



Maternity protection at work: a key human right to prevent maternal mortality and morbidity

The importance of maternity protection at work for preventing maternal mortality and morbidity

Available, quality and accessible health-care services, affordable to all, are fundamental determinants of maternal health. However, improving maternal health is not simply a practical matter of making available better and more extensive maternity services. Poverty, low living and working conditions and gender discrimination are also powerful determinants of maternal mortality and morbidity as well as maternal health inequity around the world and at the country level.

The importance of paid work in the lives of so many makes the quality of working conditions paramount to the reproductive health of women as well as men. Indeed, poor working conditions – such as low wages, long working hours and lack of adequate weekly and annual rest – in addition to unhealthy and hazardous workplaces and lack of social protection, can have negative effects on maternal health. In addition, discrimination based on gender – often passed on from generations by cultural stereotypes and economic, social and political norms – has also multiple adverse consequences on access to maternal health. Gender discrimination at work, constraining women’s earning capacity, is particularly prejudicial.

Women spend most of their time providing livelihood and care for their families through both paid and unpaid work. It is estimated that in some regions, women provide 70 percent of agricultural labour and produce more than 90 percent of the food. However, in sub-Saharan Africa and South Asia, where the highest rates of maternal mortality are reported, more than 80 percent of women workers are considered to be working in precarious and vulnerable conditions, mainly in the informal economy, lacking maternity protection at work.

Working during pregnancy is not in and of itself a risk. But women around the world continue to face considerable maternity-related threats to their health and economic security. Women continue to face dismissal and discrimination in hiring on the basis of maternity. Workplace environments can pose hazards (e.g. exposure to pesticides, solvents and other chemicals); requirements of physically demanding work (e.g. heavy lifting); and irregular or long working hours: all can have potentially negative effects for the health of pregnant women and their foetuses, including greater risks of preeclampsia and hypertension, complications during pregnancy, miscarriage and stillbirth, foetal growth retardation, premature birth and other problems.

The ILO international labour standards framework and maternal health

The world of work offers important avenues for addressing maternal health. There is broad consensus that protections at work during maternity are important for safeguarding the health and economic security of women and their children. This consensus is reflected in international labour standards which set out the basic human rights at work, establishing frameworks for national legislation and policies, and for practical action at the workplace — whether public or private, formal or informal. Several hold particular relevance to maternal health.

Maternity protection. Protecting maternity has been a core issue for the member States of the ILO since its establishment. Over the course of its history, member States have adopted three Conventions on maternity protection (No 3, 1919; No. 103, 1952; No.183, 2000), which have progressively expanded the scope and entitlements of maternity protection at work. The core concerns have been to ensure that women's work does not threaten the health of the woman or child during and after pregnancy, and that women's reproductive roles do not compromise their economic and employment security.

Social security. Part VIII (on maternity benefits) of the Social Security (Minimum Standards) Convention, 1952 (No. 102) sets minimum requirements for the provision of health care during pregnancy and confinement, and cash maternity benefits replacing lost income. It also sets minimum standards for access to preventive and curative health services in general. Altogether, as of December 2009, 71 countries are party to at least one Maternity Protection Convention or have signed Part VIII of Convention No.102.

Other relevant Conventions include the Nursing Personnel Convention, 1977 (No. 149), addressing working conditions and rights of nursing personnel, and the Medical Care and Sickness Benefits Convention, 1969 (No. 130) setting standards for access to preventive and curative medical care. Hazardous work is a threat to the reproductive health of workers, male and female, and a number of occupational safety and health labour standards help establish the context for safe work, providing guidance on policies of action, protection in specific branches of economic activity, protection against specific risks and specific measures of protection.

The Maternity Protection Convention (No. 183), 2000

Discrimination, poor working conditions and the effects of potential hazards facing working women during pregnancy can be mitigated by social and legal measures. The Maternity Protection Convention, 2000 (No. 183), is the most recent maternity protection Convention adopted by ILO member States, and is accompanied by the Maternity Protection Recommendation, 2000 (No. 191).

Convention No. 183 covers all employed women, including those in atypical forms of dependent work, and includes:

- 14 weeks of **maternity leave**, including six weeks of compulsory post-natal leave;
- **Cash benefits** during leave of at least two-thirds of previous or insured earnings provided from social insurance or public funds; adequate cash benefits out of social assistance funds for women who do not meet qualifying conditions. Employers shall not be individually liable for the direct cost of such cash benefits.
- Access to **medical care**, including pre-natal, childbirth and post-natal care, as well as hospitalization when necessary;
- **Health protection**: the right of pregnant or nursing women not to perform work prejudicial to their health or that of their child;
- **Employment protection and non-discrimination** during pregnancy, whilst on maternity leave or whilst nursing.
- **Breastfeeding**: minimum of one daily break, with pay

In particular, cash benefits during the time off employment around childbirth (maternity leave) are one of the crucial elements of maternity protection. They are intended to replace a part or all of the income lost due to the interruption of the women's economic activity, so the woman can rest and recover from pregnancy and childbirth. Without this key financial support, the income loss combined with increased expenditures associated with pregnancy and birth, would pose economic hardship for many families. Under these circumstances, women might feel constrained to resume work even before the expiration of the compulsory leave period after childbirth (six weeks according to C183, art. 4) or before it is medically advisable to do so, with direct adverse consequences for their health.

Latest initiatives and activities: Making maternity protection a reality

Maternity Protection and the MDGs

Since late 2007 the ILO has been actively working with other UN agencies both globally and at the country level to link maternity protection at work to MDGs 3, 4 and 5, as part of the UN system's efforts to accelerate the attainment of the MDGs. As a result, in 2008, ratification of Convention No. 183 was included among the indicators of the global "Countdown to 2015" monitoring effort. This UN initiative monitors health systems and policy environments with a view to improving maternal, newborn and child health. Among the 68 "Countdown to 2015" priority countries, which bear the world's highest burdens of maternal and child mortality, Mali is the only country to have ratified Convention No.183, while 20 have ratified one of the earlier maternity protection conventions or have signed Part VIII of Convention No.102.

Global trends of maternity protection legislation

However, whether ratified or not, these international labour standards have had a very broad influence, with virtually all countries having adopted some measures of maternity protection. Over the last 15 years, there have been noticeable improvements in maternity protection legislation, with a shift towards longer rest periods at the time of childbirth, and movement away from employer liability systems of financing maternity leaves.

The forthcoming ILO global report "*Maternity at work: A review of national legislation. Second Edition*",¹ which compares the legal provisions in 167 ILO member States with the most recent ILO standards, shows that globally 26 per cent of the member States fully meet the requirements of Convention No. 183 on three key aspects: they provide for at least 14 weeks of leave at a rate of at least two-thirds of previous earnings, paid by social security, public funds or in a manner determined by national law and practice where the employer is not solely responsible for payment. The regions with the highest proportion of countries in conformity with these aspects of the Convention are Central Asia and Europe, while conformity is particularly low in, Asia and the Pacific and the Middle East.

Nearly half of the countries studied in 2008 provide at least 14 weeks of leave. With respect to the payment of cash benefits during leave, 39 per cent of the countries reach the standard of at least two-thirds of earnings paid for at least 14 weeks. A small minority of countries do not provide cash benefits during maternity leave.

Preventing discrimination is not only a question of legislation against discrimination, but also of reducing the direct cost of maternity to the employer. By 2008, half of the countries examined (51 per cent) financed benefits through social security, while 19 per cent relied on a mix of payments by employers and social security. Roughly one-fourth (28 per cent) of countries continued to stipulate that payment during leave be covered entirely by the employer with no public or social security provision.

Country experiences

To assist governments, employers and trade unions in understanding the importance and the requirements of maternity protection, the ILO provides training and technical assistance on international labour standards and on specific matters relating to the implementation of the principles of maternity protection. Among the latest experiences, in the *United Republic of Tanzania* (URT), ILO constituents and the Ministry of Health addressed maternity protection issues and the working conditions of health-care workers, through the application of practical workplace tools and approaches to the improvement of working conditions. As part of a joint UN programme on maternal and newborn health, materials for raising awareness of the legal framework of maternity protection were developed, as well as an

¹ This report draws from information on maternity protection legislation from the ILO Conditions of Work and Employment Database, a searchable online database found at <http://www.ilo.org/travail/database>

Occupational Safety and Health profile of pregnant and nursing women working in the textile sector, agriculture and street cleaning.

In URT, the ILO also supported the development of a survey on working conditions in both the tourism and health sectors, covering also workers in the informal economy. These endeavours helped strengthen national stakeholders' capacities to measure working conditions and to engage in social dialogue on these issues, including maternity protection. In addition, ILO constituents adopted a tripartite National Policy Statement on Job Quality to improve the labour legislation, including maternity protection, and established a National Tripartite Committee on Working Conditions under the country's Labour, Economic and Social Council.

Through the *WISE+ programme on improving productivity and working conditions* in both URT and *Mozambique*, working conditions in small and medium enterprises in the tourism sector have been improved. Capacity building activities and participatory actions have involved the following areas: occupational safety and health measures, with focus on pregnant and nursing women; better wages, working time, family-friendly measures and maternity protection at the workplace.

Recommendations

Priorities for action to improve maternal health through the world of work:

- Improving maternity protection and health through the workplace
 - Promote effective maternity protection for all women workers during pregnancy, childbirth and breastfeeding;
 - Step up education and services through the workplace, for formal and informal economy workers, including HIV prevention, counselling and services.
- Implementing, extending and improving social health protection
 - Promote effective access to quality health care and provide financial protection against health-related costs;
 - Cover all women with adequate maternal benefits, including cash transfers around childbirth, pre-natal, childbirth and post-natal care, as well as hospital care when necessary;
- Promoting decent work for health workers
 - Decent terms and conditions of employment for health workers in public and private health sectors.