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Overview

In 2000, the ILO adopted *Maternity Protection Recommendation, 2000 (No. 191)* and *Maternity Protection Convention, 2000 (No. 183).*

"Maternity Protection not only ensures a woman's equal access to employment, it also ensures the continuation of often vital income which is necessary for the well-being of the entire family. Safeguarding the health of expectant and nursing mothers and protecting them from job discrimination is a precondition for achieving genuine equality of opportunity and treatment for men and women at work and enabling workers to raise families in conditions of security.” ([www.ilo.org](http://www.ilo.org))

Twenty years of political, economic and social changes in Central and Eastern Europe call for new approaches to address the gender dimensions of social security, with specific attention to maternity protection measures and their complementarity with other social security schemes, in terms of benefits and target groups.

This training package was developed to support social protection, gender equality and other experts and trainers to disseminate the ILO approach to maternity protection in Central and Eastern Europe. The materials are based on the ILO’s “Maternity Protection Resource Package” (MPRP), with Power points and exercises tailored for and tested with trainers from the region.

Aim of this package

The aim of this package is to stimulate reflection and discussion on maternity protection and how we can work together with ILO constituents and stakeholders to:

- Understand what maternity protection at work means and why it is important
- Understand international labour standards and other international and national frameworks establishing maternity protection rights
- Assess maternity protection at work
- Design effective policies and workplace measures
- Raise awareness and advocate for adequate maternity protection
- Organize and take action at national, local and workplace levels
- Train specific audiences
- Monitor and follow up on action taken.

How to use this package

This package is primarily for trainers and can be used by national and local government representatives, employers, trade unions, civil society organizations (CSOs), women’s and human rights organizations.
The package consists of eight modules covering the framework and different elements of maternity protection as well as childcare and other policies that support families to reconcile work and family beyond maternity.

Each module starts with a **session plan** followed by **trainer’s notes** which provide the objectives and content of the sessions, a suggested lesson plan and guidance for the trainer. Each **session** in the module has activities and handouts for participants. The sessions can be used separately or one after the other as a complete step-by-step guide for training courses and workshops, study groups, information sessions, meetings and assemblies. You can start at the beginning and work through the whole package, or select only parts that are useful for the participants and circumstances.

Each session comes with one or more Power point. These Power points are based on those available in the Maternity Protection Resource Package, but have been modified for the particular objectives of trainings for Central and Eastern Europe; in some modules, slides have been added to elaborate on particular interests in the region (e.g. comparisons between Convention No. 103 and Convention No. 183 in Module 1); some slides have been hidden or rearranged from those in the MPRP. Trainers should review the Power points prior to each session and select, hide, add or modify slides as needed to meet the particular objectives of their trainings and participants.

**Introduction of participants**
A useful – and fun - way to start a course is to have an activity which “breaks the ice” so participants can get to know each other. It is easy to find examples of generic ice breakers on the internet. For this training, a particularly useful ice breaker is to ask participants to identify the biggest challenge they see in implementing maternity protection in their country, or, if it is a training of trainers to ask them to identify any challenge they face as a trainer.

Always remember two things: Introduce yourself and add the time for this activity in your lesson plan.

**Exercises**
The challenge of achieving maternity protection at work for all women is to identify the changes needed and take action. This package has many and varied activities with exercises, games and discussions to help participants discuss the challenge of maternity protection and plan actions together to reach it.

Every session plan with the aims of the session and the tasks. The aims explain what people may learn from each session. Always look carefully at the aims and think about how to achieve them using the exercises and handouts. Briefly explain the aims at the start of each activity so that everyone knows what to do and why they are doing it. The exercises include: group work, brainstorming and other collective and personal exercises. Feel free to change or adapt any activity in this package, according to the profile, background, needs and expectations of the participants.
One or more training tools are included in every session to make the activities more lively and interesting for participants. Look also for other tools such as video or audio programmes.

The handouts provide information, case studies, practical experiences and good and promising practices on the topic of discussion. You can use these to introduce sessions, prepare slide presentations, and to start discussions among the participants. You can also add case studies and examples based on your own experience and/or those of organizations and advocates in your country. You can photocopy and distribute the handouts or tools which participants can use when they organize their own activities.


**Sum-up, feedback and evaluation**

At the end of every session, summarize the key points, identifying any points of agreement and disagreements. Do not gloss over genuine differences of opinion. An important outcome of the training activity is the ability of participants to agree to disagree, respecting each others’ views and beliefs.

Give time for participants’ feedback: What did they learn? Did the session meet the aims? And their expectations? Were they able to participate fully in the discussions? Were they comfortable with the group and the trainer(s)/resource person(s)? What improvements are needed to make future training activities more effective? An evaluation form at the end of the training may be used to solicit participants’ feedback. The International Training Centre of the ILO and most regional and national ILO offices have standard evaluation forms that can be used.
Session 1: Understanding Maternity Protection at Work

Session Plan

<table>
<thead>
<tr>
<th>Title</th>
<th>MPRP: Standards and Scope</th>
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<tr>
<td>Duration</td>
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### Learning Objectives

- Understand key objectives of maternity protection at work
- Know the key elements of maternity protection at work:
  - Maternity leave
  - Cash and medical benefits
  - Health protection at the workplace
  - Employment protection and non-discrimination
  - Breastfeeding arrangements at work
- Understand the concept of ‘the scope’ of maternity protection: Maternity protection for whom?
- Learn the ways in which women can be excluded from maternity protection at work:
  - Exclusion from the legal scope of national law
  - Disconnection between law and practice or the “implementation gap”
  - Exclusion due to restrictive qualifying conditions
- Review international rights and guidance to maternity protection at work
- Identify key differences between ILO Convention No. 103 and No.183

### Content

- Power Point: Introduction to the MPRP (5 minutes, 4 slides)
- Explanation of Wall Exercise (5 min)
- Power Point Module 1 on Introduction to Maternity Protection (15 minutes; slides 1-5,16,17)
- Optional: Race walk and discussion (20 minutes)
- Power Point Module 2 on Scope (30 minutes)
- Power Point Module 5 on International Rights and Guidance (30 minutes; slides 1-18 and 20-21).
- Wrap up (5 min)

### Methodology

- Participant brainstorming and group discussion
- Presentations
- Questions and Answers

### Materials

- Marker boards or chalk boards or flipcharts, large sticky papers and pens at each table (for the Wall Exercise)
- 4 placards and string, masking tape (for the Race Walk)
- Handouts (1 each per person)

### Trainer's Notes

This session introduces participants to the Maternity Protection Resource Package: what it is, how it is structured, and the range of resources it provides (Power points, annexes with sample training programs and a multitude of handouts and exercises).
This is followed with a basic introduction to what maternity protection is (M1.ppt). Because this particular training includes a number of sessions specifically devoted to the different elements of maternity protection, the detailed slides describing the elements have been hidden for this training. Module 1 also includes a slide introducing participants to the International Labour Convention on Workers with Family Responsibilities, as this training will devote one session to the needs of workers vis a vis childcare.

Module 2 provides a summary of the scope of the maternity protection under current and previous international labour standards. This is a key topic; who is covered, both in law and in practice, and the Race Walk exercise is designed to help participants think about how different groups of workers may be included or excluded by law or practice.

Module 5 begins to take the participants into a deeper examination of the international frameworks for extending maternity protection with a focus on international labour standards, including a comparison of evolution over time in the provisions set out by the maternity protection standards. Because the participants in this training are from Tajikistan and Kyrgyzstan which have ratified Convention No. 103 but have not yet ratified No. 183, the Power points have been modified to provide greater detail on the differences between Convention No. 103 and No. 183.

Depending on the training, the Race Walk exercise may be used as a more participatory game to stimulate awareness and discussion of how maternity protection may reach or fail to reach different groups of workers. It offers a good demonstration of the scope of maternity protection and allows participants to apply the concepts in Module 2 regarding exclusions from scope. It can be done before or after Module 2. This exercise can be added if the session length can extend beyond an hour and a half, or if one of the Power points can be shifted to another or additional session.
Exercises

Wall Exercise: Key Points/Insights

Materials: Large (4” x 6”) sticky notes in different colors—(colors depend on training audience—they can be different colors for different stakeholders—trade union representatives, employers’ organizations, government officials, etc.; or they can be different colors for different countries). For this training, one color for Tajikistan, one color for Kyrgyzstan).

Pens
3 large pieces of paper taped up around the room on these topics:

- Maternity Protection in Law
- Maternity Protection in Practice
- Training ideas

Duration: Individually determined, spread across duration of workshop.

Activity: Throughout the training, participants should briefly highlight aspects of maternity protection that could be improved in their own country’s legislation or practice, on the basis of what they learned during the session. These are to be written on post-it notes and placed on the appropriate topic board. There is a board also for ideas for training activities that can build on the training materials already available.

Remind participants at the end of each session to take time to write sticky notes. Occasionally, time for writing sticky notes at the beginning of a session is useful; people are often heading off for the break at the end of sessions and may not take the time for the notes.

Towards the end of the workshop, rearrange the sticky notes by country (if there is more than one country). For each country, create a board that has ‘achievability; low → high, along the vertical axis, and ‘impact’; low → high along the horizontal axis. How ‘achievable’ addressing the issue can be thought of in terms of political will, stakeholder engagement, fiscal space, timeline. Whether addressing the issue would lead to ‘high impact’ can relate to e.g., benefitting many people, benefitting a group of very vulnerable people, filling important gaps in law or practice, etc. Provide time during the last quarter of the workshop for people to organize the stickies along this axis. This does not need to be a group work; people can be free to arrange stickies on their own, and people can position and re-position stickies as often as they want. It is good to leave a minimum of a half a day for this component of the activity, allowing people to approach the board from time to time. At the very end, have groups look at the board together and identify several key priorities for follow up action; these priorities will most likely come from the upper quadrant of the board (high achievevability and high impact) although high impact priorities that require more effort in terms of fostering political will, raising awareness, planning for budgetary resources etc should not be ruled out.

On the basis of this prioritization exercise, groups can then work toward workplans, timelines and budgets for follow up.
Race Walk

Materials: 4 placards, 1 each for Agricultural/Rural Worker; Teacher/Education; Textile worker/sewing; Store/restaurant worker (Adapt categories to country situation). Masking Tape for the start line.

Duration: 30 minutes

Activity:

- Split participants into 4 groups. Give each group a placard with instructions to keep their ‘identity’ a secret from the other groups. Each group picks a ‘walker’ who will wear the placard around their neck, with the writing hidden so no one can see who they are.
- Walkers line up across the start line.
- Ask the following questions:
  
  o You just learned that you are pregnant and have had a doctor confirm it. You go to your employer and ask to schedule a maternity leave. Your employer says:
    - ‘YES’: Take one step forward.
    - ‘NO’: Stay where you are.
  
  o You start planning how you will support yourself and your baby during the time you take off from work. You ask your employer if you are entitled to cash benefits for income replacement during your leave. Your employer says:
    - ‘YES’: Take one step forward.
    - ‘NO’: Stay where you are.
  
  o Your work is very hard; you have to lift heavy things and sometimes you are exposed to chemicals (for example in cleaning supplies or fertilizer or manufacturing chemicals). You ask your employer if you can have a temporary change in your work or job until after the baby is born. Your employer says:
    - ‘YES’ and gets to work on figuring out an adaptation for you. Take one step forward.
    - Your employer says ‘NO’, they cannot do this and you will have to choose whether to continue working in your current job or quit. Stay where you are.
  
  o You feel terrible today, you are nauseous and you think something is not quite right. You ask your employer if you can take some time off to visit the doctor. Your employer says:
    - ‘YES’. Take one step forward
    - ‘NO’. Stay where you are.
  
  o Throughout your pregnancy, are you able to access the medical and midwifery services you need, including pre-natal, childbirth, and postnatal care?
    - ‘YES’. Take one step forward
    - ‘NO’. Stay where you are.
You have had your baby and now you are back to work. Are you working in the same job or a similar one with the same pay that you had before you left?
- YES: take one step forward
- NO: stay where you are

You are breastfeeding your baby. Do you get at least one paid breastfeeding break per day at work or a reduction in working hours?
- YES: take one step forward
- NO: stay where you are

If you want to continue breastfeeding your baby after you return to work, are there any facilities for you to be able to do this easily (a private room, washing facilities, storing facilities)?
- YES: take one step forward
- NO: stay where you are

Ask the walkers to turn their placards over and remain in their positions. Ask if everybody agrees with the four walkers’ positions. Why? What can participants conclude from the exercise? In summing-up, review the importance of scope and the principal of exclusion. Have one participant or facilitator record the main points on the flipchart.

Return to the Powerpoint for Module 2 on scope and the types of exclusions (scope/eligibility/implementation). At the end of the presentation, return to the flipchart and ask whether the problems of the different groups were related to gaps in law, gaps in eligibility, or gaps in implementation.
Handouts

Handout – Maternity Protection: Why is it important?

Maternity Protection, a collective responsibility

Maternity is a condition which requires differential treatment to achieve genuine equality and, in this sense, it is more of a premise of the principle of equality than a dispensation. Special maternity protection measures should be taken to enable women to fulfil their maternal function without being marginalized in the labour market.²

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

What the exact role of the State should be when it comes to work and family is often the subject of debate. Opinions range widely, from those who believe it is the main entity responsible for regulating and providing support services, through those who consider this a private affair to be handled solely by families, with some support from the market and minimal State intervention.³

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

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

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1 For further information on the importance of Maternity Protection, please refer to Module 3 of the Resource Package.
At national level, the need for mothers to rest from their work activities has been set out in legislation: virtually all countries in the world entitle at least part of their female workforce to maternity leave with a guarantee to return to their job at the end of leave. Collective sharing is further underlined with the payment of maternity cash and medical benefits during pregnancy, childbirth and afterwards, funded by the pooling of funds either through social security, public funds or by employers. Thus States, even amongst the poorest in the world, understand the importance of protecting maternity for working mothers.

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

**The wider framework**

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

**Fundamental human rights**

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

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

**Social justice and gender equality**

While both women and men can rear children and take care of dependants, only women can biologically bear and breastfeed children. Maternity protection is required to enable women to carry out this biological role without being marginalized in the labour market, threatening their productive roles as workers or undermining their economic security. Thus, maternity is a condition that necessitates differential treatment to achieve genuine equality and, in this sense, it is more of a premise of the principle of equality than a dispensation. In recognition of the importance of maternity protection to gender equality, the ILO has placed it among the four

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international labour Conventions recognized as the key equality Conventions: the Discrimination (Employment and Occupation) Convention, 1958 (No. 111); the Equal Remuneration Convention, 1951 (No. 100); the Workers with Family Responsibilities Convention, 1981 (No. 156); and the Maternity Protection Convention, 2000 (No. 183).

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

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

**Improving maternal and newborn health**

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

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

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

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

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

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

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

**Governments**
Maternity protection that ensures that women can continue to contribute to a country’s economic growth, and which maintains the health of women citizens and their children is good for the whole of society and for governments. This protection will help governments to save scarce
resources that might be utilized elsewhere. Maternity protection supports the development of a healthy, productive population.⁵

**Decent work**

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

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⁵ For more information on why maternity protection is important, please refer to Module 3.
Handout – Scope of Maternity Protection legislation: Who is covered?
Although ILO Conventions and frameworks have progressed towards more inclusiveness, national laws tend to provide a more narrow scope of coverage. Many women lack access to maternity protection because they work in types of jobs or arrangements that are implicitly or explicitly excluded from the scope of legislation, or because certain conditions have been set for protection which they cannot meet, such as a minimum duration of employment with an employer, or number of hours worked. However, efforts can and are being made to extend maternity protection to more women workers, through collective bargaining agreements and workplace policies, through broad approaches to extend social protection to workers in the informal economy (for example, the establishment of national Social Protection Floors) and through targeted approaches focusing on particular categories of typically-excluded workers, such as agricultural workers, domestic workers, and others.6

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

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Box 1
The scope of Maternity Protection

Convention No. 183, Article 2

(1) This Convention applies to all employed women, including those in atypical forms of dependent work.

(2) However, each Member which ratifies this Convention may, after consulting the representative organizations of employers and workers concerned, exclude wholly or partly from the scope of the Convention limited categories of workers when its application to them would raise social problems of a substantial nature.

(3) Each Member which avails itself of the possibility afforded in the preceding paragraph, shall...list the categories of workers thus excluded and the reasons for their exclusion. In its subsequent reports, the Member shall describe the measures taken...to progressively extending the provisions of the Convention to these categories.

Recommendation No. 191, Paragraph 10

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

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

**Box 2**

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

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

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


**Box 3**

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

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

The General Conference of the International Labour Organization,

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

**ILC, 2009: Resolution concerning gender equality at the heart of decent work**
Handout – Scope at the national level
Expanding the scope of maternity protection, as set out by Convention No. 183 and beyond, is critical for enhancing the health and well-being of greater numbers of women workers and their children worldwide. Generally speaking, trends in national legislation from countries around the world show that the scope of women covered by maternity protection has been widening. Nevertheless, national laws tend to provide a more narrow scope of coverage than Convention No. 183. At the national level, the percentage of working women actually covered depends on:

- Specifications of included/excluded categories of workers in labour legislation or social security, and
- Eligibility requirements for obtaining benefits.

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

Some countries explicitly exclude certain groups of civil servants from maternity protection (e.g. the armed forces or police), but usually the civil service is covered by special maternity protection regulations for the public sector. The provisions for public sector workers can be

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7 It may also depend on whether coverage is automatic or voluntary, or if workers need to opt in to coverage.

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

**Conclusions**

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

**ILC, 2011: Conclusions on the recurrent discussion on social protection (social security)**
The Social Protection Floor guarantees for all resident women, regardless of employment relationship: 1) basic prenatal, childbirth and postnatal health care for the mother and her child, either by medical practitioners or by qualified midwives, and hospitalization where necessary; 2) income support for women during the last weeks of pregnancy and the first weeks after delivery.

more favourable than those applicable to the private sector, for example, by providing for longer leave periods or higher rates of cash benefits.

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

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

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

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

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

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

Exclusions based on eligibility requirements for leave

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

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

- a certain period of notice for when a woman must inform her employer of her plan to go on maternity leave;
- requirements that a woman must have been employed for a certain period of time before the maternity leave, often with the same employer;
- rules setting minimum working hours as a condition of eligibility for leave;
- restrictions on the number of times a woman can take maternity leave, or a restriction of one leave within a given period of time;
- citizenship.

Eligibility requirements for leave, other than producing a certificate indicating the expected date of birth, are contrary to the principles of international labour standards on maternity protection. Efforts are required to reduce eligibility requirements that restrict access to maternity leave.8

Exclusions based on eligibility requirements for cash benefits

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

| Box 4
| Conditions for qualifying for cash benefits, Maternity Protection Convention, 2000 (No. 183) |

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

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

Convention No. 183, Article 6

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

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8 For more information on exclusion related to maternity leave, see Module 6.
A minimum period of employment before qualifying for cash benefits during maternity leave. Many countries in which employers are liable for payment specify such requirements. Some countries where the maternity benefit is paid out of public funds also require a minimum period of employment before qualifying for maternity benefits.

A limit on the number of times a woman can obtain maternity cash benefits. In some countries, this limit applies only if a woman works for the same employer during subsequent pregnancies.

Where cash benefits are totally or partially paid by social security, workers must have a minimum period of contributions to insurance schemes or tenure in insured employment prior to the maternity benefit period. These minimum contribution periods vary greatly across countries. In some, a woman must have been employed in insurable employment for a certain period before the payment of benefits.\(^9\)

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\(^{9}\) For more information on exclusion related to cash benefits, see Module 7.
# Session 2: Assessing Law and Practice

## Session Plan

<table>
<thead>
<tr>
<th>Title</th>
<th>Maternity Protection: Bringing it home: Assessing national laws</th>
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<tr>
<td>Duration</td>
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### Learning Objectives

- Learn how to compare national maternity protection laws (and practice) to current International Labour Standards on maternity protection (C183 and R191), using ILO tools (Assessment Table and Legal Database).

### Content

- Power Point Module 12, present slide 1 (5 min)
- Brainstorming on legal sources for MP provisions in country (5 min)
- Power point Module 12, present slides 2,3 on Introduction to assessing national law and practice (10 minutes)
- Hand out ILO Assessment Table and divide pax into groups
- Power point Module 12, present slide 5 (Assessing legislation—Maternity Leave) as an example of how to assess national legislation in the Table (10 min)
- Demonstrate how to use the TRAVAIL database using Power point Module 12, slides 15-20 (15 minutes) Distribute copies of slides 15-20.
- Present Slide 11 of M12 (Summing Up) and leave up on the screen at the end (5 min)
- Group work to assess national laws on maternity protection (30 minutes)
- Group reports (10 minutes)
- End of Session 2: Reminder about Wall

### Methodology

- Presentation to explain how to assess national laws
- Group work

### Materials

- Flipchart and Markers
- ILO Assessment Table (1 for each group)
- Handouts of M12, slides 15-20 (1 per person)
- Handouts of CEACR comments if applicable (1-2 per group)

## Trainer’s Notes

In the first session, we covered basic elements and scope. Later sessions will into much greater detail on each of these. But how can we assess national laws and practice on maternity protection and on work-family policies, as a whole or for any one component? The rest of this session and the next session will introduce tools for assessing national law and practice.

The focus for this assessment will be identifying national provisions and comparing them to C103 and C183 requirements. The assessment table provided has been set up for this specific purpose. This session can also be tailored to assessing national law and practice against the provisions of C183, R191 and C156, R165 in detail: an assessment table is available for this. These tables are available in the Supplemental Materials provided with this package.
To encourage participants to think broadly about the many sources of maternity protection provisions, start with a brainstorming session asking participants where we might find legislation on maternity protection (flip chart a brainstorm list. Then go to M12 ppt slides 2-3).

Move into having the groups start assessing their National Legislation against ILS. Divide the participants into groups of 3-5 people per group assigning a country to each group (in this case, Tajikistan and Kyrgyzstan), handout the assessment tables and give a brief overview of what’s in the table. Use M12 ppt slide 5 on assessing maternity leave as an example of the questions to ask in the assessment.

Many countries have several websites with information on legislation (academic and government websites for example). The TRAVAIL database on maternity protection laws is a good resource, providing information on national legislation for many countries, allowing national assessments and comparisons with other countries. However, in many cases, participants may be able to supplement the information from the TRAVAIL database substantially by researching the legislation in full in their original language. National legislation may also have been updated since the last TRAVAIL entry. To introduce participants in using the database, use slides 15-20 of M12. Provide handouts of those slides to the groups.

Present Slide 11 of M12 and leave it on the screen. Groups can now work on their own to start filling in the table. For this first session, have the groups focus on maternity leave; sessions later in the training can continue this exercise for the different elements of maternity protection and for provisions for workers with family responsibilities.

Have groups present their findings, focusing on any key gaps in law or implementation, challenges identified, and observations on the assessment itself.
Exercises

Brainstorm on Maternity Protection Provisions in Country

Materials: Flipchart, marker

Duration: 5 minutes

Activity: Ask participants to brainstorm where they might find maternity protection provisions in their country. These can include labour laws, social security laws, anti-discrimination laws, family law, collective bargaining agreements, regional or municipal laws, sectoral laws and policies, etc. Information on national laws can also be found in international repositories, e.g. the ILO website on maternity protection laws, CEDAW county reports. Facilitator can try to group these on the flipchart, e.g. by national/local/sectoral level, or by laws, other instruments like CBAs, etc.
Group work: Assessing National Law and Practice on Maternity Protection

Materials:  
- 4 to 6 large printouts of the assessment tables.  
- 4 computer workstations with access to the internet for groups  
- Computer with internet linked to projector for demonstration  
- 4 keyboards (Keyboards in national language if possible)  
- Flipchart, marker

Activity:

- Split participants into country groups (up to 3-4 people per group).  
- Ask each group to research maternity leave*: scope, qualifying conditions and duration.  
- Demonstrate to the groups how to use the database  
- Give the groups 30 minutes to research their topic and fill out Current Legislation and Key Gaps columns of the tables. Ask participants to take turns using the database so everybody can have a chance to see how it works.  
- Ask each group to pick a rapporteur and prepare a brief presentation to plenary on their country and topic. Provide a template on a flipchart, highlighting:  
  - Main findings  
  - Key provisions still required to ratify C183?  
  - Key gaps/concerns in law?  
  - Key gaps/concerns in implementation?  
  - Feedback on using the database or the table—good, bad or indifferent

*this exercise can be continued in subsequent sessions on specific elements of maternity protection, moving to assessment of health protection, employment protection, breastfeeding, etc.

⚠️ You will have a total of 30 minutes to complete this task.
Handouts

- Copies of Slides 15-20 of M12
- Handouts of Kyrgyzstan at a Glance, Tajikistan At a Glance (these are available in the Supplemental Materials for this package)
- Handouts of the CEACR comments can give participants more of a sense of questions and concerns the CEACR has about the application of maternity protection in countries with current ratification of a maternity protection convention. Depending on the participants, it may be necessary to explain how ratification and reporting works. The CEACR comments for Kyrgyzstan and Tajikistan are available as samples below; these comments can be compiled from the ILO Normlex database available on line (www.iio.org/normlex).
Direct Request (CEACR) - adopted 2013, published 103rd ILC session (2014)

Maternity Protection Convention (Revised), 1952 (No. 103) - Kyrgyzstan (Ratification: 1992)

The Committee notes the Government’s succinct report which contains no information regarding the issues raised in its previous comments. The Committee hopes that the next report will contain detailed information regarding the following issues:

-the scope of coverage of the categories of women workers under the social security legislation and the Labour Code, including, for example, home workers, domestic workers, seasonal workers, part-time workers, short-term workers, etc. (Article 1);

-the compulsory nature of postnatal leave (Article 3(3));

-the legislation governing cash and medical benefits, including the rate of cash benefits and the type of medical care provided (Article 4);

-the payment of benefits out of social assistance funds for women workers who fail to qualify for maternity benefits under the social insurance system (Article 4(5)); and

-the manner in which the Convention is applied in practice, including information regarding the number and the nature of inspections carried out and contraventions reported (Part V of the report form).

The Committee further notes the Government’s indication that maternity benefits are also regulated by Decision No. 727 of 11 November 2011 and calculated as a one-off payment regardless of the number of leave days taken before childbirth. The Committee asks the Government to supply further information in this respect, indicating, inter alia, whether the one-off payment is made at the beginning or the end of the maternity leave).


Maternity Protection Convention (Revised), 1952 (No. 103) - Kyrgyzstan (Ratification: 1992)

The Committee notes the first report of the Government. It hopes that the Government’s next report will provide more detailed information on law and practice relating to the application of each provision of the Convention in accordance with the report form.
Article 3, paragraph 3, of the Convention. Compulsory period of maternity leave. According to section 307 of the Labour Code, women are entitled to 70 calendar days (ten weeks) maternity leave before and 56 calendar days (eight weeks) after confinement. While the period of maternity leave is longer than that required by the Convention and the Labour Code also grants additional leave in case of complications arising out of child birth, there is no provision which specifically refers to the compulsory nature of post-natal leave for a period of at least six weeks after the actual day of confinement. The Committee recalls that the minimum compulsory period of post-natal leave provided by the Convention is a protective measure intended to prevent a woman from resuming work as a result of pressure or with a view to material advantage before the expiry of the statutory period of leave to the detriment of her health and that of her child.

Against this background, the Committee asks the Government to indicate whether the return to work of a woman following maternity leave is conditional upon the permission of a medical practitioner. Should this be the case, please indicate whether this permission to resume work may be given to a woman before the expiry of her maternity leave and whether employers are prohibited from employing a woman during her post-natal leave. Please provide copies of the relevant laws and regulations.

The Committee would also appreciate receiving precise information on the following points:

– the scope of coverage of the categories of women workers under the social security legislation and the Labour Code, including for example home workers, domestic workers, seasonal workers, part-time workers, short-term workers, etc. (Article 1);

– the legislation governing cash and medical benefits, including the rate of cash benefits and the type of medical care provided (Article 4);

– the payment of benefits out of social assistance funds for women workers who fail to qualify for maternity benefits under the social insurance system (Article 4(5)); and

– the manner in which the Convention is applied in practice, including information regarding the number and the nature of inspections carried out and contraventions reported (Part V of the report form).

Maternity Protection Convention (Revised), 1952 (No. 103) - Tajikistan (Ratification: 1993)

The Committee notes with regret that the Government’s report has not been received. It hopes that a report will be supplied for examination by the Committee at its next session and that it will contain full information on the matters raised in its previous comments.

Repetition

Direct Request (CEACR) - adopted 2013, published 103rd ILC session (2014)

Maternity Protection Convention (Revised), 1952 (No. 103) - Tajikistan (Ratification: 1993)

The Committee notes that the Government’s report has not been received. It hopes that a report will be supplied for examination by the Committee at its next session and that it will contain full information on the matters raised in its previous direct request, which read as follows:

Repetition


Maternity Protection Convention (Revised), 1952 (No. 103) - Tajikistan (Ratification: 1993)

The Committee notes the Government’s reply to the comment made under Article 4, paragraphs 4, 6 and 7, of the Convention (cash benefits) and requests the Government to supply further information on the following points.

Article 3, paragraphs 2 and 3. Compulsory postnatal leave. The Committee notes the Government’s reply to the effect that postnatal leave is not compulsory. In this regard, the Committee recalls that the prohibition on working for a period of six weeks after confinement, as laid down by the Convention, constitutes protection which complements the right to leave, with a view to preventing the woman worker, as a result of pressure or any material advantages proposed, from being made to resume her work before the expiry of the legal period of postnatal leave, to the detriment of her own health or that of her child. The Committee therefore requests the Government to complement the Labour Code imposing a minimum of six...
weeks as the compulsory part of postnatal leave, in accordance with this provision of the Convention.

Articles 2 and 4, paragraph 3. Medical benefits awarded to foreign women. Act No. 408 of 2008 (Medical Insurance Act) provides for compulsory medical insurance for nationals employed on the basis of an employment contract (section 6), whereas foreigners employed on the basis of an employment contract are only covered by medical insurance on a voluntary basis (section 17). The Committee reminds the Government that the principle of equal treatment requires foreign women to be covered by compulsory insurance in the same way as nationals. The Committee requests the Government to explain the reasons why foreign women workers have been excluded from the scope of application of compulsory medical insurance.

Article 4, paragraph 3. Free medical care and types of medical benefits. Section 13 of the Medical Insurance Act prescribes the provision of medical, health and rehabilitation care according to the programme of compulsory medical insurance covering the persons concerned. According to section 5 of this Act, there are two types of compulsory insurance programmes: basic (care provided free of charge) and complementary (care provided involving cost sharing by the beneficiaries). The Committee requests the Government to indicate which compulsory insurance programme (basic or complementary) covers prenatal, confinement and postnatal care. It also asks the Government to indicate whether medical benefits include hospitalization.


Maternity Protection Convention (Revised), 1952 (No. 103) - Tajikistan (Ratification: 1993)

The Committee notes with regret that the Government’s report has not been received. It hopes that a report will be supplied for examination by the Committee at its next session and that it will contain full information on the matters raised in its previous direct request, which read as follows:

Article 3, paragraphs 2 and 3, of the Convention. Section 164 of the Labour Code guarantees 70 days’ prenatal leave and 70 days’ postnatal leave increased to 86 days in cases of difficult confinement. The Committee requests the Government to indicate whether, in conformity with Article 3, paragraph 2, of the Convention, the period of leave after confinement guaranteed by the legislation is compulsory in nature. Please specify, where appropriate, the length of compulsory leave after confinement.
Article 3, paragraph 5. The Committee requests the Government to indicate in its next report whether, and by virtue of which provisions, additional leave before confinement is guaranteed in case of illness medically certified arising out of pregnancy.

Article 4, paragraph 3. The Committee asks the Government to communicate additional information on the nature of care provided before, during and after confinement. Please supply a copy of the legislative provisions under which these benefits are provided.

Article 4, paragraphs 4, 6 and 7. The Government states that the Act relative to the state social insurance provides for the payment of maternity benefits which correspond to the woman’s previous earnings throughout the entire period of maternity leave. The Committee asks the Government to supply a copy of the relevant legislative provisions in this field. It also asks the Government to give detailed information on the conditions under which cash and medical benefits are provided as well as on the system whereby contributions are due so as to supply these benefits.

Article 4, paragraph 5. The Committee requests the Government to specify whether, and by virtue of which provisions, women who fail to qualify for maternity benefits receive adequate benefits out of social assistance funds, in conformity with Article 4, paragraph 5, of the Convention.

There are three more identical comments from 2003, 2002 and the first from 2000 (which the above is a repetition of).
**Session 3: Cash and Medical Benefits**

**Session Plan**

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<thead>
<tr>
<th>Title</th>
<th>Maternity Protection: Cash and medical benefits</th>
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<tr>
<td>Duration</td>
<td>1.5 hours</td>
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**Learning Objectives**

- Learn the minimum requirements set out by ILS for cash and medical benefits (C102 and C183).
- Introduction to the Social Protection Floor initiative and approaches for extending maternity benefits through social insurance for atypical workers and workers in the informal economy.
- Identify national provisions for cash and medical benefits and compare to ILS

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<thead>
<tr>
<th>Content</th>
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<tbody>
<tr>
<td>➢ Power point Module 7 on Cash and Medical Benefits (40 min)</td>
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</tr>
<tr>
<td>➢ Group work to assess national laws on cash and medical benefits (30 minutes)</td>
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<tr>
<td>➢ Group reports (20 minutes)</td>
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<td>➢ Handout on Cash Benefits</td>
<td></td>
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<tr>
<td>➢ Reminder about Wall Exercise</td>
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</table>

**Methodology**

- Presentation
- Group work

**Materials**

- Assessment table (1 per group; use same table as session 2 if this session is done in sequence)
- Handout on Cash Benefits (1 per person)

**Trainer’s Notes**

This session looks at detail at cash and medical benefits, but an hour and a half still provides very limited time to look at these issues and the complexities of the design and coverage of social protection with regard to maternity protection, social security standards under C102 and C183, and the framework of Social Protection Floor Initiative as an approach to extend essential health care and income security to for vulnerable and unprotected people.

Tajikistan and Kyrgyzstan are both characterized by substantial employment in agriculture and in the informal economy where extending social protection, including maternity protection remains a challenge. It may be useful to pause during the Power point after slide 3 (which discusses social security coverage and disparities in access) for a group discussion on coverage and disparities in access of workers to social security systems in participants’ countries, and to discuss key occupation or industrial groups where social protection remains a challenge.

Depending on the countries participating in the training, this exercise will typically raise gaps regarding the low coverage of social security, the low level of benefits, and the low awareness of people, particularly poor or rural populations, in accessing benefit entitlements. Depending on the national system, informal contracts may be a common way to avoid obligations for social security and group discussions can easily wander into considerations of how workers can individually try to push for formal contracts. These provide good opportunities for further
discussing the Social Protection Floor, Social Security labour standards and the principle of solidarity, the role of strong employers’ associations and strong trade unions together with government oversight and enforcement, as well as the importance of information and assistance at the grassroots. These can provide the basis for identifying follow up activities and workplans at the country level. This is a good session to remind participants to highlight needed improvements in legislation and practice on the Wall (see wall exercise, Session 1).

The Power point may take more than 40 minutes; the national assessment exercise can be modified accordingly to fit the time available.
Exercise

Group work: Assessing National Law and Practice on Maternity Protection

Materials: Printouts of the assessment tables from Session 3.
4 computer workstations with access to the internet for groups
4 English keyboards, and if possible, Russian keyboards
Flipchart, marker

Activity:

- Split participants into their groups
- Ask each group to research cash and medical benefits in the same country they assessed in Session 3.
- Give the groups 30 minutes to research their topic and fill out Current Legislation and Key Gaps columns of the tables.
- Ask each group to pick a rapporteur and prepare a brief presentation to plenary on their country and topic, highlighting:
  - Main findings
  - Key gaps/concerns in law?
  - Key gaps/concerns in implementation?

⏰ You will have a total of 30 minutes to complete this task.
Handout

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

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

Box 1

Maternity cash benefits in Convention No. 183 and Recommendation No. 191

Convention No. 183, Article 6

(1) Cash benefits shall be provided, in accordance with national laws and regulations, or in any other manner consistent with national practice, to women who are absent from work on leave.

(2) Cash benefits shall be at a level which ensures that the woman can maintain herself and the child in proper conditions of health and with a suitable standard of living.

(3) Where, under national law or practice, cash benefits paid with respect to leave referred to in Article 4 are based on previous earnings, the amount of such benefits shall not be less than two-thirds of the woman's previous earnings or of such of those earnings as are taken into account for the purpose of computing benefits.

(4) Where, under national law or practice, other methods are used to determine the cash benefits paid with respect to leave referred to in Article 4, the amount of such benefits shall be comparable to the amount resulting on average from the application of the preceding paragraph.

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

(6) Where a woman does not meet the conditions to qualify for cash benefits under national laws and regulations or in any other manner consistent with national practice, she shall be entitled to adequate benefits out of social assistance funds, subject to the means test for such assistance.
Recommendation No. 191

Paragraph 2: Where practicable, and after consultation with the representative organizations of employers and workers, the cash benefits to which a woman is entitled during leave referred to in Articles 4 and 5 of the Convention should be raised to the full amount of the woman's previous earnings or of such of those earnings as are taken into account for the purpose of computing benefits.

There has been much progress in the provision of maternity benefits over the past 90 years. In 1919, only nine of the 29 countries that had instituted statutory maternity leave provided allowances through some kind of insurance scheme. By 1950, some 40 countries had compulsory social insurance laws providing maternity benefits. In 1997, more than 100 countries worldwide guaranteed the provision of social security benefits before and after childbirth. In 2014, 99 per cent of 185 countries provided cash benefits to women during maternity leave.

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

While maternity benefits are generalized in developed countries, there are enormous disparities within and between developing countries. In newly industrialized countries, maternity protection has progressed a great deal and, in some instances, the rights granted exceed ILO minimum social security standards. For example, in Latin America and some parts of Asia, workers in the formal sector are relatively well-protected in this respect. However, in regions such as sub-Saharan Africa protection has developed little and is largely dependent on social welfare, rather than on a social security system, with insufficient scope, effectiveness and permanence. A large proportion of economically active women remain unprotected because they are under-represented in the formal economy towards which social security protection is directed.\[10\]

\[10\] More information on the topic of cash benefits can be found in Module 7 of this training package and the MPRP.
Session 4: Role of the Stakeholders

Session Plan

<table>
<thead>
<tr>
<th>Title</th>
<th>Maternity Protection Resource Package (MPRP): Stakeholders and Action Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>1.5 hours</td>
</tr>
</tbody>
</table>

| Learning Objectives | • Identify stakeholders and their roles in improving maternity protection  
|                     | • Identify the means of action that different stakeholders can take |

| Content | ➢ Brainstorm a stakeholder map. Tripartite partners at center. Ask pax to give specific examples of + partners from their countries (10 min). Alternative: Begin the session with a role play; see Exercises, Group work: Role Play below (20 minutes)  
|         | ➢ Power point Module 4: Presentation on the roles of stakeholders (20 min)  
|         | ➢ Group work: Distribute the Stakeholder Analysis Handout. Select either the Stakeholder Analysis Group Work or the Generating Solutions Group Work below (see Exercises). For either exercise, recall key gaps in Maternity Protection from the assessment table and Wall Exercise to guide participants in their group work (30 minutes)  
|         | ➢ Group discussion (15 min)  
|         | ➢ Bring out discussion of importance of social dialogue and strong social partners (15 min) |

ALTERNATIVE:  
➢ Begin the session with a role play; see Exercises, Group work: Role Play below (20 min)  
➢ Group feedback on role play (10 min)  
➢ Presentation on the roles of stakeholders, MP ppt 4. (30 min)  
➢ Group feedback on presentation and discussion on measures to strengthen roles and action. (15 min)  
➢ Bring out discussion of importance of social dialogue and strong social partners. (15 min)

Methodology  
Presentation  
Small group brainstorming  
Plenary discussion

Materials  
Flipcharts and markers  
Copies from selected exercise(s)  
Handout (1 per person)

Trainer’s Notes  
This session encourages participants to think broadly about the roles and responsibilities of different stakeholders for maternity protection. Read the Handout on Stakeholder Analyses to get a sense of the broad range of organizations whose mandates and work touch on different elements of maternity protection. This exercise can also be extended to consider the
stakeholders involved in policies and measures that address the needs of workers with family responsibilities, although it is probably best to brainstorm and discuss stakeholders for these two issues separately. One option may be to split groups so that some address maternity protection (and if there are many groups, groups can be assigned to different elements of maternity protection) and some groups address work-family reconciliation.

This session can raise key points around the need to strengthen action and rights; the need for fora to discuss actions; challenges in the weak reach of stakeholders to the informal economy; the respective roles and commitments of each stakeholder. It also offers some strong opportunities to highlight some of the more basic needs of the stakeholders; the need for data and research (how much do we actually know about what supports and facilities exist, whether and how workers use them, what consequences there are to workers and their babies of having or not having or using supports and facilities in terms of return to work, cessation of breastfeeding, injuries to babies e.g from being in the fields with women for whom no supports exist, etc); the need for a knowledgeable labor inspectorate that can help employers understand and accommodate the needs of breastfeeding women, the need for support to trade unions and employers in addressing the issues.
Exercises

Group work: Role Play

Divide participants into groups of 5-8 people. Each person draws from a deck of cards assigning them to a role. Examples include Government, Trade Union, Employer, Worker, CSOs, University.

Provide a topic for the group; this can be general or specific. Examples include: How can we support breastfeeding mothers in the workplace and protect them from discrimination? Or what are the needs for facilities and accommodations for breastfeeding workers in agriculture?

The group starts by discussing the situation as a whole; what is the current status of breastfeeding workers, how many workers are affected, what problems exist, what consequences are there from these problems?

Participants then provide their perspectives and roles as representatives of the stakeholders. Participants may be cooperative or uncompromising; the range of perspectives and roles provides opportunities to discuss strategies for action.

Ask groups to then come up with some ideas and strategies for taking action forward.

⏰ You will have a total of 20 minutes to complete this task.
Group work: Stakeholder Analysis

Part one

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

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

Part two

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

⏰ You will have a total of 30 minutes to design your programme and a maximum of ten minutes to present it to the plenary.
Group work: Generating solutions

Part one

In your group, pick one of the key challenges to achieving full maternity protection in your country. Generate as many solutions as you can think of to the problem. Do not evaluate any of the solutions; focus on generating as many ideas as possible. The evaluation of the solutions will be a later step in the process.

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

Part two

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

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

Solution one

Solution two

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

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

In addition, many other groups and individuals have interests or expertise related to maternity protection and should be considered as stakeholders. These may include legal experts, financiers, statisticians, health professionals and associations (associations often exist for doctors, nurses and midwives) insurance companies, feminists, breastfeeding advocates, family planning associations, human rights experts and others, although at times, priorities may need to be set. It is also useful to consider sectors and occupations that are particularly relevant, either because they employ large numbers/proportions of women or because the concerns regarding maternity protection (or lack thereof) are particularly pressing (e.g. female dominated occupations/sectors, domestic work, sectors that are particularly hazardous, etc). National employers’ and workers’ organizations can play key roles in identifying relevant sectoral organizations of employers and workers.
## Session 5: Employment Protection & Non-Discrimination

### Session Plan

<table>
<thead>
<tr>
<th>Title</th>
<th>Maternity Protection Resource Package (MPRP): Employment protection and non-discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>1.5 hours</td>
</tr>
</tbody>
</table>
| Learning Objectives | • Understand the principles of employment protection and non-discrimination with respect to maternity  
• Apply principles to national law and practice |
| Content | ➢ Power point Module 9 on Employment Protection and Non-Discrimination (20 min)  
➢ Discussion groups on Employment Protection (1 group on Dismissal, one on Right to Return) and Discrimination (1-2 groups). (15 min)  
➢ Plenary discussion of findings. (20 min)  
➢ Introduction to Root causes exercise (Power point of fishbone example, 5 min)  
➢ Root causes exercise (15 min)  
➢ Feedback to plenary (15 min) |
| Methodology | Presentation  
Small group discussions and exercise |
| Materials | Flipcharts and Markers  
Copies of selected Discussion Group Exercises (1+ per group)  
Copies of Group Work: Fishbone Analysis (1+ per group) |

### Trainer's Notes

This session offers a number of options for exercises and the session plan can be modified according to which exercises are selected, or could be extended into multiple sessions. All of the exercises are good for stimulating discussion. Most could be used before the Power point presentation for a more stimulating start to the session, but this needs to take into account the level at which the participants can contribute; if there is very little depth or prior experience on gender equality and discrimination, starting with group discussions can devolve into stereotypes and assumptions that become entrenched. If this may be the case, start with the Power point to introduce participants to concepts and measures.

A strong emphasis should be placed both on the more obvious and direct forms of discrimination as well as the complex and sometimes indirect causes of discrimination (e.g. laws that place full financial burden for benefits on employers, overly lengthy maternity and child leaves that require employers to hold positions for years, leaves for caring for children beyond maternity that are only for women even though men are also parents, etc). This allows for identifying a broad range of solutions. Include attention to what kinds of laws specifically address maternity-related discrimination, what mechanisms for complaints/what complaints
bodies exist, what awareness raising takes place to inform employers and workers of laws and rights, what enforcement and education efforts are taken by the labour inspectorate, what sanctions are in place, what support mechanisms for women workers exist and how can government, trade unions and employers provide more supports, what retraining programs are in place for mothers returning to the workplace, are there any entities that provide temporary pools of labor that assist employers in filling gaps due to leaves, what other sorts of supports can be extended to employers in covering during leaves, and what data and research exists to understand the extent of the problem and analyze opportunities for solutions.
Exercises

Discussion group: Protection against discrimination

Non-discrimination in connection with Maternity Protection and ILO standards

Protection against discrimination refers to the right of all women not to be treated less favorably in a work situation—including access to employment—because of their sex.

- ILO member States shall ensure that maternity is not a basis for discrimination in the workplace. Examples:
  - Recruitment
  - Access to training
  - Conditions of employment
  - Promotion opportunities
  - No pregnancy testing at recruitment

Group Discussion:

Are there known instances of these types of maternity-related discrimination in your countries? If yes, can you provide any examples?

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

For each example, how big of a problem is this type of discrimination?
Employment protection related to MP: Protection against dismissal

Employment protection related to Maternity Protection refers to the right of a female worker to not lose her job during pregnancy or maternity leave as well as during a period following her return to work.

No dismissal during:

- Pregnancy
- Maternity leave
- Leave for maternity related illness or complications
- A period following women’s return to work

No dismissal except for reasons unrelated to maternity:

Group Discussion:

Are there known instances of Maternity-related dismissals in your countries? Can you provide an example?

How big of a problem is pregnancy or maternity-related dismissal in your countries?

You will have a total of 15 minutes to complete this task.
Discussion group: Protection of the right to return

Employment protection related to MP: Right to return

Employment protection related to Maternity Protection refers to the right of a female worker to not lose her job during pregnancy or maternity leave as well as during a period following her return to work.

The right to return to the same or an equivalent position with equal pay after leave is a key component of maternity protection.

If return is dangerous or absolutely impossible, an equivalent position with the same pay must be found.

Maintaining employment entitlements is an important part of economic security and gender equality. These include:

- Seniority in the company, which can be an important factor in calculating wages, training and promotions
- Any other promotion criteria
- Pay increases awarded while a worker is on maternity leave
- Pension rights and health and disability benefits, that should be computed as if the worker were in service at the company

Group Discussion:

In practice, do women enjoy the right to return in your countries? Any examples where women do not/have not enjoyed the right to return?

How big of a problem is this aspect of maternity related employment protection in your country?

You will have a total of 15 minutes to complete this task.
Group Work: Fishbone Analysis

Fishbone (root cause analysis)

- Problem
- Underlying cause level 1
  - Underlying cause level 1
  - Underlying cause level 2
- Underlying cause level 2
- Root cause
Discussion Group – Employment discrimination

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

Case study 1: Inadequate maternity protection (clothing manufacturing)

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

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

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

Questions

- What elements of maternity protection are being violated?
- What is the maternity protection legislation in the country? How well protected are the workers in this type of undertaking?
- What is the most urgent part of this situation to remedy within the scope of maternity protection?
- Who could the workers look to for assistance?
Case study 2: Employment discrimination and hazardous work

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

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

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

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

The only job she could get after giving birth was working as a maid in someone’s home, earning half as much as when she was a salesperson.
**Case study 3: Working conditions**
A pregnant woman’s doctor provided her employer with medical certificates every month during her pregnancy stating that the employee could not stand up for 8 hours a day. The woman was going to the toilet at work every day to cry because she was in so much pain.

**Case study 4: Work activities and work equipment**
A woman worked for a large car manufacturer in a job involving work on a heavy industrial sewing machine. When she became pregnant, her employer repeatedly refused her requests for a seat. She often experienced bleeding and her baby was born prematurely.

**Case study 5: Uniforms**
A pregnant woman was required to wear a uniform at work. However, despite her requests for a uniform that would fit her during her pregnancy, her employer refused to supply maternity clothing. When she wore her own clothing to work she was sacked from her job.

**Questions for case studies 2–5:**
- What elements of maternity protection are violated?
- In most countries, what sort of redress would these women have?
- Concretely, in this situation, what possibilities would the worker have to improve her situation during the pregnancy? And after being dismissed?
You will have a total of 20 minutes to complete this task.
Group work on stakeholder action and roles to address discrimination

**Materials:** Sticky notes  
Flipcharts, markers

Follow up to Discussion Group Exercise: Employment Discrimination  
After plenary discussion of the previous group work, have participants return to their groups.

Ask groups to brainstorm possible measures for addressing the examples of discrimination identified and/or pregnancy discrimination more generally:

- Identify 4 problems or types of problems with employment protection and non-discrimination.
- For each problem, what measure(s) could be taken?
- Who has responsibility for the proposed measure (which stakeholder(s))?

Each group should present their results in a table: ‘Problem’, ‘Measure’, ‘Responsibility’ and prepare to present to plenary.

⏰ You will have a total of 30 minutes to complete this task.
Session 6: Health Protection at the Work Place

Session Plan

<table>
<thead>
<tr>
<th>Title</th>
<th>Maternity Protection Resource Package (MPRP): Health Protection at work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>1.5 hours</td>
</tr>
</tbody>
</table>
| Learning Objectives | • Understand provisions in ILS for occupational safety and health and for health protection during maternity.  
                     • Apply principles to national law and practice |
| Content | ➢ Line Up! Warm up (20 min)  
           ➢ Power point Module 8 on Health Protection at Work (20 min)  
           ➢ Group work on Brainstorming Risks (20 minutes)  
           ➢ Handout sector specific hazards and continue group work (15 min)  
           ➢ Group presentations (20 minutes)  
           ➢ Conclusions and wrap up (15 min) |
| Methodology | Group discussion/game  
              Presentation  
              Small group discussions and exercise |
| Materials | Handouts and pens (flipcharts optional)  
            Copies of selected Exercises (1+ per group)  
            Copies of Handouts (1 per person) |

Trainer’s Notes

Health protection at work is a vast and very technical subject. This is a topic where legislation and practice can easily drift toward over-protection during pregnancy. This session provides only a very brief overview of the subject.

This session starts with an exercise which provides examples of health concerns during maternity (e.g. working until 2 weeks before childbirth, working in a laundry, etc.) and asks participants to line up on a continuum of no risk to extreme risk, with discussion after each example. The exercise if well facilitated can raise points about pregnancy not being an illness, health protection being important for all workers, reproductive health risks being relevant to men and women, and the importance of workplace risk assessments for identifying possible risks specific to pregnancy (since so many of the ‘answers’ will be ‘it depends’). It can help surface tendencies to think of pregnancy as an illness or extremely fragile state that leads to overprotective measures, and it can help steer discussions to the need for workplace risk assessments and broader preventive frameworks for OSH covering all workers.

This can be followed by a presentation of Module 8 on Health protection at the workplace, and discussion of OSH concerns and risks at work, together with the ladder of responses from prevention/elimination, adaptation, transfer, temporary leave with pay. The module also covers HIV and AIDS, maternity and the workplace.
The handouts will provide more specific information on the types of workplace hazards that could pose risks to pregnant and breastfeeding workers and their babies, with sector specific information. To have participants think concretely about the possible risks that workers might face in different sectors, you can pick a few of the top occupations/sectors for women’s employment in the countries of the participants. Using the handout on examples of hazards and the Brainstorming exercise, have participants try to identify what types of risks workers in selected occupations/sectors might face. After a brief group discussion, further handouts from Health Beginnings on hazards in specific sectors can be provided to help participants identify overlooked aspects of reproductive health risks. (Some of these are available in the Supplemental Materials with this package) After group discussion, groups can present key findings and insights to plenary. The ILO Healthy Beginnings publication offers many more sectoral examples and detailed information on reproductive health risks and is a key resource for this topic. See also the MPRP for suggestions on further reading.
Exercises

Group Line Up: How risky is it to...

Draw a line on the floor. At one end of the line, place a Flip chart that says “Very Risky”, and at the other end, a Flip Chart that says “No Risk”

Tell the participants that you are going to read a series of statements and you’d like them to line up on the line according to the risks that statement/activity poses for pregnant workers. After each statement, ask participants to indicate why they think that particular statement/activity is risky or not risky (there are usually a range of views possible because potential risks will depend on the specific conditions of any one worker—people will often have different views in mind, from a very general list of potential risks to risks for a specific type of worker in mind; there are often no ‘right’ answers and lots of ‘it depends’). Leave ample time for discussion. After this discussion, ask participants whether Statement/Activity X holds the same risks for non-pregnant women and for men or if the risks are specific to pregnancy. At the end of each statement, correct any misperceptions and add any additional information as to what the potential risks are (be careful to note that these risks may or may not exist for any one particular worker—e.g. agriculture work depends on crop, pesticides in use, etc, and an assessment is key). The ILO book “Healthy Beginnings” is a good resource for this. The key points to draw out include:

- pregnancy is not an illness
- health protection is important for all workers, not just during pregnancy
- working conditions can pose possible risks that are specific to pregnancy and these need to be assessed through a workplace assessment

You can select/add statements on the basis of actual provisions or practices in place in the national context. For example, some of the statements below were taken to discuss specific national legislation was be overly protective in the case of maternity, e.g. prohibiting any business travel throughout pregnancy---a protective measure that is not necessary in most occupations and can cause harm by denying women potential experience and opportunities important to their work.

Sample Statements:

Work until 2 weeks before childbirth?

(depends on job, but mostly no)

Travel on a business trip by plane in the 6th month of pregnancy

(unlikely to pose risks in a normal pregnancy)
Work as a child care worker
(possible risks---childhood diseases of rubella and chicken pox)

Work in a cleaning job at an old age home/or hospital
(possible exposure to e.g. blood borne pathogens —HIV, hepatitis)

Work at a veterinary office
(possible exposure to toxoplasma, mico-organisms)

Work in a laundry (hospital laundry, commercial laundry…)
(possible exposure to toxins, dry cleaning solvents and cleaning agents; extreme heat)

Work in agriculture in the fields
(pesticides, heavy lifting, etc)

Work as a painter in a toy factory
(lead paint, chemical fumes, etc)

Work as a dentist
(some anaesthetics, xray machines/radiation)
Brainstorming Risks for Workers in Different Sectors

Your group will be assigned an employment sector (agriculture, clothing/textiles, or health care). Review the handout on examples of reproductive hazards for pregnant and breastfeeding women. See if you can identify any risks for workers in your employment sector using the table below (keep in mind this is just brainstorming to start thinking about reproductive health and safety considerations; this is not a technical exercise or simulation of an actual assessment):

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Examples of risks to mother or child?</th>
<th>Possible measures to eliminate risks?</th>
<th>Possibilities to adapt work or adjust working conditions?</th>
<th>Temporary transfer required?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demands</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working Conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workplace Hygiene</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

⚠️ You have 20 minutes to review and discuss; prepare a short summary of key points for plenary.
<table>
<thead>
<tr>
<th>Risk</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A pregnant woman has severe backache made worse by her job, which involves standing all day at an assembly bench</td>
<td></td>
</tr>
<tr>
<td>A pregnant shop worker finds it hard to sit or stand for too long at one time</td>
<td></td>
</tr>
<tr>
<td>A domestic worker is experiencing problems carrying washing and cleaning equipment up and down stairs in the second half of her pregnancy</td>
<td></td>
</tr>
<tr>
<td>A heavily pregnant worker finds it increasingly hard to climb the steep stairs to her second floor workroom</td>
<td></td>
</tr>
<tr>
<td>A pregnant worker’s midwife tells her that she should stop working night shifts because she is suffering from fatigue</td>
<td></td>
</tr>
<tr>
<td>A farm worker who is pregnant during the lambing season</td>
<td></td>
</tr>
<tr>
<td>During manual handling, increased risk of postural problems when pregnant or limitations of ability when the woman has had a Caesarean section</td>
<td></td>
</tr>
<tr>
<td>Risk of heat stress, dehydration or fatigue from extremes of hot or cold</td>
<td></td>
</tr>
<tr>
<td>Fatigue from prolonged standing or workload involving much physical effort</td>
<td></td>
</tr>
<tr>
<td>Raised blood pressure associated with stress</td>
<td></td>
</tr>
<tr>
<td>Morning sickness during early shift work</td>
<td></td>
</tr>
<tr>
<td>Morning sickness associated with nauseating smells</td>
<td></td>
</tr>
</tbody>
</table>
Some answers...

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

Handout—Table of Examples of Reproductive Hazards Affecting Pregnancy and Breastfeeding

<table>
<thead>
<tr>
<th>Type of hazard</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological agents</td>
<td>Bacteria, viruses, parasites and fungi, including:</td>
</tr>
<tr>
<td></td>
<td>• infections carried and transmitted by people</td>
</tr>
<tr>
<td></td>
<td>• some diseases carried by animals or other wildlife</td>
</tr>
<tr>
<td></td>
<td>• some micro-organisms that are found in water, food, soil or other substances</td>
</tr>
<tr>
<td>Chemical agents</td>
<td>Chemicals, chemical compounds or chemical intermediates in any form, including:</td>
</tr>
<tr>
<td></td>
<td>• chemicals that are or may be carcinogenic, teratogenic or mutagenic or toxic to reproduction at any stage</td>
</tr>
<tr>
<td></td>
<td>• some heavy metals (e.g. mercury, lead)</td>
</tr>
<tr>
<td></td>
<td>• some drugs</td>
</tr>
<tr>
<td></td>
<td>• harmful chemicals that may be absorbed through the skin, swallowed or breathed in (e.g. pesticides or tobacco smoke)</td>
</tr>
<tr>
<td>Physical agents</td>
<td>• Ionizing and non-ionizing radiation</td>
</tr>
<tr>
<td></td>
<td>• Impacts or excessive movements (e.g. shocks, jolts, vibration)</td>
</tr>
<tr>
<td></td>
<td>• Noise</td>
</tr>
<tr>
<td></td>
<td>• Extremes of heat or cold (including climate)</td>
</tr>
<tr>
<td></td>
<td>• Pressurized atmospheres</td>
</tr>
<tr>
<td>Physical and mental demands, movements and postures</td>
<td>• Arduous work</td>
</tr>
<tr>
<td></td>
<td>• Manual handling of loads</td>
</tr>
<tr>
<td></td>
<td>• Prolonged sitting or standing</td>
</tr>
<tr>
<td></td>
<td>• Awkward movements or postures</td>
</tr>
<tr>
<td></td>
<td>• Transportation or travel</td>
</tr>
<tr>
<td></td>
<td>• Stressful work or work situations</td>
</tr>
<tr>
<td></td>
<td>• Intensive workloads</td>
</tr>
<tr>
<td></td>
<td>• Work requiring balance</td>
</tr>
<tr>
<td>Working time/conditions</td>
<td>• Night work, rotating shifts</td>
</tr>
<tr>
<td></td>
<td>• Long or inflexible working hours (including overtime)</td>
</tr>
<tr>
<td></td>
<td>• Restrictions on breaks</td>
</tr>
<tr>
<td></td>
<td>• Starting and finishing times (too early or too late)</td>
</tr>
<tr>
<td></td>
<td>• Lone working</td>
</tr>
<tr>
<td></td>
<td>• Workplace harassment</td>
</tr>
<tr>
<td></td>
<td>• Restrictions on maternity leave or leave for medical care</td>
</tr>
<tr>
<td></td>
<td>• Lack of nursing breaks when breastfeeding</td>
</tr>
<tr>
<td>Workplace/ hygiene problems</td>
<td>• Inadequate first aid, fire and emergency procedures</td>
</tr>
<tr>
<td></td>
<td>• Unsanitary or unhygienic conditions</td>
</tr>
<tr>
<td></td>
<td>• Lack of access to clean toilets, washing and changing facilities</td>
</tr>
<tr>
<td></td>
<td>• Unhygienic eating and refreshment areas, lack of safe drinking water</td>
</tr>
<tr>
<td></td>
<td>• Lack of nursing or rest facilities</td>
</tr>
<tr>
<td></td>
<td>• Unsafe water (for washing, cleaning, cooking or drinking)</td>
</tr>
<tr>
<td></td>
<td>• Rough terrain, uneven or slippery floor surfaces</td>
</tr>
<tr>
<td></td>
<td>• Lack of space or poor workplace layout</td>
</tr>
<tr>
<td></td>
<td>• Remote or inaccessible workplaces/environment</td>
</tr>
</tbody>
</table>
Handout – How to assess occupational safety and health risks for pregnant and nursing workers

**STAGE ONE: ASSESS THE RISKS**

<table>
<thead>
<tr>
<th>Look for the hazards</th>
<th>Are there any hazards that could harm the mother or (born and unborn) child?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STAGE TWO: AVOID HARM**

<table>
<thead>
<tr>
<th>Can you eliminate all the hazard(s) from the workplace?</th>
<th>YES</th>
<th>ELIMINATE HAZARD(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO</td>
<td>REDUCE IT TO A MINIMUM</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>Does a significant risk remain?</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>Keep under review as the pregnancy progresses</td>
</tr>
<tr>
<td>Can the risk be avoided by adapting her work or adjusting her working conditions?</td>
<td>YES</td>
<td>ADAPT OR ADJUST CONDITIONS</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>Can she be transferred to alternative work?</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>TEMPORARY TRANSFER To other work</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>GIVE HER PAID LEAVE Until it is safe for her to return</td>
</tr>
</tbody>
</table>
Session 7: Breastfeeding Arrangements at the Workplace

Session Plan

<table>
<thead>
<tr>
<th>Title</th>
<th>Maternity Protection Resource Package (MPRP): Breastfeeding Arrangements at the Workplace</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>1.5 hours</td>
</tr>
</tbody>
</table>
| Learning Objectives | • Understand global guidance for breastfeeding and its practical implications for nursing mothers returning to the workplace.  
• Review provisions in ILS for breastfeeding at the workplace and apply principles to national law and practice |
| Content | ➢ Power point Module 10 on Breastfeeding Arrangements at the Workplace (20 min)  
➢ Exercise & Handouts on ‘Supporting breastfeeding in the workplace’ (40 min) OR Exercise on Case Study (30 min)  
➢ Plenary reports and discussion (30 min) |
| Methodology | Presentation  
Small group discussions and exercise  
Plenary discussion |
| Materials | Flipcharts and Markers  
Copies of Handouts (1 per person)  
Copies of selected exercises |

Trainer’s Notes

This session sets out the importance of breastfeeding for mother and child health and for family economics and draws attention to the importance of breastfeeding supports for mothers returning to work after maternity leave. Maternity leaves in most countries end before infants have attained 6 months of age; the period during which the WHO recommends exclusive breastfeeding. Lack of supports at the workplace is one of the main reasons women discontinue breastfeeding. Yet, introducing breastfeeding breaks and supports can be a low cost intervention for employers with many benefits such as higher retention, fewer absences and lower health costs.

Depending on the audience, participants may not be familiar with how breastfeeding works. Many people assume that a woman can simply work for 8 or 10 hours per day and breastfeed upon return to work. It can be very useful to discuss the biology of breastfeeding—that milk supply operates on a demand-supply basis, and dries up when there is no demand. This means that a woman that does not breastfeed or express milk regularly throughout the day will
quickly see her supply diminish (see Box 2 in the first handout). Moreover, human breastmilk is quite easy to store and save for feeding the baby later if it is not feasible to have the baby near the workplace at breastfeeding breaks (see the second handout). Levelling the basic understanding of why no breaks=no milk will help orient participants in understanding the challenges so that they shift toward thinking about the solutions.

This session begins with the Power point for Module 10, followed by handouts and the Exercise on Supporting breastfeeding at work. The exercise can be tailored to the occupational characteristics of the country or context in which participants are working by selecting occupations in which large numbers of women are working, or in which women are lacking protections and supports. Providing ample time for the exercise itself allows participants the time to review the handouts which offer extensive practical information for the exercise.

An alternative option for a group exercise is the Case Study on the provision of facilities at work. For this case study, the first question requires information about national legislation in participants’ country context(s). Please briefly present information about national legislation (e.g. national norms, laws, etc.) to the plenary that will help participants undertake the exercise.
**Exercises**

**Exercise - Supporting breastfeeding at work**

In your small group write a recommendation on good practice each of the headings below for supporting breastfeeding at the workplace, using the occupational group or enterprise type your group has been assigned (if this is a standalone session, divide participants into groups and assign each group a category of workers that is typical in their country; e.g. agricultural workers, textile workers, teachers, health care workers, etc).

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

Feel free to use the handouts to help identify potential improvements.

⏰ You have 40 minutes to complete this exercise and be ready to report your thoughts and ideas to the plenary group. Your group representative will have 10 minutes to present your response.
Exercise—Case Study: Provision of breastfeeding facilities

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

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

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

Questions to consider

Is Alprotec breaking the law?

What could Alprotec do at no cost to improve the current situation?

What “entry points” can you identify for discussing the improvements?

Feel free to use the handouts to help identify potential improvements.

⏰ You will have a total of 30 minutes to complete this task.
Handouts

Handout — Support for breastfeeding at work

As maternity leave periods often expire before the WHO recommended period of breastfeeding, workplace arrangements to enable women to continue to breastfeed upon return to work are important to meet international recommendations and are in the best health interests of mother and child.\footnote{For further information on breastfeeding at work, please refer to Module 10 of the resource package}

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

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

Breastfeeding breaks

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

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

**Convention No. 183, Article 10**

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

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

**Recommendation No. 191**

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

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

National laws in more than 120 countries provide breastfeeding breaks in some form. The issues concerning breaks include:

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

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

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

**Daily reduction of working hours**

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

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

**Paid breaks**

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

**Breastfeeding breaks in practice**

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

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

Box 2
Why are breastfeeding breaks needed?

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

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

A breastfeeding mother invests time and energy providing food and care for her family. This is rewarding but also stressful. Milk expression in particular becomes more difficult when women are under stress. A supportive attitude from the employer, supervisors, union, and co-workers can lessen the stresses of balancing job and family needs.\(^\text{12}\)


\(^\text{12}\) For further information on breastfeeding at work, please refer to Module 10 of the Resource Package.
Handout – A breastfeeding facility is not expensive or complicated to set up

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

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

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

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

Handout – More practices supporting breastfeeding at work

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

**Information**

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

**Support by employer and colleagues**

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

**Flexible work arrangements**

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

**Childcare facilities**

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

**Breastfeeding policy at the workplace**

Among the most important of other supporting factors for breastfeeding, is for the employer to provide a policy that supports breastfeeding at work (see Module 10 for guidance on developing a policy). Developing and disseminating such a policy statement will help to demonstrate the employer’s commitment to the workplace provisions. The policy is intended to:
• help to reassure women that participation in the paid workforce is compatible with their reproductive function including breastfeeding, and that the employer is supportive of it;
• outline workplace provisions to enable women to maintain breastfeeding; e.g. breastfeeding breaks, facilities and the promotion of work-based childcare; and
• outline the employer’s commitment to helping both men and women workers to better balance their paid work with family responsibilities through flexible working arrangements such as teleworking, job-sharing, part-time work and flexitime.

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

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

- If space isn't available, perhaps flexibility in time can be introduced: e.g. flexible working hours, reduced hours, longer lunch hours and working from home.

- Making one or more offices available at intervals during the day. They might need blinds installed for privacy, or a comfortable chair added.

- A number of different businesses in a small geographic area (a mall, a market, small farms, etc) could pool resources to lease and equip a family room or space for workers. If a space is not available, look at the different spaces you have and consider whether anything could be reorganized or stored off-site to create a suitable space, even if only temporarily.

- Could a sick room be adapted?

- Use screens and “do not disturb” notices to make the space private.

- Contact a breastfeeding advocate to work with your organization one-on-one.

## Session 8: Coping with Childcare

### Session Plan

<table>
<thead>
<tr>
<th>Title</th>
<th>Maternity Protection Resource Package (MPRP): Beyond maternity and back to work: Coping with childcare (Module 11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>1.5 hours</td>
</tr>
<tr>
<td>Learning Objectives</td>
<td>To understand:</td>
</tr>
<tr>
<td></td>
<td>• Main challenges in coping with childcare upon return to work</td>
</tr>
<tr>
<td></td>
<td>• Definitions of family responsibilities and unpaid care work</td>
</tr>
<tr>
<td></td>
<td>• International frameworks and instruments for addressing work–family reconciliation</td>
</tr>
<tr>
<td></td>
<td>• Laws and policies promoting gender equality in the division of paid work and unpaid care work</td>
</tr>
<tr>
<td></td>
<td>• Discussion of the main measures for supporting work–family reconciliation</td>
</tr>
<tr>
<td></td>
<td>• Roles and responsibilities of the main stakeholders</td>
</tr>
<tr>
<td>Content</td>
<td>- Exercise on Coping with childcare and paid work (30 min)</td>
</tr>
<tr>
<td></td>
<td>- Group Feedback (15 min)</td>
</tr>
<tr>
<td></td>
<td>- Power point presentation, Module 11 (30 min)</td>
</tr>
<tr>
<td></td>
<td>- Discussion (15 min)</td>
</tr>
<tr>
<td>Methodology</td>
<td>Presentation</td>
</tr>
<tr>
<td></td>
<td>Small group discussions and exercise</td>
</tr>
<tr>
<td>Materials</td>
<td>Flipcharts and Markers</td>
</tr>
<tr>
<td></td>
<td>Exercise (1+ per group)</td>
</tr>
<tr>
<td></td>
<td>Handout (1 per person)</td>
</tr>
</tbody>
</table>

### Trainer’s Notes

This session begins with an exercise that divides participants into groups of about 4 people each. The group is asked to form a family with children that is typical in their country, and then fill out information on how they will care for their children while they are at work. In presenting their families and their childcare solutions, the facilitator can draw out key points regarding affordability of and access to childcare, gender equality/inequality in existing national and workplace policies and practices and in household divisions of labor, government and stakeholders’ roles in promoting workplace measures, and the need for data and research on how families are coping. If there are many groups to present feedback in plenary, the time allocation for group feedback will need to be adjusted accordingly.

Another option for an exercise is to take the handout, create a scenario (e.g. a family with a mother who works as a health care worker, a father who works on road crews, a 3 year old and a 9 year old, in a rural area…tailor this to national and local realities, more detail is better), then
ask participants to come up with examples of policies and measures under at least 4 bubbles in the diagram. For this option, print out large sized Handouts; participants can either write measures directly on the Handouts, or can use flipcharts and markers, even cutting out the circles and taping to the flipcharts.

This can be followed with the Power point presentation and the handout on the measures for promoting work-family reconciliation. After providing the handout to participants, the facilitator can ask participants to revisit their childcare schedules from the exercise and identify additional measures that could potentially be developed (and by whom) to help address the needs of families.
**Exercise – Coping with childcare and paid work**

Each small group will take the perspective of a worker in a particular sector (agriculture, government, textiles/clothing, health…) and identify the types of childcare solutions available for the worker’s children at different stages of their life, taking into account typical working hours and conditions. Each group should create a family that is typical in their country, describing the parent/parents, their occupations and work lives, the number of children they have and how old they are. Each group then fills out the following information.

Describe the worker’s title and typical work schedule (daily schedule, days per week, weeks per year, seasonal variations):

Select 2 children from the following life stages:
- Breastfeeding Infant
- Pre-school Child
- Young School-age
- Older School Age

<table>
<thead>
<tr>
<th>Child 1.</th>
<th>Available Services (Access)</th>
<th>Quality of Existing Services</th>
<th>Affordability</th>
<th>Gaps?</th>
<th>Possible Stakeholders and Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Stage: _________</td>
<td>Morning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Afternoon</td>
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<tr>
<td></td>
<td>Evenings</td>
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<td></td>
<td>Night time</td>
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<tr>
<td>School Holidays, summers</td>
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<tr>
<td>Child 2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Stage: _________</td>
<td></td>
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<td>Morning</td>
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<tr>
<td>Afternoon</td>
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<tr>
<td>Evenings</td>
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<td>Night time</td>
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<td>School Holidays, summer</td>
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You have 30 minutes to complete this exercise and be ready to report your thoughts and ideas to the plenary group. Your group representative will have 5 minutes to present your response.
Handout — Measures for Promoting Work-Family Reconciliation

- Basic public infrastructures and services
- Social care services (child, elderly, sick, disabled people-care)
- Decent working time
- Fair and decent wages and incomes
- Active labour market measures
- Education, information and advocacy
- Policy research
- Leave policies (maternity, paternity, parental, emergency leave)
- Social security benefits

Government

Employers

Workers

Civil Society