work with hazardous chemicals (dyes, sprays etc.) and there is no ventilation for the dust and fumes. Extremes of temperature (heat and cold) are common. There are only five toilets for 1,500 workers, and no clean running water. They are allowed only one visit to the toilet a day at a time dictated by management. Workers are sometimes harassed by supervisors or guards.

Workloads are heavy and intensive and working hours are long – a minimum of ten hours, six days a week, starting very early in the morning. Overtime is obligatory, even on the day off, but is usually unpaid. Sometimes this means working late into the night for anything up to 20 hours, or until the work is finished. Work is only finished for the day when production targets are met – the targets change without notice - piecework rates apply but the rate varies. If the women refuse to do overtime, they are sacked. Wages are very low but work is scarce and they have little alternative but to work in this factory.

Pregnant women are not allowed time off for health checks except if they have an accident at work – even then they must find their own way to the doctor. They are allowed only a month's unpaid leave from the date of the birth before they have to return or they lose their jobs. Some women “drop” (meaning ‘give birth’) their babies at work or on the way home.

### Questions

- What elements of maternity protection are being violated?
- What is the maternity protection legislation in the country? How well protected are the workers in this type of undertaking?
- What is the most urgent part of this situation to remedy within the scope of maternity protection?
- Who could the workers look to for assistance?

Your responses:

## **Case study 2: Employment discrimination and hazardous work**

A 24-year old woman served as a salesperson through most of her first pregnancy, and she described how hard she worked throughout the nine months.

*My employment had me carrying big boxes of shoes, and the work was really heavy. I used to work overtime, and sometimes I would get off at 22:00 at night. I was very tired. I delivered early because of that. The nurses said that working too hard made me deliver early.*

When she reported pains to her supervisor while she was doing heavy lifting late in her pregnancy, he told her, “You wanted to work. Go on working.” When she went into labour prematurely, she was sacked for not having given adequate notice – an impossibility, since she had no way of anticipating her early delivery.

*I expected to deliver in February. But as I was going for a routine check-up at the clinic, they told me I should stop working because I would deliver too early. I delivered too soon [thereafter] ... When I got back to [the store], they had found somebody else. They said that I should have told them I would be gone.*

The only job she could get after giving birth was working as a maid in someone’s home, earning half as much as when she was a salesperson.

## **Case study 3: Working conditions**

A pregnant woman’s doctor provided her employer with medical certificates every month during her pregnancy stating that the employee could not stand up for 8 hours a day. The woman was going to the toilet at work every day to cry because she was in so much pain.

## **Case study 4: Work activities and work equipment**

A woman worked for a large car manufacturer in a job involving work on a heavy industrial sewing machine. When she became pregnant, her employer repeatedly refused her requests for a seat. She often experienced bleeding and her baby was born prematurely.

## **Case study 5: Uniforms**

A pregnant woman was required to wear a uniform at work. However, despite her requests for a uniform that would fit her during her pregnancy, her employer refused to supply maternity clothing. When she wore her own clothing to work she was sacked from her job.

### **Questions for case studies 2–5:**

- What elements of maternity protection are violated?
- In most countries, what sort of redress would these women have?
- Concretely, in this situation, what possibilities would the worker have to improve her situation during the pregnancy? And after being dismissed?

Your responses

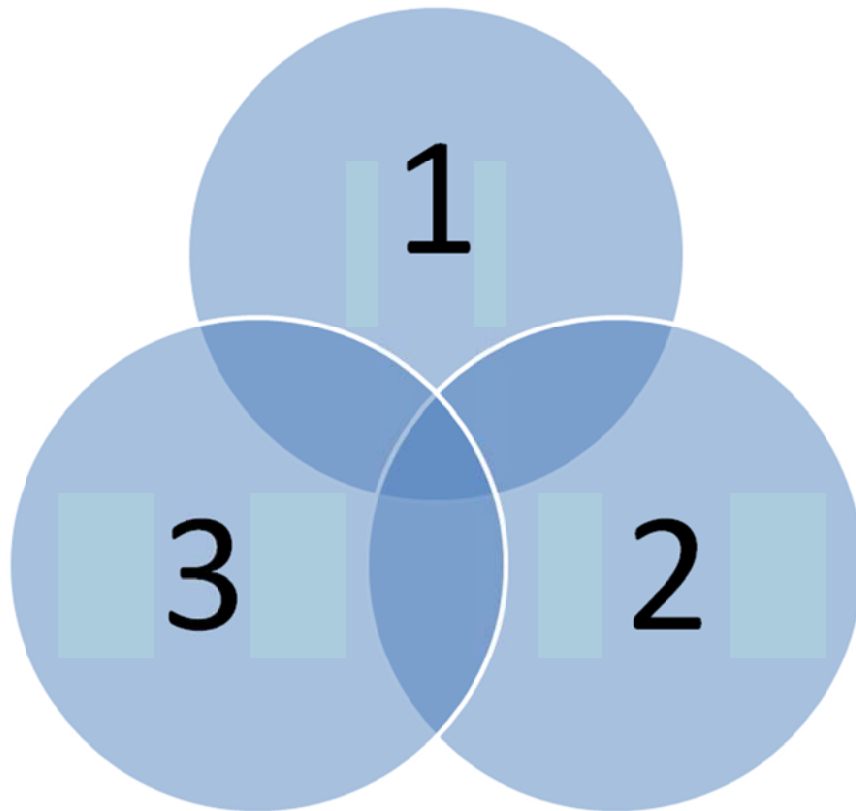


You will have a total of 20 minutes to complete this task.

## TASK SHEET 9 – EMPLOYMENT DISCRIMINATION: WHO CAN TAKE ACTION?

In your group map out on the diagram the actions that can be taken to address employment protection and non-discrimination in the context of maternity protection.

Three perspectives: Governments, employers' organizations and trade unions.



1. Government
2. Employers' organizations
3. Workers' organizations



You will have a total of 20 minutes to complete this task.



## ***Handout – Dismissal on grounds of maternity around the world***

Dismissal on grounds related to maternity is still a reality throughout the world. Although there is a lack of systematic research regarding just how big a problem dismissal on grounds of maternity is, several countries try to produce data specifically on this issue.

### **The United Kingdom of Great Britain and Northern Ireland**

In 2005, a report released by the Equality and Human Rights Commission stated that around seven per cent of pregnant women, **roughly 30,000 a year**, lose their jobs due to pregnancy. Much more suffer some sort of financial loss or are pressured to quit their jobs.

### **Hong Kong, China**

Statistics produced by the Equal Opportunities Commission of Hong Kong indicate that gender discrimination is a pervasive problem in Hong Kong, composing 46 per cent of all employment-related complaints investigated in 2008–2009 (428 out of 931). Of these, 54 per cent (233 cases) are pregnancy-related.

### **France**

A national research project mandated by the French government in 1998 concluded that four per cent of pregnant women in France, **about 9,500**, lose their jobs every year due to their pregnancy. While only 126 cases of pregnancy-based discrimination were reported to the French Equal Opportunities and Anti-Discrimination Commission (HALDE) in 2008 (i.e. two per cent of total cases), 615 such cases were reported in 2010 (five per cent of the total). According to HALDE, discrimination based on pregnancy, gender and family responsibilities affected 12 per cent of working women in 2010.<sup>15</sup>

---

<sup>15</sup> For more information on the topic of dismissal on grounds of maternity protection, please refer to **Module 9**.

## TASK SHEET 10 – BREASTFEEDING IN THE WORKPLACE


In your group identify what features and amenities are necessary for good practice in breastfeeding at work. Create your list and then work out the costs of implementing all the features you have identified for a workplace of 50 people.

Be ready to present your list and costs in the plenary.

Features and amenities:

Approximate costs:



 You will have a total of 20 minutes to complete this task.

## **TASK SHEET 11 – ASSESSING THE CURRENT STATUS OF MATERNITY PROTECTION IN A COUNTRY**


In your group you will be allocated one section of the checklist, “Assessing the current status of maternity”, and will prepare your own rapid assessment. If you do not know the answer can you find out by searching on the Internet? Or is there someone in the room that you could ask who has this knowledge?



You will have a total of 45 minutes to complete this task. Be ready to present your responses to the plenary.

## Handout – Assessing the current status of Maternity Protection in a country

Sample comparison chart: Comparison of legislative provisions to international labour standards on Maternity Protection at work and childcare

International Labour Organization - Conditions of Work and Employment Programme Table for comparing legislative provisions to international labour standards on Maternity Protection at work and childcare				
Protection	<ul style="list-style-type: none"> <li>• ILO Convention No. 183</li> <li>○ ILO Recommendation No. 191</li> <li>➤ ILO Convention No. 156</li> <li>❖ ILO Recommendation No. 165</li> </ul>	Current legislation	Key gaps	
Scope (who is protected)	<ul style="list-style-type: none"> <li>• All married and unmarried employed women including those in atypical forms of dependent work</li> </ul>			
Maternity leave	<ul style="list-style-type: none"> <li>• Not less than 14 weeks</li> <li>• Provision for 6 weeks compulsory postnatal leave</li> <li>• Extended prenatal period if there is a difference between presumed and actual birth without reduction in any compulsory portion of postnatal leave</li> <li>• Prenatal or postnatal leave in case of illness, complications or risk of complications related to pregnancy or childbirth               <ul style="list-style-type: none"> <li>○ Not less than 18 weeks</li> <li>○ Extension in the event of multiple births</li> <li>○ The woman should be able to choose freely when she takes any non-compulsory portion of her maternity leave, before or after childbirth</li> <li>○ In case of death of the mother before the end of postnatal leave, the employed father should be entitled to the remaining leave period</li> <li>○ In case of sickness or hospitalization of the mother after childbirth and before the end of postnatal leave, the father should be entitled to the remaining leave period, when the mother cannot look after the child</li> </ul> </li> </ul>			

<b>Cash benefits</b>	<ul style="list-style-type: none"> <li>• Cash benefits at a level that ensures that the woman can maintain herself and her child in proper conditions of health and with a suitable standard of living</li> <li>• Two-thirds of the woman's previous earnings OR,</li> <li>• Equivalent payment, on average, if an alternative calculation method is used</li> <li>• Conditions to qualify for cash benefits can be satisfied by a large majority of the women to whom the Convention applies</li> <li>• Benefits from social assistance funds for women who do not meet qualifying conditions</li> <li>• Benefits to be provided from social insurance or public funds or determined by national law and practice</li> <li>• Developing countries can provide cash benefits at the same rate as for sickness or temporary disability but must report to the ILO on steps taken to reach standards</li> <li>○ Cash benefits at 100 per cent of the woman's previous earnings or equivalent if an alternative calculation method is used</li> <li>○ Any contribution due under compulsory social insurance providing maternity benefits and any tax based on payrolls raised for purpose of providing maternity benefits, whether paid by the employer, the employees or both, should be paid in respect of the total number of men and women employed, without distinction of sex</li> </ul>		
<b>Medical benefits</b>	<ul style="list-style-type: none"> <li>• Prenatal, childbirth and postnatal care and hospitalization care when necessary</li> <li>○ Medical benefits should include: a) care at the doctor's office, home, hospital or any other medical establishment by a qualified practitioner or a specialist; b) maternity care given by a qualified midwife or by another maternity service at home or in a hospital or other medical establishment; c) maintenance in a hospital or medical establishment; d) any necessary pharmaceutical or medical supplies, examinations and tests prescribed by a medical practitioner or other qualified person; e) dental and surgical care</li> </ul>		

<b>Health protection</b>	<ul style="list-style-type: none"> <li>• Pregnant and nursing women shall not be obliged to perform work that is assessed as detrimental to the mother or child</li> <li>○ Assessment of any workplace risks related to the safety and health of the pregnant or nursing woman and her child should be ensured and results should be made available to the woman concerned</li> <li>○ In case of work prejudicial to the health of the mother or the child or where a significant risk has been identified, an alternative to such work should be provided, in the form of: a) elimination of the risk; b) an adaptation of working conditions; c) transfer to another post, without loss of pay if the former is not feasible; or d) paid leave if the former is not feasible</li> <li>○ These measures are to be taken in respect of: a) arduous work involving manual carrying, lifting, pulling or pushing of loads; b) exposure to biological, chemical or physical agents which represent a reproductive health hazard; c) work requiring special equilibrium; d) work involving physical strain due to prolonged standing, sitting, extreme temperatures or vibrations</li> <li>○ A woman should not be obliged to perform night work if a medical certificate declares such work to be incompatible with pregnancy or nursing</li> <li>○ Every woman should retain the right to return to her job or equivalent as soon as it is safe for her to do so</li> <li>○ A woman should be allowed to leave her workplace for medical examinations related to her pregnancy after notifying her employer</li> </ul>		
<b>Employment protection and non-discrimination</b>	<ul style="list-style-type: none"> <li>• Unlawful for an employer to dismiss a woman during pregnancy, whilst on maternity leave or whilst nursing, unless grounds are unrelated to pregnancy or nursing</li> <li>• Burden of proof rests with the employer</li> <li>• Guaranteed right to return to the same position or an equivalent position at equal pay</li> <li>• Protection against discrimination in employment on the grounds of maternity</li> </ul>		

	<ul style="list-style-type: none"> <li>• Prohibition of pregnancy testing at recruitment</li> <li>○ A woman should be entitled to return to her former or equivalent position paid at the same rate at the end of maternity leave. Any maternity leave period should be considered as a period of service for the determination of her rights</li> </ul>		
<b>Breastfeeding upon return to work</b>	<ul style="list-style-type: none"> <li>• Right to one or more daily breaks for breastfeeding/lactation</li> <li>• Right to daily reduction in daily working hours for breastfeeding</li> <li>• Breaks or reduction in hours counted as working time and therefore paid</li> <li>○ Upon medical certificate, the frequency and length of breastfeeding breaks should be adapted to particular needs</li> <li>○ Where practicable and with the agreement of the woman and her employer, it should be possible to combine the time allotted for daily nursing breaks in order to reduce working hours at the beginning or at the end of the working day</li> <li>○ Where practicable, nursing facilities with adequate hygienic conditions at or near the workplace should be established</li> </ul>		
<b>Parental leave and adoption leave</b>	<ul style="list-style-type: none"> <li>○ The employed mother or employed father should be entitled to parental leave following the end of maternity leave. Its length, period during which it can be granted, benefits, use and distribution between employed parents should be determined by national laws, regulation or in any manner consistent with national practice</li> <li>❖ Either parent should have the possibility, within a period immediately following maternity leave, to obtain leave of absence (parental leave), without relinquishing employment and with rights resulting from employment being safeguarded</li> <li>○ Where national law and practice allow adoption, adoptive parents should have access to the system of protection offered by the Convention</li> </ul>		

<b>Childcare leave</b>	<ul style="list-style-type: none"> <li>❖ It should be possible for a worker, man or woman, with family responsibilities in relation to a dependent child to obtain leave of absence in the case of its illness. The duration and conditions for childcare leave should be determined in each country by laws or regulations, CBAs, works rules, arbitration awards, court decisions or other methods</li> </ul>		
<b>Childcare services and facilities</b>	<ul style="list-style-type: none"> <li>➤ All measures compatible with national conditions and possibilities shall be taken to develop or promote community services, public or private, such as childcare and family services and facilities</li> <li>❖ The competent authorities should, in cooperation with the public and private organizations concerned, take appropriate steps to ensure that childcare services and facilities meet the needs and preferences of workers with family responsibilities. To this end they should: a) encourage and facilitate the establishment, particularly in local communities, of plans for the systematic development of childcare services and facilities, and b) themselves organize or encourage and facilitate the provision of adequate and appropriate childcare services and facilities, free of charge or at a reasonable charge in accordance with the workers' ability to pay, developed along flexible lines and meeting the needs of children of different ages and of workers with family responsibilities</li> </ul>		



## TASK SHEET 12 – DESIGNING A PROGRAMME FOR ENTERPRISES

Your group represents a training consultancy that has been asked by an employers' organization to design a short programme on maternity protection for its members. A training needs analysis has already been carried out and the following needs were identified:

- an introduction to maternity protection;
- information on current legislation;
- definition of good practice by employers.

The course can be no longer than two days and the participants will be mainly from small enterprises. The original request came about because of some recent headline news about a large, well-known enterprise falling foul of current maternity protection laws.

Identify the programme outline and the key messages for each part of the event. You are provided with blank session plans to help you to break down the programme into quarter day sessions.

Be ready to make a presentation to the employers' organization (your potential client) to see if you can win the contract to design and deliver this programme.



You will have a total of 30 minutes to design your programme and a maximum of ten minutes to present it to the employers' organization.

## TASK SHEET 13 – STAKEHOLDER ANALYSIS

### Part one

Select one aspect of maternity protection to address and undertake a stakeholder analysis to examine the range of current and potential stakeholders. Use the template provided to identify:

- the stakeholders
- their classification
- their main agendas
- areas of common interest

### Part two

Your group should then discuss which stakeholders you might target to build a stronger relationship with and what actions you could take.



You will have a total of 30 minutes to design your programme and a maximum of ten minutes to present it to the employers' organization.

## Handout – Stakeholder analysis

A stakeholder analysis can serve to identify core actors and partners for advocating for and/or taking action on maternity protection. While there are many potential allies and stakeholders, the principal ones are:

- The ILO and other international agencies (e.g. UNICEF, the WHO), which can provide technical and sometimes other kinds of support for maternity protection.
- Government decision-makers, primarily in the Ministries of Labour and Social Security, but also gender equality, health and others.
- Employers, who can provide insights on the practical applications of maternity protection schemes.
- Trade unions, who are key actors in improving workers' rights.
- Academia and research institutes.
- Civil society groups, such as those working on maternity protection (e.g. World Alliance for Breastfeeding Action (WABA), International Baby Food Action Network (IBFAN)) gender equality, women's rights, health and nutrition.

In addition, many other groups and individuals have interests or expertise related to maternity protection and should be considered as stakeholders. These may include legal experts, financiers, statisticians, health professionals and associations (associations often exist for doctors, nurses and midwives) insurance companies, feminists, breastfeeding advocates, family planning associations, human rights experts and others, although at times, priorities may need to be set. It is also useful to consider sectors and occupations that are particularly relevant, either because they employ large numbers/proportions of women or because the concerns regarding maternity protection (or lack thereof) are particularly pressing (e.g. female dominated occupations/sectors, domestic work, sectors that are particularly hazardous, etc). National employers' and workers' organizations can play key roles in identifying relevant sectoral organizations of employers and workers.

The term stakeholder has become very common. It can be misleading if it is used to describe all stakeholders as a homogeneous group. The reality is that stakeholders can be classified in many different ways and it is only through a process of classifying stakeholders that the value of stakeholder analysis becomes clear.

There are many ways to classify stakeholders; the following eight are some categories, though you may wish to add others:

### **Buyers**

Buyers are people who are "in the market" for new ideas. Those who buy ideas readily can be very useful, even if they tend to forget who they bought them from. Buyers are interested in change and innovation.

### **Allies**

An ally is somebody who supports your proposals and ideas. They may see that there is a common interest with you. They may not always agree with you, but you might find your values are similar and therefore you approach issues and ideas in a similar way.

### **Friends**

Friends are people who will support your agenda because they like you. Friends make more of an emotional commitment than an ally.

## **Opponents**

Opponents are people who do not like your general proposals, position and ideas. It may be that they have an agenda of their own. It is not so much where they stand, as why they stand there. An opponent can be seen as the negative equivalent of an ally.

## **Adversaries**

Adversaries will oppose you because they do not like you. Adversaries will oppose you regardless of how good or sensible your suggestions are. The fact they are your ideas is enough. They are the negative equivalent of your friends.

## **Minders**

Minders are well-placed people who will back you, by giving protection and space. It is helpful to understand what the basis of the minders support is. Is it you, or your ideas, or what you stand for?

## **Fence-sitters**

Fence-sitters are people who want to wait and see. The key question is – “What will it take to push them onto the right side of the fence?”

## **Cynics**

A cynic is someone who has given up, but who hasn't shut up. Often their experience and value is obscured by their bitter comments. Sometimes when given something important to do it is possible to win over cynics. For a cynic it will be important to ensure they can participate and therefore gain some ownership.<sup>16</sup>

---

<sup>16</sup> See the "Building alliances" section of **Module 14** on advocacy and awareness-raising for more information.

Stakeholder analysis			
Type of stakeholder	Name of person or organization	Their main agenda	Meeting of minds
Buyers			
Allies			
Friends			
Opponents			
Adversaries			
Minders			
Fence-sitters			
Cynics			

## TASK SHEET 14 – ESTABLISHING A FORUM OR A NATIONAL COMMITTEE ROLE PLAY

You are going to create a forum or committee to co-ordinate **the building of** alliances, the gathering of research, the preparation of information materials and the development of strategies. The local ILO office initiated the idea and has agreed to chair the first meeting.

Representatives from the following groups have been invited: women's networks, trade unions and women's trade union committees, employers' associations, the ILO, the WHO, UNICEF, WABA and IBFAN, medical associations, family planning associations, market associations, midwives associations, nurseries and primary-school organizations and religious groups, as well as supportive people from government agencies who can provide technical assistance, particularly those in departments of labour, health and family welfare.

Although you are not exactly sure who will participate in the first meeting, you must agree on the purpose of the national committee at the outset. A statement of purpose and intent is the one output required from the first meeting.

You will each have different objectives and priorities. Of course not everything can be listed as a priority or number one goal and so you must collectively agree what the priorities are. Try and make sure that the issues that are important to you are listed and appear in the statement of purpose and intent. In reality you know that if they are not written into the list, it is likely that they will be forgotten.

Work out who your allies are and see if you can build your case by engaging others to support your ideas.



You will have 5 minutes to prepare yourself and your key arguments. The meeting will be for a maximum of 30 minutes with a round of reflections and discussion back in the plenary on the importance of creating alliances and collaboration.

## **1. ILO representative**

You will chair this first meeting but will suggest that the chair is rotated for future meetings.

### **You want to:**

- Ensure that the statement of purpose and intent is clear and inclusive.
- Raise awareness about the ILO Convention No. 183 on Maternity Protection and ILO Recommendation No.191.
- Analyze the current situation in the country with respect to maternity protection including the state of current legislation and collective bargaining.
- Identify the benefits of, and arguments in favour of, ratification of ILO Convention No.183.
- Propose awareness-raising and lobbying strategies to improve the level of maternity protection, and pressure the government and parliament to ratify ILO Convention No. 183.
- Draw up a plan of action, with a clear focus relevant to the national situation, including a time frame for the awareness-raising activities, persons responsible and the level of resources required.

## **2. Ministry of Women and Families**

### **You want:**

The maximum number of women to be covered by legislation, regulations and agreements that offer protection to women who are pregnant, nursing and returning to work and, which protects the health of their babies. The recognition of emerging employment relationships is significant. This development along with the adoption of the ILO Convention No. 177 on Homework, the ILO Convention No. 175 on Part-time Work and ILO Convention No. 189 on Domestic Workers means that ILO standards are beginning to recognize atypical forms of work.

**Remember:** Maximum protection for the maximum number of women workers is needed.

- The definition of “employed women” should be given a broad rather than a narrow definition. Recognition of employment is not dependent on a written contract.
- Avoid provisions that exclude sectors or industries, or parts of sectors or whole industries. Remember: ILO Convention No. 183 requires that exceptions are permitted only for special cases.
- Argue against arrangements that require a worker to have fulfilled an excessively restrictive minimum service requirement (e.g. a number of months continuous service with one employer or a minimum number of months or years contribution to a social insurance scheme that would exclude the large majority of women) before they are able to access the protection.

**Remember:** Women tend to be in employment situations where they do not have lengthy periods of unbroken service.

- Argue against the exclusion of casual and temporary employees.

**Remember:** Maternity protection benefits all of society, not just the individual woman and her child.

- ILO Convention No. 183 provides that if a country ratifies the Convention with exclusions, that country is required to take steps to reduce these exclusions over time.
- The government will be required to consult with the trade unions and employers and submit a report to the ILO.



### **3. Trade union representative: Maternity leave**

#### **You want:**

Women to have a minimum period of paid leave that:

- Allows them to recover physically, psychologically and emotionally from pregnancy and childbirth.
- Promotes the establishment of a healthy feeding regime and care arrangements for babies.
- Gives women (and where applicable their partners) the opportunity to make considered choices about their work and family balance.

#### **Arguments in support of increasing the period of leave**

- ILO Convention No. 183 states that paid maternity leave should not be less than 14 weeks and Recommendation No. 191 recommends paid leave of at least 18 weeks.
- UNICEF and the WHO recommend a minimum period of six months of exclusive breastfeeding.

#### **You want:**

A compulsory postnatal portion of maternity leave:

#### **Arguments in support of compulsory maternity leave**

- Reports from all over the world indicate that too many women have been forced either by their employer or partner to return to work before they were physically and psychologically prepared.
- The compulsory period of postnatal maternity leave is a mechanism designed to provide a minimum period within which women cannot be forced to return to work.

## **4. Employers' organizations**

### **You want:**

Full income replacement provided by the state, not by employers, for the period that a woman is on maternity leave

### **Arguments in support of paid maternity leave:**

- Globally, 42 per cent of ILO member States provide cash benefits of at least two-thirds of earnings for at least 14 weeks.
- Paid leave provides income security for women and their families during a time when the mother is recovering from birth and establishing a feeding regime with her baby.
- Income security enables women to choose to return to work at a time when they feel emotionally and physically able. This in turn promotes a happy and healthy return to work.
- Employers report that paid maternity leave assists in the retention of experienced, skilled and valued employees.
- Women's earnings now contribute significantly to the economic growth of a country. A loss of income during pregnancy and following childbirth has a substantial negative effect not only on the household budget but also on the economy overall.
- Children are our future generation. Why should women be penalized economically because they are the ones who give birth?
- Employer liability schemes do not meet the principles underlying maternity protection of solidarity and collective responsibility.
- Employer liability can impose excessive costs on small enterprises and on enterprises in female dominated industries.
- In international experience, employer liability can lead to discrimination against women in efforts to avoid maternity related costs.

## **5. Representative of Midwives and Obstetricians Associations**

### **You want:**

Pregnant and nursing mothers to work in a healthy and safe working environment without reproductive health hazards and, with provisions that ensure that women cannot be obliged to work in an environment that may be detrimental to their health or the health of their child. These provisions should ensure that health and safety measures are not used to discriminate against the employment of women by excluding women entirely from various forms of work or industries.

### **Arguments in favour of health protection provisions**

- Babies suffer from malformations as a result of exposure to harmful substances.
- Mothers suffer from complications in pregnancy, birth or during the postnatal period as a result of prejudicial strenuous or stressful work.
- There are long-term benefits to the employer and the government associated with having healthier women workers and healthier babies.
- There will be a reduction in the number of stillborn babies and miscarriages.
- There will be an overall reduction in the costs of medical benefits related to maternity as well as medical health care costs in general.

## **6. Women's trade union representative**

### **You want:**

To ensure that women have the maximum protection against dismissal during pregnancy, during maternity leave and on return to work while breastfeeding. They should also have the right to return to the same, or an equivalent, job in terms of pay, conditions and status and, there should be no discrimination against a woman in any way because she is or may become pregnant, is on maternity leave, or is breastfeeding her child.

### **Your arguments in favour of employment protection and non-discrimination provisions can include:**

- Employers often discriminate against pregnant and nursing women. They make false assumptions about a woman's skills, competence and commitment to the workplace because she is pregnant, on maternity leave or nursing.
- A woman's skills and ability to perform a job and her commitment to the workplace must be assessed on criteria that are independent of the fact that she is, or may become pregnant, because she has taken maternity leave or because she breastfeeds her child.

### **Therefore, the strongest anti-discrimination provisions are needed.**

These provisions should include:

- Any burden of proof to rest on the employer. An employer who seeks to dismiss or alter the employment position of a woman who is pregnant or breastfeeding should have to prove that the dismissal or alteration was not related to her pregnancy, maternity leave or breastfeeding.
- No pregnancy tests when applying for employment, unless the employment involves a recognized or significant risk to the health of a woman or her child.

These provisions should be used carefully and not simply as a blanket means to exclude women from certain types of work, or from work in particular industries.

## **7.A breastfeeding mother**

You want to make sure that there is a right for women to continue breastfeeding their children when they return to work, in the best possible conditions. One important support would be workplaces which provide facilities for breastfeeding or expressing milk; another is that the time spent breastfeeding or expressing milk be counted as working time.

**Your arguments can include any of the following:**

- WHO recommends that mothers breastfeed their infants exclusively for six months and continue breastfeeding thereafter for approximately two years or beyond.
- Women do not have to absent themselves from the workplace in order to sustain breastfeeding, provided that they have sufficient opportunities to breastfeed or express milk during the work day.
- Good practice in this area will enhance employee/employer relations resulting in a more motivated, committed and productive workforce.
- There are reduced recruitment and retraining costs due to lower staff turnover as women are healthier, happier and more committed to their employer.
- The employer will benefit from a positive corporate image in terms of the future recruitment of quality staff and also in the eyes of the general public.
- Breastfeeding has significant health benefits for mother and child. For the community, breastfeeding reduces the cost of caring for preventable illnesses. The benefits include a reduction in health costs.
- Breastfeeding is a key component of childcare. It encourages the development of a close relationship between mother and child, and the hormones which sustain lactation have a favourable influence on women's overall reproductive health.
- A breastfeeding woman provides the best food for her baby or young child. Breastfeeding reduces the cost of preventable illnesses. It reduces ecological damage through reduction in packaging, distribution and disposal of powdered milk.

## TASK SHEET 15 – ACTION PLANNING

Working either in an organization-based working group or in a pair, prepare an action plan of the things that you can do to influence or directly improve the provision of maternity rights and protection. This can be at a national level, with opinion and decision-makers or at the enterprise level. Think about the areas you can influence and what you will need to do to bring about the positive changes you have talked about during this programme.

Your actions should be something that you can concretely complete within a time-bound frame, even if it is a part of a longer process.

You should identify milestones, which will help you to understand if you are on track. If you are working in a group, you can nominate someone to coordinate the milestones and contact people with updates to ensure you stay on track.

When you have completed your action plan write it on flipchart paper and post it on to the wall. When you have completed this task, take the opportunity to read and fully understand the other action plans that have been posted.



You will have a total of 30 minutes to design your action plan and a maximum of 10 minutes to prepare and post your flipchart.

### *Handout – Action plan*

Action plan			
Explanation	Action 1	Action 2	Action3
What do you plan to change?			
What do you need to do to make this happen?			
Who needs to participate?			
What are the milestones and timescales you need to set?			
How will you know you have been successful?			

## TASK SHEET 16 – ACTION PLANNING: JOINT ACTIONS

Having read the action plans from all the others represented, return to your original pair or group and discuss which other participants you might target to build a stronger relationship with and what actions you could take together. Prepare this as a second proposal and draw a map with your actions at the centre, and identify who you would like to engage with and what they could do (see the template attached).

Be ready to present your ideas in the plenary.



You will have a total of 30 minutes to design your programme and a maximum of 10 minutes to present it to the employers' organization.



## Collaborative efforts...



1.

---

---

---

2.

---

---

---

3.

---

---

---

## TASK SHEET 17 – WRITING THE BOOK

On the wall there are flipchart papers representing the five days of this programme. Write on each day what you have learnt or what you think were the key messages from the day. By the end of this exercise the group will have “written the book” about maternity protection.



You will have a total of 15 minutes to complete this task.

## PROGRAMME TWO: ADVOCACY FOR IMPROVING MATERNITY PROTECTION

---

This three day programme is designed for representatives from workers' organizations and addresses the issues of maternity protection.

**Learning objectives:** By the end of this programme participants will have:

- Examined what is meant by maternity protection
- Discussed who is covered by maternity protection
- Identified the seven stages of an advocacy process
- Analyzed support and leverage from stakeholders
- Planned the next steps and actions to take

**Target group:** This programme is designed for representatives of workers' organizations that are involved in negotiating nationally for the furtherance of maternity protection, or for those addressing issues of maternity protection at the level of the workplace/enterprise.

**Length of Sample Programme:** 3 days

**Learning methods:** This workshop is designed to be highly participative, drawing on the experiences of participants and current national and international good practice. The learning methods will include; presentations, small group exercises and discussions, case studies, role plays and action research.

### Programme outline

#### Day one

What is maternity protection?  
Who is covered by maternity protection?  
International instruments on maternity protection at work  
Dispelling myths

#### Day two

Health and Safety in the workplace  
Taking steps toward action  
The Advocacy Process

#### Day three

Stakeholder analysis and engagement  
Action planning

Day one			
Subject	Activity	Learning objective(s)	Equipment
<b>Introductions and expectations</b>	Official Welcome Introductions, domestics, expectations and ground rules	Break ice and get to know each other	Task sheet 1
<b>Maternity Protection – the issues</b>	Group exercise on sharing the knowledge that already exists about maternity protection	Pool knowledge and analyse the issues as they stand	
<b>Coffee break</b>	Coffee break	Coffee break	Coffee break
<b>What is Maternity Protection and who is it for?</b>	Presentation and plenary discussion using the information from the previous session	The five core components and addressing who they cover: the exceptions and the problems of protecting women in certain sectors	Summary handout
<b>Lunch break</b>	Lunch break	Lunch break	Lunch break
<b>International instruments on Maternity Protection at work</b>	Small group action research to examine the international instruments, in particular the ILO standards, followed by a plenary session to summarize the key issues	To examine the key instruments for establishing the basis of maternity protection	Task sheet 2 Materials and examples of the key international instruments
<b>Coffee break</b>	Coffee break	Coffee break	Coffee break
<b>Responding to the arguments against</b>	In pairs, identify the responses to common arguments against advancing maternity protection	To practice responding to common arguments against advancing maternity protection	Task sheet 3 Summary handout of the arguments

Day two			
Subject	Activity	Learning objective(s)	Equipment
<b>Health and safety in the workplace</b>	Short exercise (can be done as a quiz) followed by presentation of key issues and examples of good practices not just for pregnancy but all workers' reproductive health	To review good health and safety practices for pregnant workers	Risks and precautions sheet  Handout on how to assess OSH risks
<b>Coffee break</b>	Coffee break	Coffee break	Coffee break
<b>Promoting Maternity Protection</b>	In small groups, examine the statements and identify which are already in place, the priorities and where there is already support, then move to plenary discussion	To understand what could be done to advance maternity protection on a national basis	Task sheet 4  Priorities for action
<b>Lunch break</b>	Lunch break	Lunch break	Lunch break
<b>What do we mean by advocacy?</b>	Presentation to explain what we mean by advocacy and the 7 steps of the advocacy process, then in groups undertake activity for step one	To identify the seven stages of the advocacy process  To learn how to identify the issues for advocacy	Task sheet 5  Summary handout on advocacy
<b>Coffee break</b>	Coffee break	Coffee break	Coffee break
<b>Exploring possible causes</b>	Group work to undertake a root cause analysis	To explore a range of possible causes and solutions with the group	Task sheet 6 Fishbone diagram
<b>Generating solutions</b>	Group work to identify and develop the potential solutions	To identify a range of workable solutions with the group	Task sheet 7, part 1

Day three			
Subject	Activity	Learning objective(s)	Equipment
<b>Stakeholder spectrum analysis</b>	Continuing to work on the solutions identified yesterday, and in groups undertake a stakeholder spectrum analysis	To analyze stakeholder support	Task sheet 7, part 2 Spectrum analysis
<b>Coffee break</b>	Coffee break	Coffee break	Coffee break
<b>Stakeholder engagement role play</b>	Develop a role play scenario about how to engage one of your stakeholders	How to find support and leverage from stakeholders	Task sheet 8
<b>Lunch break</b>	Lunch break	Lunch break	Lunch break
<b>Using the media</b>	Prepare a press release, a two minute radio interview or TV news sketch or advert	To know the most effective ways to reach your audience and their media preferences.	Task sheet 9
<b>Coffee break</b>	Coffee break	Coffee break	Coffee break
<b>Action planning</b>	In pairs or work teams prepare an action plan of the next steps you will take. Use the circles of influence diagram to help to decide	To prepare a realistic action plan	Task sheet 10 and circles of influence template

# TASK SHEET 1 – INTRODUCTIONS AND KEY ISSUES

## Part one

In your group share your names and areas of work. Then discuss:

- 1) What you expect to get from this workshop and what you are prepared to offer to other participants.
- 2) What would help you to learn during these two days, (it would be helpful to think about this from the point of view of yourself, the group and the facilitator).
- 3) Summarize your discussion of these points on a flipchart and be ready to report back to plenary.

Nominate a spokesperson on behalf of your group.



You have 15 minutes to complete this exercise and be ready to report your thoughts and ideas to the plenary group.

## Part two

What are the key issues for you in relation to maternity protection? What personal experiences can you share and what stories have you heard from others? Be ready to summarize these on a flipchart and present them back to the plenary group.



You have 15 minutes to complete this exercise and be ready to report your thoughts and ideas to the plenary group.

## ***Handout –Scope of Maternity Protection legislation: Who is covered?***

Although ILO Conventions and frameworks have progressed towards more inclusiveness, national laws tend to provide a more narrow scope of coverage. Many women lack access to maternity protection because they work in types of jobs or arrangements that are implicitly or explicitly excluded from the scope of legislation, or because certain conditions have been set for protection which they cannot meet, such as a minimum duration of employment with an employer, or number of hours worked. However, efforts can and are being made to extend maternity protection to more women workers, through collective bargaining agreements and workplace policies, through broad approaches to extend social protection to workers in the informal economy (for example, the establishment of national Social Protection Floors) and through targeted approaches focusing on particular categories of typically-excluded workers, such as agricultural workers, domestic workers, and others.<sup>17</sup>

### **International labour standards**

In principle, “all employed women, including those in atypical forms of dependent work” should be covered by maternity protection, as set out by International Labour Convention No. 183 and Recommendation No. 191. Convention No. 183 does allow for potential limitations in scope, stating that ratifying member States may, in consultation with employers and workers, exclude limited categories of workers under certain conditions (see **Box 1**).

#### **Box 1 The scope of Maternity Protection**

##### **Convention No. 183, Article 2**

- (1)** *This Convention applies to all employed women, including those in atypical forms of dependent work.*
- (2)** *However, each Member which ratifies this Convention may, after consulting the representative organizations of employers and workers concerned, exclude wholly or partly from the scope of the Convention limited categories of workers when its application to them would raise social problems of a substantial nature.*
- (3)** *Each Member which avails itself of the possibility afforded in the preceding paragraph, shall...list the categories of workers thus excluded and the reasons for their exclusion. In its subsequent reports, the Member shall describe the measures taken...to progressively extending the provisions of the Convention to these categories.*

##### **Recommendation No. 191, Paragraph 10**

- (9)** *Where national law and practice provide for adoption, adoptive parents should have access to the system of protection offered by the Convention, especially regarding leave, benefits and employment protection.*

The explicit inclusion of women employed “in atypical forms of dependent work” represented a considerable advance for women in non-standard work such as part-time, temporary, home-based and other forms of work arrangements which have frequently fallen outside the scope of maternity protection (see **Boxes 2 and 3**).

---

<sup>17</sup> For more information on the scope of maternity protection, see **Module 2**.



## Box 2

### What is meant by “atypical forms of dependent work”?

According to the ILO, atypical work (also known as non-standard work) covers a large and growing variety of forms of work and employment characterized by flexibility and reduced security. They include part-time, casual and seasonal work, job-sharing, fixed-term contracts, temporary agency work, home-based work and remote working. These forms of work differ from the norm historically regarded as “typical” or standard, namely full-time, socially secure employment of unlimited duration, with a single employer, performed at the employer's workplace and with a guaranteed regular income. In fact the proliferation of atypical work is such that it is becoming less and less possible to describe permanent, full-time jobs as the norm, and more and more important to address the issues of access to employment, decent working conditions, adequate social protection, and opportunities to organize and to exercise voice among all kinds of “atypical” workers.

The current legal trend is towards recognizing the rights of atypical or non-standard workers through (a) the specific regulation of non-standard work by extending and revising existing protections, and (b) introducing the right to equal treatment for atypical workers.

Source: ILO: *ABC of women workers' rights and gender equality* (Geneva, 2007), pp. 21-22.

## Box 3

### International commitments to Maternity Protection for all working women

#### International Labour Conference, 2004, Resolution concerning the promotion of gender equality, pay equity and maternity protection

The General Conference of the International Labour Organization,

1. Calls upon all governments and social partners to actively contribute – in their respective fields of competence: ... (c) to provide all employed women with access to maternity protection; (d) to consider how women workers not covered in the previous subparagraph, especially those in vulnerable groups, can be provided with access to maternity protection....

#### ILC, 2009: Resolution concerning gender equality at the heart of decent work

The General Conference of the International Labour Organization..., having undertaken a general discussion on the basis of Report VI, *Gender equality at the heart of decent work*, 1. Adopts the following conclusions...

#### Conclusions

##### ...Social protection

43. Governments have the lead role in taking appropriate measures to formalize the informal economy, where women are often in precarious, atypical, and poorly paid jobs. Governments should take steps to extend the coverage of social security and social protection to all.

#### ILC, 2011: Conclusions on the recurrent discussion on social protection (social security)

The Social Protection Floor guarantees for all resident women, regardless of employment relationship: 1) basic prenatal, childbirth and postnatal health care for the mother and her child, either by medical practitioners or by qualified midwives, and hospitalization where necessary; 2) income support for women during the last weeks of pregnancy and the first weeks after delivery.

Source: <http://www.ilo.org/public/libdoc/ilo/P/09734/>

### *Handout – Scope at the national level*

Expanding the scope of maternity protection, as set out by Convention No. 183 and beyond, is critical for enhancing the health and well-being of greater numbers of women workers and their children worldwide. Generally speaking, trends in national legislation from countries around the world show that the scope of women covered by maternity protection has been widening. Nevertheless, national laws tend to provide a more narrow scope of coverage than Convention No. 183. At the national level, the percentage of working women actually covered depends on:

- Specifications of included/excluded categories of workers in labour legislation or social security;<sup>18</sup> and
- Eligibility requirements for obtaining benefits.

Workers who are practically always covered for maternity protection in national legislation include **public sector workers**, including civil servants and other types of workers employed by national, state, provincial or local government, as well as **private sector workers** employed in industrial and non-industrial enterprises.

Some countries explicitly exclude certain groups of civil servants from maternity protection (e.g. the armed forces or police), but usually the civil service is covered by special maternity protection regulations for the public sector. The provisions for public sector workers can be more favourable than those applicable to the private sector, for example, by providing for longer leave periods or higher rates of cash benefits.

For private sector workers, national legislation in the majority of countries provides for maternity protection to women employed in industrial and non-industrial enterprises. In some countries, whole sectors entitled to or excluded from protection may be explicitly named in legislation (for example, fishing, commercial undertakings, mining and agriculture).

In practice, legal rights to maternity protection are often available only to women who have entered into a formal contract of employment with their employer and are subject to national labour legislation, taxation and social protection. This means, for example, that a woman who holds an informal job providing cleaning services, may not be entitled to maternity protection, even if she is providing those cleaning services for a public or private sector establishment.

---

<sup>18</sup> It may also depend on whether coverage is automatic or voluntary, or if workers need to opt in to coverage.

## ***Handout – Exclusions of categories of workers***

Many women are not covered by maternity protection, because they work in types of jobs or arrangements that are implicitly or explicitly excluded from the scope of legislation. The following are some typical exclusions:

- domestic workers
- members of the employer's family or women working in family undertakings
- casual or temporary workers
- agricultural workers
- workers in the armed forces and/or police
- managers/business executives
- workers earning over a certain ceiling
- apprentices
- workers in small enterprises

**! Excluding certain categories of workers serves to limit the number of women who have access to maternity protection: it goes against the more general principles of current international labour standards and ILC Resolutions on maternity protection, which call for a broad scope, with exclusions only under certain conditions and of a temporary nature.**

Some exclusions, such as exclusions of non-standard workers (such as part-time, casual and temporary workers) and exclusions of domestic workers can affect very large numbers of women workers. In some cases, non-standard workers and domestic workers may be covered implicitly by the law but are excluded in practice, for example, because the law is unclear or procedures for implementing the law are not clear. Some countries have aimed to clarify the intention of the law by explicitly mentioning that such workers are legally covered under its scope. For example, legislation in many countries explicitly mentions the coverage of domestic workers under the scope of maternity protection, which mitigates against their exclusion in practice.

### **Exclusions based on eligibility requirements for leave**

Not all categories of female workers are entitled by law to maternity protection. However, of those women who theoretically are entitled to maternity protection, some are excluded because they do not meet certain criteria for eligibility. In discussing eligibility criteria, it is important to distinguish between eligibility for **maternity leave** and eligibility for **cash benefits** (i.e. paid maternity leave), as different conditions on eligibility requirements are set out by international labour standards and also often differ in national law and practice.

According to Convention No. 183, the only prerequisite for a worker's right to **maternity leave** is the production of a certificate indicating the expected date of birth. The Convention leaves room for "national law and practice" in the certification deemed appropriate, but not in the right to exercise leave. However, in national laws, a woman's right to take maternity leave is often linked to various eligibility requirements. These differ from country to country, but the following are some of the more common requirements:

- a certain period of notice for when a woman must inform her employer of her plan to go on maternity leave;
- requirements that a woman must have been employed for a certain period of time before the maternity leave, often with the same employer;

- rules setting minimum working hours as a condition of eligibility for leave;
- restrictions on the number of times a woman can take maternity leave, or a restriction of one leave within a given period of time;
- citizenship.

**! Eligibility requirements for leave, other than producing a certificate indicating the expected date of birth, are contrary to the principles of international labour standards on maternity protection. Efforts are required to reduce eligibility requirements that restrict access to maternity leave.<sup>19</sup>**

### **Exclusions based on eligibility requirements for cash benefits**

The right to receive cash benefits while on maternity leave may also depend on eligibility requirements, which sometimes differ from the eligibility requirements for leave. According to Convention No. 183 (see **Box 4**), a member State may set up conditions a woman must meet to qualify for cash benefits, provided that these can be satisfied by a large majority of women workers and that women who do not qualify for cash maternity benefits are entitled to adequate benefits paid out of social assistance funds.

#### **Box 4**

#### **Conditions for qualifying for cash benefits, Maternity Protection Convention, 2000 (No. 183)**

**(5)** *Each Member shall ensure that the conditions to qualify for cash benefits can be satisfied by a large majority of the women to whom this Convention applies.*

**(6)** *Where a woman does not meet the conditions to qualify for cash benefits under national laws and regulations or in any other manner consistent with national practice, she shall be entitled to adequate benefits out of social assistance funds, subject to the means test required for such assistance.*

Convention No. 183, Article 6

The following are common examples of limitations on eligibility for cash benefits.

- **A minimum period of employment** before qualifying for cash benefits during maternity leave. Many countries in which employers are liable for payment specify such requirements. Some countries where the maternity benefit is paid out of public funds also require a minimum period of employment before qualifying for maternity benefits.
- **A limit on the number of times** a woman can obtain maternity cash benefits. In some countries, this limit applies only if a woman works for the same employer during subsequent pregnancies.
- Where cash benefits are totally or partially paid by social security, workers must have a **minimum period of contributions** to insurance schemes or tenure in insured employment prior to the maternity benefit period. These minimum contribution periods vary greatly across countries. In some, a woman must have been employed in insurable employment for a certain period before the payment of benefits.<sup>20</sup>

<sup>19</sup> For more information on exclusion related to maternity leave, see **Module 6**.

<sup>20</sup> For more information on exclusion related to cash benefits, see **Module 7**.

## TASK SHEET 2 – INTERNATIONAL INSTRUMENTS

Your group has the task of teaching the other participants about one aspect of International instruments for advancing maternity protection and rights. You will prepare a ten minute mini training session on the subject given to you. Some materials will be provided, but you may need to undertake some additional research using the Internet or additional materials and literature. Other participants may also be good resource people, so you may want to interview them.

You should try and make your training session interesting and visual. You will be allocated one of the following:

- Millennium Development Goals (MDGs)
- Human rights treaties and maternity protection
- World Health Assembly (WHA) Resolutions
- *Innocenti* Declarations, 1990 and 2005
- Beijing Declaration and Platform for Action, 1995
- ILO instruments: Conventions and Recommendations



You have 30 minutes to prepare your mini training session and a maximum of 10 minutes to deliver your session.

## ***Handout – International tools and guidance***

### **Millennium Development Goals (MDGs)**

The MDGs (see **Box 5**) are based on the United Nations Millennium Declaration adopted in 2000 by 189 Member States. The Declaration focuses on positive values such as development and poverty eradication, peace and security, human rights, democracy and good governance. It identifies the fundamental values of freedom, equality, solidarity, tolerance, respect for nature, and shared responsibility. Through it, United Nations member States pledge to ensure greater coherence in policies throughout the international community. The Declaration builds on earlier international commitments, such as the World Summit for Social Development (Copenhagen, 1995), on productive and freely chosen employment. Specific targets have been developed for each MDG; the targets for MDGs 4 and 5, most relevant to maternity protection, are shown in **Box 6**.

#### **Box 5 Millennium Development Goals**

- MDG 1: Eradicate extreme poverty and hunger by cutting in half the number of people who live with under US\$1 a day.
- MDG 2: Achieve universal primary education for every boy and girl.
- MDG 3: Promote gender equality and empower women by eliminating gender inequalities in all levels of education.
- MDG 4: Reduce child mortality by two-thirds for those under the age of five.
- MDG 5: Improve maternal health by reducing the maternal mortality ratio by three-quarters.
- MDG 6: Combat HIV/AIDS, malaria and other diseases by stopping their spread and beginning to reduce it.
- MDG 7: Ensure environmental sustainability by promoting sustainable development and reversing the loss of our natural resources.
- MDG 8: Develop a global partnership for development by addressing the special needs of the developing world, including new technology, debt relief and fair trade.

Source: UN: *Millennium Development Goal Report 2010* (New York, 2010).

**Box 6**  
**Targets for MDGs 4 and 5**

**MDG 4 - Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate**

**MDG 5 - Improve maternal health, and meet international targets of reducing the maternal mortality ratio by three-fourths between 1990 and 2015**

In recent years, states have made enormous efforts to decrease maternal, infant and young child mortality rates, with some success. Women's life expectancy has increased with the lowering of their fertility rates. Child mortality has also diminished impressively.

Despite these efforts, in 2008 an estimated 8.8 million children worldwide under the age of five died from largely preventable causes. Roughly 358,000 women die during pregnancy and childbirth every year, and for every woman who dies, about 20 suffer serious injury or disability. At the current rate of progress the MDG 4 and 5 targets are not expected to be met by 2015.

In order to reach MDGs 4 and 5, it is necessary to improve access to family planning and reproductive health services, to train birth attendants to screen pregnancies, assist in childbirth, care for infants and counsel on feeding practices; to develop basic, quality, health services specifically for women and children, which include medication; as well as to make sure that women are not burdened by the cost of these services - generating expenses they simply cannot meet. Other concrete measures leading to the better welfare of women are increased employment possibilities, better pay and work conditions and protection in the case of maternity.

Mothers have particular needs for policies and support to protect their health while working and to protect their economic security during and after pregnancy. Ratification of maternity protection Convention No. 183, improvements at national level of maternity protection legislation, and above all, implementation of its basic provisions will all help facilitate progress towards these MDGs.

**Sources:**

R.E. Black et al.: "Global, regional, and national causes of child mortality in 2008: A systematic analysis", in *The Lancet* (2010, Vol. 375, No. 9730), pp. 1969-1987.

WHO: *Trends in Maternal Mortality: 1990 to 2008*, (Geneva, 2010), p. 18.

ILO: *Decent Work and the Millennium Development Goals, MDG4 Reduce Child Mortality* (Geneva, 2010)..

## **Countdown to 2015**

Since 2005, the Countdown to 2015 initiative has been tracking progress towards the achievements of MDGs 4 and 5 by examining health-related interventions that reduce maternal, child and infant mortality. The initiative aims to stimulate more numerous and efficient responses at country level. To date, it has identified 68 countries that account for 97 per cent of all maternal and child deaths. Maternity protection at work - measured by the ratification of and conformity with ILO Convention No.183, 2000 – is one of the indicators.<sup>21</sup>

---

<sup>21</sup> The *Countdown to 2015* tracks coverage data for 22 health interventions which have been proven to reduce mortality among mothers, newborns and children; and also measures funding for maternal, newborn and child health and nutrition, equity in coverage and selected health systems policies.

## Human rights treaties

Several global human rights instruments contain provisions related to maternity protection, including:

- Universal Declaration of Human Rights (UDHR), 1948;
- International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966;
- International Covenant on Civil and Political Rights (ICCPR), 1966;
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1979;
- Convention on the Rights of the Child (CRC), 1989.

Provisions of these instruments related to maternity protection are shown in **Box 7** below.

<b>Box 7</b> <b>Human rights treaties and Maternity Protection</b>
<b>Universal Declaration of Human Rights (UDHR), 1948</b> <i>Art 25(2): Motherhood and childhood are entitled to special care and assistance.</i>
<b>International Covenant on Economic, Social and Cultural Rights (1966)</b> <i>Art 10/2: Right to the mother's health: Art. 10(2): Special attention should be afforded to mothers during a reasonable period before and after childbirth. During such period, working mothers should be accorded paid leave or leave with adequate social security benefits.</i>
<b>International Covenant on Civil and Political Rights (1966)</b> <i>Art. 26: Mother's right to equality and to non-discrimination/gender and maternity</i>
<b>Convention on the Elimination of All Forms of Discrimination Against Women (1979)</b> <i>Preamble: Women's right to non-discrimination, including in maternity: leading implicitly to maternity protection at work, to paternity and parental leave, and to understanding society's responsibility towards women vis-à-vis maternity</i> <i>Art. 11: non-discrimination in employment; health and safety at work; prohibits dismissal during pregnancy and maternity leave; maternity leave with pay; services enabling to combine family obligations and work (child-care facilities); protection against work harmful during pregnancy</i> <i>Art. 11(1): States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular:... (f) The right to protection of health and safety in working conditions, including the safeguarding of the function of reproduction.</i> <i>Art 11(2): In order to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work, States parties shall take appropriate measures:</i> <i>(a) To prohibit, subject to the imposition of sanctions, dismissal on the grounds of pregnancy or of maternity leave and discrimination in dismissals on the basis of marital status;</i> <i>(b) To introduce maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances;</i> <i>(c) To encourage the provisions of the necessary supporting social services to enable parents to combine family obligations with work responsibilities and participation in public life, in particular through promoting the establishment and development of a network of child-care facilities;</i> <i>(d) To provide special protection of women during pregnancy in types of work proved to be harmful to them.</i> <i>Art 12.2.: ...States parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.</i>



### **Convention on the Rights of the Child (1989)**

**Art 18(2):** *For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.*

**Art 18(3):** *States Parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible.*

#### **Sources:**

UN: *Universal declaration of human rights* (New York, 1948).

—: *International Covenant on Economic, Social and Cultural Rights* (New York, 1966).

—: *International Covenant on Civil and Political Rights* (New York, 1966).

—: *Convention on the Elimination of All Forms of Discrimination Against Women* (New York, 1979).

—: *Convention on the Rights of the Child* (New York, 1989).

### **World Health Assembly (WHA) Resolutions**

Various WHA resolutions on infant and young child feeding explicitly mention maternity protection at the workplace. These include the resolutions adopted in 1990, 1992, 2001 and 2002, year of the adoption of the *Global Strategy on Infant and Young Child Feeding*. The WHA Global Strategy contains several paragraphs relevant to maternity protection, especially related to breastfeeding and to the specific roles of the government and the other stakeholders vis-à-vis legislation and policies for working mothers and fathers (see **Box 8** below). The WHA Global Strategy was adopted by UNICEF's Executive Board in 2002.

#### **Box 8**

##### **World Health Assembly Resolution 55.15-2002**

##### **Global Strategy for Infant and Young Child Nutrition: Sections relevant to Maternity Protection**

**Paragraph 4: Scope:** maternity protection legislation should include all working women in agriculture, the formal and the informal economy

**Paragraph 12: Specific measures of protection:** *Women in paid employment can be helped to continue breastfeeding by being provided with minimum enabling conditions, for example, paid maternity leave, part-time work arrangements, on-site crèches, facilities for expressing and storing breastmilk and breastfeeding breaks*

**Paragraph 28: Role of governments:** *Mothers should also be able to continue breastfeeding and caring for their children after they return to paid employment. This can be accomplished by implementing maternity protection legislation and related measures consistent with ILO Maternity Protection Convention, 2000 No. 183 and Maternity Protection Recommendation, 2000 No. 191. Maternity leave, day-care facilities and paid breastfeeding breaks should be available for all women employed outside the home.*

**Paragraph 34: National legislation:** *A comprehensive national policy, based on a thorough needs assessment, should foster an environment that protects, promotes and supports appropriate infant and young child feeding practices...*

*For protection: Adopting and monitoring application of a policy of maternity entitlements, consistent with the ILO Maternity Protection Convention and recommendation, in order to facilitate breastfeeding by women in paid employment, including those whom the standards describe as engaging in atypical forms of dependent work, for example part-time, domestic and intermittent employment...*

**Paragraph 45: Role of employers and trade unions:** *Employers should ensure that maternity entitlements of all women in paid employment are met, including breastfeeding breaks or other workplace arrangements – for example facilities for expressing and storing breast-milk for later*

*feeding by caregiver – in order to facilitate breast milk feeding once paid maternity leave is over. Trade unions have a direct role in negotiating adequate maternity entitlements and security of employment for women of reproductive age.*

**Paragraph 46: Childcare facilities:** *Other groups: ...child-care facilities, which permit working mothers to care for their infants and young children, should support and facilitate continued breastfeeding and breastmilk feeding.*

Source: WHO: *Infant and young child nutrition: Global strategy on infant and young child feeding*, Report of the Secretariat, World Health Assembly, 55th Session, Geneva, 2002.

The WHA Global Strategy was adopted by UNICEF's Executive Board in 2002.

### **Innocenti Declarations, 1990 and 2005**

The 1990 and 2005 *Innocenti* Declarations recognized that breastfeeding is an irrevocable right of all mothers and is a fundamental component in assuring a child's right to food, health and care. Therefore, the Declarations called on governments to pursue the implementation of these rights, including the rights of working women to breastfeed, one of the key elements of maternity protection (see **Box 9** below). The *Innocenti* Declarations have successfully spurred attention and action around the world on these fronts, including working women's rights to breastfeed.

#### **Box 9**

#### ***Innocenti* Declarations, 1990 and 2005**

##### ***Innocenti* Declaration on the Protection, Promotion and Support of Breastfeeding, 1990**

The meeting, co-sponsored by UNICEF, the WHO, USAID and the Swedish International Development Authority (SIDA), was held in Florence, on 30 July–1 August 1990. The declaration, endorsed by the 45<sup>th</sup> World Health Assembly states that by the year 1995 governments should have reached the following four operational targets:<sup>22</sup>

- **Target 1:** Appoint a national breastfeeding coordinator of appropriate authority, and establish a multi-sectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organizations and health professional associations.
- **Target 2:** Ensure that every facility providing maternity services fully practises all of the 'Ten Steps to Successful Breastfeeding'.
- **Target 3:** Take action to give effect to the principles and aim of all articles of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety.
- **Target 4:** Enact imaginative legislation protecting the breastfeeding rights of working women and establish means for its enforcement.

##### ***Innocenti* Declaration on Infant and Young Child Feeding, 2005**

In 2005, the *Innocenti Declaration on Infant and Young Child Feeding* was adopted by UNICEF, the WHO and several NGOs. While reinforcing the four original targets, it adopted five new ones:

- **Target 5:** Comprehensive policy.
- **Target 6:** Optimal breastfeeding, with attention to supporting women in the community.
- **Target 7:** Complementary feeding with continued breastfeeding.
- **Target 8:** Infant feeding in exceptionally difficult circumstances.
- **Target 9:** New legislation and other measures.

Source: UNICEF: *1990–2005 Celebrating the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding: Past achievements, present challenges and the way forward for infant and young child feeding* (Geneva, 2006).

<sup>22</sup> The fourth target refers to maternity protection and breastfeeding.

## **Beijing Declaration and Platform for Action, 1995**

The Fourth World Conference on Women, held in Beijing in 1995, brought together 6,000 delegates from 189 countries and over 4,000 NGO representatives. In a *Declaration*, governments reaffirmed their commitment to women's equal rights and empowerment. The resultant *Platform for Action* comprised a global framework and strategic objectives and actions in 12 critical areas, including poverty, equal access to education and health care, decision-making, violence against women and the rights of female children (see **Box 10**).

### **Box 10** **Beijing Platform (1995):** **Action on how to reconcile work & family responsibilities**

The overriding message of the Fourth World Conference on Women was that the issues addressed in the Platform for Action were global and universal. Deeply entrenched attitudes and practices perpetuate *inequality* and *discrimination* against women in all parts of the world. Change and implementation thus require new values, attitudes, practices and priorities at all levels. Measures should be taken at all levels to protect and promote the human rights of every woman and girl and should be at the heart of all action. These measures should follow international norms and standards of *equality between men and women* and enable institutions to progress, their task being to implement change at a wider level. Governments and the UN will take at heart to promote "gender mainstreaming" in policies and programmes.

In order to increase women's access throughout the life cycle to appropriate, affordable and **quality health care**, information and related services:

- **Paragraph 106:** Calls for governments and partners to:

*Formulate special policies, design programmes and enact the legislation necessary to alleviate and eliminate environmental and occupational health hazards associated with work in the home, in the workplace and elsewhere with attention to pregnant and lactating women;*

In order to promote **harmonization of work and family responsibilities** for women and men:

- **Paragraph 181:** Calls on governments to:

*Ensure, through legislation, incentives and/or encouragement, opportunities for women and men to take job-protected parental leave and to have parental benefits. Promote the equal sharing of responsibilities for the family by men and women, including through appropriate legislation, incentives and/or encouragement, and also promote the facilitation of breastfeeding for working mothers.*

Source: UN: *Beijing Declaration and Platform of Action*, Fourth World Conference on Women, Beijing, 1995.

In March 2010, the 54th Session of the United Nations Commission on the Status of Women adopted a declaration on the occasion of the 15th anniversary of the Beijing Conference and passed Resolution 54/4 on women's economic empowerment. The Resolution urges States as well as employers, organizations and trade unions to develop or strengthen policies and programmes to support the multiple roles women play in society. The Resolution acknowledges the significance of maternity and motherhood, and that such policies and programmes should also promote shared responsibility on the part of women and men in parenting children and caring for other family members.

## **The ILO international labour standards and approach**

Maternity protection at work falls directly under the mandate of the ILO. A key means of action of the ILO is the adoption of international labour standards and action to assist countries in their implementation through supervision and technical assistance.

### **The ILO and international labour standards**

**International labour standards** take the form of Conventions or Recommendations. As of January 2012, the International Labour Conference had adopted 189 Conventions and 201

Recommendations over the course of the ILO's 92-year history. These labour standards cover a broad range of subjects including fundamental rights at work, the employer-employee relationship and industrial relations, conditions of work, occupational safety and health, gender equality, social security and other work-related areas of social policy.

International labour standards are designed to provide a benchmark for the provision of human rights within the world of work and are used to guide the design and implementation of labour and social policies at the national level. Even where a country does not ratify a Convention, Conventions are often referred to with authority as the internationally recognized minimum standard.

These standards are characterized by two features: they are universal, as they are intended to be applied in all the member States of the Organization; at the same time they recognize that countries may have diverse levels of economic development and differing legal approaches. Hence, international labour standards may allow for a certain degree of flexibility in terms of the implementation of the universally recognized principles they embody. For instance, many Conventions contain so-called "flexibility" clauses allowing for progressive implementation.

International labour standards provide the legal framework for achieving decent work for all. They are the result of discussions among governments, workers and employers, and they are based on experiences from around the world. Thus, the Conventions and Recommendations provide a road map for policy and decision-makers at the national level in their efforts to promote decent work and ensuring social and economic progress. Hence, international labour standards on maternity protection are of direct relevance for the development and strengthening of national laws and policies in this field.

### **International labour standards on Maternity Protection at work**

Maternity protection for women workers has been a core issue for the ILO since its foundation in 1919, when the governments, employers and trade union representatives of member States adopted the first Convention on maternity protection. Over the course of its history, the ILO has adopted three Conventions on maternity protection (No. 3, 1919; No. 103, 1952; No. 183, 2000). These Conventions, together with their corresponding Recommendations (No. 95, 1952; No. 191, 2000) have progressively expanded the scope and entitlements of maternity protection at work and provided detailed guidance orienting national policy and action. The core concerns have been to enable women to successfully combine their reproductive and productive roles, and to prevent unequal treatment in employment due to their reproductive role.

The **Maternity Protection Convention, 1919 (No. 3)** was the first ILO standard concerning the employment of women before and after childbirth. This Convention was limited to women employed in public or private industrial or commercial undertakings. It laid out the basic principles of maternity protection: the rights to maternity leave (12 weeks), medical benefits, income replacement during leave and breastfeeding breaks. The right to leave was reinforced by the explicit prohibition of dismissal during a woman's absence on maternity leave or at such time that the notice would expire during such absence; employment protection was thus seen as a vital aspect of maternity protection from the start. Convention No. 3 is no longer open to ratification, but is still in force for those member States that have ratified it and have not subsequently denounced it.

The **Maternity Protection Convention (Revised) (No. 103)**, adopted in 1952, extended the scope of protection to a larger number of worker categories to include women employed in industrial undertakings and non-industrial and agricultural occupations, including "domestic work for wages in private households" (Art.1.3.h). It provided further protection by extending

leave entitlement to cover illness resulting from pregnancy or confinement, and expanding upon the types of medical benefits provided. It also introduced for the first time a minimum level as regards cash maternity benefits: benefits should be fixed at a rate sufficient for the full and healthy maintenance of the mother and her child in accordance with a suitable standard of living (i.e. two thirds of previous earnings where benefits are computed on the basis of earnings). Convention No. 103 is also no longer open to ratification, but remains in force for those member States that have ratified it, unless they have subsequently ratified Convention No. 183 (in which case, only the latter Convention remains in force).

The **Maternity Protection Convention, 2000 (No. 183)** is the most recent maternity protection Convention adopted by the member States, and is accompanied by the Maternity Protection Recommendation, 2000 (No. 191). **Box 11** below shows its key provisions.

**Box 11**  
**The Maternity Protection Convention, 2000 (No. 183), covers:**

- Extension of protection to all employed women.
- 14 weeks of maternity leave, including six weeks of compulsory postnatal leave.
- Additional leave in case of illness, complications or risk of complications arising out of pregnancy or childbirth.
- Cash benefits during leave of at least two-thirds of previous or insured earnings (or at an equivalent level where benefits are not calculated on the basis of previous earnings).
- Access to medical care, including prenatal, childbirth and postnatal care, as well as hospitalization when necessary.
- Health protection: the right of pregnant or nursing women not to perform work prejudicial to their health or that of their child.
- Breastfeeding: minimum of one daily break, with pay.
- Employment protection and non-discrimination.

Note: For more details, see **Module 1**.

As of January 2012, 65 countries were party to at least one of the maternity protection Conventions.<sup>23</sup>

Convention No. 183 and Recommendation No. 191 are notable for several advances in protection from earlier standards on maternity protection. Convention No. 183 expanded the scope of maternity protection to cover all employed women,<sup>24</sup> including those in atypical<sup>25</sup> forms of dependent work in the informal economy. The minimum leave period was extended from 12 weeks in earlier Conventions to 14 weeks in Convention No. 183, while Recommendation No. 191 suggests 18 weeks. Convention No. 183 provides stronger employment protection, requires measures to ensure that maternity does not engender discrimination, including in access to employment, and explicitly prohibits pregnancy tests as part of candidate selection procedures (except in very limited specific circumstances). In terms of breastfeeding, Recommendation No. 191 calls for the establishment of breastfeeding facilities at the workplace. Research shows that national legislation has been gradually shifting toward the provisions set out by the most recent standards on maternity protection, in terms of length of leave, as well as the level and source of benefits (see **Box 12**).

<sup>23</sup> For ratification by country, see *RESOURCE SHEET 5.3* (pp. 35–36) at the end of **Module 5**.

<sup>24</sup> According to Convention No. 183, the term “employed women” comprises all women in an employment relationship, irrespective of the form of contract (written or oral, express or implied), type of work, where it takes place, type of pay (wage or salary, cash or in-kind).

<sup>25</sup> “Atypical forms of dependent work” include: fixed-term, contract, casual, seasonal, part-time, temporary agency workers; homeworkers; pieceworkers; unorganized, informal employees in all sectors; women in disguised employment relationships (disguised self-employment).

### **Box 12**

#### **Ratification and application of ILO Maternity Protection Conventions**

As of January 2012, 65 ILO member States were party to at least one of the maternity protection Conventions, with virtually all countries having adopted some measures of maternity protection. The 2010 ILO global estimates, based on the revision of the legal provisions of 167 countries, show that there have been noticeable improvements in maternity protection legislation since 1994. Globally, 30 per cent of the member States fully meet the requirements of Convention No. 183 on all three aspects: they provide for at least 14 weeks of leave at a rate of at least two-thirds of previous earnings, paid by social security or public funds. The regions with the highest proportion of countries in conformity with these aspects of the Convention are Central Asia and Europe, while conformity is particularly low in Asia and the Pacific and the Middle East.

Source: ILO: *Maternity at work: A review of national legislation. Findings from the ILO Database of Conditions of Work and Employment Laws*, Second Edition (Geneva, 2010).

## TASK SHEET 3 – RESPONDING TO THE ARGUMENTS

In your pair/small group you will be given arguments that are commonly heard against advancing maternity protection, from either the perspective of government, employers or trade unions. Make a list of counter-arguments to each of the statements you have been given and be ready to present them in the plenary. If you have any concrete evidence to support your counter arguments, be ready to share it and its source.



You have 20 minutes to prepare your list of counter arguments and be ready to present back to the plenary.

## Handout – Common arguments against Maternity Protection

**Table 1** gives examples of arguments that governments, employers or trade unions may give against implementing maternity protection measures. In pairs or small groups, make a list of possible responses to these arguments.

**Table 1**  
**For or against Maternity Protection?**

Stakeholder	Arguments against:	Arguments for:
Government	Women do not remain in the workforce	
	Too expensive	
	Family responsibilities are in the hands of women	
	No benefit to society	
Employers	Too expensive	
	Hard to replace staff during maternity leave <ul style="list-style-type: none"> <li>• Women may not return after leave</li> <li>• Women already take too much time off for family</li> </ul>	
Trade unions	Women do not constitute important part of membership	
	Is not an issue for the whole of the workforce, only a part of it (and in some sectors a very small part)	
	Not the right moment politically, economically	



## ***Handout – Arguments for Maternity Protection: Possible responses to common arguments***

**Table 1** now shows examples of arguments that governments, employers or trade unions may give against implementing maternity protection measures, as well as the counter arguments in favour.

**Table 1**  
**For or against Maternity Protection?**

Stakeholder	Arguments against:	Arguments for:
<b>Government</b>	Women do not remain in the workforce	Maternity protection (MP) encourages women's attachment to the labour force
	Too expensive	Greater productivity and economic growth <ul style="list-style-type: none"> <li>• MP is a very small percentage of payroll in most countries</li> <li>• Lower household poverty</li> <li>• Better household economic security</li> <li>• Lower health risks and lower risk of maternal mortality</li> <li>• Enabling breastfeeding of infants even as mothers return to work improves long term health and development outcomes of children, less health expenses</li> </ul>
	Family responsibilities are in the hands of women	Greater gender equality
	No benefit to society	All levels of society benefit: <ul style="list-style-type: none"> <li>• Reduced retirement spending in the future (less illness)</li> <li>• MP contributes to strong families and healthy children the key to the future of any society</li> <li>• Better health for mothers before and after childbirth</li> <li>• Benefits to employers</li> </ul>
<b>Employers</b>	Too expensive	Greater productivity <ul style="list-style-type: none"> <li>• MP is a very small percentage of payroll in most countries and normally covered by social security, not by employers</li> <li>• Costs of recruitment, training, lost productivity balance, and may even outweigh costs of maternity protection</li> <li>• Short-term leave with savings in the long-term on separation, recruitment, training costs</li> <li>• No downtime/loss of productivity</li> </ul>
	Hard to replace staff during maternity leave <ul style="list-style-type: none"> <li>• Women may not return after leave</li> <li>• Women already take too much time off for family</li> </ul>	More committed, loyal workforce <ul style="list-style-type: none"> <li>• Healthier women, children healthier too</li> <li>• Happier workforce: less turnover, less training new employees, loyalty increased</li> <li>• Economic benefits of women working</li> <li>• Better reputation, stronger recruiting position</li> <li>• Demonstrates commitment to the community and to social goals</li> </ul>

		<ul style="list-style-type: none"> <li>Unlike sickness, disability, maternity leave can be planned for minimal disruption, maximum efficiency</li> </ul>
<b>Trade unions</b>	Women do not constitute important part of membership	<ul style="list-style-type: none"> <li>Better representation of existing members</li> <li>More credibility and legitimacy in recruitment drives of new members, where many may be women</li> </ul>
	Is not an issue for the whole of the workforce, only a part of it (and in some sectors a very small part)	Gender and family responsibility issues concern all workers, not only women workers of reproductive age
	Not the right moment politically, economically	<p>MP is a collective responsibility. There is a necessary minimum standard that should exist at all times for all female workers</p> <p>It is not a question of politics or economics, but of rights. It is not expensive as it presents many benefits in return</p>

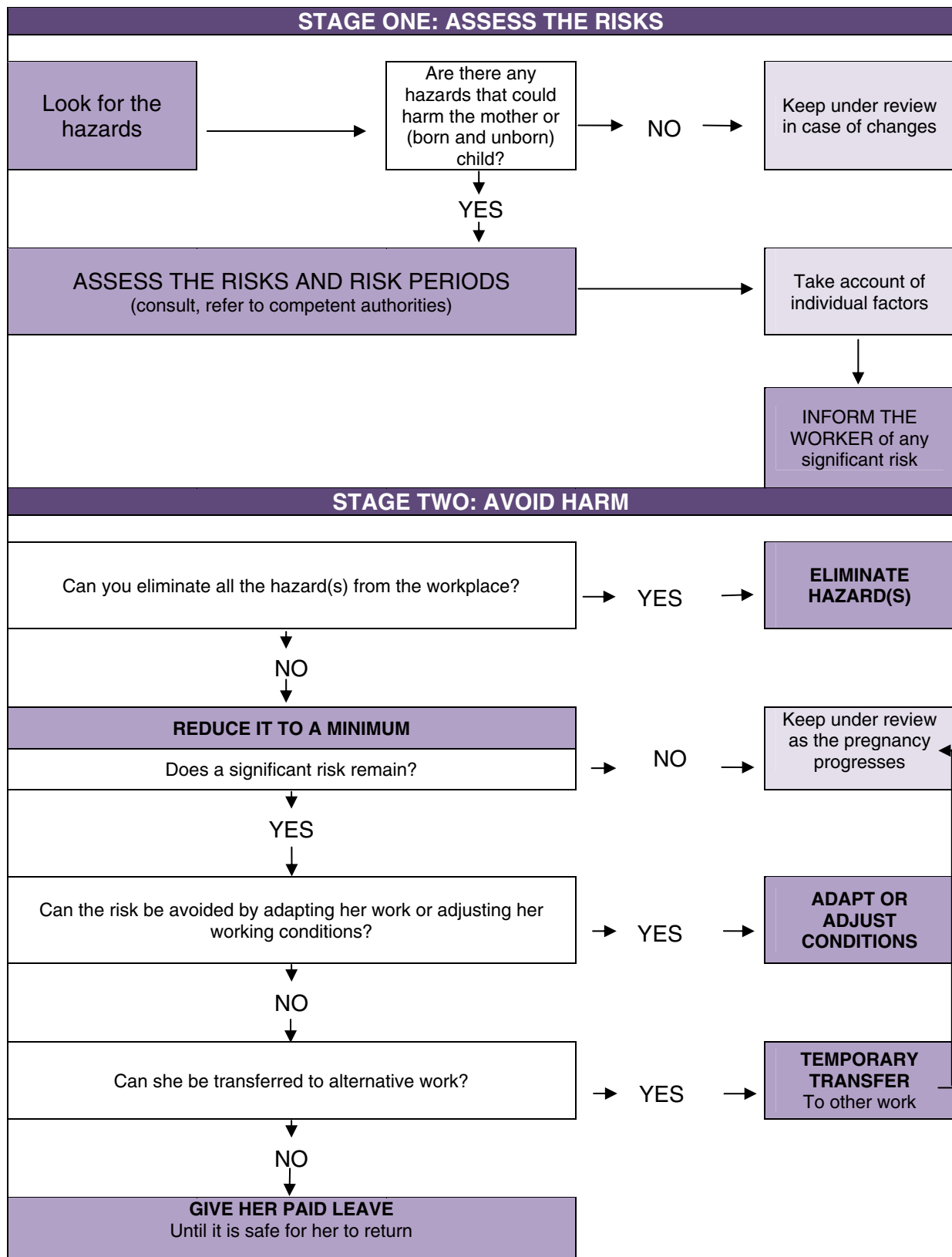
### ***Quiz – Risks and precautions***

<b>Risk</b>	<b>Precautions</b>
A pregnant woman has severe backache made worse by her job, which involves standing all day at an assembly bench	
A pregnant shop worker is given varied tasks in late pregnancy as she finds it hard to sit or stand for too long at one time	
A domestic worker is experiencing problems carrying washing and cleaning equipment up and down stairs in the second half of her pregnancy	
A heavily pregnant worker finds it increasingly hard to climb the steep stairs to her second floor workroom	
A pregnant worker's midwife tells her that she should stop working night shifts because she is suffering from fatigue	
A farm worker who is pregnant during the lambing season	
During manual handling, increased risk of postural problems when pregnant or limitations of ability when the woman has had a Caesarean section	
Risk of heat stress, dehydration or fatigue from extremes of hot or cold	
Fatigue from prolonged standing or workload involving much physical effort	
Raised blood pressure associated with stress	
Morning sickness during early shift work	
Morning sickness associated with nauseating smells	

### Some answers...

Risk	Precautions
A pregnant woman has severe backache made worse by her job, which involves standing all day at an assembly bench	By adjusting the height of her workbench and providing suitable seating to support her lower back, and rotating her tasks, the need for prolonged standing or sitting at work and awkward postures is avoided
A pregnant shop worker is given varied tasks in late pregnancy as she finds it hard to sit or stand for too long at one time	Heavy manual handling and handling sale goods on high shelves is also avoided
A domestic worker is experiencing problems carrying washing and cleaning equipment up and down stairs in the second half of her pregnancy	By arranging to start work at the top of the house and work down, to avoid going up and down stairs, and for someone else to carry the cleaning equipment from one floor to another. Use a small trolley to carry the washing from one place to another, reduce the workload, and encourage the worker to sit and rest for a short time if she gets tired or out of breath
A heavily pregnant worker finds it increasingly hard to climb the steep stairs to her second floor workroom	Temporary relocation in another workroom on the ground floor
A pregnant worker's midwife tells her that she should stop working night shifts because she is suffering from fatigue	Transfer to day work until well after her return from maternity leave
A farm worker who is pregnant during the lambing season	Reallocation to an area where she does not have to come in contact with pregnant ewes at lambing time, to avoid risks of infection
During manual handling, increased risk of postural problems when pregnant or limitations of ability when the woman has had a Caesarean section	Ensure the woman has light duties not requiring excessive physical exertion
Risk of heat stress, dehydration or fatigue from extremes of hot or cold	Ensure access to refreshments and regular short breaks
Fatigue from prolonged standing or workload involving much physical effort	Ensure the woman can take short breaks. Ensure seating is available where possible
Raised blood pressure associated with stress	Discuss and agree to the volume of work and the pace of work
Morning sickness during early shift work	Introduce flexible rostering
Morning sickness associated with nauseating smells	Find flexible work allocation

**Handout – How to assess occupational safety and health risks for pregnant and nursing workers**



## ***Handout – Examples of legislative protection from work that is dangerous or unhealthy to reproduction, by country<sup>26</sup>***

**Algeria:** Pregnant workers who occupy a post involving exposure to ionizing radiations shall be transferred to a different job. Breastfeeding mothers shall not work in a post where a risk of contamination may exist.

**The Plurinational State of Bolivia and Brazil:** A pregnant woman worker whose employment requires her to carry out work that may affect her health is entitled to special treatment that will allow her to carry out her activities in appropriate conditions, without her wage level or her position being affected.

**Bulgaria:** The employer, jointly with the health authorities, shall annually designate positions and jobs suitable for pregnant women and nursing mothers. Risk assessment shall provide a covering of all aspects of the work so as to establish all possible hazards and risks. When identifying the risks to which the workers and employees are exposed, the workers and employees who need special protection, including pregnant and breastfeeding workers and employees, shall be considered.

**Chile:** Pregnant workers cannot be obliged to perform any dangerous work, and must be transferred to another type of work. Work considered prejudicial to health includes any work that obliges the worker to lift, drag or push heavy weights, make physical efforts, including standing for long periods of time, and that the competent authority states as incompatible with pregnancy.

**Japan:** Pregnant women or women within one year after confinement may not be engaged in underground work or in work which may be harmful to pregnancy, childbirth or nursing, such as jobs involving the handling of heavy weights or jobs in a place where harmful gases are emitted. The scope of such work shall be specified by the Government.

**Lao PDR:** An employer shall not employ a woman during her pregnancy or during the six months following her confinement to perform any work which entails standing continuously for long periods. In such circumstances the employer shall assign women to other temporary duties. While performing these temporary duties, the workers concerned shall continue to receive their normal salary or wage for a maximum period of three months, after which they shall be paid the salary or wage corresponding to their new assignment.

**Mexico:** Pregnant women shall not perform work involving abnormal atmospheric pressure or conditions in which environmental temperature is altered, work producing vibration, or work involving standing for long periods of time.

**Paraguay:** If there is a risk to the health of the woman or the unborn child, and during the nursing period, a pregnant woman shall not undertake dangerous or unhealthy work. Dangerous or unhealthy work is that which, by its nature, by the physical, chemical or biological conditions under which it is carried out or by the composition of the raw materials involved, could affect the life or mental or physical health of the woman or her baby.

**South Africa:** Ergonomic hazards like heavy physical work, static work posture, frequent bending and twisting, lifting heavy objects, repetitive work and awkward postures, standing for long periods and sitting for long periods, must be assessed. Physical hazards such as noise, vibration, radiation, electric and electromagnetic fields must be assessed.<sup>27</sup>

---

<sup>26</sup> ILO: Database of Conditions of Work and Employment Laws on Maternity Protection, [www.ilo.org/travdatabase](http://www.ilo.org/travdatabase) 2009 [accessed 21 Sep. 2011].

<sup>27</sup> For further information on health protection at the workplace, please refer to **Module 8**.

## TASK SHEET 4 – NATIONAL LEVEL PROMOTION OF MATERNITY PROTECTION

In your group examine the 17 statements and identify:

- Which provisions are already in place
- The priorities
- Where there is already support for that action.

If you do not know about some of these, just leave them blank.



You have 25 minutes to complete the list and then return to the plenary for discussion regarding the actions and the priorities.

Promoting action and social dialogue on aspects of Maternity Protection and rights			
Issue for action	Already exists	Priority rank	Who supports?
1. Adopt the principles of Convention No. 183 and consider its ratification			
2. Make more resources available for workplace maternity protection and related research			
3. Ensure any missing elements of Convention No. 183 are included in national legislation, through the drafting of new laws or amendments to existing ones, incorporating new elements relating to implementation			
4. Data collection, assessment, monitoring body, mediation body, sanctions and wider scope (informal sector)			
5. Strengthen legal frameworks, fiscal space and implementation for social security, with particular attention to maternity protection coverage			
6. Ensure staffing, training, funding and tools for the labour inspectorate on maternity protection			
7. Establish an independent complaints body and mechanism to which employees and employers can accede without risking their employment. Ensure adequate staffing, funding, and training for it			
8. Ensure staffing, training, funding and tools on work and reproduction/maternity for occupational safety and health offices			
9. Improve support for the range and quality of workplace health facilities, including preventive health education and maternity care, and support for workplace measures to prevent transmission of HIV with voluntary and confidential health checks and counselling			
10. Raise public awareness and publicize these issues widely			



11. Provide authoritative guidance and competent advice to employers and workers in order to increase knowledge of legal rights and encourage their implementation			
12. Promote social dialogue and support tripartite initiatives with employers and trade unions on maternity protection and family responsibilities and include civil society			
13. Review legislation for employment protection and non-discrimination provisions on the basis of maternity, including the all-important clause of the burden of proof on the employer			
14. Undertake periodic surveys on women's employment experiences during maternity to identify key obstacles to their access to maternity protection			
15. Incorporate training on employment protection and non-discrimination in government-provided training to businesses			
16. Strengthen the labour inspectorate to understand, identify and provide information on maternity-based employment discrimination			
17. Incorporate maternity protection at work, women's economic development, gender equality and maternal and child health programmes			

## TASK SHEET 5 – ADVOCACY: IDENTIFYING THE ISSUE

In your group identify one aspect of maternity protection and rights that you believe would be valuable to advocate on behalf of.

Prepare a presentation that:

1. Outlines the problems and issues in the national context.
2. Identifies your aims and aspirations.
3. Prioritizes the issues and then work with the group to select a single focus to the planned advocacy actions.

**Your issue**



You have 20 minutes to identify your problem and respond to the three statements.

## The advocacy process

There are seven key steps in an advocacy process. They are:

1. **Identify the issue** – Identify the group(s) affected by the issue and engage them in the advocacy process. Research the problems and issues in the national context, discuss the aims and aspirations and identify national, sub-regional and international evidence to support the case for change. Prioritize the issues and work with the group to select a single focus to the planned advocacy actions.
2. **Identify and develop the potential solutions** – Explore a range of possible solutions with the group. Examine the feasibility of the proposed solutions. Identify the objectives and outcomes.
3. **The audience** – Identify the decision/opinion-makers. Who has the power to implement your proposed solution? Anticipate the attitudes and responses of these decision-makers to your solution.
4. **Alliances** – Identify allies. Who else is likely to share your interests? Agree joint actions. Be clear about who will do what. Share information, media plans and messages. Identify your wider range of stakeholders including opponents and consider what their strategies may be.
5. **The message** – Be clear and concise. Provide evidence to back your case. Ask your audience to take action. Be specific about what you want to happen and your timescales.
6. **The media** – What are the most effective ways to reach your audience? What are their media preferences?
7. **Evaluation** – Follow up on agreed actions and evaluate the outcomes of your advocacy campaign. Decide what the next steps might be.<sup>28</sup>

---

<sup>28</sup> For more information on advocacy and awareness-raising, see **Module 14**.

## TASK SHEET 6 – EXPLORING THE CAUSES

### Root cause analysis

In the 15<sup>th</sup> Century in a small village there was an outbreak of an illness and many people died. Some people appeared to die and it was later realized that although they appeared dead, they did make a full recovery. The town was distressed at the fact they had probably buried many people alive. There was a town meeting to discuss the problem. For many hours they discussed the problem of burying people that were alive with no good ideas of how to solve the problem. Finally one of the village elders suggested that they were looking at the wrong problem. The problem was not that they were burying people alive, but that they were burying people who were not dead! So they agreed to put stakes in the lid of the coffin. This would ensure that everyone who was buried would definitely be dead.

Sometimes it is important to be clear about what the problem is.

A root cause analysis will help you understand if you are addressing a problem, or the symptom of a problem. To get to the root of a problem it is helpful to undertake a root cause analysis.<sup>29</sup>

At the head of your fish diagram write out the problem, then ask yourself why that problem exists, and list all the answers that you identify that are underlying causes. Then ask yourself again, why do the underlying causes exist? You can continue to do this until you reach a root cause. You can often find several symptoms are rooted in one cause.

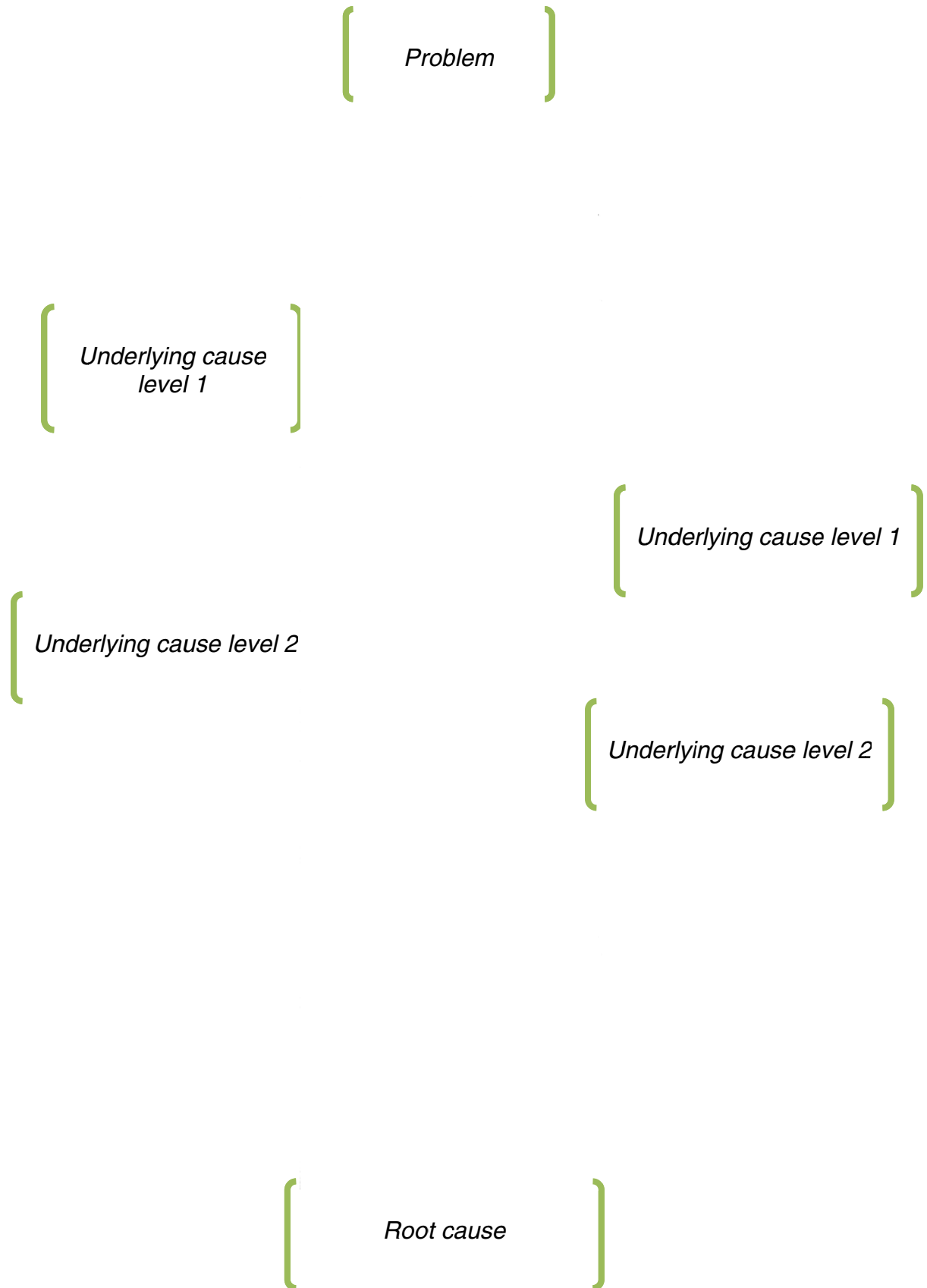


You have 20 minutes to prepare your fishbone diagram and be ready to report to the plenary.

---

<sup>29</sup> For more information on assessing maternity protection in practice, see **Module 13**.

## Fishbone (root cause analysis)



## TASK SHEET 7 – GENERATING SOLUTIONS

### Part one

In your group, generate as many solutions as you can think of to the problem. Do not evaluate any of the solutions; focus on generating as many ideas as possible. The evaluation of the solutions will be a later step in the process.

Then in your group discuss your range of solutions and agree to select three of your solutions to work on.

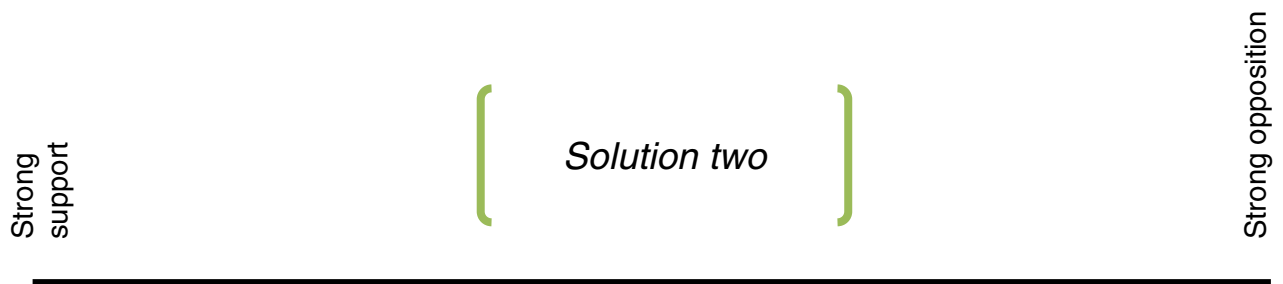
### Part two

Identify three or four of the key stakeholders who are either decision-makers or opinion-makers and place your proposed solutions on the support spectrum. Then place your stakeholders on the spectrum.



You have 20 minutes to prepare your support spectrum and be ready to report to the plenary.

## Support spectrum



## TASK SHEET 8 – STRATEGIES FOR GAINING COMMITMENT

### Part one

Choose one of your stakeholders from your spectrum analysis and develop a strategy to increase their level of support. Identify where common ground already exists and what you can offer and do to influence them in giving the issue more support.

Prepare your strategy on a flipchart and be ready to report to the plenary.

### Part two

Prepare a role play scenario of the meeting you have with the stakeholder and demonstrate how you understand their position. Implement your strategy for gaining their support.

You will present first your strategy and then your role play to plenary. Please make sure that everyone in your group is involved in either presenting the strategy and/or the role play.



You have 20 minutes to develop your strategy and write it onto a flipchart. Then a further 15 minutes to develop your role play scenario.



You will have 5 minutes to present your strategy to the plenary and a maximum of 10 minutes to present your role play.



## TASK SHEET 9 – USING THE MEDIA

### Part one

Choose the three most important messages from this training event. Decide very precisely what they are.

### Part two

Prepare one of the following media pieces: a press release, a two minute radio interview, an advert to go on a bill poster, an advert for TV, or a news item for an evening news programme. The goal is to convey the key messages you want to communicate.



You have 10 minutes to decide on your key message and a further 15 minutes to prepare your press release/advert/news item. The delivery of your message should be no longer than 2 minutes.

## TASK SHEET 10 – ACTION PLANNING: CIRCLES OF INFLUENCE

### Circles of influence

As a consequence of this programme what actions would you like to take? And what things would you like to see happen?

- 1.
- 2.
- 3.
- 4.

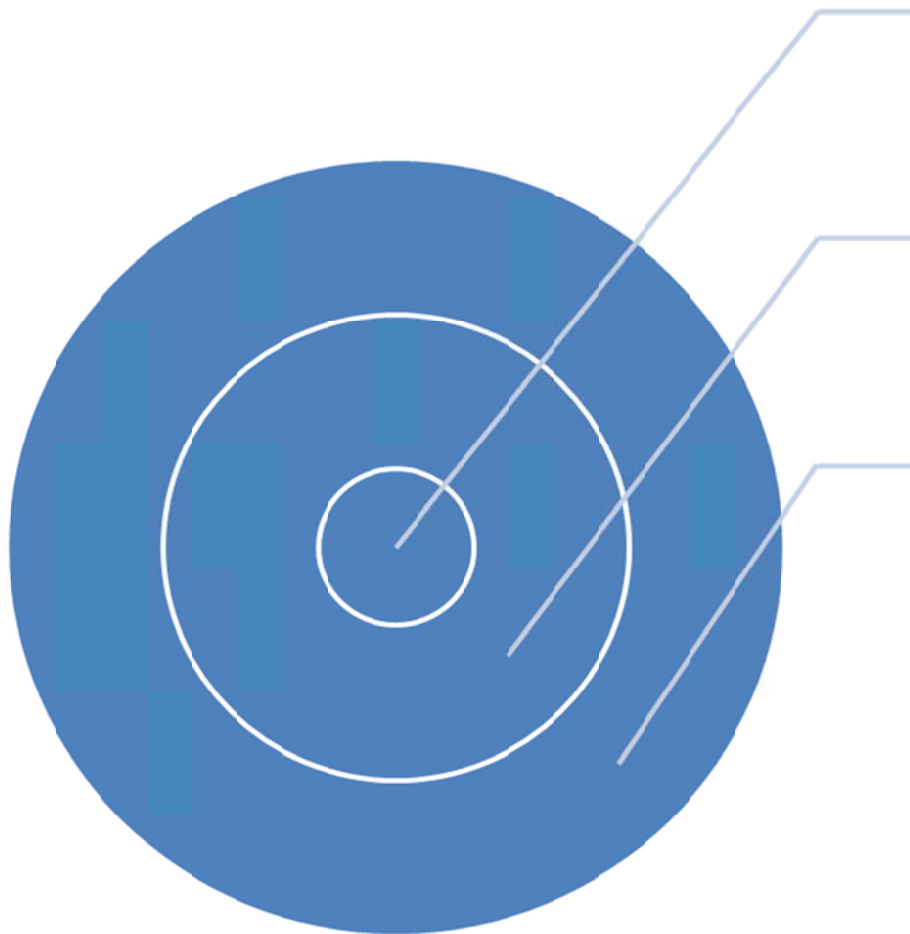
Now take the things you have listed above and put them onto the circle of influence.

1. The first (central) ring indicates things that you have direct control over.
2. The second ring includes things that you can influence but are not things you can undertake yourself.
3. The third ring is where you have no influence or control. Items that land in this ring should be low on your priority list of things to do.

Of the items in the first and second rings, which would have the greatest impact on improving maternity protection? That is, where would your efforts and influence matter the most, or bring about the most important progress? Using this analysis, come up with a “to do” list and your own personal priorities and commitments.



You have 20 minutes to prepare your action plan and five minutes per group/pair to share them in plenary.



1

2

3

## Circles of influence

Things to do:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

My personal priorities and commitments:

- 1.
- 2.

## PROGRAMME THREE: BREASTFEEDING ACTION AT THE WORKPLACE

---

**Aim of the programme:** To provide adequate information and support for participants to develop plans of action to implement or improve supports for breastfeeding at the enterprise level.

**Length of sample programme:** 2 days

**Target group:** Owners and managers of small and medium enterprises as well as workers and their organizations

**Learning objectives:** By the end of this workshop participants will have:

- Discussed breastfeeding as a part of the broader agenda of maternity protection
- Examined a range of issues that have an impact on breastfeeding at work
- Identified national legislation on the provision of breastfeeding facilities
- Identified the necessities to facilitate breastfeeding at work
- Concluded what would be good practice at enterprise level
- Reflected on how to introduce breastfeeding at enterprise level
- Developed a detailed action plan on implementing or improving breastfeeding support

**Learning methods:** This workshop is designed to be highly participative, drawing on the experiences of participants and current national and international good practice. The learning methods will include presentations, small group exercises and discussions, case studies and action research.

### **Programme outline: Breastfeeding action at the workplace**

#### **Day one**

The five essential elements of maternity protection  
Breastfeeding and paid work – case study  
Breastfeeding – breaks and facilities in the national context

#### **Day two**

Breastfeeding and other associated issues  
Strategies for introducing policy and procedure at work  
Action planning

<b>Day one – Breastfeeding in the workplace</b>			
<b>Subject</b>	<b>Activity</b>	<b>Learning objective(s)</b>	<b>Equipment</b>
<b>Introductions, ground rules and domestic arrangements</b>	Opening and explanation of domestics/logistics  Small group introductions then feedback to plenary	Break ice and clarify the expectations of the event	Task Sheet 1
<b>The five essential elements of Maternity Protection</b>	Short presentation on how breastfeeding at work fits into the general principles of maternity protection and why the ILO has a stake in good practice including the benefits of breastfeeding (health and economic)	To establish the context for breastfeeding at work in the broader agenda of maternity protection and the legal provisions  To identify the benefits of breastfeeding	Presentation & summary handouts
<b>Coffee break</b>	Coffee break	Coffee break	Coffee break
<b>Breastfeeding and work Case study</b>	In small groups undertake the case study to expose different issues and ideas about breastfeeding at work	To examine a range of issues that have an impact on breastfeeding at work	Task sheet 2 and case study
<b>Lunch break</b>	Lunch break	Lunch break	Lunch break
<b>Breastfeeding – breaks and facilities in the national context</b>	Group discussion about the national legislation on breastfeeding, then in small groups examine examples of good practice from around the world and feedback to plenary  Plenary conclusion: what would be good practice in the national context?	To identify the extent of national legislation in the provision of breastfeeding facilities and what is necessary to facilitate breastfeeding at work	Task sheet 3 and example materials e.g., Belgium , Brazil, Peru, UAE
<b>Coffee break</b>	Coffee break	Coffee break	Coffee break
<b>Other factors affecting breastfeeding at work</b>	In small groups take one of the headings and write a recommendation for an enterprise employing 45 people	To conclude what would be good practice at enterprise level	Task sheet 4 Headings Summary handout

Day two – Breastfeeding at the workplace			
Subject	Activity	Learning objective(s)	Equipment
<b>Open space – Breastfeeding and associated issues</b>	Providing an opportunity for participants to offer their knowledge or to research aspects of breastfeeding that have not been addressed in the programme, such as breastfeeding and HIV, childcare facilities, family responsibilities, etc.	To study an additional aspect of breastfeeding relevant to their situation and needs	Task sheet 5 Access to resources and additional materials
<b>Coffee break</b>	Coffee break	Coffee break	Coffee break
<b>Getting organized – strategies for introducing policy and procedures on breastfeeding at work</b>	Plenary discussion about approaches to establishing breastfeeding in the workplace, then working in pairs identify what needs to be in place in each of the workplaces represented, followed by small groups to discuss entry points in their enterprise	To reflect on how to introduce breastfeeding at enterprise level.	Task sheet 6
<b>Lunch break</b>	Lunch break	Lunch break	Lunch break
<b>Action planning</b>	Working in pairs, or organization-based groups, develop a detailed action plan and be ready to share in plenary	Develop a detailed action plan on implementing/improving breastfeeding facilities and opportunities at enterprise level	Task sheet 7 Action plan template
<b>Coffee break</b>	Coffee break	Coffee break	Coffee break
<b>Key messages and reflections</b>	In small groups discuss the key messages learnt from the workshop and present them in a creative manner	To agree the key messages from the workshop	Task sheet 8

# TASK SHEET 1 – INTRODUCTIONS

## Part one

In your group share your names and areas of work and then discuss what you expect to get from this workshop and what you are prepared to offer to other participants. Then discuss what would help you learn during this programme. It would be helpful to think about this from the point of view of yourself, the group and the facilitator. Summarize your discussion of these points on a flipchart and be ready to report back to the plenary.

Nominate a spokesperson on behalf of your group.

## Part two: Lactation Palace



Often when we talk about breastfeeding facilities we over-emphasise the fact that the facilities do not have to be luxurious... but what if they were?! In your group design the ultimate in breastfeeding facilities – design the lactation palace!



You have 20 minutes to complete this exercise and be ready to report your thoughts and ideas to the plenary group.

### ***Handout – Reviewing the five essential elements of Maternity Protection***

Five basic elements of maternity protection<sup>30</sup> are covered by the most recent international labour standards, Convention No. 183 and Recommendation No. 191 (2000):

- I. **Maternity leave** – the mother's right to a period of rest from paid work in relation to pregnancy, childbirth and the postnatal period.
  
- II. **Cash and medical benefits** – the mother's right during her absence to cash and medical benefits for economic security and for health care related to pregnancy, childbirth and postnatal care.
  
- III. **Protection of the mother's and child's health** – at the workplace during pregnancy and breastfeeding.
  
- IV. **Employment protection and non-discrimination** – guaranteeing the woman employment security and the right to return after her leave to the same job or an equivalent one with the same pay. Moreover, a woman cannot be discriminated against at work or while searching for work because of her reproductive role.
  
- V. **Paid daily breastfeeding breaks** to breastfeed or express milk at the workplace

---

<sup>30</sup> See **Module 1** for more information on these five elements.



## ***Handout – Advantages of breastfeeding***

In recent years, and especially since the beginning of this century, the protection, promotion and support of breastfeeding have become part of national and international labour and health policies for compelling medical reasons.

Exclusive breastfeeding and continued breastfeeding can contribute to significantly reducing the incidence, severity and duration of common illnesses among newborns; research is also showing long-term health benefits for children, into adolescence and adulthood, as well as on the psychological and motor development of children. The health benefits of breastfeeding for mothers are also being increasingly recognized, including as a means of natural child spacing.

While these health benefits are important in themselves, they are matched by economic returns at the national and enterprise levels as well as in the family budget. At the national level, the economic impact is mainly felt in reduced demand for curative health services for mothers and babies and the productivity gains derived from a healthy labour force.

In recent years, attention has also focused on the economic costs of breast-milk substitutes, both for the national economy and for the individual family. Costs are direct but also indirect: while breastfeeding is environmentally friendly and a sustainable resource – an important element of food security – artificial milks and their production and distribution are not.<sup>31</sup>

---

<sup>31</sup> See **Module 10** (pp. 4-6) in the Resource Package for more information on the advantages of breastfeeding. For a comprehensive list of benefits, see *TOOL SHEET 10.1* in **Module 10** (pp. 28-33).

## ***Handout – The business case for breastfeeding-friendly workplaces***

Workplace lactation programmes, which provide prenatal counselling and workplace support for breastfeeding, are increasingly seen as cost-effective investments to increase employee morale, minimize absenteeism and reduce turnover. In addition, such programmes are viewed by many employees as supportive of their efforts to balance professional and family responsibilities.

Supporting breastfeeding among employees is generally a low cost intervention for employers involving minimal disruption to the workplace.<sup>32</sup> Research also indicates that there are potential benefits for employers associated with supporting breastfeeding. These include:

- Improved retention of female employees after maternity leave, thereby retaining valuable employee skills and experience and lessening recruitment and retraining costs
- Earlier return to work by some new mothers
- Easier transition back to work following maternity leave
- Lower employee absenteeism rates on account of improved child health
- Lower and fewer health care costs associated with healthier breastfed infants
- Improved employer–employee relations and greater employee loyalty
- Enhanced employee morale and productivity
- Improved company image
- Higher job productivity, employee satisfaction and morale
- Added recruitment incentives for women
- Healthier workforce for the future.<sup>33</sup>

---

<sup>32</sup> Commonwealth of Australia: *Balancing breastfeeding and work: Important information for workplaces* (Canberra, 2000).

K. Tyler. 1999. "Got milk?", in *HR Magazine* (1999, Vol. 44, No. 3), pp. 68-73.

<sup>33</sup> R. Cohen and M.B. Mrtek: "The impact of two corporate lactation programs on the incidence and duration of breastfeeding by employed mothers", in *American Journal of Health Promotion* (1994, Vol. 5, July-Aug.), pp. 436-441.

R. Cohen, M.B. Mrtek and Mrtek R.G.: "Comparison of maternal absenteeism and infant illness rates among breastfeeding and formula-feeding women in two corporations", in *American Journal of Health Promotion* (1995, Vol. 10, No. 2), pp. 148-153.

D. Shalowitz, : "Lactation program speeds mothers' return to work." in *Business Insurance* (1993, Vol. 27, No. 40), p. 21.

J. Smith: *How employers can profit from breastfeeding: Estimates of financial gains to employers supporting breastfeeding by mothers in employment*, unpublished manuscript (Vermont Breastfeeding Friendly Employer Project, 2003).

## ***Handout – Support for breastfeeding at work***

As maternity leave periods often expire before the WHO recommended period of breastfeeding, workplace arrangements to enable women to continue to breastfeed upon return to work are important to meet international recommendations and are in the best health interests of mother and child.<sup>34</sup>

Important elements in an approach to supporting breastfeeding women in the workplace are:

- Legal provisions for paid breastfeeding breaks at work
- Support in the workplace which will make it easier for women employees to combine work and breastfeeding, such as:
  - Paid breastfeeding breaks
  - A breastfeeding room/facility
  - A workplace breastfeeding policy statement to promote the organization's provisions to employees and managers
  - A supportive workplace climate.

### **Breastfeeding breaks**

Breastfeeding or nursing breaks are short periods that are reserved during the workday for a mother to breastfeed her child or express milk to be fed later to the child. They are usually consigned to breastfeeding mothers, who in some cases must prove by means of a medical certificate that they are in fact breastfeeding.

Since the first Convention on maternity protection (No. 3, 1919), nursing breaks for breastfeeding mothers during working hours have been part of the international standards on maternity protection. Convention No. 183 leaves it to national laws and regulations to decide the number and duration of breastfeeding breaks, as long as at least one break is provided (see **Box 1**). It also introduces the possibility of transforming breaks into a daily reduction of hours of work. These breaks are not intended to be part of or substitutes for lunch breaks, morning or afternoon breaks or other breaks, but can be combined with them.

#### **Box 1 Breastfeeding breaks**

##### ***Convention No. 183, Article 10***

**(1)** *A woman shall be provided with the right to one or more daily breaks or a daily reduction of hours of work to breastfeed her child.*

**(2)** *The period during which nursing breaks or the reduction of daily hours of work are allowed, their number, the duration of nursing breaks and the procedures for the reduction of daily hours of work shall be determined by national law and practice. These breaks or the reduction of daily hours of work shall be counted as working time and remunerated accordingly.*

<sup>34</sup> For further information on breastfeeding at work, please refer to **Module 10** of the resource package

**Recommendation No. 191**

**Paragraph 7:** *On production of a medical certificate or other appropriate certification as determined by national law and practice, the frequency and length of nursing breaks should be adapted to particular needs.*

**Paragraph 8:** *Where practicable and with the agreement of the employer and the woman concerned, it should be possible to combine the time allotted for daily nursing breaks to allow a reduction of hours of work at the beginning or at the end of the working day.*

National laws in more than 90 countries provide breastfeeding breaks in some form. The issues concerning breaks include:

- the number of nursing breaks allowed in a given time period;
- their frequency and length;
- the length of time after birth that a worker may take nursing breaks;
- whether breaks are paid or unpaid; whether breaks are counted as working time;
- whether a worker loses income because she takes nursing breaks – for instance a worker who is paid by the piece, not by the hour, or who earns a bonus based on productivity.

**Length and frequency of breastfeeding breaks**

Physiologically, the length of individual breastfeeds and their frequency change over time. The length of feeds also varies between babies, some being more "efficient" feeders than others. Generally, the needs are more frequent but for shorter periods at the beginning of the infant's life, and may become less frequent as the child gets older. Some countries take this into account when legislating, but most do not, and give a fixed period of time and frequency for breastfeeding breaks.

In general, many countries legislate entitlements for mothers to two 30-minute breaks per day in every eight-hour working day for a period of approximately six to 12 months. Sometimes the breaks are more frequent, in which case a number of countries provide for less than 30 minutes. In other cases, the nursing woman can choose how to distribute the total duration of the daily breastfeeding breaks. In some countries, the number of nursing breaks depends on the working hours.

**Daily reduction of working hours**

Convention No. 183 offers the possibility for member States to choose whether breastfeeding women should be provided with a right to daily breaks or to a daily reduction of hours of work. In many countries, nursing breaks can be converted into a reduction of working time to allow for late arrival or early departure from the workplace. This is the case in Guatemala, where, during the breastfeeding period, a woman worker may accumulate the two breaks of 30 minutes each and either come to work an hour later than normal or leave an hour earlier. In Ecuador, in enterprises or workplaces where there is no nursery, a nursing mother's workday is reduced to six hours for the first nine months after confinement.

Some women opt for shorter working hours in order to be with their infant for longer periods before/after work and they breastfeed and/or express their milk during the lunch break at work.

### **Paid breaks**

Both Convention No. 103 and Convention No. 183 stipulate that interruptions of work for the purpose of nursing are to be counted as working time and remunerated accordingly. This is usually also the case in countries that offer breastfeeding breaks, with legislation in more than two-thirds of these countries explicitly providing for payment.

### **Breastfeeding breaks in practice**

If the mother is bringing the baby to the workplace, it is important to ensure it is safe and not exposed to harmful substances or to unhygienic conditions. Even where the workplace is safe, some working arrangements can be a problem for breastfeeding women. The timing, length and flexibility of shifts and breaks are all important. For example, lack of nursing breaks may prevent continued breastfeeding on return to work with health risks to mother and child.

When the baby cannot be brought to work and is not nearby, women may use breastfeeding breaks to express their milk at work. In this way they can both continue to offer their babies breast milk and maintain the milk supply by regular expression. It is essential for breastfeeding mothers to continue stimulating the milk supply during the day, by expressing their milk if it is not possible for the child to accompany its mother to work. If milk production is interrupted during long periods every day, supply is reduced and will eventually cease completely (see **Box 2**). Breastfeeding alone early in the morning and in the evenings is not sufficient to maintain the supply, especially if the infant is only a few weeks or months old.

#### **Box 2**

##### **Why are breastfeeding breaks needed?**

Breaks enable mothers to keep up a good supply of breast milk. A lactating mother makes milk 24 hours a day. Normally, her baby breastfeeds around the clock as well, and her breasts respond to the baby's demand by making the amount of milk that the baby takes, for the times the baby usually takes it. If her baby begins to space feedings farther apart (and thus sleeps for longer periods at night), her body will adjust by making less milk at those times.

When the mother's job takes her away at a time the baby normally breastfeeds, her baby can drink milk that she has expressed (by hand or with a pump) and left with the caregiver. In order to continue making enough milk for her baby's needs, the mother must also express the milk that gathers in her breasts during the time that she and her baby are apart. In addition, a woman who expresses milk is taking care of her own health, keeping her breasts comfortable and protecting them from infections.

A breastfeeding mother invests time and energy providing food and care for her family. This is rewarding but also stressful. Milk expression in particular becomes more difficult when women are under stress. A supportive attitude from the employer, supervisors, union, and co-workers can lessen the stresses of balancing job and family needs.<sup>35</sup>

Source: WABA: "Breastfeeding and the Workplace", in Maternity Protection Coalition (MPC): *Maternity protection campaign kit: A breastfeeding perspective* (Malaysia, 2003, re-edited 2008).

<sup>35</sup> For further information on breastfeeding at work, please refer to **Module 10** of the Resource Package.

## **TASK SHEET 2 – BREASTFEEDING AT WORK: CASE STUDIES**

In your group read the case study and respond to the questions. Please write your answers on a flipchart and nominate one person from your group to report your group's responses to the plenary.



You have 20 minutes to complete this exercise and be ready to report your thoughts and ideas to the plenary group. Your group representative will have 5 minutes to present your responses.

### ***Case Study 1: Provision of breastfeeding facilities<sup>36</sup>***

Alprotec is a garment manufacturing company that employs more than 200 people. Over 90 per cent of the workers are women. Currently there is no provision for breastfeeding mothers. Women who are breastfeeding have to breastfeed or express their milk in the toilets or try and find an empty space/office. The trade union representative has tried to raise the issue of the provision of facilities but generally the management representatives have felt there is not enough demand to go to the expense of providing a special facility.

The management representatives are not bad people; they just do not see breastfeeding as a company issue and feel uncomfortable discussing the issue. As there is no policy regarding breastfeeding, women tend to use their lunch breaks to express or breastfeed.

Alprotec offers the minimum legal requirements in terms of maternity protection and maternity leave and pay.

#### **Questions to consider**

- Is Alprotec breaking the law?
- What could Alprotec do at no cost to improve the current situation?
- What “entry points” can you identify for discussing the improvements?

---

<sup>36</sup> To trainers: The first question requires information about national legislation in your country context. Please briefly present information about national legislation (e.g. national norms, laws, etc.) to the plenary that will help participants respond to this question.

### ***Case Study 2: Breastfeeding, HIV and preventing mother-to-child transmission at the workplace***

Manu-Lillywhite is a large international food company that sources many of its primary products from developing countries and operates several factories in some of these countries. One such factory is located in a country with a high HIV infection rate. As many of the factory workers in this location are women, Manu-Lillywhite already provides a clean, private breastfeeding room with water and a refrigerator for working mothers, as well as an on-site crèche for children less than 3 years of age.

Recently, two of the factory workers, one of which was a young mother, died of AIDS-related complications. As a result, Manu-Lillywhite wants to implement HIV and AIDS education and prevention programmes in the factory, with a focus on preventing mother-to-child transmission (PMTCT) of the virus.

The company knows of two non-governmental organizations operating clinics and working on HIV and AIDS education and prevention in the province.

#### **Questions to consider**

- What are some services that Manu-Lillywhite can offer to promote workers' knowledge of their HIV status? How can the company do this while respecting the rights and anonymity of workers?
- What specific types of support do breastfeeding mothers need at the factory? How can Manu-Lillywhite provide these?
- Antiretroviral drugs are not available at the factory. Could Manu-Lillywhite promote access to these? How?
- What can the company do to lower the stigma attached to HIV in the factory and the surrounding community?



## ***Handout – Breastfeeding, HIV and preventing mother-to-child transmission***

HIV can be transmitted by an HIV-positive woman to her baby during pregnancy, delivery or breastfeeding. This is usually referred to as mother-to-child-transmission (MTCT). Antiretroviral drugs and other measures can dramatically reduce the risk of transmission. One of the reasons for MTCT is that many mothers do not know their HIV status.

Workplaces can facilitate access to voluntary and confidential testing, access to treatment to prevent MTCT and access to information on infant feeding options for HIV-positive women. In settings where mothers living with HIV are encouraged to breastfeed as the option which is likely to lead to the best outcome for their infants, continued breastfeeding after returning to work is even more critical.

### **Knowing one's status**

In order to protect their health and the health of their infants, all women should know their HIV status and take appropriate action accordingly. In many countries, women are disproportionately affected. However, in 2008, only 21 per cent of the estimated numbers of pregnant women living in low- and middle-income countries were tested for HIV. Thus, the majority were unlikely to access appropriate preventive measures if HIV-negative, or treatment and support if HIV-positive.

Women who are living with HIV and become pregnant may face additional health risks for themselves. In the most-affected countries, AIDS-related illnesses are the leading cause of maternal mortality.<sup>37</sup> Maternal deaths worldwide could be reduced by 60,000 per year if women received appropriate HIV diagnosis and treatment.

It is recommended that women who are HIV-infected are assessed for treatment, which is becoming increasingly available and affordable in many places. Women living with HIV, who are followed medically, and if necessary, on treatment according to medical guidelines, may not require any special considerations regarding their work during pregnancy beyond those for other pregnant women. Medical benefits that cover the costs of medical care before and/or during and/or after childbirth should also cover services for the prevention of mother-to-child transmission of HIV (PMTCT).<sup>38</sup>

Ideally, all pregnant women and women who have newly given birth should know their HIV status in order to protect their health and make informed decisions about infant feeding. Workplaces can facilitate this by providing information on HIV-testing and prevention, and sometimes by offering testing on-site, as long as confidentiality is maintained.

### **Preventing mother-to-child transmission (PMTCT) of HIV**

A woman living with HIV can transmit the virus to her infant during pregnancy, delivery or breastfeeding. Nearly all of these risks can be eliminated through the appropriate use of antiretroviral drugs as well as safer birthing and feeding practices.

---

<sup>37</sup> M.C. Hogan et al.: "Maternal mortality for 181 countries, 1980-2008: A systematic analysis of progress towards Millennium Development Goal 5", in *The Lancet* (2010, Vol. 375, No. 9726), pp. 1609-1623.

<sup>38</sup> According to the *UNAIDS Terminology Guidelines* (2011), some countries use the term "parent-to-child transmission" or "vertical transmission" in order to avoid stigmatizing pregnant women and to encourage male involvement in HIV prevention.

The WHO's *Guiding principles and recommendations on HIV and infant-feeding*, issued in 2010 aim to achieve the best outcomes for HIV-exposed infants. These recommend that in each country national authorities should decide which infant feeding practice will be primarily promoted and supported by maternal and child health services (i.e. breastfeeding with an antiretroviral intervention to reduce transmission, or complete avoidance of all breastfeeding). This differs from previous recommendations, which requested health workers to individually counsel all HIV-infected mothers about the various infant feeding options, thus leaving it up to the mothers to decide which was most appropriate for their situations.

Where ARVs are available, mothers known to be HIV-infected are now recommended to breastfeed until the child is 12 months of age.<sup>39</sup> There may be circumstances in specific regions or all of a country which may lead national authorities to extend the recommended period of breastfeeding beyond 12 months. Where women cannot safely provide foods to replace breast milk after 12 months, then national authorities can specify a different duration, and provide ARVs for a longer time.

The WHO recommends that mothers avoid breastfeeding and use artificial feeding **only** when **all** of the following conditions have been met:

- Safe water and sanitation are assured at the household level and in the community.
- The mother, father or other caregiver can reliably provide sufficient infant formula milk to support normal growth and development of the infant.
- The mother, father or caregiver can prepare it cleanly and frequently enough so that it is safe and carries a low risk of diarrhoea and malnutrition.
- The mother, father or caregiver can, in the first six months, exclusively give infant formula milk.
- The family is supportive of this practice.
- The mother, father or caregiver can access health care that offers comprehensive child health services.

### **PMTCT and the workplace**

Women living with HIV who wish to breastfeed and work face the same problems as other working women; support at the workplace is essential for all. As returning to economic activities is a major reason women stop breastfeeding, support for economically active women to continue breastfeeding after their return to work is required. In settings where mothers living with HIV are encouraged to breastfeed as the option which is likely to lead to the best outcome for their infants, continued breastfeeding after returning to work is even more critical.

PMTCT at the workplace is essential in scaling up prevention, in particular in ensuring children do not become infected, and in contributing to women's access to maternal health facilities. PMTCT is not only the woman's concern but also the man's concern also. The workplace can offer an entry point for male involvement in PMTCT and contribute to their understanding of and support for counselling and testing, best infant feeding practices and other services. Male peer programmes on PMTCT are increasingly being organized at the workplace with the following objectives:

---

<sup>39</sup> See WHO: *Guidelines on HIV and infant feeding* (Geneva, 2010).

- Contribute to better ARV adherence rates among HIV-infected pregnant women and their infants, and access to care for those with AIDS-defining conditions.
- Increase the number of male partners participating and active in PMTCT programmes.
- Increase the number of male partners trained to provide outreach in target communities.
- Increase the number of workplaces and homes receiving outreach from male peers.

## TASK SHEET 3 – COMPARISONS OF NATIONAL LEGISLATION



### Part one

In your small group discuss the key parts of national legislation on breastfeeding in your country; identify what you believe is good practice and the things you think are missing. Make a list on a flipchart.

### Part two

In small groups examine the examples below of breastfeeding legislation and practice from around the world, identifying good practice and missed opportunities. Prepare your feedback for plenary.



---

You have 20 minutes to complete this exercise and be ready to report your thoughts and ideas to the plenary group. Your group representative will have 5 minutes to present your response.

## *Handout – Legislation related to workplace breastfeeding in selected countries*

### **Breastfeeding breaks in Belgium**<sup>40</sup>

A maternity protection law came into force in Belgium in July 2002. It specifies in great detail a breastfeeding woman's rights at the workplace, with seven chapters and eleven articles solely on breastfeeding breaks. Since trade unionists in many European countries report that breastfeeding breaks are a barrier to ratification of ILO Convention No. 183, the Belgian model may point towards a solution. However, some details of the Belgian law, for instance the monthly medical certificate and the limitation of breastfeeding breaks to the first seven months after birth, would be too restrictive for countries where they are already well-accepted features of maternity protection at work.

The Belgian *Labour Collective Agreement No. 80* gives women working under contract in the private and the public sector the right to breastfeed or to express their milk during work hours. Breastfeeding breaks are paid by the national health insurance at the same rate as maternity leave (82 per cent of salary). They are considered work time, meaning that employees do not lose their rights to seniority, advancement, etc. The worker is entitled to breastfeed and/or to express her milk in specific premises set up by the employer. The premises have to be private, well ventilated, well lit, clean, appropriately heated, and equipped for the mother to lie down to rest. They are generally located in or very close to the undertaking, but in certain circumstances, they can be in the employer's home. In shopping centres, the premises can be shared by the employees of several employers.

Each breastfeeding break lasts 30 minutes. Employees are entitled to a 30-minute break for a period of at least four hours of work; and to two periods of 30 minutes each or one period of 60 minutes after at least seven and one half hours of work. Employees, together with the employer, can decide when to take these breaks. Workers are allowed to take breastfeeding breaks for a total of seven months from the time of the infant's birth (this period can be extended in exceptional circumstances). Employees must inform their employer of their intention to take the breaks and must prove by means of a monthly medical certificate that they are still breastfeeding. From the time the employee announces her intention to take the breaks until one month after she is no longer entitled to them; she cannot be dismissed for reasons linked either to her health or to the fact that she is breastfeeding.<sup>41</sup>

### **Going beyond Convention No. 183: Estonia, Mongolia and Spain**

In Convention No. 183, breastfeeding breaks are a right available only to breastfeeding women. In some countries however, the scope of eligibility appears to be broader. For example, in **Estonia**, a person raising a child under 18 months of age is granted additional breaks of not less than 30 minutes each for feeding the child at least every three hours. In **Mongolia**, women employees and single fathers are entitled to additional breaks for childcare or feeding.

---

<sup>40</sup> Maternity Protection Coalition (MPC): *Maternity protection at work: A breastfeeding perspective* (Malaysia, 2003, re-edited 2008), Sect., pp. 3-4.

<sup>41</sup> For more information, the full text, in French and in Flemish, is available at [http://194.7.188.126/justice/index\\_fr.htm](http://194.7.188.126/justice/index_fr.htm) (in French: Sources de droit/Moniteur Belge/français/nouvelle recherche/pause d'allaitement in mots du texte/liste/ and click on 2002012072).

Breastfeeding breaks may also be available to the father under certain conditions: if the mother dies or is unable to attend to the child because of a serious illness. In **Spain**, mothers and fathers have the same right to take 'nursing' breaks.

### **Expanded Breastfeeding Act, Philippines<sup>42</sup>**

On 6 March 2010, the Philippines adopted the new Act 10028, the "Expanded Breastfeeding Promotion Act of 2009" which establishes breastfeeding facilities at the workplace as well as breastfeeding breaks.

The Expanded Breastfeeding Promotion Act of 2009 states:

**Section 2:** *The State shall likewise protect working women by providing safe and healthful working conditions, taking into account their maternal functions...*

**Section 11:** *Establishment of lactation stations: It is hereby mandated that all health and non-health facilities, establishments or institutions shall establish lactation stations.*

**Section 12:** *Lactation periods: Nursing employees shall be granted break intervals in addition to the regular time off for meals to breastfeed or express breast milk.*

The Act is the result of several years of lobbying and advocacy on behalf of women's groups, grassroots groups, breastfeeding advocates and trade unions, concerned congressmen and senators, as well as UNICEF and the WHO.

### **Law on Breastfeeding facilities at the workplace, Peru<sup>43</sup>**

From 23 August 2006, a Supreme Decree states that all institutions belonging to the public sector employing at least 20 women of reproductive age, have to set up a facility of around ten square metres whose sole utilization is to express milk. This is intended to harmonize family and work life. There are presently 180 such facilities in Peru.

### **Lactation Stations Act, Brazil<sup>44</sup>**

Brazil has recently approved the "Norms and Rules" to implement lactation facilities at the workplace. This is to enable working women to express their milk in hygienic conditions, to store it and take it home safely to feed their babies. This is not a law but a "sanitary rule".

For the past year advocates in Brazil have been identifying employers who have set up such lactation facilities. On 26 April 2010, a campaign to make the new norms known was launched throughout the country. A large gathering assembling entrepreneurs and decision-makers took place in Sao Paulo on that day.

### **Health experts call for more breastfeeding support for working mothers in United Arab Emirates<sup>45</sup>**

Health experts are urging the government to double the amount of time that working mothers are allowed to breastfeed their babies. The call for longer statutory breaks (from one hour per day to two for the first 18 months after giving birth) was among 12 recommendations submitted

---

<sup>42</sup> Congress of the Philippines: *Expanded Breastfeeding Promotion Act of 2009*, No. 10028, 14th Congress, 3rd Regular Session, Manila, 2009.

<sup>43</sup> *Lactancia de madres trabajadoras es promovida por empresas publicas*, Peru, June 2008, p. 1.

<sup>44</sup> *Norms and Rules concerning Lactation Stations in Brazilian legislation*, 2010, p. 1.

<sup>45</sup> A. McMeans: "UAE: Government urged to double work breaks for breastfeeding mothers", in *The National*, Dec. 2009.

to the Government. They also call for an extension of paid maternity leave, from 45 days to at least 14 weeks.

Aisha al Aryani, 25, started feeding her baby formula when she returned to her job as an executive assistant at Al Ain Hospital. She found that an office environment was not conducive to breastfeeding.

There is no nursery for staff members in the hospital and there are no places where Ms Al Aryani can express milk that are hygienic and private. She is allowed to leave work one hour early so that she can feed her three-month-old son. "My son needs to be fed four or five times a day and I give him formula", she said. "I would take more time off if it was possible". Her first two sons were breastfed but her work schedule now does not allow her time to express her milk. Although she has her own office, she finds the idea of using it to express milk embarrassing. She also dislikes the idea of locking herself in a bathroom stall. "I feel too shy to do it during work hours", said Ms Al Aryani. "We should have a special place".

:

## **TASK SHEET 4 – FACTORS AFFECTING BREASTFEEDING AT WORK**

In your small group select one of the headings and write a recommendation on good practice for supporting breastfeeding at the workplace for an enterprise employing 45 people.

- **Facilities for breastfeeding**
- **Information**
- **Support by employer and colleagues**
- **Flexible work arrangements**



You have 20 minutes to complete this exercise and be ready to report your thoughts and ideas to the plenary group. Your group representative will have 10 minutes to present your response.



### ***Handout – A breastfeeding facility is not expensive or complicated to set up***

A breastfeeding woman needs access to a small, clean space with room to sit down and a door, screen or curtain for privacy, access to clean water, and a secure storage place for milk, such as a locker, or space for a container at her work station.

Basic cleanliness, accessibility and security are the most important features of a breastfeeding facility. A worker needs to know that the space will be available when she needs it. More than one mother can use the space at the same time, if all agree. In fact, they may find it helpful for mutual encouragement.

The level of cleanliness is similar to that needed for preparing and eating food; thus, a toilet is not an appropriate location. Although a refrigerator is useful, it is not essential. The mother or the employer can provide a small coolbox or thermos flask. Milk can also be safely stored for six to eight hours at room temperature (see **Table 1**).

**Table 1**  
**Milk storage information**

Maximum temperature	Place of storage	Time
26°C (79°F)	Closed container	4–8 hours
22°C (72°F)	Closed container	10 hours
15°C (59°F)	Insulated cooler with “blue ice”	24 hours
4°C (39°F)	Fresh milk in refrigerator	3–8 days
4°C (39°F)	Previously frozen milk, thawed. In refrigerator	24 hours
-15°C (4°F)	Freezer compartment inside refrigerator	2 weeks
	Freezer with its own door	4 months
	Deep freeze with constant temperature	At least 6 months

Sources: M. Hamosh et al.: “Breastfeeding and the working mother”, in *Pediatrics* (1996, Vol. 97, No. 4), pp. 492-498.  
WABA: “Breastfeeding and the Workplace”, in *Maternity Protection at work: A breastfeeding perspective* (Malaysia, 2003, re-edited 2008).

## ***Handout – More practices supporting breastfeeding at work***

Besides breastfeeding breaks and facilities, other elements can support workers in successfully combining breastfeeding and employment.

### **Information**

Information can be prepared, collected and made available to all workers. It could include specifications on pay and leave entitlements, announcements concerning potential flexible work options, strategies for returning to work, childcare information and options, specific arrangements, facilities, etc., to support breastfeeding on return to work. Such information may appear in special kits or packages, or be included in general personnel resource materials, safety manuals, or new employee orientation flyers. Information should be available before the woman starts her leave because the decision to breastfeed is usually taken in the prenatal period, as well as the decision to return or not to work.

### **Support by employer and colleagues**

Employers may circulate information about the requirements of breastfeeding mothers, available options at the workplace, benefits to the firm, the mother, the baby, and the importance of their support and respect for breastfeeding workers. Managers can be encouraged to be careful when planning meetings, etc., so as to include breastfeeding workers. Breastfeeding may be included in discussions on other issues, such as sexual harassment. The more employers and colleagues learn about breastfeeding, the more they will accept breastfeeding arrangements at the workplace and feel supportive.

### **Flexible work arrangements**

Flexible work arrangements – which are often important for both men and women with family responsibilities – can be especially important when a woman first returns to work. This is because such arrangements allow an easier transition period and flexibility in changing the schedule of both mother and child. Flexible working arrangements include: part-time employment, job-sharing, career break schemes, flexible hours, home-based or telework, flexible leave arrangements, leave without pay and the flexible use of annual leave (see **Module 11**).

### **Childcare facilities**

Centres in the workplace or nearby can facilitate breastfeeding, especially for children under 12 months (see **Module 11** in the Resource Package).

### **Breastfeeding policy at the workplace**

Among the most important of other supporting factors for breastfeeding, is for the employer to provide a policy that supports breastfeeding at work (see **Module 10** for guidance on developing a policy). Developing and disseminating such a policy statement will help to demonstrate the employer's commitment to the workplace provisions. The policy is intended to:

- help to reassure women that participation in the paid workforce is compatible with their reproductive function including breastfeeding, and that the employer is supportive of it;
- outline workplace provisions to enable women to maintain breastfeeding; e.g. breastfeeding breaks, facilities and the promotion of work-based childcare; and

- outline the employer's commitment to helping both men and women workers to better balance their paid work with family responsibilities through flexible working arrangements such as teleworking, job-sharing, part-time work and flexitime.

This policy could be part of the company's competitive recruiting package offered to potential employees along with general information about parental leave entitlements and other family-friendly measures, which all men and women should receive upon commencement of employment.

### ***Handout – Ideas for smaller businesses***

Small businesses can face additional challenges when considering initiatives to support breastfeeding, particularly those that have confined spaces. If you have a small business, some creative ideas that other small employers have already used might work for you:

- If space isn't available, perhaps flexibility in time can be introduced: e.g. flexible working hours, reduced hours, longer lunch hours and working from home.
- Making one or more offices available at intervals during the day. They might need blinds installed for privacy, or a comfortable chair added.
- A number of different businesses in a mall, or in the vicinity of a mall, or in a single building, could pool resources to lease and equip a family room for staff. If a room is not available, look at the different spaces you have and consider whether anything could be reorganized or stored off-site to create a suitable space, even if only temporarily.
- Could a sick room be adapted?
- Use screens and "do not disturb" notices to make a cubicle private.
- Contact a breastfeeding advocate to work with your organization one-on-one.

Source: New Zealand Department of Labour: *Breastfeeding in the workplace: A guide for employers*, <http://www.ers.dol.govt.nz/publications/pdfs/breastfeeding.pdf> [accessed 27 Sep. 2011].

## TASK SHEET 5 – OPEN SPACE TECHNOLOGY



This activity is broken into a number of smaller steps. In this exercise, the training facilitator(s) and/or the group define a number of themes to discuss progress on breastfeeding in the workplace.

Each individual goes and joins any group discussion and contributes his/her updates. We would like to capture from each person the following data:

1. What is the main result of your work on the subject?
2. What are the main shortcomings/unresolved issues?
3. What are some of the next steps planned?

Please make sure there is written evidence of your conversations: this may be large post-its, flipchart paper, using one of the laptops, nominating a note taker, etc. You may participate in the discussion for as long as you wish, and then use the LAW OF TWO FEET – which means that when you have contributed all you wish to say, and heard all you wish to hear, you are responsible for moving on to another discussion to contribute and listen.

(A person may start additional thematic groups if they wish.)

Alternatively, an individual may wish to identify some personal learning objectives and use the Internet or the materials provided to meet their own learning objectives.



70 minutes are allocated to the open space event.

## TASK SHEET 6 – UPGRADING THE WORKPLACE

Working in pairs, identify what needs to be in place in your workplace. Make sure you consider not just the facilities but also think about the wider range of issues. See if you can think about what can be adapted, rather than what has to be bought or created.

List the items that need to be addressed and then identify the cost associated with that item.

Changes that need to be made:	Cost
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
<b>Total</b>	



Your pair will have 20 minutes. Be ready to report to the plenary.

## TASK SHEET 7 – ACTION PLANNING

**“If not me, who? If not now, when?”**

When action planning, it is easy to say that everyone else must start or do something, it is also easy to go back to doing things the way you have always done them. So today is the day to make a personal commitment to change. It starts with you – and it starts now.

How strong is your personal desire to see an improvement in the provision of breastfeeding facilities/policies in your enterprise?

Working in the same pair as the previous exercise, you are each to complete your personal action plan. Help each other by listening to the other person’s ideas and asking questions or making suggestions that will help them to think in a structured way about the actions and priorities they will have.

When you have completed your plans be ready to share your commitments in the plenary.



You have 20 minutes to be ready to report.

## TASK SHEET 8 – KEY MESSAGES



In your small group identify what you believe the three key messages have been from this workshop. When you have agreed on the three key messages, prepare a creative way of sharing this with the rest of the group. This can be in the form of a song, poem, sketch, a piece of artwork, etc.

A large, empty rectangular box with a thin black border, intended for students to create a song, poem, sketch, or artwork to share their key messages.

You have 20 minutes to be ready to report.



## ADDITIONAL MATERIALS AND EXERCISES

---

### *How a manager thinks – two exercises*

The two tasks below are exercises where participants take up the position of either employers or employees.

#### **Task 1: Management guidance**

##### **Aims**

- To identify line managers' and employees' information needs.
- To clarify key guidance points for managers and employees.

##### **Tasks**

- In your group, put yourselves in the position of **personnel/HR managers**. You will be asked to prepare information either for line managers or for employees about maternity rights and responsibilities.
- Discuss with your group:
  - What information does your target group (managers or employees) need?
  - How you can best present the information?
- Agree on three key messages you need to get across to your target group.
- List the key information points you would include in the information you provide. You can cover one issue in detail (e.g. avoiding maternity-related discrimination or maternity leave and benefits) or general points of policy – it is your decision.
- Make a note of your key points on a flipchart or notepad and ask someone in your group to report back to the other course participants after the exercise.

##### **Useful tips**

- Think about the tone as well as the factual content of your communications.
- Include images, forms or flow-charts if you think this helps.

## ***Task 2: Managing maternity absence***

### **Aims**

- To explore different ways of managing maternity absence
- To equip you to plan for maternity absence.

### **Tasks**

- In your group, put yourselves in the position of **hospital managers**.  
You are responsible for ensuring continuity of services in a busy hospital that employs many women as doctors, nurses, and essential administrative and support staff. The hospital has a generous maternity scheme. It is anxious to reduce labour turnover as the costs of replacing trained staff are high – it takes at least three years' training for a nurse to qualify and costs the equivalent of at least five years' annual basic nursing salary to replace nurses who leave the service.
- Discuss with your group:
  - What problems might be caused if maternity absence is poorly managed in the hospital?
  - What measures could be taken to manage maternity absence well?
- List the key problems you need to avoid and the measures you think would help you to avoid them.
- Identify any additional resources you might need to make it happen, and discuss the cost-benefits of your proposals.
- Make a note of your key points on a flipchart or notepad and ask someone in your group to report back to the other course participants after the exercise.

### **Useful tip:**

Think about all the possible options to help manage both short-term and longer-term absences.