Maternity Protection Resource Package

From Aspiration to Reality for All



PART ONE

3 Module

Maternity Protection at work: Why is it important?

















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Module 3:

Maternity Protection at work: Why is it important?



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Module 3:

Maternity Protection at work: Why is it important?

Key contents

This module highlights the importance of maternity protection for the achievement of major rights and development objectives, in particular the Millennium Development Goals. It demonstrates the linkages between maternity protection and:

- Fundamental human rights
- Gender equality
- Maternal and child health
- Economic growth and poverty reduction
- Decent work

In 1919, when the International Labour Organization (ILO) was constituted, its member States immediately recognized maternity as the "social responsibility" of society at large, and the need to draft provisions to protect individual working women in their maternity functions. While maternity protection is a collective responsibility, it also brings both individual and collective benefits. The provision of maternity protection has been linked to a number of positive outcomes for the mother, for her child, for the economy and for communities and society at large. The objective of this module is to highlight maternity protection as an important part of a wide array of development and rights objectives and agendas.

Maternity protection is important for the following reasons:

- it is a **fundamental human right**;
- it is an essential component of **gender equality**;
- it helps improve mother and child health;
- it plays an important role in **economic growth and poverty reduction**;
- it is part and parcel of the **Decent Work Agenda**.

Because of this, maternity protection contributes to the achievement of the **Millennium Development Goals (MDGs)**, and in particular to **MDG 1** on eradicating extreme poverty and hunger, **MDG 3** on promoting gender equality and empowering women, **MDG 4** on

reducing child mortality, **MDG 5** on improving maternal health and **MDG 6** on combating HIV/AIDS, malaria and other diseases (see **Box 3.1**).

Box 3.1 The Millennium Development Goals (MDGs)

The Millennium Declaration was endorsed by 189 world leaders at the United Nations (UN) in September 2000 as a commitment to work together to build a safer, more prosperous and equitable world. The Declaration was translated into a roadmap setting out eight time-bound and measurable goals to be reached by 2015, known as the Millennium Development Goals (MDGs). The Declaration focuses on positive values such as development and poverty eradication, peace and security, human rights, democracy and good governance. It identifies the fundamental values of freedom, equality, solidarity, tolerance, respect for nature, and shared responsibility. Through it, United Nations member States pledge to ensure greater coherence in policies throughout the international community. The eight goals are to:



Eradicate extreme poverty and hunger by cutting by half the number of people who live on less than US\$1 a day.



Achieve universal primary education for every child.



Promote gender equality and empower women by eliminating gender inequalities in all levels of education.



Reduce child mortality by two-thirds for those under the age of 5.



Improve maternal health by reducing by three-quarters the maternal mortality rate.



Combat HIV/AIDS, malaria and other diseases by stopping their spread and beginning to reduce them.



Ensure environmental sustainability by promoting sustainable development and reversing the loss of our natural resources.



Develop a global partnership for development by addressing the special needs of the developing world, including new technology, debt relief and fair trade.

Maternity protection contributes to several of the MDGs, as highlighted throughout this module, including poverty reduction, gender equality, child mortality, maternal health, and combating HIV/AIDS and other diseases. But it is also important to underscore the interconnectedness of the MDGs. Gender inequalities in education, in income-earning opportunities, and in political representation negatively affect maternal and child health. Poverty places financial barriers in the way of access to care that could otherwise improve maternal and child health. Poor child health, as well as health epidemics, can in turn increase poverty and gender inequality by undermining workers' access to income-earning opportunities, particularly when family related leave policies are lacking, and especially for women who shoulder most of the responsibilities for caring and nurturing children, the elderly and the sick. Because of these factors, and in many other ways, the relationships between poverty, health, access to education, and inequality create vicious circles, and partnerships are needed across sectors, between actors, and across borders to extend the benefits of development to all.

Sources: See http://www.undp.org/mdg/index.shtml for more information, basic facts, and progress reports on the MDGs.

Fundamental human rights

The right to live free of discrimination and harassment, to work in dignity and safety in decent working conditions are human rights. These rights are set out in numerous international treaties, including the Universal Declaration of Human Rights (UDHR), 1948, the International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966, the International Covenant on Civil and Political Rights (ICCPR), 1966, and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1979. The Declaration of Philadelphia, 1944, part of the ILO Constitution, sets out the basic principle that, "all human beings, irrespective of race, creed or sex, have the right to pursue both their material well-being and their spiritual development in conditions of freedom and dignity, of economic security and equal opportunity" (Article II).

Maternity protection is obviously significant in the realization of these human rights. Maternity protection explicitly provides for the right of all women of reproductive age to participate in paid work without threat of discrimination and, in the case of maternity, the right of women to work in conditions of economic security and equal opportunity, as well as to benefit from decent working conditions. Therefore, it is no surprise that most of the human rights treaties mentioned above explicitly affirm the importance of maternity protection to human rights (see **Module 5**).

Gender equality



While both women and men can rear children and take care of dependents, only women can biologically bear and breastfeed children. Maternity protection is required to enable women to carry out this biological role without being marginalized in the labour market, which threatens their productive role as workers and undermines their economic security. Thus,

maternity is a condition that necessitates different treatment to achieve genuine equality and, in this sense, its protection is a premise of the achievement of the principle of equality of opportunities and treatment at work. In recognition of the critical link between maternity protection and gender equality, the ILO has placed it among the four key international labour Conventions relating to equality: the Discrimination (Employment and Occupation) Convention, 1958 (No. 111); the Equal Remuneration Convention, 1951 (No. 100); the Workers with Family Responsibilities Convention, 1981 (No. 156); and the Maternity Protection Convention, 2000 (No. 183).

Gender equality is not only justified from a rights-based perspective, but also because it makes economic sense. The rights-based perspective highlights the need to overcome the discrimination² women face in the world of work as a matter of fundamental human rights and justice. Despite international agreement on outlawing gender-based discrimination, women continue to face more barriers to decent work than men, especially as it concerns equitable opportunities and treatment. Although in recent decades more women have participated in the labour force, job quantity has not been matched by job quality. In

ILO: Equality in employment and occupation, Report III (Part 4B), International Labour Conference, 83rd Session, (Geneva, 1996).

Article 1(1)(a) of Convention No. 111 defines discrimination as including "any distinction, exclusion or preference made on the basis of race, colour, sex, religion, political opinion, national extraction or social origin, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation."

2010, some 86.5 million women were unemployed, up 10.6 million from 2007 figures.³ Women tend to face unequal access to training and jobs, are confined mostly to low-paying and low-skill occupations with fewer chances of promotion, receive lower pay for work of equal value and are disproportionately represented among workers unable to earn a living wage. In a number of regions, women continue to constitute the vast majority of the non-employed – reaching nearly 80 per cent in the Middle East, North Africa, and in Asia and the Pacific.⁴

Marginalized populations, especially indigenous and tribal women, are exposed to multiple forms of discrimination and consistently fare poorly in terms of socio-economic opportunities and treatment.⁵ These types of inequality deprive women of choice and opportunities in employment and are contrary to normative considerations of fairness and justice.

The economic rationale for gender equality is based on the fact that it promotes economic efficiency. Women possess huge potential as economic agents in reducing poverty, strengthening economies, contributing to businesses and transforming societies. Relevant in all cultural settings, the economic empowerment of women helps to unleash their socio-economic potential as a force for development. Women's increased bargaining power and decision-making ability in the household, as well as their improved status and income, are linked with enhanced child nutrition, health and education, improved child-caring practices, lower infant mortality rates and less child labour. Finally, there are many benefits for men and boys of more just gender relations, and it is critical to engage male policy-makers, workplace managers and opinion leaders in promoting gender equality, including women's right to maternity protection. Promoting gender equality and empowering women is the objective set out by Millennium Development Goal (MDG) 3, one of eight time-bound targets that world leaders from rich and poor countries agreed upon and committed themselves to achieve by 2015. (see **Box 3.1** on the MDGs).

ILO: Global Employment Trends 2011, (Geneva, 2011).

International Institute for Labour Studies (IILS). World of Work Report 2008: Income inequalities in the age of financial globalization. (Geneva, ILO, 2008).

ILO studies reveal that indigenous and tribal women and girls have been amongst the most vulnerable in the context of globalization. See ILO: Eliminating discrimination against indigenous and tribal peoples in employment and occupation: A guide to ILO Convention No. 111 (Geneva, 2007). See also ILO: Indigenous women in the world of work: Based on case studies from Bangladesh, Nepal and Latin America (Geneva, forthcoming).

N. Jones, M. Mukherjee and S. Galab: Ripple effects or deliberate intentions? Assessing linkages between women's empowerment and childhood poverty (New York, UNICEF, 2007).

ILO: Gender Equality at the Heart of Decent Work Report IV, International Labour Conference, 98th Session, Geneva, 2009, p. 5.

⁸ ILO/UNDP: *The Role of Men and Boys in Achieving Gender Equality*, Report of the Expert Group Meeting, United Nations Division for the Advancement of Women with the Joint United Nations Programme on HIV/AIDS (Brasilia, 2003), p. 12.

Improving maternal and child health



Maternity protection has two aims: to preserve the health of the mother and her newborn; and to provide a measure of economic security during maternity. Preserving the mother's and newborn's health directly contributes to internationally agreed development objectives related to maternal, newborn and child health.

Maternity leave



Maternity protection safeguards against maternity-related threats to women's health through several different mechanisms. Maternity leave is intended to safeguard the health of a woman and that of her child during the perinatal period. This is critical to health, in view of the particular physiological demands associated with pregnancy and childbirth. Studies show that longer maternity

leaves are associated with fewer premature births, less depression among mothers and with lower perinatal, infant and child mortality.9 Longer maternity leaves are also associated with longer durations of breastfeeding, which in turn improve child health and development outcomes (see below). For more on maternity leave, see Module 6.

Health protection at the workplace

Maternity protection also provides for health protection, by protecting women workers from health risks and dangerous working conditions as well as supporting the healthy physical and psychological development of mother and child during pregnancy, after birth and whilst breastfeeding. Pregnancy, childbirth and the postnatal period are three phases in a woman's reproductive life in which specific workplace environments and tasks themselves can pose additional hazards. For example, exposure to chemicals or radiation, physically demanding work, such as heavy lifting, and irregular or long working hours all have potentially negative effects for the health of pregnant women and their foetuses, and of lactating mothers and their babies, including greater risks of pre-eclampsia and hypertension, complications during pregnancy, miscarriage and stillbirth, foetal growth retardation, premature birth and other problems.¹⁰ Medical supervision and, if necessary, the adaptation of a woman's activities in line with her condition, may greatly reduce the specific risks to her health, enhance the probability of a successful outcome to the pregnancy and set the stage for the healthy development of the child. For more on Health Protection, see Module 8.

Cash and medical benefits

The need for cash benefits during maternity leave and medical care throughout maternity have been recognized in all ILO maternity protection Conventions and in Conventions regarding social security and medical care. Cash benefits are intended to replace a portion of the income lost due to the interruption of the woman's economic activities, giving practical effect to the provision for leave. Without income replacement, the woman's absence during leave and the increased expenditures due to pregnancy and childbirth can

K. Staehelen et al: "Length of maternity leave and health of mother and child - a review", in International Journal of Public Health (2007, Vol. 52, No. 4), pp. 202-209.

See J. Paul: Healthy beginnings: Guidance on safe maternity at work (Geneva, ILO, 2004) and M-A. Mengeot and L. Vogel: Production and reproduction: Stealing the health of future generations (Brussels, European Trade Union Institute, 2008).

pose financial hardships for many families. In the face of poverty or financial duress, women may feel compelled to return to paid work too quickly after childbirth, before it is medically advisable to do so. Convention No. 183 also requires appropriate health services for women throughout maternity, calling for medical benefits, including prenatal, childbirth and postnatal care, as well as hospitalization when necessary (Article 6). See Module 7.

Breastfeeding support

Maternity protection calls for support that enables women to continue breastfeeding after returning to work, which brings major health benefits for the mother and her child. The World Health Organization (WHO) recommends exclusive breastfeeding of babies until the age of six months and continued breastfeeding with adequate and safe complementary foods for up to two years of age and beyond. As maternity leave periods generally expire before the child's sixth month - and often just a few weeks after birth - provisions to enable women to continue breastfeeding or express breast milk upon return to work are important to meet international recommendations on breastfeeding and maternal and child health. These provisions are also important to achieve the indicator on "exclusive breastfeeding for six months", which is one of the 11 indicators developed by the Commission on Information and Accountability for Women and Children's Health, appointed under the Global Strategy for Women's and Children's Health launched by the Secretary General of the UN to reach the MDGs. 11



Women living with HIV who wish to breastfeed and work face many of the same challenges as other working women in continuing to breastfeed after returning to work. In settings where mothers living with HIV are encouraged to breastfeed exclusively as the option which is likely to lead to the best outcome for their infants, maternity protection supporting continued

breastfeeding after returning to work is even more critical. See **Module 10**.

The health benefits of maternity protection to mothers and their children link maternity protection to broader efforts to realize United Nations MDG 4 (reduce child mortality), MDG 5 (improve maternal health) and MDG 6 (combat HIV and AIDS, malaria and other diseases) (see **Box 3.1** on the MDGs).

The importance of maternity protection for health has been recognized in key initiatives for improving maternal, newborn and child health. Importantly, the ratification of the ILO Maternity Protection Convention No.183 is included among the "supportive policies and regulatory framework that enable mother, family and communities, particularly those in special need, to care for newborn babies" recommended by the WHO, the World Bank, UNICEF, UNFPA and the Partnership for Maternal, Newborn and Child Health (PMNCH). It is also included as an indicator of leadership and governance of health systems by the UN Countdown to 2015 Initiative (see Box 3.2).

WHO. "Keeping Promises, Measuring Results", Final report of the Commission on Information and Accountability for Women's and Children's Health (Geneva, 2011), p. 11.

Box 3.2 **UN Countdown to 2015 Initiative**

Since 2005, the Countdown to 2015 Initiative has been tracking progress towards the achievements of MDGs 4 and 5 by examining health-related interventions that reduce maternal, child and infant mortality. The initiative aims to stimulate more numerous and efficient responses at country level. To date, it has identified 68 countries that account for 97 per cent of all maternal and child deaths.

Maternity protection at work is included in Countdown to 2015 as an indicator of leadership and governance of health systems, to describe the role of government in health and its relation to agencies whose activities affect health. The Countdown initiative measures maternity protection by ratification of ILO Convention No.183.

Of the 68 countries tracked by the Countdown to 2015 initiative, only Mali has ratified Convention No. 183, while another 16 have ratified one of the two previous maternity protection Conventions (Convention No. 3, Convention No. 103).

Source: See www.countdown2015mnch.org, Countdown to 2015. 2010. Decade Report, 2000 to 2010, WHO, Geneva; and Countdown Working Group on Health Policy and Health Systems. 2008. "Assessment of the health system and policy environment as a critical complement to tracking intervention coverage for maternal, newborn, and child health." The Lancet Vol. 371, No. 9620 pp. 1284-93.

Economic growth and poverty reduction



Maternity protection has economic benefits. It helps to ensure that women can continue to contribute to a country's economic growth, and it helps to maintain the health of women and their children, which benefits individuals, families, businesses and societies.

The economic benefits of maternity protection are numerous. Maternity protection strengthens women's economic roles and labour force attachment. Providing maternity leave and other elements of maternity protection is a way to encourage young women of reproductive age, without children, to join the labour market. It is also an incentive for young mothers to maintain a labour market attachment and return to work at the end of leave. Without maternity leave, women may not have any choice other than to withdraw from the labour market after childbirth. Protection against discrimination also strengthens women's labour force attachment. For example, one study from the United Kingdom of Great Britain and Northern Ireland found that unfair treatment at work during pregnancy made it six times more likely that women will consider never going back to work at all. 12

Increased labour force attachment yields productivity benefits and stimulates business. It increases the likelihood that women's skills and investments in their education and training are utilized efficiently. In this way, maternity protection can benefit employers who can better recruit and retain female employees with skills, knowledge and experience. Numerous employers around the world have reported that implementing maternity protection at the workplace (e.g. offering leave, employment security and non-discrimination, breastfeeding arrangements) has brought tangible benefits and cost savings to their businesses in terms of lower staff turnover, decreased absenteeism, higher rates of return after leave, reduced health costs, as well as higher employee morale and loyalty (for examples, see the section on employers in Module 4).

Equality and Human Rights Commission (EHRC): Greater Expectations (Manchester, 2005)

Breastfeeding also provides numerous economic benefits. Breastfeeding ensures a nutritionally perfect, environmentally friendly, sustainable supply of food for infants; extending the duration of breastfeeding in accordance with international recommendations (see **Module 10**) can help mothers to reduce the use and expense of milk substitutes. Breastfeeding also reduces common illnesses among newborns and brings long-term health benefits for children, reducing the demand for (and costs of) curative health services. Maternity protection, by supporting the continuation of breastfeeding upon return to work, is therefore a critical tool for cost savings and poverty reduction – from the household to the national budget.

Maternity protection is also a cornerstone of gender equality, which is not only important as a matter of rights and justice, but is also economically efficient. It is a driver of economic growth and poverty reduction, and it improves the economic, social and physical well-being of women, children, their households and their communities.

The dividends of investments in maternity protection for economic growth and poverty reduction are relevant to efforts related to MDG 1 on eradicating extreme poverty and hunger. Maternity protection and work–family policies contribute directly to poverty reduction via the targets for achieving full and productive employment and decent work for all, including women and young people. Maternity protection is also relevant to MDG 1's target to reduce the proportion of people who suffer from hunger (which includes reducing the prevalence of underweight children aged 5 and under), by supporting women to continue breastfeeding upon returning to work, an increasingly important challenge in view of women's high rates of economic activity. For all of these reasons, investments in maternity protection make economic sense.

Decent Work Agenda for growth with equity

The goal of Decent Work for All goes hand in hand with the pledges in the Millennium Declaration. ¹⁴ The **ILO Decent Work Agenda** strives for economic growth with equity through a coherent blend of social and economic goals. It has four strategic objectives.

- **Employment** the principal route out of poverty is productive work;
- **Rights** without them, men and women will not be empowered to escape from poverty;
- **Protection** social protection safeguards against poverty;
- **Dialogue** the participation of employers' and workers' organizations in shaping government policy for poverty reduction is the key.

Maternity protection is a central element which is critical to achieve Decent Work for All.¹⁵ The freedom extended by maternity protection to work without discrimination and in decent working conditions is central to rights as well as access to employment. Maternity protection is also a core component of social protection. More than half the world's population remains without any form of social protection, despite the recognition of social

See UNDP, MDG1: http://www.undp.org/mdg/goal1.shtml

For more information on how the ILO Decent Work Agenda, in a context of fair globalization, is essential for achieving the MDGs, see http://www.ilo.org/mdg

¹⁵ ILO: Gender equality at the heart of Decent Work. Op. cit.

security as a basic human right by the UN Covenant on Economic, Social and Cultural Rights. The lack of adequate social protection is as much a threat to women's health during pregnancy as it is to the lifelong health of all women, men and children. The ILO's Decent Work Agenda promotes the extension of social health protection. Maternity protection is an essential aspect of gender-sensitive social protection. Achieving it requires the expansion of existing social security systems to include maternity cash benefits, medical benefits for prenatal and postnatal care and childbirth, and income replacement during periods of maternity leave. Finally, maternity benefits around childbirth, as well as maternal and newborn health, are also elements of the Social Protection Floor, a UN initiative aimed at promoting universal access to essential social transfers and services (see Module 7).

Countless women lack access to decent work that would enable them to rise above poverty and work in safe conditions; many fall outside traditional legal and social protection systems that safeguard against vulnerability and provide access to health care. Through the Decent Work Agenda, a fundamental part of which is maternity protection, the ILO aims to ensure that women benefit equally from employment, rights, social protection and dialogue in order to make decent work a reality for all.

Key points

- Maternity protection is linked to the achievement of major rights and development objectives.
- It provides the fundamental human right for women of reproductive age to work without threat of discrimination, to work in conditions of economic security and equal opportunity, and to benefit from just and decent working conditions.
- It is a precondition for realizing gender equality.
- It contributes to maternal and child health.
- 1 It is part and parcel of the Decent Work Agenda.
- Maternity protection contributes to the achievement of the MDGs, in particular to MDG 1 on eradicating extreme poverty and hunger, MDG 3 on promoting gender equality and empowering women, MDG 4 on reducing child mortality, MDG 5 on improving maternal health and MDG 6 on combating HIV/AIDS, malaria and other diseases.

Key Resources



Countdown to 2015 Initiative

With the final deadline for achieving the MDGs rapidly approaching, the United Nations is keeping a close eye on what has been done and what still needs to be done. The countdown to 2015 initiative focuses mainly on tracking progress regarding child and maternal health, goals that are closely related to maternity protection. It regularly publishes assessment reports, health articles and country profiles.

Available at: http://www.countdown2015mnch.org/



ILO: Decent work and the MDGs

The ILO has taken up the challenge of pursuing the achievement of all MDGs by 2015. This pledge goes hand in hand with the ILO's objective of achieving decent work for all. Numerous reports can be found on how decent work can help to achieve the MDGs, what has already been done and, the remaining obstacles to achieving both the MDGs and decent work.

Available at:

http://www.ilo.org/public/english/bureau/pardev/relations/multilateral/millennium.htm



ILO: Global Extension of Social Security (GESS)

The initiative for Global Extension of Social Security is an effort by the ILO to provide a Social Protection Floor (SPF) for all. The SPF is a basic set of social rights, services and facilities that should be accessible to every human being. The SPF includes maternity protection as a fundamental social security right. Achieving this objective would be a considerable step toward achieving the MDGs, as it would have a massive impact on alleviating poverty, improving healthcare and achieving universal education.

Available at: http://www.ilo.org/gimi/gess/ShowTheme.do?tid=1321



United Nations Millennium Development Goals

In 2000, United Nations Secretary-General Kofi Annan set out a list of goals to be achieved throughout the world by 2015. A set of eight goals, each divided into several targets, was defined and the challenge was accepted by the international community. Eradicating poverty, gender equality, child health, maternal health and combating HIV/AIDS are five of these goals that relate directly to maternity protection.

Available at: http://www.un.org/millenniumgoals/poverty.shtml

Visual presentation model

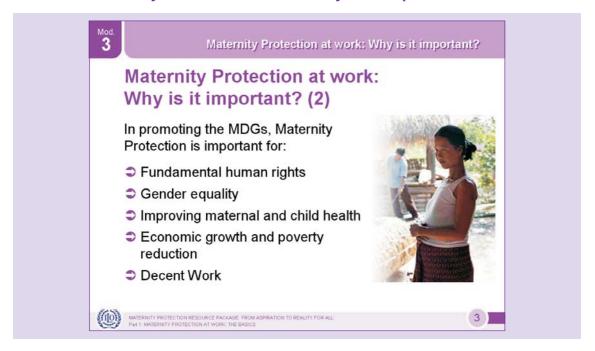
SLIDE 1: Key contents



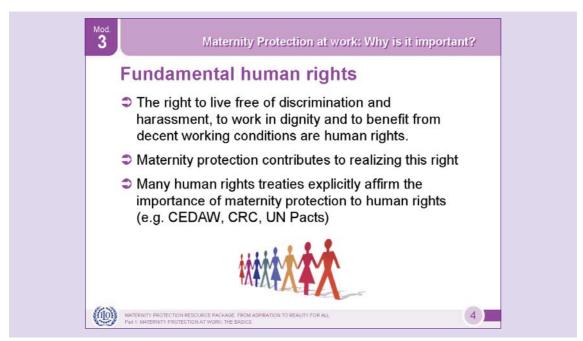
SLIDE 2: Maternity Protection at work: Why is it important? (1)



SLIDE 3: Maternity Protection at work: Why is it important? (2)



SLIDE 4: Fundamental human rights



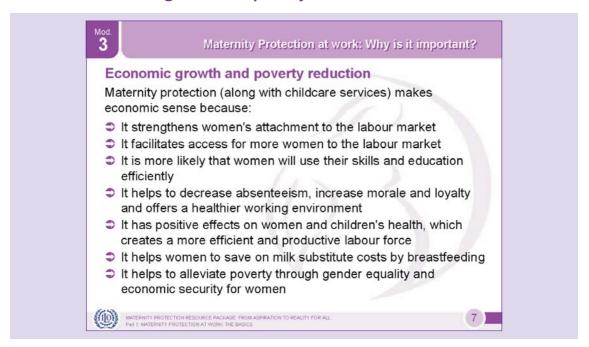
SLIDE 5: Gender equality



SLIDE 6: Improving maternal and child health



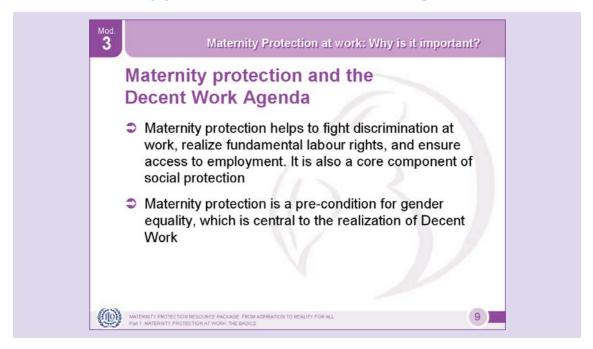
SLIDE 7: Economic growth and poverty reduction



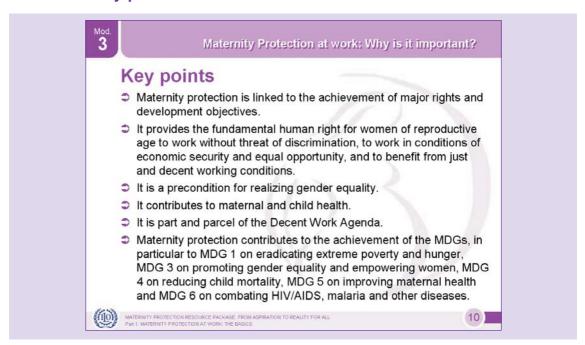
SLIDE 8: Decent work agenda for growth with equity



SLIDE 9: Maternity protection and the Decent Work Agenda



SLIDE 10: Key points





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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