



DECENT WORK

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Protect the future: Maternity, paternity and work

Safe maternity and health care for mother and infant survival is at the core of life itself. It is also central to decent work and productivity of women. For working women – whether it is their active participation in labour markets, the vital unpaid work they conduct at home or various forms of atypical or self-employed work – balancing maternity and family responsibilities with work is at the root of their crucial roles.

Today, safe maternity remains beyond the reach of countless women, as does the promise of a healthy childhood for their infants. It is estimated that worldwide, one woman dies every minute of every year from pregnancy complications or childbirth. For every woman who dies, roughly 20 suffer serious injury or disability.¹ Babies and young children who have lost their mothers in childbirth are up to ten times more likely to die prematurely than their peers. In the developing world as a whole, a woman has a one in 76 lifetime risk of maternal death, compared with a probability of just one in 8,000 for women in industrialized countries.² Inequities and challenges such as armed conflict, natural disasters and HIV/AIDS hamper progress, with child and maternal mortality concentrated in the world's poorest countries, primarily in sub-Saharan Africa and South Asia. Improving access to family planning, reproductive health services, skilled birth attendants and quality health care are all fundamental to achieving the national and global commitments to reducing maternal and child mortality set out in Millennium Development Goals (MDGs) 4 and 5.³

Maternity protection is central to efforts to advance the rights, health, and economic security of women and their families everywhere. Maternity protection has two aims: to preserve the health of the mother and her newborn; and to provide a measure of job security (protection from dismissal and discrimination, the right to resume work after birth, and maintenance of wages and benefits during maternity).⁴ Maternity protection for women workers has been a core issue for the International Labour Organization (ILO) since its foundation in 1919, when the governments, employers and trade unions of member States adopted the first Convention on maternity protection. Over the course of its history, the ILO's member States have adopted three Conventions on maternity protection (No. 3, 1919; No. 103, 1952; No. 183, 2000). These Conventions, together



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¹ UNFPA, 2005. *Maternal mortality*, Reproductive health fact sheet (New York).

² Lifetime risk of maternal death reflects the probability of becoming pregnant and the probability of dying from a maternal cause during a woman's reproductive lifespan. See UNICEF, 2009. *The state of the world's children 2009: Maternal and newborn health* (New York), pp. 7–8.

³ MDG 4 targets to reduce by two thirds, between 1990 and 2015, the under-five mortality rate. MDG 5 targets a decrease of the maternal mortality ratio by three quarters and aims to achieve universal access to reproductive health by 2015.

⁴ ILO, 2009. *Gender equality at the heart of decent work*. Report VI, International Labour Conference, 98th Session (Geneva), p. 45.

GENDER EQUALITY AT THE HEART OF DECENT WORK



with their corresponding Recommendations (No. 95, 1952; No. 191, 2000) have progressively expanded the scope and entitlements of maternity protection at work and provided detailed guidance orienting national policy and action. The core concerns have been to enable women to successfully combine their reproductive and productive roles, and to prevent unequal treatment in employment due to their reproductive role.

MATERNITY PROTECTION: KEY ISSUES AND TRENDS

It is important to recognize the underlying causes behind the lack of maternal health and maternity protection. At the very heart are the gender disparities that contribute greatly to the state of women's health and economic empowerment in many countries. Age-old patriarchal traditions and existing gender role models based on male superiority weigh in heavily. Girls and women may not have access to land, property or inheritance rights, and less chances for education. Girls may have limited access to health care and nutrition, thereby reducing their chances for healthy childbearing. Because of the low status of women, girls may be married off at an extremely young age even though most national legislation prohibits this.⁵ With little or no access to contraception and family planning, multiple births and the risk of death after several pregnancies is very real.⁶

Countless women lack access to decent work that enables them to rise above poverty or work in safe conditions; many fall outside of traditional legal protections and social protection systems that safeguard against vulnerability and provide access to health care; many have yet to realize freedom from discrimination and dismissal on the basis of pregnancy or maternity; and many lack the voice and representation to better their lives. Safe maternity requires achievements in women's rights to decent work and economic empowerment, as well as their access to educational opportunities and to political and legal equality.⁷ The lack of access to decent work is a threat to the maternal health and economic security of women.

It is key to engage men as partners in maternal health. Helping men understand the risks of pregnancy can improve a woman's chance of survival, as demonstrated by some positive examples. In Uganda, educating fathers about safer childbirth discouraged unsafe home deliveries. Involving men in maternity care in India resulted in more husbands accompanying their wives to antenatal clinics. A survey in China found that where husbands shared domestic chores and parenting responsibilities, women were more likely to reduce their workloads before giving birth. Emergency transport for women in labour was established in Indonesia through community action.⁸

The Maternity Protection Convention, 2000 (No. 183) extends the scope of coverage to all employed women, no matter what occupation or type of undertaking (including women employed in atypical forms of dependent work). This convention offers the framework which can be used to spear-head positive action in addressing maternal health, economic security, and gender equality. The mother's right to a period of rest when a child is born is the core element of maternity protection, together with adequate means of supporting herself and her family and a guarantee of being able to resume work after the leave. The purpose of maternity leave is to safeguard the health of a woman and that of her child during the perinatal period, in view of the particular physiological demands associated with pregnancy and childbirth. Maternity Protection Convention 1919 (No.3) and 1952 (No.103) stipulate a 12 week leave period, while Maternity Protection Convention, 2000 (No.183) provides for a leave of at least 14 weeks, with extension to 18 weeks encouraged by the accompanying Recommendation (No.191). Globally, 84 per cent of countries provide for at least 12 weeks of maternity leave, and 48 per cent provide for 14 weeks or more.⁹

The need for cash benefits during maternity leave has 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 pose financial hardships for many families. In the face of poverty or financial duress, women may feel compelled to return to work too quickly after childbirth, before it is medically advisable to do so. Most countries – 97 per cent – have embraced this principle, with just five exceptions out of 166 countries: Australia, Lesotho, Papua New Guinea, Swaziland and the United States, where

⁵ Lyn, T.E., 2008. *Death in Childbirth: A Health Scourge for Afghanistan*, Reuters, 30 April, Worth, R., 2008. *Tiny Voices Defy Child Marriage in Yemen*, www.NYTimes.com, 29 June.

⁶ Birth spacing is credited with reducing infant mortality by close to 20% in India and 10% in Nigeria. UNFPA, *Life Cycle Approach*, see www.unfpa.org/rh/lifecycle.htm

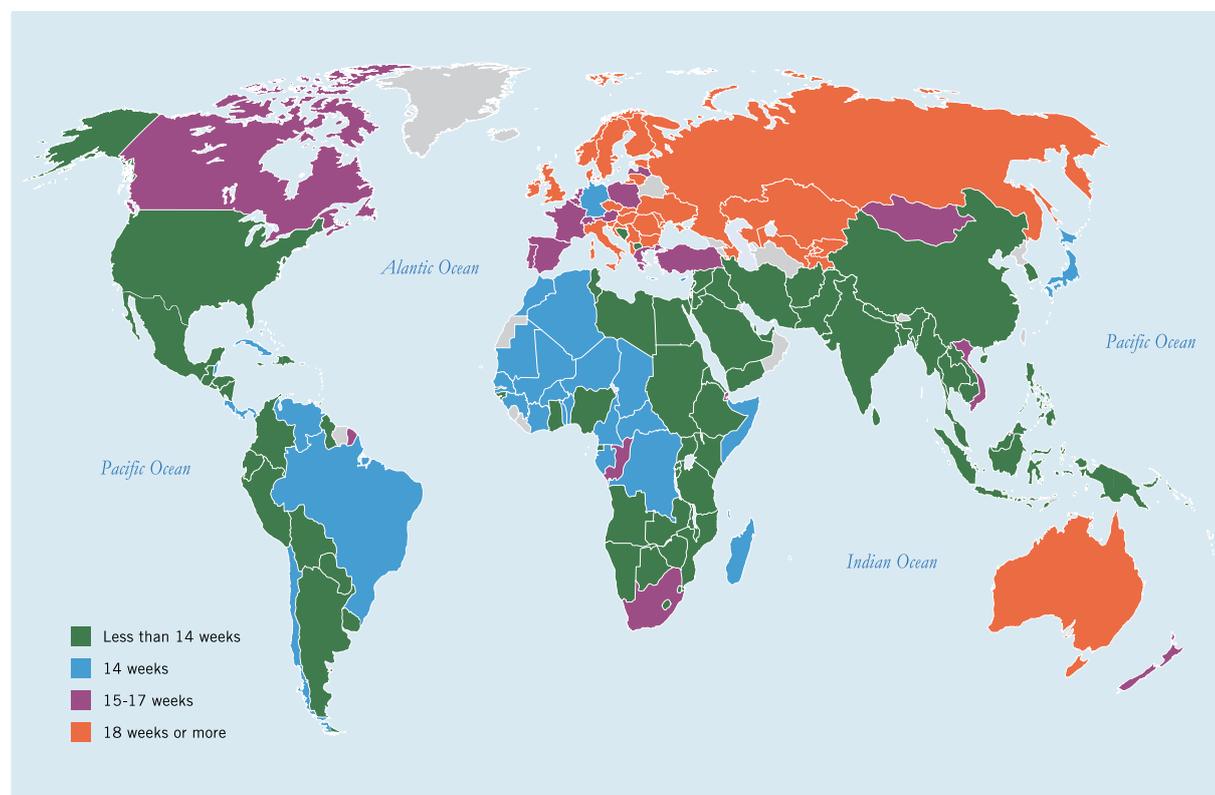
⁷ In some countries, pregnant women may need to have the permission of male relatives to seek care. Restrictions may apply that assistance can only be given by female health care providers. Since access to education for girls may be limited as well, the educated pool from which female health care providers can be trained is shallow too.

⁸ UNFPA, *Life Cycle Approach*, Op.cit.

⁹ Hein, C., 2005. *Reconciling work and family responsibilities* (ILO, Geneva) and ILO, 2008. *Working Conditions Laws 2006-2007* (ILO, Geneva).



LENGTH OF MATERNITY LEAVE 2006–2007



maternity leave exists but no national legal provision for payment.¹⁰ In many countries, cash benefits may not be adequate; just 36 per cent of countries reach Convention No. 183 standard of at least two-thirds of a worker's previous earnings for 14 weeks.¹¹

Over time, countries have shifted away from financing mechanisms that place direct costs of maternity on employers – a potential burden to employers and source of discrimination against women – to greater reliance on compulsory social insurance or public funds, or a mixed system dividing responsibility between employers and social security systems.¹² Today employers are directly responsible for providing cash benefits in approximately 25 per cent of countries, while half of countries rely on social insurance or public funds and 20 per cent have mixed funding systems.¹³

MATERNITY BENEFITS IN JORDAN

In 2007, the ILO conducted a feasibility study on the implementation of a maternity cash benefits scheme for the Hashemite Kingdom of Jordan.¹⁴ The full cost of maternity leave, which was being borne by employers, had given rise to discrimination against women workers, with the perception that they cost more than men. The study pointed to a fair and affordable maternity protection scheme for Jordan that would benefit women workers, labour markets and the society as a whole. The findings showed that the introduction of a maternity cash benefits scheme in Jordan appeared to be feasible and financially sustainable. A proposal for its adoption has been presented to the Jordanian Parliament in 2008.

A guarantee for pregnant women and new mothers that they will not lose their job – as a result of being pregnant, absent on maternity leave or because they have just had a child – is essential for preventing maternity from becoming a source of discrimination against women in employment. Upon return from leave, women should be

¹⁰ Öun, I. and Trujillo, G.P., 2005. *Maternity at Work: A Review of National Legislation* (ILO, Conditions of Work and Employment Programme (TRAVAIL), Geneva). Figures based on review of legislation for 166 countries. At the time of printing, Australia is in the process of introducing paid maternity leave at minimum wage for 18 weeks, to take effect as of 2011.

¹¹ *Ibid.*

¹² *Ibid.*, p. 26.

¹³ ILO, 2008. *Managing diversity in the workplace: Training package on work and family* (Bureau for Employers' Activities (ACT/EMP) and TRAVAIL, Geneva).

¹⁴ ILO, 2007. *Report to the Government of the Hashemite Kingdom of Jordan: Feasibility Study on the Implementation of a Maternity Cash Benefits Scheme* (Social Security Department (SEC/SOC) and Regional Office for Arab States, Geneva).

entitled to return to the same position or an equivalent one. Pregnancy and maternity leave should have no adverse effects on women's employment or on their entitlements under the employment contract, in particular, those linked to seniority (such as paid annual leave) or to length of service (such as retirement benefits). The strength of national provisions on these fronts vary – for example, very few countries appear to include explicit prohibitions of pregnancy tests in labour legislation as called for by the Convention, while many countries do seem to provide some kind of protection against dismissal during pregnancy or leave.¹⁵ Much more can be done to improve legislation on employment protection and non-discrimination, and to prevent unfair treatment in practice.

FEMALE PUBLIC SERVANTS TAKE LEAVE – TO THEIR COST

A workplace survey in Australia has shown that women who have taken maternity leave are less likely to receive promotion after their return to work. Of female public servants who took maternity leave in 2000–01, 65 per cent had not been promoted as of June 2007. By contrast, in the same period, 42 per cent of women without children had not received a promotion. According to the PSI-affiliated Community and Public Sector Union, a range of factors accounted for the figures, including a lack of flexible working arrangements, a bias against providing part-time work opportunities in higher grades, and a lack of well-funded and high-quality childcare arrangements. The public service has some of the most competitive family-friendly work provisions in Australia, including 12 weeks' paid maternity leave and flexible working hours.

Source: Public Services International (PSI), www.world-psi.org.

Pregnancy, childbirth and the post-natal period are three phases in a woman's reproductive life in which special health risks exist and special workplace protection may be needed. Recognizing and addressing the hazards 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.¹⁶ Convention No. 183 calls for measures to ensure health protection for pregnant or nursing woman and Recommendation No. 191 provides more specific guidance. A number of countries call for assessments of workplace risks in relation to the work of pregnant and nursing employees (e.g. South Africa), however, some countries continue to impose blanket prohibitions against employing pregnant—or even all—women in certain posts classified as dangerous along the lines of the previous maternity protection convention. This may have the effect of impeding women's rights to equality of opportunity and treatment in employment and occupation.

The right to breastfeed a child after returning to work has major benefits for the health of the mother and her child. The World Health Organization (WHO) recommends exclusive breastfeeding of babies until the age of 6 months for mothers who are not HIV-positive. As maternity leave periods typically expire before the child's sixth month, provisions to enable women to continue breastfeeding upon return to work are important to meet international recommendations on breastfeeding and are in the best health interests of mother and child. Convention No. 183 entitles women to one or more remunerated daily breaks, or a reduction of hours of work without loss of pay, for breastfeeding. At least 92 countries provide for such breaks.¹⁷

PATERNITY LEAVE: SUPPORTING FATHERS' ROLES

Paternity leave provides an important opportunity for fathers to nurture their infants and to support new mothers with the many physical and emotional demands related to childbirth and caring for newborns. Paternity leave provisions are becoming more common and reflect evolving views of fatherhood. These shifts in relationships and perceptions of parenting roles may herald more gender-balanced approaches to care-giving and unpaid work.

The duration and compensation of paternity leave varies considerably. For example, fathers are entitled to one day of



© ILO, Mirza A.

¹⁵ Öun, I. and Trujillo, G.P., 2005. Op. cit, pp. 49–57.

¹⁶ Paul, J., 2004. *Healthy Beginnings: Guidance on Safe Maternity at Work* (ILO, TRAVAIL, Geneva).

¹⁷ Öun, I. and Trujillo, G.P., 2005. Op. cit.



paternity leave in Tunisia and Saudi Arabia; three days in Algeria and Uruguay, and three months in Iceland and Slovenia.¹⁸ In a number of countries, there is no specific paternity leave, but there is a more general short-term emergency leave or family leave which can be used by new fathers. This is the case for example, in Cambodia where fathers can take up to 10 days of special leave for family events or in the Bahamas where fathers can take up to 1 week of family-related leave. Paternity leave is often paid, either by the employer, the social security system, or a combination of both. In other cases, national legislation does not provide for paid paternity leave.¹⁹

One encouraging example of paternity leave provisions and take-up comes from France, which in 2002 introduced paternity leave of 14 days, the first three fully paid by the employer and the remaining eleven paid by Social Security, up to 80 per cent of gross salary. The provision has shown remarkable success: almost two-thirds of eligible fathers had made use of this leave as of 2004. That includes wage-earners, the self-employed and farmers.²⁰

Not all fathers take advantage of paternity leave even when it is available. Families may be concerned about sacrificing income when paternity leave is unpaid or poorly paid. Even when paid, some men may decline their leave entitlements if they fear they will not be seen as committed to their work. Prevailing stereotypes of masculinity may also clash with caretaking roles and influence their decisions as well. Campaigns to confront these stereotypes and efforts to provide compensation during leave may help address low take up where it exists.

ILO RESPONSES AND PARTNERSHIPS

The ILO works to promote decent work as part of a larger agenda of freedom, equity, security and human dignity. Decent work contributes to the economic conditions and equitable growth that provide the broader context conducive to the economic and physical well-being of all, and has been endorsed as a central development goal by the United Nations Economic and Social Council (ECOSOC) ministerial declaration of July 2006. Apart from its broader contributions to development, the Decent Work agenda offers several key entry points for contributing to efforts aimed at improving maternal and child health.

Making maternity protection a part of global and national initiatives for improving maternal and newborn health helps bring women's voices as workers to policy and programme responses. The ILO is a member of the Partnership for Maternal, Newborn and Child Health and is a partner in the Countdown to 2015 initiative, which tracks health systems and policy environments for improving maternal, newborn and child health.²¹ In 2008, ratification of Maternity Protection Convention, 2000 (No. 183) was included as one of two Countdown to 2015 indicators of government leadership and intersectoral action for protecting pregnant and nursing women and their infants, providing a strong call for collaboration between actors in health and labour sectors.

At the national level as well, the ILO works together with other UN agencies to promote multisectoral approaches toward better maternal and newborn health. In Tanzania, for example, the ILO participates in the One UN programme on improving maternal health, where it is providing support to the Ministry of Labour, employers and trade unions to take forward awareness and action programmes to address workplace risks to reproductive and maternal health in agriculture, street vending and textile sectors, and to improve the working conditions and retention of health workers who are essential for delivering quality health services.

The ILO works together with other agencies to promote effective access to health services and to financial protection against health related costs, and calls for adequate coverage for all women of maternal benefits. The ILO is part of the Providing for Health Initiative, a follow up initiative of the GTZ-ILO-WHO Consortium, and the International Health Partnership seeking to increase the coverage and access to comprehensive health care based on sustainable financing.

Employers' organizations recognize that one of the major obstacles faced by women in achieving equality continues to be the difficulty of combining family responsibilities with work. Measures are required to ensure that their



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¹⁸ Öun, I. and Trujillo, G.P., 2005. Op. cit., p. 37.

¹⁹ Ibid.

²⁰ Bauer, D. and Penet, S., 2005. *Le congé paternité*, in *Etudes et Résultats*, No. 442 (DREES, Paris).

²¹ Countdown Working Group on Health Policy and Health Systems, April 12, 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, pp. 1284-93.

reproductive role does not count against them in their work and careers.²² A recent survey conducted by the International Organisation of Employers (IOE) on workplace trends noted that more consideration was needed to study how childcare encouraged maternal consideration.²³ The ILO Bureau for Employers' Activities (ACT/EMP) has released, jointly with the Conditions of Work and Employment Programme (TRAVAIL), a training package on work and family,²⁴ notably addressing maternity protection, myths and misconceptions about workers with family responsibilities (including the recruitment of women of childbearing age).

Workers' organizations have long supported maternity protection as a basic right in striving towards equality in employment and key to the health of populations and the labour force. The ITUC has developed guidance and tools to promote maternity protection and the ratification of Convention No. 183 through a campaign aimed to make maternity protection a reality.²⁵ Public Services International (PSI) and Education International (EI) have been active in bringing the issue to the forefront. The publication of the ILO Bureau for Workers' Activities (ACTRAV) *Gender Equality: A Guide to Collective Bargaining*²⁶ featured practical advice to workers' organizations on social dialogue and maternity protection.



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The primary ILO unit dealing with maternity, paternity and work is the Conditions of Work and Employment Programme (TRAVAIL). The Programme develops comparative analysis and technical cooperation tools aimed at assisting and encouraging ILO constituents to improve conditions of work and employment by taking an integrated approach to working time and work organization; wages and incomes; work and family balance; and maternity protection. It has been organizing a series of dialogues with the social partners on work and family, including maternity. TRAVAIL has also collaborated with the ILO Social Security Department (SEC/SOC) in conducting in exploring possibilities of extending maternity protection to women in the informal economy using micro-insurance and other community-based health-financing schemes.²⁷ SEC/SOC has developed a realistic strategy towards universal coverage and access to quality health services.²⁸ This includes maternal health services that also cover catastrophic expenditures (for example, caesareans). The Sectoral Activities Programme (SECTOR) has consistently worked with international partners, particularly the WHO, to strengthen the world's health care workforce and represents the ILO as a member of the Global Health Workforce Alliance.

The ILO Bureau for Gender Equality (GENDER) and the network of gender specialists in ILO regional and sub-regional offices have conducted research and activities on work-family and maternity within their specific contexts, together with the support of the Equality Team of the International Labour Standards Department.

WHAT CAN BE DONE?

Governments have the lead role to scale up efforts to improve maternity protection and health through the workplace. Work is central to our lives. Together, governments, trade unions and employers can ensure that work does not threaten the health of pregnant and nursing women or their newborns. Equally important, they can ensure that maternity and women's reproductive roles should not jeopardize their economic security. Shared international frameworks for guaranteeing these rights already exist in the form of maternity protection Conventions. What is needed is greater commitment to bridge the principles with deeds. Sri Lanka, for example, has made remarkable progress despite low incomes²⁹ and Brazil has provided paid maternity leave to unemployed women workers under its social security scheme. Other countries are extending social security and retirement benefits so families can realize their own fertility aspirations and receive basic guarantee of economic security for their families and in old age.

²² ILO, 2005. *Employers' organizations taking the lead on gender equality: Case studies from 10 countries* (ACT/EMP and Bureau for Gender Equality (GENDER), Geneva).

²³ IOE, 2008. *Trends in the workplace survey 2008: Enterprises in a globalizing world* (Geneva).

²⁴ ILO, 2008. *Managing diversity in the workplace: Training package on work and family*, Op.Cit.

²⁵ See www.ituc-csi.org

²⁶ Olney, S., Goodson, B., Maloba-Caines, K., O'Neill, F., 2002. *Gender Equality: A Guide to Collective Bargaining* (ILO, Bureau for Workers' Activities (ACTRAV) and InFocus Programme on Strengthening Social Dialogue, Geneva).

²⁷ ILO, 2003. *Extending maternity protection to women in the informal economy: An overview of community-based health-financing schemes* (Social Security Department (SEC/SOC) and TRAVAIL, Geneva).

²⁸ ILO, 2008. *Social Health Protection: An ILO strategy towards universal access to health care* (Geneva).

²⁹ Countdown Working Group on Health Policy and Health Systems, April 12, 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. See www.thelancet.com.



MATERNITY AND GENDER EQUALITY IN SPAIN

Spain has the lowest birth rate in the EU (1.07 children per woman of childbearing age). Amortizing women's higher levels of education through labour force participation, later marriage, inadequate childcare, economic pressures and fear of dismissal because of pregnancy have led many Spaniards to postpone or forgo having children. This has demographic implications for the country. Aware of the pressures on women in the workforce, the Government has been addressing inequality issues, notably non-recruitment and dismissals due to maternity considerations (in a 2001 decision the European Court of Justice upheld the complaint lodged by a woman municipality worker whose contract non-renewal was linked to her recent delivery). In a recent labour court decision, the judge ruled that the Equality Law of 2007, which incorporated maternity protection, was also applicable to the case of a pregnant domestic worker, and decided that her dismissal was void. This is an important ruling for a group of workers who had previously been unprotected. In April 2008, in a visible show of support for gender equality and maternity protection, Spain's first cabinet with a majority of women members was appointed. The Minister for Defence, Carme Chacón, was seven months pregnant at the time, has since given birth, taken maternity leave and returned to work.

Source: European Court of Justice: *Jiménez Melgar v. Ayuntamiento de Los Barrios*, Case C-438/99 reported in [2001] IRLR 848. European Industrial Relations Observatory on-line, European Foundation for the Improvement of Living and Working Conditions, see www.eurofound.europa.eu/areas/gender/; M. Gutiérrez- Doménech, "The impact of the labour market on the timing of marriage and births in Spain", in *Journal of Population Economics*, Vol. 21, No. 1, Jan. 2008; J. Lazaro, "Una sentencia aplica por primera vez la Ley de Igualdad al servicio doméstico", in *El País*, 22 Apr. 2008, printed edition.

More can be done to also facilitate men's caring roles by improving opportunities to take paternity leave. Examples exist from around the world of government, trade union, and employer action and innovation to improve and extend maternity protection and paternity leave. Challenges persist in generating broader commitment and action to raise awareness of the importance of maternity protection and paternity leave, in adopting the principles espoused in the maternity protection Conventions, and in ensuring workers' effective access to their rights.

The following can be considered:

- Promote the principles of maternity protection and ratify ILO Maternity Protection Convention, 2000 (No.183);
- Review national legislative provisions for maternity protection and paternity leave provisions, including attention to their scope;
- Assess collective bargaining with respect to maternity protection and paternity leave;
- Raise awareness among workers and employers of relevant rights and provisions;
- Review coverage and access to maternity cash and medical benefits through social insurance or public funds;
- Strengthen understanding and action on work-related hazards to maternal health and to the reproductive health of all women and men;
- Facilitate women's rights to breastfeed their infants after returning to work;
- Adopt measures to promote non-discrimination and employment security for pregnant and nursing women;
- Raise awareness of father's care-giving roles and their need for paid leave from economic activities;
- Enhance workplace education and services on reproductive health and family planning for formal and informal economy workers, including HIV prevention, counselling and services.



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RIGHTS AND RESPONSIBILITIES: RAISING AWARENESS

If workers and employers are not aware of their rights and responsibilities under national law, they cannot exert them. The ILO *Better Factories Cambodia* project has worked to increase the low level of awareness among managers and workers in Cambodia's garment sector of national labour laws – including maternity protection. It has developed awareness-raising materials and training with employers and workers on leave provisions, benefits and breastfeeding breaks, among other working conditions laws. It has also produced an episode on maternity protection at work in a nationally televised soap opera series aimed at communicating workers' rights and responsibilities through dramatizations in a Cambodian factory setting.

For more information see www.betterfactories.org



SELECTED ILO PUBLICATIONS ON MATERNITY PROTECTION AND RELATED ISSUES

Hein, C., 2005. *Reconciling work and family responsibilities: Practical ideas from global experience* (ILO, Conditions of Work and Employment Programme (TRAVAIL), Geneva).

International Labour Office (ILO), 2009a. *Gender equality at the heart of decent work*. Report VI, International Labour Conference, 98th Session (Geneva).

- 2009b. *Work and family: The way to care is to share* (TRAVAIL and Bureau for Gender Equality (GENDER), Geneva).
- 2008a. *Managing diversity in the workplace: Training package on work and family* (Bureau for Employers' Activities (ACT/EMP) and TRAVAIL, Geneva).
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- 2005. *Employers' organizations taking the lead on gender equality: Case studies from 10 countries* (ACT/EMP and GENDER, Geneva).
- 2004. *Information Sheets on Work and Family*, nos. 1-8 (TRAVAIL, Geneva).
- 2003. *Extending maternity protection to women in the informal economy: An overview of community-based health-financing schemes* (SEC/SOC and TRAVAIL, Geneva).

Maternity Protection Database

See <http://www.ilo.org/travaildatabase/servlet/maternityprotection>

Olney, S., Goodson, B., Maloba-Caines, K., O'Neill, F., 2002. *Gender Equality: A Guide to Collective Bargaining* (ILO, Bureau for Workers' Activities (ACTRAV) and InFocus Programme on Strengthening Social Dialogue, (Geneva).

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International
Labour
Office
Geneva

Bureau for Gender Equality
Tel. + 41 22 799 6730
Fax. + 41 22 799 6388
www.ilo.org/gender
gendercampaign@ilo.org

**Conditions of Work and Employment
Programme (TRAVAIL)**
Tel. +41 22 799 6754
Fax. +41 22 799 8451
www.ilo.org/travail
travail@ilo.org

International Labour Office – 4, route des Morillons – 1211 Geneva 22, Switzerland

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Please contact us on gendercampaign@ilo.org for information on additional ILO themes addressed by this gender equality campaign.