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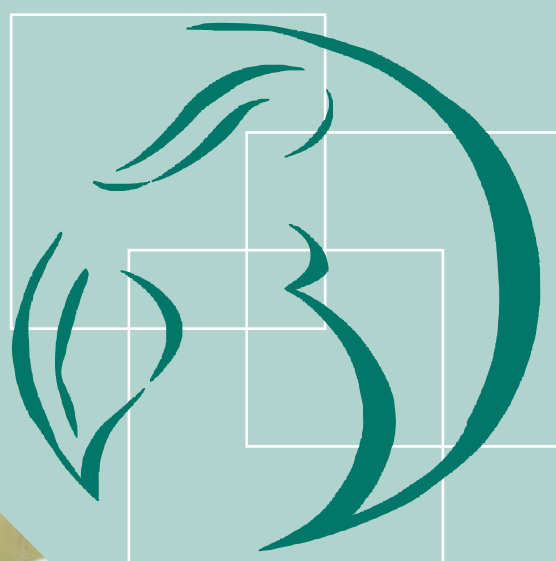
# Maternity Protection Resource Package

From Aspiration to Reality for All

## PART THREE

# Module 13

## Assessing Maternity Protection in practice





# Maternity Protection Resource Package

From Aspiration to Reality for All

## Module 13: **Assessing Maternity Protection in practice**



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# Module 13:

## Assessing Maternity Protection in practice

To improve maternity protection, it is necessary to understand the situation regarding its application in practice before defining appropriate actions and interventions. **Module 12** provided guidance on assessing national legislation in order to identify priorities for improving rights to maternity protection. By reviewing national laws and collective bargaining agreements, much can be learned about rights that have been established regarding maternity protection. However, less is known about how those rights are implemented and exercised. What are the actual take-up rates for maternity leave? How many women who are eligible for cash and medical benefits during maternity actually claim those benefits? To what extent do women experience discrimination at work due to maternity? How much do employers and workers know about preventative occupational safety and health practices in general, and during maternity in particular? How does returning to work affect women's continuation of breastfeeding, and what practical support can increase the likelihood of continued breastfeeding after returning to work? In the majority of countries and regions, these questions are difficult to answer because relatively little information is collected or available. However, they are critical for defining strategic and practical interventions to improve maternity protection.

### Key contents

The objective of this module is to provide guidelines on assessing maternity protection in practice. It goes step-by-step through the assessment process, providing the following:

- ➡ A walkthrough on defining the purpose of a maternity protection assessment
- ➡ Guidelines on how to assemble relevant documents and compile existing data
- ➡ Information on how to collect new data and conduct different types of assessments
- ➡ What to do with the data once it has all been compiled: review and analysis
- ➡ How to report the results obtained
- ➡ Possible courses of action, depending on the results obtained

At the end of this module there are a variety of resource sheets that can be used as samples to produce concrete assessment tools.

Assessing maternity protection requires assembling documents, compiling, examining and analysing data and making recommendations for action. Rapid, informal assessments can be helpful and can usually be carried out quickly, while more formal evaluations generally require specialized expertise, and can be more lengthy, costly and complex. To monitor trends and evaluate progress, it is necessary to assess the situation as it stands now and to repeat the exercise in a comparable manner several times. To ensure success, this type of work should have official consent and a degree of political will.

In order to understand how maternity protection is applied in practice and to identify any priorities for next steps, this module provides some general guidance on assessments that can be made. This guidance is purposefully general, as the range and depth of topics regarding maternity protection are vast and the focus of assessment may differ depending on the context. For example, focus may be placed on: 1) national efforts to implement maternity protection legislation by assessing the capacity to budget, monitor and enforce the law; 2) employers' understanding of legal obligations and administrative requirements for implementing maternity protection at the workplace; or 3) an understanding of the actual maternity protection conditions of women workers (i.e. the extent to which women take up maternity leave, experience maternity-based discrimination, or face challenges in continuing to breastfeed upon return to work). In designing an original assessment, examples of questionnaires and checklists developed in particular circumstances are often helpful. Thus, a number of examples are included in the **Resource** section at the end of this Module.

## Defining the purpose

The first step is to determine the purpose of a given assessment, which may be general or specific depending on the needs and aims of the study. Moreover, the level of formality and scientific rigour will depend on the purpose and the role of the group carrying out the assessment. Defining the subject area and the main topics is essential to clarify the appropriate framework.

Examples of possible purposes are shown below:

- to investigate awareness among workers/employers of legal rights and responsibilities regarding maternity at work;
- to understand workers' awareness and takeup of maternity protection rights in a specific geographic location (e.g. at a national, provincial, state, or community level);
- to understand and describe the actual experiences relating to maternity protection (actual leave taken, cash benefits received, health protection measures, etc.) for a specific group of workers (e.g. private sector workers, public sector workers, informal economy workers, agricultural workers, domestic workers, workers in a specific economic sector, workers in a specific enterprise or workplace);
- to establish the incidence of maternity-related discrimination and the characteristics of the women who experience it;
- to understand the awareness and implementation of maternity protection rights among employers and managers in a specific enterprise or sector;



- to learn how specific support at the workplace (e.g. breastfeeding breaks, nursing rooms, childcare services and facilities), and employment protection measures, affect workplace and worker outcomes (e.g. continued breastfeeding, worker turnover and absenteeism rates, worker satisfaction, worker productivity);
- to understand the extent to which national laws and policies on maternity protection are designed, funded, implemented and enforced.

The above list presents only a few examples from a vast number of possibilities. Any of these could be defined in very broad terms (e.g. looking at all aspects of maternity protection such as leave, cash and medical benefits, health protection, employment protection, non-discrimination and breastfeeding), or they could be more focused (e.g. by examining how cash benefits are understood and implemented in practice, or how nursing facilities and breaks affect worker turnover, satisfaction and breastfeeding practices).

In defining the purpose, it should also be clear which stakeholders the assessment will focus on. For example, is the purpose to understand **workers'** experiences, needs and preferences, **employers' and managers'** needs, practices and experiences, or **government and institutional** systems, practices and constraints? Which workers, which employers, and which government agencies? Being clear on the target interest group is critical for designing tools and approaches that are appropriate.

Typically, the broader the scope or purpose of the assessment, the more difficult (in terms of cost and time) it can be to go into detail. It is thus important to strategize how to best focus efforts to assess, monitor and evaluate maternity protection. It may be necessary to take a reiterative approach: collect preliminary information on maternity protection, refine the purpose based on initial findings, then collect more information to further refine and finalize the purpose (see also the section on rapid assessments, below). Interviewing government officials, employers' associations and trade unions, as well as compiling existing data can highlight key challenges, misinformation or concerns and can point to particular aspects of maternity protection and its implementation that should be further assessed and monitored. The Module on Advocacy and Awareness Raising on Maternity Protection at work (**Module 14**) and its tools may also be helpful in prioritizing and narrowing the focus of a group's efforts to improve maternity protection.

## Compiling existing information

Information can be assembled from a wide variety of sources (see **Box 13.1**), such as reports from government, social partners or research institutions. Additionally, the ILO, other multilateral organizations, local or international universities, non-governmental organizations or donors may have made assessments. Some of them make their reports available on the Internet; however, this is not always the case and it is worthwhile contacting relevant agencies and representatives. National and local agencies and libraries may also have data repositories. In reviewing all these potential sources of information, it may still prove difficult to gather much detail about maternity protection since data on workplace practices and women's experiences remain unfortunately rare. Nevertheless, all existing sources of information should be gathered before deciding whether to undertake surveys or other forms of new data collection.

Organizing a workshop or seminar that includes key stakeholders (i.e. representatives from trade unions, employers' organizations, ministries of labour and women's affairs, health groups, women's groups, law and human rights organizations and other UN partners) could serve to obtain additional information, concerns and perspectives. These stakeholders could provide information on the progress concerning Convention No. 183 ratification, maternity protection laws and their implementation, relevant regulations and collective bargaining agreements, as well as the situation of working mothers and their needs regarding maternity protection.

#### Box 13.1 Sources of information and data on maternity protection

##### Where to go:

- Government ministries: trade, labour, gender equality, health, finances, economy, human rights, children's affairs.
- Other national institutions: social security funds, parliamentary commissions, gender, child or human rights bodies.
- International and regional organizations: ILO, UNICEF, WHO, UNDP, UNFPA, UN-Women, OECD, EU, AU and others.
- Universities, research institutions, professional associations, trade chambers.
- Trade unions and employers' organizations.
- Civil society: women's groups, community groups, crèches, health professionals.
- The Internet.

##### What to look for:

- Legislation, regulations, collective bargaining agreements, arbitration awards, court decisions, workplace policies.
- Surveys: labour force, health and demographic, census, establishment, work reports.
- Studies, reports, assessments.
- Scientific and other articles, courses, newspapers.

When collecting information, there are three standards that it should be checked against.

- Is it **valid**?
- Is it **reliable**?
- Is it **relevant**?

**Validity** refers to whether the measures used to collect information actually capture what they intend to or how truthful the research results are. **Reliability** refers to the consistency of the measure: can the measure capture the same response repeatedly? A common example is when one steps onto a bathroom scale three times in a row, it should display the same weight each time. If it does not, the scale cannot be said to be reliable. If it displays the same weight each time, but the weight is off by 20 kilos, the scale is reliable (it gives the same answer every time) but not valid (it gives the wrong answer).<sup>1</sup>

<sup>1</sup> N. Golafshani: "Understanding Reliability and Validity in Qualitative Research", in *The Qualitative Report* (2003, Vol. 8, No. 4, Dec.), pp. 597-607

Finally, **relevance** refers to whether or not the results allow the researcher to answer the initial question. In the above example, even if the bathroom scale is both reliable and valid vis-à-vis measures of weight, the data it provides will not be relevant to a question concerning height. To compile information on maternity protection in a certain country, the research question would be along the lines of “what is the current situation regarding maternity protection legislation and its implementation in \_\_\_\_\_?”

For example, preparing studies on specific aspects or elements of maternity protection usually requires the compilation of detailed information on social, demographic or administrative aspects that are directly relevant to that element. **RESOURCE SHEET 13.1** provides an example of relevant groups of statistical indicators for assessing coverage of maternity benefits (see **Module 7**) at the national level. **RESOURCE SHEET 13.2** offers OECD and EU Framework Indicators for assessing national expenditure on, and implementation of, maternity protection and work–family reconciliation measures.

In compiling information, it is important to document the sources and methods of data collection. This is important for several reasons:

- Different methods affect the results. Knowing how the data were collected helps to evaluate the validity and reliability of the results, and the conclusions drawn.
- Usually, the same problem can be examined from different perspectives: it is important to state why one method was chosen over another.
- It is necessary to show that the data were collected or generated in a way that is consistent with accepted practice in the field of study.
- The research methods must be appropriate to the objectives of the study.
- The methodology should discuss the problems that were anticipated and explain the steps taken to prevent them from occurring, and the problems that did occur and the ways their impact was minimized.
- In the case of new research methods, it is important to describe the methodology so it can be copied and used again.<sup>2</sup>

Data can be broadly divided into two categories: qualitative and quantitative. Qualitative data are used to assess workers’ experiences, perceptions or other information that is not easily captured numerically. Quantitative data permit empirical measurement (i.e. quantifying something), often in the form of statistics, percentages, grades and degrees. Qualitative and quantitative data should be seen as complementary and can together provide a more complete understanding of maternity protection in practice.

<sup>2</sup> Asian Institute of Technology: “Details on method and research design”, in *Writing up research: A guide book*, <http://www.ait.ac.th/education/LanguageCenter/ait-writing-services/guide-book/method-and-research-design.html#problems> [accessed 24 Sep. 2011].

### Collecting new information and data

Given that surveys and reports on maternity protection in practice remain rare, a review of existing sources may turn up relatively little information. It may therefore be necessary to collect new information and data to learn about how maternity protection rights are implemented and exercised. A number of methods are available to do this. Rapid assessments and more in-depth methods of gathering new information are discussed below.

#### Rapid assessment<sup>3</sup>

Rapid Assessment (RA) is an innovative methodology that employs several research strategies simultaneously. It aims at a relatively rapid understanding of a specific problem or issue, and is less demanding in terms of time and money than other methodologies (see **Box 13.2**).

#### **Box 13.2** Summary of the RA methodology

- It serves as an effective research instrument where time and financial means are limited; it is especially adapted for relatively short-term and low-cost research.
- It is well-suited to research in small, well-defined geographical areas such as local rural communities or urban neighbourhoods.
- It employs mainly direct observation, interviews and focus-group discussions while incorporating other modes of data collection.
- It provides a means of integrating quantitative and qualitative data while producing “actionable” results.
- It can provide verification and comparability across maternity protection realities and in different contexts.

The Rapid Assessment methodology usually takes six months from start to finish. It can serve as a basis for action-oriented strategies and implementing intervention policies, or for conducting further research on the same problem elsewhere. It is particularly useful in local or regional contexts where a specific population can be targeted.

RA is primarily qualitative, since it uses the research tools of observation and interviewing, although without the long-term participation of certain qualitative techniques. Nevertheless, RA can produce descriptive quantitative data.

The findings of RA research can be used to inform subsequent more intensive investigations, or similar comparative research in other parts of a country. Additionally, it can direct project formulation or raise public awareness, as the material derived from the RA (e.g. case descriptions of employers’ and workers’ experiences of maternity and work), may be vital to bring the situation into public view and prod policy-makers to take action. Findings can also affect the allocation of resources, given that information on the needs of working women and the resources necessary to meet them is vital when planning a specifically targeted programme. For example, in the case of scarce resource allocation decisions, the RA may help decision-makers choose between making maternity leave and cash benefits more accessible, promoting breastfeeding breaks, nursing rooms and

<sup>3</sup> This section is taken from ILO: *Manual on child labour: Rapid assessment methodology*, Statistical Information and Monitoring Programme on Child Labour (Geneva 2005).



childcare, addressing employment protection and non-discrimination, raising awareness about legal rights, or some combination of these interventions.

Pilot testing of this methodology has shown that it can lead to clear results and has proved effective even in difficult circumstances. RA is a very adaptable research method, which can be modelled to suit different local and regional contexts. It involves a variety of actors, including governments, local NGOs, personnel engaged in field research, as well as the assessment interviewees. When putting together an RA team, however, it is important to have a combination of experts, technical assistants and direct stakeholders.

Although RA is a sequenced research process, the specific research components in any given RA will vary according to both the focus of the particular research, and available resources and opportunities in the concerned geographical area. Information sources used by RA researchers include two steps.

Before fieldwork begins, researchers collect and analyse existing information about the area.

Actual research employs a selection of research techniques, including at least some of the following:

- **Observations in areas of interest:** Systematic observation of maternity protection in different workplaces throughout the area being researched, seeking visual information about relevant activities and conditions.
- **Existing information:** Searching the published and unpublished literature; reading any studies that may have been done; examining all available statistical data, to find information that would be useful for providing background knowledge and helping to “focus” the research (see above).
- **Discussions and consultations with knowledgeable individuals and organizations:** This may include government agencies, employers’ organizations, trade unions, NGOs, women’s organizations, medical practitioners and midwives, chiefs of hospital maternity wards, religious groups, charitable associations, elected officials (politicians), appointed administrators and managers, in order to identify the principal issues and concerns regarding maternity protection.
- **In-depth discussions with key informants:** Intensive discussions with individuals who are carefully selected because of their knowledge of maternity protection. These interviews help to focus the study, in terms of both locations to be researched and topics to be examined. This information must, like all data, be cross-checked for accuracy.
- **Mapping:** Making approximate drawings, or “maps,” of the area under investigation, showing its major physical features and layout. In studying maternity protection, maps might be useful for specific purposes; understanding the relative locations and distances in an area between workers’ homes, workplaces, and health centres or hospitals, where women can obtain pre and postnatal care and medical assistance during childbirth. Mapping workplace layouts can be useful for understanding potential workplace hazards and risks and developing preventative strategies (see Healthy Beginnings for examples of workplace maps, referenced in **Module 8**).

- **Household door-to-door surveys:** In selected areas.
- **Observation:** Systematic observation of workers and of workplaces in various parts of the area being researched, to obtain visual information on work activities and working conditions. Observation of health-care centres and hospitals, where maternal and newborn health-care is delivered and childcare centres. Social security offices, where administrative procedures for maternity benefits take place, could also be very informative.
- **Individual interviews and conversations:** Structured, semi-structured or informal interviews and discussions with employers, workers and other partners (e.g. medical personnel) can help to provide understanding about the realities facing formal and informal economy workers (and employers where relevant) vis-à-vis paid work and maternity, breastfeeding and childcare.
- **Focus group discussions:** Discussions with small groups of adults may be useful. They may sometimes be spontaneous and not necessarily structured formally.
- **Questionnaires:** Short questionnaires may be used in various settings, either to obtain items of information or to cross-check the information obtained through interviews. They are also used for collecting information on a broader scale, for example via specific networks, or when administered through larger organizations such as health-care systems, trade unions or enterprises.

However, there are certain limitations to the RA method. The fact that it is applied to small populations in limited areas means its results cannot be generalized, even to a similar sample in nearby provinces or regions. Unlike a national survey, which uses a statistically representative sample of the general population, RA findings apply to a more limited context. On the other hand, this means that RA is not as elaborate, costly or as time-consuming as a national survey.

RA findings can be generalized to the sample population where researchers choose locations and selected populations carefully. Researchers must recognize that findings will apply only to this limited population and context. While a comparative approach is not possible between RA studies, further research can confirm whether similar patterns, behaviour and problems can be observed in other settings.

Subjectivity is another important issue for any research. The investigative team must remain attuned to any unexamined presuppositions, biases, or cultural blind spots which may cloud research findings. Ways of approaching the ideal of objectivity include:

- sensitivity training;
- frequent meetings with all team members to discuss research findings while research is in progress (i.e. the entire team must act as a check on individual researcher interpretations);
- cross checking, triangulation and the use of control groups.

It is also important to work on interview techniques in order to ensure a positive relationship between the interviewer and the interviewee. Finally, informants and interview subjects may also hold assumptions that bias the information imparted.

If a rapid assessment is deemed appropriate, guidance on conceptualization, implementation, analysis and reporting can be found on the Internet. See also **Key resources** at the end of this Module.<sup>4</sup> For example, **RESOURCE SHEET 13.3** provides a framework for rapid assessment of maternity protection at the workplace.

### More extensive assessments

While a rapid assessment may be appropriate for some purposes, more extensive collection of information may be necessary for others. For example, more scientifically rigorous research is needed in order to provide findings that can be generalized to a larger population, or to understand causal relationships (e.g. how maternity protection affects longer term outcomes such as women's economic security, their health, or that of their children).

Engaging in more extensive data collection and research may require researchers or teams with substantial experience in research methods and sampling, as well as data collection instruments which are reliable, valid and meet scientific standards related to population representativeness.

Methods for collecting data may include individual or group interviews, focus group discussions or surveys, although the most appropriate method will depend on the purpose of the assessment and research.

### Semi-structured interviews<sup>5</sup>

A semi-structured interview is a participatory tool that can be applied in a very flexible and informal manner. It is partly guided by the interviewer in order to find out information on pre-selected topics, and partly a casual discussion in which new aspects of a certain topic arise or new questions come up. It can be conducted with individuals or groups.

Its objectives are: to gather information in a participatory way, giving the respondent the opportunity to determine the topics to be discussed and the information to be given and, to allow new questions to emerge.

**Advantages** of semi-structured interviews are that they can collect a wide range and depth of information, and they offer flexibility, allowing the interviewer to follow up and further explore particular responses.

**Disadvantages** are that this type of method can be very time and resource consuming and the responses obtained can be difficult to summarize, analyse and compare. The interviewer can also bias the respondent's answers.

See **Box 13.3** for an example of guidance on preparing for and carrying out an interview.

<sup>4</sup> ILO, 2005, op. cit.

<sup>5</sup> Adapted from FAO: *Participatory processes towards co-management of natural resources in pastoral areas of the Middle East* (Rome and Palmyra, 2003).

### Box 13.3 Preparing for and carrying out an interview

#### Principles to keep in mind:

- The interviewer and interviewee are partners.
- The interviewee should feel as comfortable as possible.
- The interviewer should be flexible; every new topic or idea can be useful, even if there were no direct questions concerning them.
- The interviewer should listen and observe facial expression, body language, tone of voice.
- The interviewer should keep eye contact.

#### Checklist:

The interviewer should establish a checklist of the points to be discussed with the interviewee, including precise questions.

#### Who to interview:

The interviewer should think carefully about who is the most appropriate person to provide the information needed: individuals (to provide representative information), key informants (to provide specialized information), groups (for general information) or focus groups/interest groups (to discuss a certain topic in detail).

#### Time and place:

Together with the interviewee, the interviewer will choose the best and most convenient time and place for the interview.

#### Questions:

The questions should be short and easy to understand - if possible using the local language. It is important to avoid the following types of question:

- closed questions: questions which can only be answered with “yes” or “no”, as they make further probing for details difficult;
- leading questions: questions that lead the interviewee to a certain answer (e.g. “Is it true that...?” or “Don’t you think that...?”);
- ambiguous questions: unclear questions that can be understood in more than one way.

#### Concrete information:

For concrete information, the interviewer should use the Six Helpers: What? When? Where? Who? Why? How? It is necessary to be careful, when using “why” questions, because they may force the informant into a defensive position and stop the flow of discussion; it is better to try to probe answers carefully with e.g. “Suppose...” or “Please tell me more about the reasons...”.

#### Accuracy:

The interviewer must record responses and observations fully.

#### Interpretation:

The interviewer must judge whether the response is a fact, an opinion or a rumour:

- fact: a statement which can be empirically verified or tested in a certain place and time;
- opinion: a person's or a group's view on a topic;
- rumour: uncertain information from an unknown source.

Source: Adapted from FAO, 2003, op. cit.



## Surveys<sup>6</sup>

Surveys gather information from a population sample of interest. The sample is scientifically designed so that each person in the population will have an equivalent chance of selection, which allows the results to be reliably generalized from the sample to the larger population.

Information is collected by means of standardized procedures so that every individual is asked the same questions in more or less the same way. The survey's intent is not to describe the particular individuals who by chance are part of the sample, but to obtain a composite profile of the population.

Surveys can be used to study a population in general or specific subsets thereof (e.g. households, women, mothers, and workers in a particular occupation/industry/workplace, employers and managers). They can be conducted at national or local levels, and may be conducted at one point in time (i.e. a cross-sectional survey), repeated at a later date with the same survey questionnaire but a different population sample (i.e. a repeated cross-sectional or trend survey), or conducted at two or more points in time using the same sample (i.e. a panel survey). Surveys may be administered by various means, such as by mail, by telephone, or in person. The ability to reach a random sample of the target population by mail or phone however, depends on the development of mail and telephone services in the area of study. Where mail and phone services are not developed or reliable, administering the survey in person may be the only option, though this in turn depends on road reliability and the feasibility of transport.

An interesting example of a repeated cross-sectional survey on maternity protection is the Maternity Rights Survey series, which has been monitoring takeup of maternity benefits and mothers' employment decisions after birth since the late 1970s. For more information on the sample methodology and a short overview of key findings see **Box. 13.4**.

### **Box 13.4**    **Maternity Rights Survey series** **National Centre for Social Research – Department for Work and Pensions, United Kingdom**

#### **Sample:**

The sample consisted of around 2,000 face-to-face interviews with mothers with children aged between 12 and 18 months and who had worked at some point in the 12 months before the baby's birth. It was selected from Child Benefit recipients in the United Kingdom and interviews were conducted between February and May 2007. The survey achieved a 70 per cent response rate.

#### **Results:**

**Maternity leave.** Although fewer than three-quarters of mothers were entitled to 52 weeks' maternity leave, a considerable proportion took less time off:

- Sixteen per cent of mothers took less than the statutory minimum entitlement (i.e. 26 weeks) and 35 per cent took exactly 26 weeks maternity leave.
- Forty-six per cent of mothers took between 27 and 52 weeks and only three per cent were off for more than 52 weeks.
- The above results could partly reflect the fact that no statutory pay is available after 26 weeks and after this time additional maternity pay provided by the employer is not very common.

<sup>6</sup> Based on [www.whatisasurvey.info](http://www.whatisasurvey.info), an online publication adapted from American Statistical Association materials to help non-specialist audiences understand what is involved in carrying out a sample survey.

**Maternity pay.** While on average 12 per cent of mothers received no maternity pay, this figure was significantly higher among workers with the least advantageous employment conditions. Groups, included:

- mothers in workplaces with no family-friendly arrangements (34 per cent);
- mothers in elementary occupations (42 per cent), with an hourly gross pay below £5.00 (27 per cent) and working fewer than 15 hours a week (34 per cent).

**Employment decisions after birth.** Seventy-six per cent of mothers included in the study returned to work between 12 and 18 months after the birth, a similar figure to that found by the 2002 survey. The factors with the strongest association with returning to work were:

- presence of family-friendly arrangements;
- high pay during maternity leave;
- pre-birth job tenure;
- qualifications;
- family circumstances; and
- geographical location.

Source: I. La Valle, E. Clery and M.C. Huerta: *Maternity rights and mothers' employment decisions*, Department for Work and Pensions, Research Report No. 496. (Norwich, National Centre for Social Research, 2008).

Time-use surveys are surveys designed to collect information on how women and men spend their time; these have been successfully adapted to study gender differences in time spent on paid work, unpaid care work, personal care and leisure. They can also be used to address traditional biases in surveys that have underestimated the amount and value of the time spent on care-giving. An example of the application of time-use surveys to study how new mothers spend their time can be found in **Box 13.5**. Such surveys could provide insight into how time demands of care giving and paid work affect women's return to work and breastfeeding practices.

#### **Box 13.5**    **Where does a new mother's day go?** **Preliminary estimates from the Australian Time Use Survey of New Mothers**

Current time use surveys provide inadequate information on women's unpaid care work. Women's time "at call" and in "passive childcare" activities is typically underestimated and thereby undervalued, so that time resources that women have at their disposal are overestimated.

This is particularly so for women with infants. Although the presence of a newborn in a family is very time-intensive, national time-use data focusing on new mothers' time-use is rarely collected. The intensive time demands of an infant on its mother also present particular research design measurement issues.

The nationwide Time Use Survey of New Mothers (TUSNM) started at the Australian National University in March 2005. Around 200 mothers enrolled in week-long time-use tracking sessions using an electronic tracking device, the TimeCorder. Data was collected before birth, and at three, six and nine months after birth. Mothers did up to four tracking sessions over the period of the study, allowing comparison over time of the same mother-infant pair, as well as analysis of activities for mothers of infants at different ages. Data on socio-demographic, employment, wage and childcare variables, and infant feeding practices was also collected via a questionnaire.

The paper outlines the TUSNM methods, presents initial results, and explores implications of maternal time investments in infant care. Results so far highlight questions of how to measure and evaluate "pre-emptible" time, and the extent of multitasking. Findings also raise questions about how the heavy demands of emotional care and infant feeding activities shape parental decision-making, with implications for research and for public policies.

Source: J. Smith and M. Elwood. *Where does a Mother's Day Go? Preliminary Estimates from the Australian Time Use Survey of New Mothers* (Canberra, Australian Centre for Economic Research on Health, 2006), p. 1.

Since 2009, the ILO has developed survey questionnaires which focus on mothers, establishments or specific categories of workers, such as domestic or agricultural workers, with a view to measuring actual maternity protection conditions at work. To date, these surveys have been implemented in countries such as China (establishment survey), Senegal (workers in agriculture), and Viet Nam (domestic workers). See **Box 13.6** for additional information on two of these surveys and their findings and **RESOURCE SHEET 13.10** for the Survey Questionnaire (Women) on Working Conditions in Agricultural Areas (Senegal).

An ILO standard questionnaire on measuring maternity protection conditions, in line with the key components of Convention No. 183 is included in **RESOURCE SHEETS 13.11**. A comprehensive baseline survey questionnaire on maternity protection is also available upon request at the ILO Conditions of Work and Employment Programme (TRAVAIL) website, [www.ilo.org/travail](http://www.ilo.org/travail).

### **Box 13.6** Women's working condition surveys in China and Senegal

#### **Maternity Protection survey in public sector organizations and companies (Wuding County, Yunnan province, China)**

**Objective:** To learn about the implementation of all elements of maternity protection in contemporary Chinese enterprises and public sector organizations. The research results are expected to provide empirical information to assist the government in discussions and ratification of relevant international labour conventions and in developing domestic laws and policies.

**Methodology:** The research employed a mix of research methods, including large-scale quantitative questionnaire surveys and in-depth qualitative interviews via on-site visits to enterprises and public sector organizations in Wuding County. Survey questionnaires were collected from 1,569 employees and 31 in-depth interviews were conducted with managers, workers and trade union officials.

**Results:** The study shows that 73.9 per cent of women took their statutory maternity leave. However, over 60 per cent of women consider the 90 day legal minimum provided by Chinese law to be too short to allow them to take care of their children. In rural areas, women are less aware of their maternity rights and due to the informal nature of their work, they are not granted the same level of maternity protection.

With regard to health protection, over 30 per cent of respondents could not take any prenatal examinations during their working time. Of those who could, nearly 40 per cent were not paid their full salary during this time off. Among the reasons for which these examinations could not occur, the study lists financial affordability as the main one. Over 97 per cent of women are obliged to pay for their prenatal examinations.

Non-discrimination is perhaps the most positive note of this study, seeing that over 80 per cent of respondents report not perceiving women as victims of discrimination during pregnancy.

#### **Women's Working Conditions Survey in the agricultural sector (Niayes Region, Senegal)**

**Objective:** This project was initiated with the objective "to improve the work conditions and life of the families and the children in the agricultural sector in Senegal, Mali and Benin". In order to do so, an assessment of general working conditions (including maternity protection conditions) in the region was carried out.

**Methodology:** The assessment was conducted via a survey of approximately 500 households and investigated the working conditions of rural families in the Niayes region of Senegal. Qualitative information was also collected through group meetings and interviews with the main actors (technical management, medical structures, producers, etc.). The survey was designed to capture the living and working conditions of all the actors involved in the farms, including the family members as well as any paid employees. The data were disaggregated by age and sex, in order to better understand the particularities of working conditions for different groups of the population.

**Results:** Nearly 75 per cent of women in the Niayes region work in the fields until their seventh month of pregnancy; 25 per cent worked until the day of childbirth. As in many rural areas around the world, giving birth without the assistance of a skilled health professional is a widespread practice in Niayes. This can often lead to complications and even the death of the mother or her child. A quarter of these women have experienced miscarriages related by different extents to their agricultural work. They have also been exposed to many other work-related diseases and injuries during their pregnancies and while nursing. In addition, most of Niayes women, whatever their condition, were back to work in the fields before they felt well-rested and had recovered after childbirth. On average this was around ten weeks after childbirth as they had no other sources of income.

Sources:

Cabinet MSA Senegal: *Étude sur les conditions de travail dans le secteur agricole au Sénégal* (Dakar, 2010).

W. Huang: "Wuding County Trade Unions", Research Report on Maternity Protection in Wuding County, Yunnan Province, China, MDG-F Joint Programme of Maternal and Child Nutrition, Food Safety and Security in China (Beijing, ILO, 2011).

**Advantages** of surveys are that information from large numbers of people can be collected relatively inexpensively and they produce data that are easy to compare and analyse. If the sample is scientifically selected to represent the larger population of interest, the findings can be generalized.

**Disadvantages** of surveys are that they can be impersonal, often require specialized expertise to design and administer, there may be high rates of non-response, the questionnaire wording and design can bias respondents' answers and questions asked often do not facilitate great detail.

**Planning a survey questionnaire:** If a survey is deemed an appropriate method for assessment, considerable attention should be paid to developing and pre-testing a survey questionnaire, and collaborating with individuals or institutions with specialized expertise may be necessary.

Some key considerations in developing a survey questionnaire include:<sup>7</sup>

- Are the concepts clear and universally understood?<sup>8</sup>
- Are the questions clearly worded and unbiased?
- Is the questionnaire too long?<sup>9</sup>
- Does the information collected correspond to the purpose of the assessment (e.g. Will the information collected address research questions about maternity protection in practice? Does it correspond to the data analysis plan?).
- Are the responses close-ended (i.e. the respondent must pick between two or more mutually exclusive responses) or open-ended (i.e. the respondent can respond in their own words)? Does this response type fit with the plan for data analysis?
- Does the questionnaire rely heavily on questions of a sensitive nature? Does it rely heavily on the respondent's memory? Can it be constructed to avoid or accommodate such problems?

<sup>7</sup> From the "What is a survey booklet", <http://www.whatisasurvey.info>.

<sup>8</sup> For example, concepts such as 'job', 'income', 'maternity protection', 'family', may seem straightforward but often have different meanings for different people.

<sup>9</sup> Long surveys have higher rates of non-responses as people refuse long time commitments or quit partway through.



- Does the questionnaire include an introduction explaining what the survey is about and why the questions are being asked?
- What is the plan for pretesting and refining the survey questionnaire?

Much more guidance on designing survey questionnaires can be found in social science research methods textbooks, as well as online. University departments of social and behavioural sciences often have repositories of useful information on research methods and the university faculty can be key partners in this.

**Box 13.7** provides an example of the process undertaken to develop a cross-sectional survey questionnaire to study employees' perceptions of workplace breastfeeding support.

### **Box 13.7** Development of a questionnaire designed to measure employees' perceptions of workplace breastfeeding support

**Objective:** Breastfeeding rates remain low in the United States, especially among working women. Unfortunately, no quantitative instrument exists to facilitate the examination of why women who return to work discontinue breastfeeding sooner than the general population. The objective of this study was to develop an instrument to measure female employees' perceptions of breastfeeding support in the workplace, which would be suitable for piloting with the target population.

**Study design:** Examination of the literature, reviews with experts, and one-to-one interviews with women who had experience combining breastfeeding and work, were used to create the instrument sub-scales and items. Examination of the literature was used to develop four sub-scales: company policies/work culture, manager support, co-worker support, and workflow. Expert review resulted in the addition of a fifth sub-scale, the physical environment of the breastfeeding space. One-to-one interviews were used to ensure that the item wording was appropriate for the target population.

**Results:** Eighteen items were added, and 15 were re-worded based on comments from the expert review and from the interviews. The resulting survey contained 54 items that required either categorical yes/no or Likert scale responses.

**Conclusions:** Results from this process indicate that the survey sub-scales and items adequately reflected women's perceptions of breastfeeding support in the workplace and the instrument is appropriate for piloting with new mother employees.

Source: S. Greene and B. Olson: "Development of an Instrument Designed to Measure Employees' Perceptions of Workplace Breastfeeding Support" in *Breastfeeding Medicine* (2008, Vol. 3, No. 3), pp. 151-157.

**Selecting a survey sample:** For the findings from a survey to be believable, it is important to carefully select the sample population who will take the survey questionnaire. If the purpose is narrow, it may be possible to survey the entire population of interest. For example, a local union may be able to survey all of its members on a particular topic. However, if the purpose of the assessment requires coverage of a large population, it may be cost and time prohibitive to administer a survey to the entire population of interest and, it will be necessary to select a smaller sample from which findings can be generalized. This means the sample should be representative of the larger population.

Selecting a random and representative sample of survey participants requires several steps: identifying the larger population, determining the extent to which it is possible to

reach, or access, members of that population, drawing up a sampling plan and selecting individuals to be in the sample. If the purpose of the assessment does not require a complex scheme, sampling can be quite straightforward. However, the purpose of the assessment may require considerable skill in developing the sampling plan (e.g. if the focus is the extent to which women face employment discrimination on the basis of pregnancy and maternity). In the latter case, the research team should include individuals with specialized expertise on survey research.

### Focus groups<sup>10</sup>

Focus Groups Discussions (FGD) explore a topic through group discussion. Focus groups are typically identified through planned selection, not a randomly selected group intended to be representative of a population (e.g. working mothers, economically inactive women and employers). Focus groups are usually moderated by a skilled moderator who prompts focus group members with open ended questions for discussion among themselves. An interview/questionnaire format is not appropriate for focus group discussions.

An example of FGD on maternity protection issues is a study carried out with women workers in garment and bicycle factories in the Kampong Speu and Svay Rieng provinces in Cambodia. Only women who had given birth in the last 36 months were asked to participate. The purpose of the FGD was to assess women's knowledge of issues related to maternity protection at work, including maternity leave and breastfeeding. An excerpt of the garment factory interview-guide is available in **RESOURCE SHEET 13.6**.

**Advantages:** Focus group discussions can be an effective way to collect very rich qualitative information on a topic in a short period of time. The dynamic of a group discussion can raise experiences and opinions that a researcher may not have thought of in designing a structured interview questionnaire. The flexibility of the focus group format allows the moderator to respond to comments raised during the discussion and pursue them in more depth.

**Disadvantages:** Findings cannot be generalized to a broader population, and it may be hard to analyse the responses.

### Data review and analysis<sup>11</sup>

Data review and analysis are merely the means by which researchers or other stakeholders use the information obtained during the data collection process to address their research purposes or questions. A plan for data analysis should be developed from the outset of the assessment to ensure that data and information collected are useful and are used properly. Data review and analyses will depend on the research approaches selected, the information gathered and the questions that the assessment seeks to answer. Both qualitative and quantitative data can be used, separately or complementarily, to identify themes and patterns that can in turn provide guidance for advocacy strategies or interventions designed to improve maternity protection. General guidelines in data review and analysis are given below.

<sup>10</sup> See also Chapter 5 in "What is a survey?", op. cit., for more general guidance on focus group discussions.

<sup>11</sup> Adapted from Research Methods Knowledge Base: <http://www.socialresearchmethods.net/kb/index.php>.

**Data review**

Generally speaking, the raw information captured by data collection is not ready for immediate analysis, regardless of the methods used. Data obtained via interviews, for example, are often collected via audio recording devices or note-taking. Surveys or questionnaire responses are frequently handwritten rather than entered directly into a database. In order to turn this unprocessed information into usable data that can meaningfully address research questions, several preliminary steps are necessary:

- data must be transcribed into a usable format;
- data must be cleaned;
- data quality must be checked.

**Transcribing data into a usable format**

Irrespective of the methods used to collect data on aspects of maternity protection, their analysis will invariably require transcribing it into a different and functional format. That procedure, and therefore the process of transcription (or transformation), will inevitably vary according to the original methods used, the raw format of the data and the subsequent plan for analysis. For example, the transcription process for informal interview responses of working mothers concerning their experiences of workplace job protection provisions will not be the same as that for, say, preparing questionnaire responses for use in a statistical model that will predict the probability that mothers and fathers utilize paternity leave. Nonetheless, there are several noteworthy concerns specific to the types of data collection discussed above.

**Interviews**

Whether structured or unstructured, raw interview data are normally either recorded or written in note form and, as a rule, their analysis requires that spoken interactions (both questions and responses) be written comprehensively. Moreover, it is often necessary to note unspoken cues that occur during the interview and include these in the transcription. Particularly when discussing sensitive issues such as workplace discrimination or exclusion, long conversational pauses before responding, vocal fluctuations or body language can convey important information that would be missed if the transcriber focused solely on verbal responses. Thus, interview transcription can be a lengthy process and may take many hours even with a relatively small sample. This time requirement should be borne in mind when planning an assessment and its analysis, in order to ensure considerate and careful handling of data. There are, however, techniques or tools that speed up this process and each has benefits and drawbacks. For example, computer programmes can transcribe recorded audio into digital word files and can map out vocal fluctuations. Equally, transcription can be outsourced to an experienced external entity or organization.

**Surveys and questionnaires**

Surveys and questionnaires often comprise much larger sample sizes than interviews, particularly if the research instrument is national in scope. Thus, while it may take less time to integrate the answers from a single respondent into a database, it typically remains a protracted process, and the time necessary depends on whether the research instruments are open- (i.e. respondents are free to write their own responses) or closed-ended (i.e. respondents must choose from a pre-determined set of answers).

### Data cleaning

The necessity of “clean” data is mostly associated with statistics and quantitative research, but can equally apply to qualitative research and interviews. Clean data refers to ensuring that data are not missing or corrupted. For example, if during the process of transcribing a recorded interview it is revealed that a response was lost to background noise, it may be necessary to remove the background noise in order to hear the response or follow up with the respondent. Survey and questionnaire data are particularly sensitive to respondent error (i.e. incorrectly responding to a question), which may produce outlying data points that skew the analysis. If for instance, a group of working mothers answers “100” to the question “How many days per week do you receive a breastfeeding break?”, calculations based on this response will be distorted. Hence, it is necessary for the researcher or stakeholder to explicitly define the acceptable range of appropriate responses in accordance with research aims, either via a conscious decision or statistical calculation (e.g. standard deviations).

### Data quality

Ensuring that the research instrument has yielded data of acceptable quality in reality goes hand-in-hand with data cleaning. However, beyond determining whether data are clean and dealing with missing or nonsensical responses, having good quality data also necessitates considering the rates of response to the collection instrument as a proportion of the total sample universe (i.e. the population of focus). To this end, interviews tend to have a higher rate of response than surveys and questionnaires, as they are often coordinated and conducted on a face-to-face basis (or at least via telephone or email). The latter instruments, on the other hand, must use other techniques (e.g. phone and post, where services are established, or employ numerous enumerators), which are more susceptible to respondent non-response or refusal, in order to achieve an acceptable sample size. For example, if 500 questionnaires are sent out but only 50 are returned, the data are not likely to be representative of the sample universe. Equally, interviewees or survey and questionnaire respondents may for whatever reason opt to leave a particular question unanswered. If this non-response is not random (e.g. low-income households do not admit to food shortage due to embarrassment), the subsequent analysis will be affected.

Additionally, by definition, data of good quality are free from biases. However, very few datasets fit this description in practice. Surveys and questionnaires are often subject to selection bias (i.e. responses only come from those who choose to do so), missing variable bias (i.e. an important factor was left out) and non-response bias. Interviews are subject to interviewer bias, whereby interviewees are influenced by the wording of the questions, the body language of the interviewer, or the interpersonal context in which the interview is conducted. There are techniques to deal with each of these, but it is of the utmost importance that potential sources of bias are identified, admitted and mitigated to the extent possible.

### Data analysis

Once the data have been transcribed, cleaned and checked for quality, in principle the information can then be used for analysis, although it is worth emphasizing that this is more often than not a cyclical, as opposed to linear, process. There are a multitude of approaches to data analysis and it is not possible to describe all, or even a majority, of methods here with any satisfactory detail. University departments, expert researchers,



libraries and the Internet can be useful sources of information in this regard. Rather, this section serves to prompt stakeholders or investigators to consider the basic framework involved in data analysis, and to recognize the importance of honesty and rigour in this process. Research of any kind involves choices in terms of, for instance, the definition of terms, what concepts to emphasize over others or how to calculate certain indicators. It is essential that these decisions are recorded during the analysis and disclosed in whatever reports are produced, not only for the integrity of the research itself but also to aid and inform future research on maternity protection or in similar contexts.

### Initial analysis

Data analysis is rarely completed in the first attempt. Rather, it makes sense to initially pilot the chosen approach on a subset of the data in order to see whether meaningful results are produced. For example, when analyzing interview transcripts to discern important concepts that are discussed, the researcher will first want to code<sup>12</sup> one or two interviews and then evaluate whether the coding system or approach is effective or needs to be redone. Such piloting is both pragmatic and economical in that initial findings can be used to modify and focus the study before conducting the main analysis, which saves resources and time compared with running whole analyses multiple times.

### Exploratory analysis

Exploratory analysis can be used in both qualitative and quantitative research (and mixed methods). It concerns identifying the important factors or concepts relevant to a particular issue and is often done when prior research on the subject has been inconclusive or is lacking. Alternatively, researchers may employ an exploratory analysis for conceptual reasons: they want important concepts to “emerge” rather than impose their own categories on the data. This process can be led by researchers or research subjects. In any case, exploratory analysis is useful to identify pertinent relationships, concepts or issues that influence or affect a subject or outcome, without imposing them on the data.

### Confirmatory analysis

Confirmatory analysis is concerned with confirming whether or not something is the case. Generally, researchers or other stakeholders approach the analysis with a particular hypothesis to test or verify. In other words, the analysis is designed to reinforce (or refute) one’s proposition. Confirmatory analyses can also be qualitative or quantitative in nature, but most aim to test the outcomes of a specific intervention against desired outcomes. With this objective, confirmatory studies should be designed to collect data from an intervention group (i.e. a group of individuals who receive the intervention) and a control group (i.e. a group that does not receive the intervention). The analysis should be run on both the control and intervention groups in order to estimate (either statistically or conceptually) if the intervention has had an impact. For example, an employer may be interested to know whether providing subsidized on-site childcare, as opposed to full-cost on-site childcare, affects the likelihood that women return to work. Such analyses can be useful in building consensus among stakeholders behind a particular intervention, as well as identifying cost effective best practices.

<sup>12</sup> Data coding of interview or other transcripts involves highlighting text (either digitally or manually) according to its content. For example, an interviewer’s response concerning government childcare subsidies could be coded under ‘benefits’.

### Reporting the results

Carefully considering what to include in a report of the assessment's findings is important for maximizing the effectiveness and credibility of an assessment. Reports should be carefully tailored to the intended audiences, whether this comprises politicians, government officials, employers, workers or women workers. Using clear and accessible language and clear concepts, organizing the report in a logical order, distinguishing essential findings from less interesting descriptions and keeping the report short, increases the report's readability for the intended audiences. Likewise, presentations of findings should be clear and concise (see **Module 15** on Capacity Development and training for additional guidance on effective presentations).

A typical report will include the following sections:

- **Background:** This is an introduction explaining the purpose of the assessment and any terms that need to be explained, such as “maternity protection”. It can also provide context on the framework for maternity protection, from international instruments to national laws, policies and programmes.
- **Objectives:** What were the objectives of the assessment?
- **Research methods:** This section should describe the research approach and data collection methods, information on sampling design, questionnaire instruments and data analysis, all of which can help the audience to ascertain the validity and credibility of the results.
- **Results:** This section should report key findings from the assessment. It is important to highlight essential findings so the reader takes away the main points of the report. In cases, where a lengthy description of research findings is required, reports can sometimes be supplemented with Executive Summaries and Fact Sheets which highlight key findings, without providing the lengthy detail of the full report.
- **Conclusions and policy recommendations:** This section reiterates main findings, draws conclusions and highlights priorities for next steps, whether they include more research, advocacy or other interventions to improve maternity protection.

### From information to action

After preparing the report, efforts to identify next steps and mobilize action should follow quickly, in order to maintain momentum. Holding meetings with key stakeholders or users of the report, can help to define priorities and next steps. All relevant stakeholders should be involved in discussions of the findings and planning for action. Given the difference in perspectives on maternity protection between stakeholders, it may be useful to hold separate meetings with different stakeholders prior to a common meeting, as well as having a skilled moderator to facilitate discussions.

Presentations and discussions should be carefully designed to avoid antagonizing or alienating any stakeholders. For example, discussions about discrimination or payment of leave benefits can sometimes lead to heated exchanges between government representatives, trade unions and employers. However, differences in perceptions usually

stem from perfectly valid concerns about fairness and equity that can be addressed through social dialogue. Returning to the previous example, heated opposition by employers to longer maternity leaves may occur when national law makes payment of maternity leave benefits the direct and sole responsibility of the individual employer, rather than establishing a collective system of payment by workers and employers through social security. A skilled moderator can help to defuse a heated discussion by bringing out the concerns of each stakeholder and identifying new or additional priorities for action.

**Box 13.8** summarizes the steps that were taken to move from assessing workers' and employers' perceptions about breastfeeding at work to establishing a breastfeeding facility at the workplace. While this is an example of an effort with a specific purpose and population, it nonetheless underlines that moving from information to action does not have to be a complicated process.

**Box 13.8**     **Setting up a breastfeeding facility in a given workplace: From assessing workers' and employers' experiences and perspectives to establishing a facility**

**What is needed to create a breastfeeding facility in a workplace?**

- A request from breastfeeding working mothers
- Sufficient number of workers needing it
- Positive attitudes (employer, colleagues, trade union)
- Small amount of funds
- Physical space:
  - clean, hygienic room
  - privacy: lock, door, curtain
  - electricity (pump, refrigerator)
  - comfort: chair, table, reading material
- Group to advocate for it and set it up
- Time for working mothers in the form of breastfeeding breaks

**1) First step: to carry out a survey along the following lines:**

**General:**

- Size of undertaking
- Percentage of women workers
- Percentage of mothers
- Percentage of breastfeeding women
- Is there a crèche?
- Is national legislation posted?
- General physical set up of the workplace: cafeteria/lunch room; cleanliness, hygienic; WCs, etc.

**Employer/Managers:**

- Is she/he someone a worker can talk to?
- Does the employer have young children, grandchildren?
- Are there other child-friendly, family-friendly policies?
- Does the employer know about breastfeeding benefits for mother, for child, for employers, for society?

- Is the employer sensitive to health issues, health protection at work?
- Is the employer open to new ideas?
- Does the employer know how easy/cheap it is to set up a breastfeeding room?

## Trade Union:

- What is the trade union position regarding breastfeeding, breastfeeding breaks/national law?
- Do its members know about the benefits of breastfeeding, the risks of not breastfeeding?
- What are other employees' attitudes vis-a-vis breastfeeding colleagues, breastfeeding breaks, or a breastfeeding facility?
- Is the trade union open to new ideas?
- Do its members have knowledge of investment costs and ease of implementation?

## 2) Second step: to summarize the responses to the survey, using percentages or simple majority YES-NO answers:

### General:

- |  |     |    |
|--|-----|----|
| • Space already exists within the undertaking (buildings, rooms) | Yes | No |
| • Sufficient number of workers wanting to use it                 | Yes | No |
| • Known advantages for the company                               | Yes | No |
| • Other facilities that could be used instead                    | Yes | No |
| • Cost of setting up a facility (cost in local currency)         |     |    |

### Employer's attitudes:

- |   |     |    |
|---|-----|----|
| • Open to new ideas   | Yes | No |
| • Understanding of and support for family-friendly issues                     | Yes | No |
| • Understanding of and support for maternity protection issues                | Yes | No |
| • Understanding of breastfeeding benefits for workers, children and employers | Yes | No |
| • Understanding of low investment costs and high returns                      | Yes | No |

### Employees' and trade union's attitudes

- |   |     |    |
|---|-----|----|
| • Open to new ideas, ready to defend them                                     | Yes | No |
| • Understanding of and support for family-friendly issues                     | Yes | No |
| • Understanding of and support for maternity protection issues                | Yes | No |
| • Understanding of breastfeeding benefits for workers, children and employers | Yes | No |
| • Positive attitude of colleagues   | Yes | No |

## 3) Third step: to assess whether it is worthwhile to set up such a facility

Comparison of benefits for all actors involved (mothers, employer and trade union) in relation to costs, energy, time and the negative effects of not implementing it.

## 4) Fourth step: to make the decision

## 5) Fifth step: to carry out the decision, its implementation

## 6) Sixth step: to follow-up a project or programme after it has been functioning for a period of time: re-assessment (Has the project functioned? Is it still needed? How can it be improved?)

Source: adapted from IBFAN-GIFA (Geneva Infant Feeding Association) materials.

In action planning, next steps may involve advocacy and awareness-raising or providing training for key actors to understand and implement maternity protection. Guidance and resources for these steps are covered in **Modules 14** and **15**.

Next steps may also include the design and implementation of programmes or projects intended to improve maternity protection in various ways. Resources and guidance on the design, implementation, monitoring and evaluation (DIME) of projects are widely available. Most multilateral and bilateral international organizations have their own guidelines and training seminars on project DIME. Government agencies may also have developed their own materials on designing, implementing, monitoring and evaluating projects. Further resources are widely available on the Internet.

### Key points

- ➡ To improve maternity protection at the national, local or workplace levels, it is necessary to assess its conditions in practice.
- ➡ The first steps involve defining the purpose or objectives of the assessment and to find and evaluate existing information and attitudes on the topic.
- ➡ If collection of new information is required, a number of tools and approaches are available for conducting a rapid assessment and/or undertaking a more in-depth evaluation, such as a survey.
- ➡ Keys to making effective use of information and new data collection include: careful planning for data analysis; preparing reports to effectively communicate key findings and make suggestions for next steps and, using the assessment to launch action planning.
- ➡ Sample questionnaires are provided in the **Resources** section as inputs into the design of interviews, survey questionnaires and workplace check lists.



### Key resources



**OECD: “Towards a Framework for Assessing Family Policies in the EU”, OECD Social Employment and Migration Working Paper No. 88 (Paris, 2009).**

This report is a first attempt by the OECD to create a framework for the assessment of work–family policies on a national scale in the EU. It provides indicators that allow comparison between the different countries. This assessment tool can be effective in giving a general idea of how well work–family policies are implemented in a given country and what measures would be needed for further progress.

Available at:

[http://www.oecd.org/LongAbstract/0,3425,en\\_2649\\_33933\\_42957256\\_119684\\_1\\_1\\_1,00.html](http://www.oecd.org/LongAbstract/0,3425,en_2649_33933_42957256_119684_1_1_1,00.html)



**ILO: Manual on child labour: Rapid assessment methodology, Statistical Information and Monitoring Programme on Child Labour (Geneva, 2005).**

This manual was produced by the ILO in order to provide a general methodology for the effective assessment of child labour conditions in given regional and local contexts. It provides clear guidelines and examples of how the Rapid Assessment (RA) mechanism can be implemented. It can be used for the assessment of Maternity Protection conditions in regional and local contexts.

Available at: <http://www.ilo.org/ipecinfo/product/viewProduct.do?productId=1819>



**United Nations: Household sample surveys in developing and transition countries, Department of Economic and Social Affairs, ST/ESA/STAT/SER.F/96 (New York, 2005).**

This UN publication presents cutting edge techniques for conducting household surveys in developing and transition countries and includes sample design, survey implementation, non-sampling errors, and survey costs and data analysis. The main objective of this handbook is to assist national survey statisticians to design household surveys in an efficient and reliable manner, and to allow users to make greater use of survey generated data.

Available at: <http://unstats.un.org/unsd/hhsurveys/index.htm>



**FAO: Participatory processes towards co-management of natural resources in pastoral areas of the Middle East (Rome and Palmyra, 2003), Module 2.**

This tool developed by the FAO provides a methodology and concrete tools to assess the situation by participatory process, especially when it comes to collecting information. Although not tailored for Maternity Protection, the proposed tools can easily be adapted for this use.

Available at: [http://www.fao.org/sd/dim\\_pe2/pe2\\_040501\\_en.htm](http://www.fao.org/sd/dim_pe2/pe2_040501_en.htm)



### **ICFTU/PSI/EI: Maternity Protection ILO Convention No. 183: A new standard for a new century (2001).**

This kit was designed to assist workers, trade unions and community organizations to be a part of the campaign to ratify ILO Convention No. 183 (2000) and its Recommendation No. 191. It provides a methodology to assess maternity protection coverage at the country level, in order to advocate certain changes, especially from a trade union perspective.

Available at:

[http://www.world-psi.org/TemplateEn.cfm?Section=Maternity\\_protection&CONTENTFILEID=5394&TEMPLATE=/ContentManagement/ContentDisplay.cfm](http://www.world-psi.org/TemplateEn.cfm?Section=Maternity_protection&CONTENTFILEID=5394&TEMPLATE=/ContentManagement/ContentDisplay.cfm)



### **ILO: Project Design, Implementation, Planning and Appraisal, Partnerships and Development Cooperation Department (PARDEV) (Geneva, n.d.).**

This interactive CD was produced by PARDEV to allow self-guided learning on project design, implementation, planning and appraisal (DIME). It is divided into several modules that cover different steps in the life of an ILO project. It goes over the project design and assessment phase, providing a methodology that can be used by anyone wishing to conduct a maternity protection project. This CD was made to be flexible and highly practical, tailored for individual study and structured training.



### **Australian Bureau of Statistics: An introduction to sample surveys: A user's guide.**

This ABS publication is intended as a basic guide on the use of sample surveys, for the purpose of conducting all types of research. Each chapter is self-contained to enable easy, practical use of the contents. The chapters correspond to the basic steps that need to be taken in order to successfully conduct a sample survey using a variety of methodologies. Major topics covered include survey objectives, data collection methods, questionnaire and sample design and sources of error, survey testing, data collection and processing, and the analysis and presentation of results.

Available at:

<http://www.abs.gov.au/Ausstats/ABS%40.nsf/c1061106e0c3442fca2568b5007b861d/6d0ac40359447aa5ca2568a900143af2!OpenDocument>



### **Australian National Statistical Service**

Australia's National Statistical Service provides a series of guides on survey design and statistical analysis. They are methodologically detailed, easily accessible and free of charge. They go step-by-step over how to conduct a proper survey, from the set-up stage to the presentation of results.

Available at: <http://www.nss.gov.au/nss/home.NSF/sdm?OpenView>



### **International Baby Food Action Network (IBFAN)**

IBFAN aims to protect and promote breastfeeding in particular by monitoring and implementing at country level the WHA/UNICEF International Code of Marketing of Breast-milk Substitutes (1981). It includes approximately 200 groups in almost 100

countries worldwide, working on infant health and nutrition issues such as child rights, maternity protection, infant feeding in emergency situations, infant feeding and HIV, sponsorship and implementation of the Global Strategy.

Available at: <http://www.ibfan.org/>



**ILO Department of Statistics (STAT)** is the department of the ILO specialized in data collection and statistical analysis. It collaborates with different departments to gather highly reliable information on countries and conduct proper research using this data.

Available at: <http://www.ilo.org/stat/lang—en/index.htm>



**ILO Data Collection Indicators on Maternity Protection** is a website provided by the Conditions of Work and Employment programme (TRAVAIL) that provides a list of indicators on measuring Decent Work when it comes to combining work, family and personal life.

Available at: [http://www.ilo.org/travail/areasofwork/lang—en/WCMS\\_145724/index.htm](http://www.ilo.org/travail/areasofwork/lang—en/WCMS_145724/index.htm)



**ILO Database of Conditions of Work and Employment Laws** is a database provided by the ILO Conditions of Work and Employment programme (TRAVAIL). It documents all existing national legislature on maternity protection, and can be a valuable tool to assess the legal situation in a given country and to compare it with others, or with international standards contained in the ILO Convention on Maternity Protection, no. 183 (2000).

Available at: <http://www.ilo.org/dyn/travail/travmain.home>



**ILO Measuring Decent Work** is a website that indicates how progress towards decent work can be assessed on a national scale. It includes a technical approach to data collection and policy analysis, in order to ultimately provide policy-making recommendations.

Available at: <http://www.ilo.org/integration/themes/mdw/lang—en/index.htm>



### **Research Methods Knowledge Base**

The Research Methods Knowledge Base is a comprehensive web-based textbook that addresses all of the topics in a typical introductory undergraduate or graduate course in social research methods. It covers the entire research process including: formulating research questions; sampling (probability and non-probability); measurement (surveys, scaling, qualitative, unobtrusive); research design (experimental and quasi-experimental); data analysis; and, writing a research paper. It uses an informal, conversational style to engage both the newcomer and the more experienced student of research.

Available at: <http://www.socialresearchmethods.net/kb/index.php>



### **F. Scheuren: What is a survey?**

This “What is a Survey” booklet is written primarily for non-specialists and is free of charge. The material is taken from the American Statistical Association (ASA) series of the same name which was designed to promote a better understanding of what is involved in

carrying out sample surveys - especially those aspects that have to be taken into account in evaluating the results of surveys.

Available at: <http://www.whatisasurvey.info/>



**University of Leeds: Guide to the design of questionnaires.**

This document is designed for students and novice researchers intending to carry out a questionnaire survey. It provides a compilation of do's and don'ts for good questionnaire design. The survey process is outlined to place questionnaire design in context.

Available at:

[http://iss.leeds.ac.uk/info/312/surveys/217/guide\\_to\\_the\\_design\\_of\\_questionnaires](http://iss.leeds.ac.uk/info/312/surveys/217/guide_to_the_design_of_questionnaires)

## Resource and tool sheets

### Resource Sheet 13.1:

#### Initial assessment of maternity benefits' coverage at the national level<sup>13</sup>

**Economic indicators:** per capita GDP based on exchange rate and purchasing power parity (PPP); annual growth of GDP; consumer price index; and rate of poverty. These statistics provide a common background and general reference points for a group.

**Demographic indicators:** total population; gender-disaggregated age distribution of population; average annual number of births and fertility rate. These statistics provide a general sense of the burden of financing maternity protection. They are not to be used for cost estimates.

**Labour market indicators:** size of workforce; employment rate; growth of employment, employed and unemployed; employment status and employment rate by men and women, by major economic sectors, by urban and rural, and by level of formality; minimum wage, average wage, average wage by economic sector, and wages by gender, including gender wage gap; the portion of wages paid in cash and in kind for various sectors; non-economic unpaid work, including data from time-use surveys. These statistics are useful in considering whether a contributory scheme is feasible, in assessing the magnitude of subsidy required to bring workers with little or no contributory capacity into such a scheme or to finance universal or means-tested benefits.

**Health system indicators:** numbers of doctors, nurses, and midwives per 100,000 people; the number of health care facilities, by type and geographic location; the number of such facilities providing maternity care and emergency obstetric services; the proportion of births occurring in a health-care facility and assisted by skilled health staff; maternal and child mortality rates and the number of stillborn births; breastfeeding rates, including exclusive breastfeeding up to six months and early initiation of breastfeeding (if available).

**Existing schemes that provide maternity or related benefits** (including non-state schemes):

- **Leave:** provision of statutory maternity leave (distinct or part of a wider category, such as sick leave); qualifying conditions, duration; paid or not, and if so at what rate; leave in case of illness or complications; number of users per year and the duration of leave actually taken (paid and unpaid). Percentage of women covered by the law (as a percentage of economically active women of reproductive age).
- **Cash and medical benefits:** Existing schemes selected by the working group as relevant (in addition to maternity schemes, they could include sickness, unemployment, employment injury and disease, medical care, and/or pension schemes), including annual revenues and expenditures; qualifying conditions; source of funding; number and percentage of workers contributing to the scheme (mandatory and voluntary, if applicable); the number and percentage of women receiving maternity benefits annually; the duration of receipt; the number of payments and scheme administrative costs as a percentage of benefits paid.
- **Cash benefits:** average benefit amounts as a percentage of the average wage.
- **Medical benefits:** the benefit package, whether free-standing or part of another scheme including antenatal care, delivery, and postpartum care.

<sup>13</sup> E.Fultz: *Guidelines on the extension of maternity leave with cash and medical benefits in developing countries* (Geneva, forthcoming).



**Resource Sheet 13.2:****Guidance on assessing national expenditure on, and implementing maternity protection and work–family reconciliation measures**

The EU and the OECD have developed the following indicators for assessing national expenditures and actual take up and effectiveness of maternity and other types of family leave policies:<sup>14</sup>

- Social expenditure on leave payments, as a percentage of GDP.
- Social expenditure on leave payments per child born, as a percentage of GDP.
- Length of maternity, paternity and parental leave in weeks.
- Effective leave (time and money available for childcare).
- Compensation as a percentage of earnings.
- Proportion of employed parents with a child under the age of one on leave.
- Gender equality as measured by an index of elements of leave policies.

Some of the relevant indicators for maternity protection are explained in more detail below.

**Length of leave**

An important indicator when assessing leave policies is the number of weeks of maternity, paternity and parental leave available in each country. The length of leave varies between countries and can change over time due to evolving cultural norms about parenthood (for both women and men) and childhood.

**Use of leave**

Any national assessment of leave take up should take two key issues into account: whether parents are eligible to take relevant leave, and how many eligible parents actually do take leave. The suggested indicator is the proportion of employed parents with a child under the age of one on leave. Any number of indicators on take up could be used; however, such data are rarely collected by national censuses and surveys.

**Payment during leave**

The leave schemes may provide a period away from the labour market, or they may include payments to compensate for the loss of income during the leave period. Take-up rates will invariably reflect whether a benefit is paid or unpaid, and any comparison of schemes must take these factors into account. The suggested indicator is the compensation rate as given for an average worker employed full-time.

To understand the interplay between leave length and compensation rate, a calculation of “effective leave” can be computed by weighting the duration of the length of parental

<sup>14</sup> OECD: *Towards a framework for assessing family policies in the EU*, OECD Social Employment and Migration Working Paper No. 88 (Paris, 2009) pp. 36-40.

leave by the level of payment, that is, weeks are multiplied by the percentage of payment benefit in FTE (full-time equivalent) payments.<sup>15</sup>

### Gender issues

A weighted gender equality index indicator reflects how national leave policies incorporate issues of gender equality. The indicator consists of a fifteen-point scale, with nine possible points for the portion of leave available to fathers or provided exclusively to fathers, five possible points for the level of wage replacement during leave, and one possible point (positive or negative) for incentives for fathers to either take their permitted leave or transfer it to the mother.<sup>16</sup> Scoring high on this indicator is an expression of full equality in workplace and care-giving benefits for men and women.

Values for these indicators for OECD countries (and non-OECD EU Member States) are available (see below for information on the database).

#### The OECD Family Database

The OECD Family Database is a collection of cross-national indicators for 38 countries (all OECD countries as well as non-OECD EU member states) on family policies and family outcomes. At present, the database focuses on families with children, providing data on 54 indicators under the following broad headings:

- the structure of families;
- the labour market position of families;
- public policies for families and children;
- child outcomes.

The database can be accessed online at [www.oecd.org/els/social/family/database](http://www.oecd.org/els/social/family/database).

Source: OECD, 2009, op. cit., p. 19.

<sup>15</sup> Gornick and Meyers, 2003, Plantenga and Siegel, 2004, Moss and Wall, 2007, cited in OECD, 2009, op. cit., p. 23.

<sup>16</sup> Ray et al., 2008, cited in OECD, 2009, op. cit., p. 60.

**Resource Sheet 13.3:****Sample questionnaire: Rapid assessment of Maternity Protection policies and practices at a workplace****Rapid assessment:  
Maternity protection at the workplace****Maternity protection policy in the enterprise**

1. Is there a company policy on maternity protection? How is it posted for employees?
2. How many women who are eligible for maternity leave have taken it in the last three years?
3. Do you provide clear information to employees on procedures for taking leave?
4. Are trade unions involved in this issue?

**Leave**

1. What is the duration of maternity leave? How long do women take, on average? Of all the women who took maternity leave in the last X years, how many did not return? Do you have information on the reasons why these women did not return?
2. Are there other leaves the mother/the father/other family members can take after a birth in the family?
3. Is there adoption leave?
4. Is maternity leave paid? To what level? And for how long?
5. Does the enterprise contribute to maternity pay?

**Maternity health benefits**

1. Does the enterprise provide maternity health benefits? Do women receive time off from work for prenatal and postnatal medical visits? How many women who are eligible for time off actually take it?
2. Which health services are covered?
3. On average, how costly are health benefits in proportion to an average salary?
4. What is the share of the social budget allocated to finance maternity medical benefits?

**Health and safety at work**

1. Do you have a workplace health and safety policy? Do you have preventative procedures in place?
2. Are there policies and procedures in place to identify and prevent workplace hazards and risks during maternity?
3. What procedures and reporting responsibilities exist for determining whether a specific job is hazardous to maternal health?

**Employment protection, non-discrimination and gender equality at work**

1. Is there a policy regarding a woman's rights to return to her former job after her leave?
2. What is the policy (and/or practice) regarding her right to return at the same pay and working conditions?
3. Does a woman retain or lose other workplace entitlements upon taking maternity leave and returning to work (e.g. eligibility for and duration of other types of leave, pension accumulation, consideration for promotions, seniority etc.)?
4. Can a worker adapt her former job to her new situation (part-time, work from home, etc.)?
5. Do you have a policy on dismissal/termination of an employee during pregnancy or maternity leave?
6. Under what conditions is dismissal allowed during this period?
7. Do you consider potential employees' future family plans in the recruitment process? Do you know of any managers that have refused to hire someone because of his/her family plans?

8. Is there a policy regarding pregnancy tests or sterilization as a condition of hiring new employees? To your knowledge, have any managers ever practiced such requirements in recruiting a new employee?
9. Is there a complaint mechanism in place for managers and workers to turn to, in the event of a problem or complaint by either party?

#### **Breastfeeding**

1. Is there a policy for breastfeeding breaks or a reduction in daily working hours?
2. How are workers informed of these policies and modalities?
3. Are these breaks paid?
4. How much time each day is allotted for these breaks? How many are allowed? For how many months?
5. Do mothers returning to work know about these rights and exercise them?
6. What percentage of workers returning from maternity leave over the last \_\_\_\_ years have taken breastfeeding breaks?

## Resource Sheet 13.4:

### Sample checklist: Labour inspection checklist on Maternity Protection from the United Republic of Tanzania

#### Maternity Protection Checklist

##### Introduction

Maternal and newborn mortality is a labour and employment issue. This is because mothers are also workers with family responsibilities who need policies and support to protect their own health, that of their child, and their family's economic security during and after pregnancy. Due to these factors, there is an absolute need for promoting maternity protection and rights at the workplace.

##### General information

Organization/institution:

Address, tel, fax, e-mail, etc.:

Location (plot no, street, area, district and region):

Nature of industry (e.g.; hotel, hospital etc.):

Total number of employees:

No. of women employees:

No. of men employees:

Number of employees who gave birth over the last year:

Number of employees who went on paid maternity leave over the last year:

Name and designation of people interviewed:

Employer:

Employee:

Worker representative:

Sex:

Age:

What do you understand by "maternity protection"?

##### Maternity Leave

1. How long should an employee have worked for the same employer before she becomes entitled to maternity leave?
2. What kind of documents does an employee need to submit before proceeding on maternity leave?
3. How long before an employee proceeds to maternity leave should these documents be submitted?
4. How soon is an employee allowed to commence her maternity leave?
5. How many days are provided for maternity leave to:
  - a. an employee who gives birth to one child?
  - b. an employee who gives birth to more than one child?
6. How soon is an employee allowed to return to work after childbirth?
7. Is an employee being paid her salary or does she receive maternity cash benefits from the social security fund while on maternity leave?
8. If yes, please indicate the percentage of salary or maternity cash benefits paid during maternity leave.
9. If a child dies within a year of birth, would an employee be entitled to another paid maternity leave if she gives birth to another child within the same leave cycle?
10. Is annual leave forfeited by maternity leave?
11. For how many terms is an employee entitled to fully paid maternity leave?
12. How many days of fully paid paternity leave are granted to employees?
13. Within which period of time is fully paid paternity leave taken?



### Health Protection at Work

1. How many months before confinement is a pregnant employee not required or permitted to work during night shifts (after 20:00 and before 06:00)?
2. How many months after confinement is a nursing employee not required or permitted to work during night shifts?
3. How often are risk assessments related to the safety and health of pregnant and nursing employees carried out at your workplace?
4. Are pregnant or nursing employees permitted or required to perform work that is hazardous to their health or the health of their child?
5. If hazardous work has been identified, can a pregnant or nursing employee be transferred to suitable alternative employment on terms and conditions that are not less favourable than their current terms and conditions?
6. Are pregnant or nursing employees able to take time off from work for prenatal and postnatal medical visits, including postnatal visits for the newborn?
7. How many hours are provided for breastfeeding in a day?
8. How long are breastfeeding breaks provided to nursing employees?

### Security of Employment and Discrimination

1. Are pregnancy, maternity leave, nursing or family responsibilities among the reasons leading to termination of employment contracts?
2. Is an employee guaranteed the right to resume employment at the same or equivalent position and on the same terms and conditions at the end of her maternity leave?
3. Is there any form of discrimination against pregnant or nursing employees at your work (employees only)?
4. If yes, in which areas are pregnant or nursing employees discriminated?
5. Is maternity leave considered as a period of service when determining the employee's employment rights?
6. Is there any collective agreement regarding maternity protection/paternity leave?
7. If yes, what does it entail?

### Resource Sheet 13.5: Sample questionnaire: Employers' checklist: A checklist of good practices for Maternity Protection in the workplace

The following checklist comes from the Australian Human Rights and Equal Opportunity Commission Pregnancy Guidelines.

1. Do you have a written policy informing employees of their rights and responsibilities in relation to workplace discrimination, leave and Occupational Health and Safety (OH&S)? ☐
2. Do you have a written anti-discrimination policy that includes maternity protection? ☐
3. Have you implemented this policy? ☐
  - a. Have all staff been directly informed of the policy? ☐
  - b. Are you satisfied that, through training and education, all staff understand the policy and how it applies to the workplace? ☐
  - c. Do you have in place a strategy for monitoring compliance with and effectiveness of the policy? ☐
4. Do you have clear processes for complaints resolution? ☐
  - a. Does your anti-discrimination policy outline your commitment to resolving complaints, and are there internal procedures for doing so and, does it provide contacts for external complaints bodies such as the Human Rights and Equal Opportunity Commission? ☐
  - b. Does your organization have a designated contact person who is knowledgeable about pregnancy discrimination matters? ☐
  - c. Is your designated contact person able to respond adequately to internal complaint situations by being, for example, sufficiently trained and readily available? ☐
  - d. Do you have clear steps in place for formal or informal resolution of complaints? ☐

Source: Australian Human Rights and Equal Opportunity Commission: *Pregnancy guidelines*, 2001  
[http://www.hreoc.gov.au/sex\\_discrimination/publication/pregnancy/guidelines/Pregnancy\\_guidelines.pdf](http://www.hreoc.gov.au/sex_discrimination/publication/pregnancy/guidelines/Pregnancy_guidelines.pdf)  
 [accessed 14 Sep. 2011].

### Resource Sheet 13.6: Interview guide for the Focus Group Discussions for the women at garment factories<sup>17</sup>

**Purpose:** To gain information on the knowledge of participants on specific subjects regarding their maternity leave rights as well as nutrition recommendations relevant to them.

**Participants:** Five to eight women who have given birth to a child in the last 36 months.

#### Introduction

Hello everyone. My name is \_\_\_\_\_ and I will lead the discussion. In this next hour, we will talk about your rights and possibilities to get maternity leave when you are pregnant. We will also discuss what you know about specific nutritional recommendations for your children and how you managed to implement them at work on a daily basis.

First, I will ask you to answer the few questions on the paper in front of you. If you need any help to answer them, please do not hesitate to ask me.

I would also like to highlight that everything you tell us here today is strictly confidential and that your answers will be treated anonymously.

#### Maternity Leave

- ➔ When did you inform your employer that you were pregnant?
- ➔ Can you please explain what happened when you told him/her that you were pregnant?
- ➔ How long was your maternity leave?
- ➔ When did your maternity leave start? Before or after you gave birth?

#### If the answer is after they gave birth:

- ➔ Would you prefer that your maternity leave had started before you gave birth?
- ➔ Do you remember how much you were paid during your maternity leave and can you tell me how much you were paid?
- ➔ Does the amount of pay cover your monthly expenses?
- ➔ Why or why not?
- ➔ Do you find the payment fair?
- ➔ Why or why not?

#### Breastfeeding behaviour

- ➔ After the birth of your child, for how long did you give your child only breast milk (exclusive breastfeeding)?
- ➔ Are you still giving your child only breast milk?

#### If yes:

- ➔ Can you explain how you breastfeed while working?

<sup>17</sup> ILO: *Women working in factories and maternal health: Focus on the nutrition component*, UN-Joint Programme for Children, Food Security and Nutrition in Cambodia (Phnom Penh, 2010).

**If no:**

- Did you still breastfeed when you returned from maternity leave?
- How do you manage this during working hours?
- Can you tell me how long it is recommended to breastfeed?
- Does everybody know this?
- Who informed you about the recommendation for six months exclusive breastfeeding?
- Who informed you about the recommendation to continue breastfeeding for two years or beyond, along with safe and appropriate complementary feeding?
- Can you please explain why you stopped breastfeeding before your child was six months of age?

**Complementary feeding behaviour**

- Can you please tell who takes care of your child when you are working?
- Who prepares the food for your child?

**If the mother prepares the food:**

- Can you please describe what kind of food you prepare for your child?
- How many times per day do you feed your child with this food?
- Why this food?
- Do you still also breastfeed?

**If another person is preparing the food:**

- Can you please tell me how this person is related to the child?
- Do you know what kind of food is given to your child when you are at work?
- What kind of food?
- Why this food?
- Has somebody taught you how to feed your child after you stopped breastfeeding?

**If yes:**

- Who was this person?
- When did this happen?

**If no:**

- Can you please explain where you learned how to feed your child?

**Information and Communication (also part of the observation)**

- If you could change something in your daily work to be able to exclusively breastfeed until your child is six months old, what would it be?
- Why or why not?
- Would you prefer to have access to your child every day during your workhours?
- Why or why not?
- Do you think it is possible?
- How?

## Resource Sheet 13.7:

### WISE-R Checklist to assess family-friendly policies and practices at a workplace

#### Workplace Checklist

#### Family-friendly measures and practices in the workplace

##### Work-family balance

1. Have you consulted your workers on their family responsibilities and the difficulties they might have balancing them with workplace demands?
2. Have you arranged working hours with workers' family responsibilities in mind?
3. Have you considered work-sharing and job rotation to allow workers to fill in for each other when someone is absent?

##### Leave provisions

4. Have you informed your workers of all the types of leave that you provide?
5. How do the provisions you offer compare with those of national legislation?
6. Have you planned ahead for leave, so as to avoid stoppages or interruptions that can cause a loss of productivity?
7. Have you provided all workers with maternity and paternity leave as well as the right to a similar job at the same pay when they return?

##### Health and safety

8. Have you carried out a risk assessment (including exposure to chemicals) and discussed it with your workers?
9. Have you taken action to remove identified risks?
10. Have you ensured ready access to safe drinking water and to clean toilets, at any time, without restrictions?
11. Have you accommodated or reassigned pregnant workers to tasks that do not require continuous standing, uncomfortable movements/postures, heavy physical effort or risk of slipping and falling?
12. Have you helped workers to obtain information on mother-to-child transmission of HIV?

##### Breastfeeding

13. In addition to normal breaks, have you allowed at least one one-hour break per day for breastfeeding mothers?
14. Have you provided a clean and quiet area for breastfeeding or expressing milk?

##### Worker support

15. Have you offered practical support to workers with family responsibilities?
16. Have you created partnerships so you (and other small businesses) can help workers with care arrangements?

Source: ILO: "Family-friendly measures", in *Wise-R Action Manual and Trainers' guide* (Geneva, 2009), Module 5.



## Resource Sheet 13.8: Sample comparison chart: Comparison of collective bargaining agreement provisions to international labour standards on Maternity Protection at work and childcare

International Labour Organization - Conditions of Work and Employment Programme Table for comparing CBA 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>	Collective Bargaining Agreement Provisions	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</li> <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>		
Cash Benefits	<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 ILO on steps taken to reach standards</li> <li>○ Cash benefits at 100% 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 the 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>		

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>	Collective Bargaining Agreement Provisions	Key Gaps
<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>○ Each 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 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 same position or an equivalent position at equal pay</li> <li>● Protection against discrimination in employment on the grounds of maternity</li> <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>		

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>	Collective Bargaining Agreement Provisions	Key Gaps
<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>○ With a 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, of obtaining 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 step 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) 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>		

## Resource Sheet 13.9:

### Sample questionnaire: Survey on experiences of maternity and paid work for workers in a union or at a workplace

#### Sample Survey – Maternity and Work

Reproduced with permission from PSI/ICFTU/EI: *Maternity protection ILO Convention No. 183: A new standard for the new century* (Brussels, 2001), pp. 29-34.

#### Section 1 – General Information

##### 1. How old are you?

☐ > 20      ☐ 20-25      ☐ 25-30      ☐ 30-35      ☐ 35-40      ☐ 40+

##### 2. Where do you work?

Industry: \_\_\_\_\_

Company name: \_\_\_\_\_

Department: \_\_\_\_\_

##### 3. Are you employed?

☐ Full time      ☐ Part time      ☐ Casual      ☐ Temporary      ☐ On a piecework system  
☐ As a home-based worker

##### 4. What is the name or title of your job?

\_\_\_\_\_

##### 5. Does your workplace have:

☐ Mostly male employees      ☐ Mostly female employees      ☐ About the same number of male and female employees

#### Section 2 – Pregnancy and Employment

##### 1. Have you ever been pregnant while employed?

☐ Yes      ☐ No (if no, go to Section 3)

If yes, how many times? \_\_\_\_\_

##### 2. What was your employer's reaction to finding out you were pregnant?

☐ Supportive      ☐ Unsupportive

Please give examples: \_\_\_\_\_

**3. While you were pregnant at work, did you need to request light duties or be transferred to a safe job?**

☐ Yes

☐ No

If yes, did you experience any difficulty with this request?

☐ Yes

☐ No

If yes, why? \_\_\_\_\_

**4. Were you transferred to another post due to your pregnancy in an unnecessary manner? For example, were you moved to a lesser paid or less senior position when there was no apparent reason for this.**

☐ Yes

☐ No

If yes, please give details: \_\_\_\_\_

**5. Did you need to take time off work as a result of/during your pregnancy?**

☐ Yes

☐ No

**6. Did you experience any difficulty with your employer in taking time off work?**

☐ Yes

☐ No

If yes, please explain: \_\_\_\_\_

**7. Prior to becoming pregnant, were you aware of your rights and obligations in relation to maternity leave?**

☐ Yes

☐ No

Did you get this information from:

☐ Work colleagues

☐ Your union

☐ Your employer

Others, please specify: \_\_\_\_\_

**8. Did your employer know his/her rights and obligations in relation to maternity leave?**

☐ Yes

☐ No

If no, what difficulties if any, did you experience because of this? \_\_\_\_\_

**9. Was your maternity leave:**

☐ Paid OR

☐ unpaid OR

☐ both paid and unpaid

If paid, how long was the paid period and what level of payment did you receive (e.g. 100% of previous income for 3 months etc.): \_\_\_\_\_

**10. Did you have any difficulties accessing medical and/or midwifery services including prenatal, childbirth and postnatal care?**

☐ Yes

☐ No

If yes, please provide details of these difficulties: \_\_\_\_\_

**11. Did you experience any difficulties when returning from maternity leave?**

☐ Yes

☐ No

If yes, please give details: \_\_\_\_\_

**12. When returning to work from maternity leave, did you return to your previous post?**

☐ Yes

☐ No

If not, why not? \_\_\_\_\_

**13. When returning from maternity leave, did you seek agreement from your employer to return part time?**

☐ Yes

☐ No

Were there any problems and/or obstacles about returning to work on a part-time basis? \_\_\_\_\_



**14. Did you breastfeed your baby?**

☐ Yes

☐ No

**15. For how long did you breastfeed your baby?**

---

**16. If you breastfed your baby, did you continue to do this when you returned to work?**

☐ Yes

☐ No

**17. If you continued to breastfeed when you returned to work, did you breastfeed/express at the workplace?**

☐ Yes

☐ No

**18. If you breastfed or expressed milk at the workplace, what facilities were made available to assist you? (e.g. private room, washing facilities, storing facilities, etc.)**

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**19. How long were you offered as breastfeeding breaks and were those breaks considered as working time and paid accordingly?**

☐ Yes

☐ No

Length of time every day: \_\_\_\_\_

**20. If you did not continue to breastfeed when you returned to work, was the attitude of your employer or the lack of facilities at your workplace a reason for stopping?**

☐ Yes

☐ No

If yes, please provide details: \_\_\_\_\_

---

**21. Please give information about any other experience you had during pregnancy at work (supportive/unsupportive workmates etc.)**

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### Section 3 – Discrimination

1. Do you believe you have been discriminated against because you were pregnant or have the potential to fall pregnant, or because you are a mother, in any of the following areas:

- ☐ Advertising and recruiting for positions
- ☐ In the terms and conditions of employment
- ☐ Training
- ☐ Promotion
- ☐ Termination of employment

Please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Have work practices and/or conditions of employment in your workplace affected your decision to have, or not to have children?

- ☐ Yes ☐ No ☐ Not relevant

If yes, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for completing this questionnaire. In June 2000, the International Labour Organization adopted ILO Convention No 183 on Maternity Protection. The international trade union movement is carrying out a campaign to convince national governments to ratify this Convention and to ensure that the minimum standards contained within the Convention are a reality for all working women.

Your union is part of this campaign. The information provided by you in this survey will assist your union. If you would like to receive more information on maternity rights for working women or be part of the campaign, please fill out the details below.

\_\_\_\_\_

### OPTIONAL

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Work Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Resource Sheet 13.10:****Sample questionnaire: Survey questionnaire on working conditions in agricultural areas (Senegal)****QUESTIONNAIRE WOMAN**

A1: Region.....	A2: Department .....
A3: District: .....	A4: Municipality/Rural Community.....
A5: District/village:.....	A6: No. of the exploitation:.....  _ _ _
A7: No. of the surveyor:.....  _ _	A8: No. of the keyboard operator:.....  _ _

1. **Last name and first name:** \_\_\_\_\_

2. **Age:** \_\_\_\_\_

3. **Marital Status:**

- ☐ Married in a monogamous household
 ☐ Married in a polygamous household  
☐ Widow
 ☐ Divorced
 ☐ Single man/woman

4. **Academic level:**

- ☐ Primary school dropout
 ☐ Complete primary school  
☐ Incomplete means (middle school)
 ☐ Complete means (middle school)  
☐ High school dropout
 ☐ Complete high school
 ☐ Higher education

5. **Are you able to read in other languages?**

- ☐ Yes
 ☐ No

6. **Do you know how to write read in other languages?**

- ☐ Yes
 ☐ No

7. **Did you benefit from some training within the framework of the farming sector?**

- ☐ Yes
 ☐ No

8. **If yes, which one?** \_\_\_\_\_

9. **In which of the following farming activities do you participate?**

- ☐ Preparation of ground
 ☐ Sowing or transplanting
 ☐ Watering  
☐ Phytosanitary treatment
 ☐ Spreading fertilizer
 ☐ Other maintenance  
☐ Harvest
 ☐ Conditioning
 ☐ Other work

### 10. On average, how many hours in a day do you usually work on the farm?

In winter: ..... hours

Off season: ..... hours

### 11. Do you participate in household chores?

☐ Yes

☐ No

### 12. If yes, which ones?

☐ Meal preparation

☐ Washing

☐ Water supply

☐ Wood supply or stoking

☐ Maintenance (cleaning, etc.)

☐

☐ Looking after children and other dependants

☐ Other (specify)

If other: \_\_\_\_\_

### 13. How many hours in a day do you usually work in household chores on average?

In winter: ..... hours

Off season: ..... hours

### 14. Do you have a young child (between 0 and 6 years)?

☐ Yes

☐ No

### 15. If so, what do you do with your child while you are at work?

☐ I leave her/him at home alone

☐ I leave her/him at home under the supervision of a grown-up family member (more than 18 years)

☐ I leave her/him at home under the supervision of a young family member (17 years and less)

☐ I take her/him with me to the farm

☐ Other: \_\_\_\_\_

### 16. Have you been pregnant before?

☐ Yes

☐ No

### 17. If yes, which are the farming activities in which you were involved during pregnancy?

☐ Preparation of ground

☐ Sowing or transplanting

☐ Watering

☐ Phytosanitary treatment

☐ Spreading fertilizer

☐ Other maintenance

☐ Harvest

☐ Conditioning

☐ Other work (specify)

If other: \_\_\_\_\_

**18. Until which period of your pregnancy did you have to go to the field?**

- ☐ Until the day of delivery
- ☐ A few days before delivery (specify the number of days): \_\_\_\_\_

**19. When you were pregnant the last time, did you continue to do your household activities?**

- ☐ Yes ☐ No

**20. If yes, until which period of your pregnancy?**

- ☐ Until the day of delivery
- ☐ A few days before delivery (specify the number of days): \_\_\_\_\_

**21. How long after your last delivery did you stay at home before resuming your farming activities?**

\_\_\_\_\_ (average number of months)

**22. Who compensated for you in the farming activities after your delivery?**

- ☐ Nobody \_\_\_\_\_ ☐ Children \_\_\_\_\_
- ☐ Other member of the family (specify): \_\_\_\_\_
- ☐ Other names of family members (specify): \_\_\_\_\_

**23. If nobody supplied (provided) for you, do you think that the interruption of your farming activities has led to a loss of income for your home?**

- ☐ No, I do not contribute to the income of my home
- ☐ No, I received a support in cash or in kind because of my pregnancy, which allowed me to compensate for the loss of income
- ☐ Yes (specify about how much): \_\_\_\_\_

**24. If you chose the second answer for the previous question, can you specify which support in cash or in kind you received during your last pregnancy?**

- ☐ Money (specify the amount): \_\_\_\_\_
- ☐ Food for the mother
- ☐ Food for the child
- ☐ Medicines for the mother
- ☐ Medicines for the child
- ☐ Free medical examinations for the mother
- ☐ Free medical examinations for the child
- ☐ Other (specify): \_\_\_\_\_

### 25. And who did this support come from?

- ☐ Social Security
- ☐ Municipality
- ☐ Community micro-insurance or the other community association
- ☐ Members of the family
- ☐ Transfers on behalf of members of the family who emigrated abroad
- ☐ Neighbours or members of the local/village community
- ☐ NGO (non-governmental organization) or international organization
- ☐ Religious or social organization (Mbotaye)
- ☐ Other (specify): \_\_\_\_\_

### 26. Did you breastfeed your last child?

- ☐ Yes (specify up to which age): \_\_\_\_\_ ☐ No

### 27. Did you breastfeed him/her at the farm?

- ☐ Yes ☐ No

### 28. How did you feel when you resumed your agricultural activities after delivery?

- ☐ Well-rested ☐ Rested enough
- ☐ Tired but capable of working normally ☐ Tired and incapable of working normally
- ☐ Other (specify): \_\_\_\_\_

### 29. Where did you give birth for your last pregnancy?

- ☐ House
- ☐ Hospital
- ☐ Other (specify): \_\_\_\_\_

### 30. Who helped you deliver?

- ☐ Midwife
- ☐ Nurse
- ☐ Doctor
- ☐ A neighbour used to attending child deliveries
- ☐ Other (specify): \_\_\_\_\_

### 31. How many medical examinations before the child delivery did you have by a qualified person (midwife, nurse, doctor, etc.)?

- ☐ None ☐ One visit ☐ More than one (specify): \_\_\_\_\_



**32. How many medical examinations after the child delivery did you have with a qualified person (midwife, nurse, doctor, etc.)?**

- ☐ None      ☐ One visit      ☐ More than one (specify): \_\_\_\_\_

**33. Did you ever have health problems or complications as a result of one of your pregnancies or child deliveries?**

- ☐ No  
☐ Yes (specify the problem and which pregnancy or child delivery – first, second, etc.)
- 

**34. Did you ever have a miscarriage?**

- ☐ Yes (specify how many): \_\_\_\_\_ ☐ No

**35. If yes to 33 or 34, do you think that one of these health problems could be related in some way to your farming activities?**

- ☐ No, in no way  
☐ Yes, partially (specify how): \_\_\_\_\_  
☐ Yes, entirely (specify how): \_\_\_\_\_

## Resource Sheet 13.11:

### ILO standard questionnaire to assess Maternity Protection conditions

No.	QUESTIONS	CODING CATEGORIES	INSTRUCTIONS
<b>SCOPE</b>			
S.1	Did you have any births or adopted a child under one year in the last 24 months?	1. Yes 2. No	If Yes (code 1), go to S.6
S.2	Would you get paid maternity/adoption leave in the case of birth or adoption of a child?	1. Yes, paid leave 2. Yes, unpaid leave 3. No 4. Do not know	
S.3	Would your husband/partner get paid paternity/adoption leave in the case of birth or adoption of a child?	1. Yes, paid leave 2. Yes, unpaid leave 3. No 4. Do not know	
S.4	Have you ever been required to have a pregnancy test or certificate when applying for a job?	1. Yes 2. No	
S.5	Have you ever been asked about pregnancy/family status or plans when applying for a job?	1. Yes 2. No	End interview
S.6	How many births or adoptions did you have in the last 24 months? Please, also include stillbirths (delivery of a dead child) and born alive but now dead.	1. 1 2. 2 3. 3 4. Other, how many? _____	
S.7	Name and date of birth of last child born or date of adoption of last child under one year adopted in the last 24 months	Name: Date of birth:	
S.8	What was your main occupation twelve months before (NAME)'s birth/adoption?	1. Paid or unpaid work 2. Looking for a job or try to start a business 3. Household duties (cleaning, cooking, washing etc.) or care responsibilities 4. Attending school or training courses 5. Illness, injury or disability 6. Pregnancy 7. Retired 8. Other (Specify) _____	If 2,3,4,5,6,7 go to B.1

No.	QUESTIONS	CODING CATEGORIES	INSTRUCTIONS
S.9	What was your employment status twelve months before (NAME)'s birth/adoption?	9. Employee 10. Employer 11. Own account worker 12. Member of producers' cooperative 13. Contributing family worker 14. Other (Specify) _____	
S.10	What was your <b>main</b> activity, namely the work that you usually spent most of your time on? What were your main tasks and duties?		CODE
S.11	What kind of activity is carried out at the place where you work? And what are the main products or services produced?		CODE
<b>DURATION OF MATERNITY/ADOPTION LEAVE</b> [Only for women who were in paid or unpaid work before birth, namely code 1 in S.8]			
A.1	Did you take statutory maternity leave around the time of (NAME)'s birth or adoption?	1. Yes 2. No	If No (code 2), go to A.4
A.2	How long before the birth?	_____ weeks	
A.3	How long after the birth/adoption?	_____ weeks	Go to A7
A.4	Although you did not take statutory maternity leave, did you stop working around the time of (NAME)'s birth?	1. Yes 2. No	If No, go to A.8
A.5	How long before the birth/adoption?	_____ weeks	
A.6	How long after the birth/adoption?	_____ weeks	
A.7	Did anyone else do or is anyone else doing your work while you stopped working for (NAME)'s birth/adoption?	1. No, nobody 2. Yes. (Specify) [Tick all that apply]: a. Work colleague b. Employer c. Partner/husband d. Children e. Parents/grandparents f. Other (specify) _____ g. Friend/neighbour h. Other (specify) _____ 99. Do not know 88. Response refused	

No.	QUESTIONS	CODING CATEGORIES	INSTRUCTIONS
A.8	How would you describe your health conditions when you resumed work after (NAME)'s birth/adoption?	1. I felt <b>well</b> healed and recovered from childbirth 2. I felt <b>sufficiently</b> healed and recovered from childbirth 3. I did <b>not</b> feel <b>sufficiently</b> healed and recovered from childbirth 4. I did <b>not at all</b> feel healed and recovered from childbirth 5. Not applicable [ <b>the mother stopped working altogether after (NAME)'s birth/adoption or is still on maternity/adoption leave</b> ] 99. Do not know 88. Response refused	
<b>CASH BENEFITS</b> [For all women who gave birth to a child in the last 24 months]			
B.1	Did you receive or are you receiving any cash benefits because of (NAME)'s birth/adoption?	1. Yes, a monthly benefit 2. Yes, a global amount ("one-off" benefit) in one or several instalments 3. No	If No (code 3) go to C.1 If Yes (code 2), go to B.4
B.2	What percentage of your monthly salary/income before (NAME)'s birth/adoption did/does the benefit represent?	1. _____ 2. Not applicable (not employed before birth)	
B.3	During how many months did you receive [are you receiving] maternity cash benefits?	1. _____ months 2. Not applicable (not employed before birth)	
B.4	If it is a global amount, how many months of salary/income did/does it represent?	1. _____ 2. Not applicable (not employed before birth)	
B.5	Who provided or is providing the cash benefits?	1. Employer 2. Social security 3. Employer and social security (mixed system) 4. Local or central government 5. Micro-health insurance, community self-help scheme 6. Other (specify)_____	
B.6	How much did the birth/adoption of (NAME) affect your household's ability to pay for the most necessary expenses?	1. A great deal 2. Much 3. Somewhat 4. Little 5. Not at all	

No.	QUESTIONS	CODING CATEGORIES	INSTRUCTIONS
<b>MEDICAL BENEFITS</b> [For all women who gave birth to a child in the last 24 months]			If child is adopted, go to E.1
C.1	Were you able to leave your job to have medical care during prenatal, childbirth and postnatal periods?	1. Yes, and this time off was paid 2. Yes, however the working time was not paid 3. No 4. Not applicable (did not work)	
C.2	How many times did you receive skilled prenatal and postnatal care visits for you and (NAME)? By "skilled" I mean health care by a doctor, nurse, midwife or auxiliary midwife/nurse  Postnatal period includes four months following (NAME)'s birth	Number of prenatal care visits (mother) _____  Number of postnatal care visits (mother) _____  Number of postnatal care visits (child) _____	
C.3	Where did you give birth to (NAME)?	<b>A Home</b> 1. Your home 2. Traditional birth attendant's or midwife's home 3. Other home (specify) _____ _____ <b>B. Public Medical Sector</b> 1. National/specialized hospital 2. Provincial hospital 3. District hospital 4. Health centre 5. Dispensary or village health post 6. Other (specify) _____ _____ <b>C. Private Medical Sector</b> 1. Private hospital 2. Private clinic 3. Other private medical (specify) _____ _____	
<b>HEALTH PROTECTION AT WORK</b> [Only for women who were employed before birth, namely code 1 in S.8.]			If child is adopted, go to E.1
D.1	Do you think that your health and safety or (NAME)'s health or safety were at risk because of the work you performed when you were pregnant with (NAME)?	1. Yes 2. No 3. Do not know	

No.	QUESTIONS	CODING CATEGORIES	INSTRUCTIONS
D.2	<p>When you were pregnant with (NAME), did your work tasks involve any of the following situations?</p> <p>Please use the following scale:            0 = No            1 = Almost always            2 = Sometimes            3 = Every once in a while            4 = Rarely            5 = Never            99 = Don't know            88 = Don't want to answer</p>	1. Manual lifting, carrying, pushing or pulling of loads _____ 2. Exposure to biological, chemical or physical agents _____ 3. Work requiring special equilibrium _____ 4. Prolonged periods of sitting or standing _____ 5. Exposure to extreme temperatures or to vibration _____ 6. Night work (working for at least 2 hours between 22.00 and 05.00) _____ 7. Other hazards/unhealthy conditions (specify) _____ _____	
D.3	<p>Did you request lighter duties or to be transferred to a safer job when you were pregnant with (NAME)?</p>	1. Yes, and my request was accepted 2. Yes, but my request was not accepted 3. No, I did not want to request lighter duties/safer job 4. No, I had no reason to request lighter duties/safer job	
<b>EMPLOYMENT PROTECTION AND DISCRIMINATION</b> [For all women who gave birth to a child in the last 24 months]			
E.1	<p>Did you go back to work or start working after (NAME)'s birth/adoption?</p>	1. Yes 2. No	If Yes go to E.3
E.2	<p>If no, why?</p>	1. Still on maternity leave 2. Lost my previous job and I'm looking for another one 3. Waiting for the answer for a new job to which I applied 4. No one to take care of my children or too expensive 5. I could not find work, lack of business 6. No suitable work available in the area or relevant to my skills, capacities 7. I prefer to stay home 8. Own illness, injury, disability 9. Other (specify) _____ _____ 99. Do not know 88. Response refused	Go to E.9



No.	QUESTIONS	CODING CATEGORIES		INSTRUCTIONS
E.3	If yes, did you return to the same work that you had before (NAME)'s birth/adoption?	1. Yes 2. No, as I started a new job		If Yes go to E.7
E.4	What is your current status of employment?	1. Employee 2. Employer 3. Own account worker 4. Member of producers' cooperative 5. Contributing family worker 6. Other (specify) _____		
E.5	What is your <b>main</b> activity, namely the work that you usually spent most of your time on? What were your main tasks and duties?			CODE
E.6	What kind of activity is carried out at the place where you work? And what are the main products or services produced?			CODE  Go to E.9
E.7	Did you return to the same work, with the same pay, tasks and conditions that you had before (NAME)'s birth?	1. Yes 2. No		If Yes (code 1), go to E.9
E.8	What were the main changes in your position which you experienced?	1. Responsibilities a. More responsibilities b. Fewer responsibilities c. Same responsibilities 2. Tasks a. More difficult tasks b. Less difficult tasks c. Same tasks 3. Pay a. Higher pay b. Lower pay c. Same pay 4. Working time a. More working hours b. Less working hours c. Same working hours		
E.9	Do you think that during this or one of your previous pregnancies you were treated unfairly at work in any of the ways that follow? <b>[Tick all that apply]</b>	1. I was given unsuitable work or workloads	1. Yes 2. No	

No.	QUESTIONS	CODING CATEGORIES	INSTRUCTIONS
		2. I was moved to a less favourable position in terms of tasks and responsibilities (less senior position)	1. Yes 2. No
		3. I had a reduction in my salary or bonus	1. Yes 2. No
		4. I received a pay rise or bonus that was less than my peers at work	1. Yes 2. No
		5. I received unpleasant comments from my employer and/or colleagues	1. Yes 2. No
		6. I was unfairly criticised or disciplined about my performance at work	1. Yes 2. No
		7. I failed to gain a promotion I felt I deserved or was otherwise sidelined	1. Yes 2. No
		8. I was denied access to training that I would otherwise have received	1. Yes 2. No
		9. I was treated so poorly that I felt I had to leave	1. Yes 2. No
		10. I was dismissed	1. Yes 2. No
		11. Other (specify)_____ _____	1. Yes 2. No
E.10	Have you ever been required a pregnancy test or certificate when applying for a job?	1. Yes 2. No	
E.11	Have you ever been asked about pregnancy/family status or plans when applying for a job?	1. Yes 2. No	
<b>BREASTFEEDING UPON RETURN TO WORK</b>			If child is adopted, go to G.1
F.1	Did you ever breastfeed (NAME), even for a short time?	1. Yes 2. No	If No (code 2), go to F.4

No.	QUESTIONS	CODING CATEGORIES	INSTRUCTIONS
F.2	For how many months did you breastfeed (NAME)?	1. Still breastfeeding 2. No. of months _____ and now stopped	If No (code 2) go to F.4
F.3	Do you breastfeed or express breast milk for (NAME) at work?	1. Yes 2. No 3. Not applicable (not back to work)	If Yes (code 1), go to F.5 If Not applicable (code 3) go to G.1
F.4	What was/is the main reason for not breastfeeding or stopping breastfeeding (NAME)? [Tick all that apply]	1. Natural 2. Personal choice 3. Going back to work 4. It is difficult to breastfeed where I work 5. It is too difficult/tiring to combine breastfeeding and work 6. Other (specify) _____ 99. Do not know	Go to G.1
F.5	Could you explain what enables/enabled you to breastfeed/express milk for (NAME) at work? <b>[Tick all that apply]</b>	1. (NAME) stays/stayed with me at work 2. I live/lived close to my workplace 3. I work/worked at home 4. I take/took one or more daily breaks for breastfeeding/milk expression at the workplace 5. I enjoy/enjoyed a reduction in daily working hours to breastfeed (NAME) at home 6. My employer provides/provided a nursing facility 7. (NAME) attends/attended a childcare facility close to my workplace 8. Other (please specify) _____	
<b>CHILDCARE ARRANGEMENTS</b>			
G.1	In addition to maternity/adoption leave, did you or the father of (NAME) take parental and/or paternity leave for (NAME)'s birth or adoption?	1. Yes, mother 2. Yes, father 3. Yes, both 4. None	If None, go to G.3
G.2	How many weeks?	1. Mother: _____ weeks 2. Father: _____ weeks	

No.	QUESTIONS	CODING CATEGORIES	INSTRUCTIONS
G.3	Who usually/most often looks after (NAME) while you are at work or looking for a job?	<ol style="list-style-type: none"> <li>1. Me; (NAME) is with me while I work</li> <li>2. My spouse or partner</li> <li>3. My older children</li> <li>4. Parents/grandparents</li> <li>5. Other family members who live in my home</li> <li>6. Other family members who do not live in my home</li> <li>7. Neighbours and/or friends</li> <li>8. Childcare centre</li> <li>9. A paid babysitter/childcare worker/domestic helper in my home</li> <li>10. A paid babysitter/childcare worker/domestic helper in their home</li> <li>11. (NAME) looks after her or himself</li> <li>12. Other (please specify) _____</li> <li>13. Not applicable (doesn't work, doesn't look for a job)</li> </ol>	If 13, end of interview
G.4	How satisfied are you with this/these childcare arrangement/s?	<ol style="list-style-type: none"> <li>1. Very satisfied</li> <li>2. Somewhat satisfied</li> <li>3. Neutral</li> <li>4. Not very satisfied</li> <li>5. Not at all satisfied</li> <li>99. Do not know</li> <li>88. RR</li> </ol>	End interview

## Visual presentation model

### SLIDE 1: Key contents

Mod.  
**13**

Assessing Maternity Protection in practice


### Key contents

To improve the maternity protection situation in a country, it is important to assess the current national situation

The objective of this module is to provide guidelines on assessing maternity protection in practice. It goes step-by-step through the assessment process, providing the following:

- A walkthrough on defining the purpose of a maternity protection assessment
- Guidelines on how to assemble relevant documents and compile existing data
- Information on how to collect new data and conduct different types of assessments
- What to do with the data once it has all been compiled: review and analysis
- How to report the results obtained
- Possible courses of action, depending on the results obtained

At the end of this module there are a variety of resource sheets that can be used as samples to produce concrete assessment tools


MATERNITY PROTECTION RESOURCE PACKAGE: FROM ASPIRATION TO REALITY FOR ALL  
Part THREE: TAKING ACTION ON MATERNITY PROTECTION AT WORK

1

### SLIDE 2: Defining the purpose

Mod.  
**13**

Assessing Maternity Protection in practice

### Defining the purpose


The first step is to determine the purpose of the assessment

Defining the subject area and the main topics is essential to clarify the precise framework

A purpose can be defined in broad terms, such as looking at all aspects of maternity protection, or more focused, such as how cash benefits are implemented in practice

It is important also to determine the key actors (e.g. governments, workers, employers, etc.)

The broader the scope, the more difficult to get detailed information


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### SLIDE 3: Compiling existing information

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**13**

Assessing Maternity Protection in practice

### Compiling existing information

Information can come from a wide variety of sources, such as governments, social partners, research institutes, the ILO, universities, etc.


When collecting information, there are three standards that it should be checked against:

1. Is it valid?
2. Is it reliable?
3. Is it relevant?

It is important for methodological reasons to always note the source of your data

Data can be broadly divided into two categories; qualitative data and quantitative data

These two categories can be used in unison

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### SLIDE 4: Collecting new information and data: A rapid assessment

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Assessing Maternity Protection in practice


### Collecting new information and data: A rapid assessment

Rapid Assessment (RA) is a methodology that employs several research strategies simultaneously

It is faster, less expensive, but also less accurate than a survey

In summary, the RA methodology:

- Is effective when time and financial means are limited
- Is well suited to research in small, well-defined geographical areas
- Employs mainly direct observation, interviews, and focus group discussions
- Provides a means of integrating quantitative and qualitative data while producing "actionable" results
- Can provide verification and comparability across different realities and contexts

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**SLIDE 5: Collecting new information and data: An extensive assessment**

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**13**

Assessing Maternity Protection in practice


### Collecting new information and data: An extensive assessment

Engaging in more extensive data collection and research may require researchers or teams with substantial experience in research methods

More extensive research methods may include:

- Semi-structured interviews, as a flexible way of gathering a large amount of information
- Surveys, as a way to gather a large amount of information rapidly
- Focus groups, to gather qualitative information that can help to shape further analysis

There are many different types of surveys and technical expertise may be required

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**SLIDE 6: Data review and analyses**

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Assessing Maternity Protection in practice

### Data review and analyses

A plan for data analyses should be developed from the outset of the assessment, to ensure that data and information collected are useful and are used properly

Data review and analyses will depend on the research approaches selected, the information gathered, and the questions that the assessment seeks to answer

Qualitative and quantitative data can be used to identify themes and patterns that can provide guidance for identifying advocacy strategies and interventions to improve maternity protection

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### SLIDE 7: Reporting the results

Mod.  
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Assessing Maternity Protection in practice

### Reporting the results

Carefully considering what findings to report determines the effectiveness and credibility of your assessment

A typical report will include the following:

- ➔ Background – explaining the purpose of the assessment
- ➔ Objectives – what the objective of the assessment is
- ➔ Research methods – details on what method is selected and why
- ➔ Results – the key findings of the assessment
- ➔ Conclusions – what can be done to move forward, based on the results obtained

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### SLIDE 8: From information to action

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**13**

Assessing Maternity Protection in practice


### From information to action

After preparing the report, efforts to identify next steps and mobilize action should follow quickly, in order to maintain momentum

All relevant stakeholders should be involved throughout the process of selecting these next steps

Next steps may involve:

- ➔ Advocacy and awareness raising
- ➔ Training campaigns
- ➔ Implementation of new programmes

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**SLIDE 9: Key points**

Mod.  
**13**

Assessing Maternity Protection in practice

### Key points

- To improve maternity protection at the national, local or workplace levels, it is necessary to assess its conditions in practice
- The first steps involve defining the purpose or objectives of the assessment and to find and evaluate existing information and attitudes on the topic
- If collection of new information is required, a number of tools and approaches are available for conducting a rapid assessment and/or undertaking a more in-depth evaluation, such as a survey
- Keys to making effective use of information and new data collection include: careful planning for data analysis; preparing reports to effectively communicate key findings and make suggestions for next steps and, using the assessment to launch action planning
- Sample questionnaires are provided in the resources section as inputs into the design of interviews, survey questionnaires and workplace check lists

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Part THREE: TAKING ACTION ON MATERNITY PROTECTION AT WORK

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- **Part 1: Maternity Protection at work: The basics**
- **Part 2: Maternity Protection at work in depth: The core elements**
- **Part 3: Taking action on Maternity Protection at work**



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