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Fertility, reproductive health and development

Mr. President, Your Excellencies, Ladies and Gentlemen,

That paid work is a central feature of the lives of most individuals is as true for women of reproductive age as it is for all men and women. Worldwide, the majority of women of childbearing age are in the labour force. The importance of paid work in the lives of so many makes the quality of working conditions paramount to the reproductive health of women (as well as men).

Working during pregnancy is not in and of itself a risk but women around the world continue to face considerable maternity- related threats to their health and economic security. Women continue to face dismissal and discrimination in hiring on the basis of maternity. Workplace environments can pose hazards to reproductive health (e.g. exposure to pesticides, solvents and other chemicals); requirements of physically demanding work (e.g. heavy lifting); and irregular or long working hours: all can have potentially negative effects for the health of expectant or nursing workers and their babies.

The effects of potential hazards facing working women during pregnancy and nursing periods can be mitigated by social and legal measures. There is broad consensus that protections at work during maternity are important for safeguarding the health and economic security of women and their children. This consensus is reflected in international labour standards which set out the basic requirements of maternity protection at work.

Protecting maternity has been a core issue for the member States of the ILO since its establishment. Over the course of its history, ILO member States have adopted three Conventions on maternity protection, the most recent being the Maternity Protection Convention in 2000 (No. 183), accompanied by Recommendation No. 191. Maternity protection at work includes the right to a period of leave immediately before and after childbirth, cash and medical benefits, health protection at work, entitlements to breastfeeding breaks, and employment protection and non-discrimination.

Pregnancy, childbirth and the post-natal period are three phases in a woman's reproductive life in which special health risks exist and special workplace protections may be needed. Medical supervision and, if necessary, the adaptation of a woman's activities in line with her condition may greatly reduce the specific risks to her reproductive health, enhance the probability of a successful outcome to the pregnancy and set the stage for the healthy development of the child.

Convention No. 183 sets out the right to health protection by calling for measures to ensure that the pregnant or nursing woman is not obliged to perform work prejudicial to her health or that of her child, or where an assessment has established a significant risk to the health of the mother or her child (Article 3). Recommendation No. 191 provides for adaptations in the pregnant or breastfeeding woman's working conditions in order to reduce particular workplace risks related to the safety and health of the woman and her child, and notes that the woman should retain the right to return to her job or an equivalent one paid at the same rate when it is safe for her to do so.

Women's economic empowerment and access to decent work, together with their educational opportunities, political rights, and their access to quality health care and reproductive health services, are all interwoven dimensions of reproductive, maternal and overall health. The ILO highlights several areas in particular within its mandate that have potential to support and contribute to broader efforts toward better reproductive health.

Through its Decent Work Agenda, the ILO works to improve maternity protection and health through the workplace to ensure that work does not threaten the reproductive health of pregnant and nursing women or their newborns, and to ensure that maternity and women's reproductive roles do not jeopardize their economic security.

Workplaces serve as important entry points for reproductive health education. The ILO works with its constituents - governments, employers' and workers' organizations - to increase awareness of maternal health issues, develop workplace policies and programmes to improve maternal health, and undertake educational programmes to spur demand for health services. Through its constituents, the ILO helps expand education and services through a variety of workplace settings, reaching formal and informal economy workers, providing information and services for human resources training, occupational safety and health, and HIV prevention, treatment, care and support.

Secondly, social health protection is vital to ensure that health care is within reach for all who need it. The central objective — and challenge — is to build upon and incorporate existing local and national schemes into a pluralistic national system that provides effective access to quality reproductive, maternal health care and financial protection against health related costs. Ensuring that maternity benefits around the period of childbirth are included in basic social protection schemes - including initiatives to establish a Social Protection Floor - must be part of the strategy, if women are to enjoy effective access to reproductive health and safe maternity.

Thirdly, initiatives to improve maternal health must find effective international and national responses to the health workforce crisis. The quality of health services rests squarely on the people who deliver them. But today, health-care workers in many countries struggle under the staff shortages, poor working conditions, and absence of career or training opportunities imposed by years of rising healthcare costs, structural adjustment policies and cost containment measures. Promoting decent work for health workers and fostering social dialogue must be at the top of the agenda in all efforts to address the crisis in health services.

In June 2010, the Office released the second edition of the global report "*Maternity at work: A review of national legislation*", based on the newly updated ILO Database of Conditions of Work and Employment Laws, available on ILO website. The report updates the current knowledge of the status and progress of maternity protection legislation around the world. It shows that over the last 15 years, there has been a gradual improvement in maternity protection laws, with 30 per cent of ILO member States that fully meet the requirements of the Maternity Protection Convention, 2000 (No.183) on duration, level and source of financing of maternity leave. However, actual coverage of legislation remains a concern and additional efforts are needed to extend maternity protection coverage to all working women, including informal, domestic and agriculture workers.

In partnership with the WHO, UNICEF and the Maternity Protection Coalition (IBFAN, GIFA), the ILO and its International Training Centre are developing and implementing a "*Maternity Protection Resource Package*" (MPRP), which aims at supporting ILO constituents and the UN System capacities' to improve and extend maternity protection in times of crises, with particular emphasis on vulnerable groups.

ILO national experiences

In Cambodia, factory owners in the garment sector are working with employers' organizations and the ILO to strengthen awareness and implementation of maternity protection, health and breastfeeding measures through

factory-based training and on-site nursing facilities, information materials and a nationally televised soap opera series on workers' rights and responsibilities.

The ILO also provided technical assistance in Jordan and worked closely with government, employers and workers on the introduction of a fair and affordable maternity cash benefits scheme during maternity leave within the national social security system.

In collaboration with the WHO, the ILO is supporting trade unions and professional associations in the United Republic of Tanzania representing health-care workers to improve working conditions and performance of health care workers through the development and implementation of a participatory and action-oriented methodology called Health-WISE.

I thank you.