

SECTION 6b

Campaign Tools for a Successful Maternity Protection Campaign

Campaign Tool 1:

Rapid Assessment of Status of Maternity Protection in Zimbabwe, 2001

NO. QUESTIONS	ANSWERS
IA Is there a legislation on maternity protection?	Legislation on maternity protection is available in the Labour Relations Act for women workers in private Sector and the Public Services Regulations of 2000 for civil servants.
IB Who is covered by legislation?	The provisions of the legislation cover all women workers – the law does not exclude anyone. In practice the implementation differs depending on the employer. It is known that women in the informal sector are often disadvantaged.
2A What is the duration of maternity leave?	Maternity leave is for a period of 90 days. This can be taken 45 days before the EDD and 45 days after delivery. A woman has to produce a medical certificate. She may continue to work up to 21 days before the EDD subject to approval by her head of the department. If due to the nature of her work, her head of department may require her to leave earlier than the period stipulated. She is then compelled to take annual or accrued vacation leave or leave without pay to cover the extra period.
2B Is the period adequate to enable exclusive breastfeeding for 6 months?	90 days is not adequate to enable exclusive breastfeeding for 6 months. However women can extend by using annual or accrued vacation leave or unpaid vacation leave.
3A Are breastfeeding breaks or reduction of working hours allowed?	One hour or two half-hour breastfeeding breaks are provided for in the legislation. They are remunerated. Their implementation is left to mutual agreement between the employee and the employer. A women can start an hour later or leave an hour earlier or combine one half hour with lunch break and leave half an hour earlier than normal. This is allowed until the baby reaches 6 months.
3B How are women managing?	Due to transport problems and cost, most women prefer to reduce work hours as indicated above. The idea of expressing breastmilk and storing in a fridge or cool place has not been investigated fully.
3C How could the above scenario be set up if it is not available?	There is need to raise awareness amongst women about expressing breastmilk and storing away for later use.
4A Are there institutions with breastfeeding corners or facilities?	There is currently no known institution with such a facility. There may be need to send out a questionnaire to various institutions to assess their attitude. The Ministry of Labour is supportive of us advocating amongst employers for the establishment of breastfeeding corners.

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Campaign Tool 1: Rapid Assessment of Status of Maternity Protection in Zimbabwe, 2001

NO. QUESTIONS	ANSWERS
4B What possibility is there of establishing breastfeeding corners or facilities at or near workplaces?	This issue has not been explored, sufficiently. One NGO has indicated a willingness to convert one room into a breastfeeding or breastmilk expression facility. While this is commendable, there is need for awareness amongst women workers so that they can demand through dialogue and negotiations a breastfeeding or breastmilk expression facility at places of work.
5 How are maternity benefits financed?	For public servants, maternity leave is fully paid by the employer. Women workers in the private sector receive 60% of their pay, financed by the employer. A woman who has worked for less than a year is entitled to unpaid maternity leave. The same applies to a woman who has more than 3 permissible periods of maternity leave (a period is every 24 months) unless she has accrued vacation leave.
6 Is ratification of ILO Convention 183 possible?	Existing laws and practice on maternity protection fall short of ILO C183. The current legislation still has 12 weeks duration for maternity leave. However, the government is considering ratifying C183, after Parliament passes the Labour Amendment Bill which has taken on board most of the provisions of the new convention.
7 What are the obstacles towards ratification and implementation?	The Labour Relations Act is currently in Parliament for amendment to include the provisions of C 183. The major obstacle to ratification is the financing of maternity benefits. The National Social Security Authority has been tasked to come up with a Maternity Benefit Scheme. Their report is awaited.
8 Are any national activities or campaigns on-going or being planned in 2001-2003 and who is arranging the activities?	The Maternity Protection focal point in conjunction with Ministry of Public Service Labour and Social Welfare as well as Ministry of Health and Child Welfare had planned some workshops to raise awareness amongst the tripartite partners. Advocacy activities will be resumed this year, particularly sensitisation of women employees on C 183. A workshop on Social Security Convention 102 was planned for May 2001. C 183 will also be on the agenda.
9 How can maternity protection issues be integrated into on-going programmes (e.g. BFHI, CRC, HIV/AIDS, etc.?)	Initially it is important to produce user-friendly materials on maternity protection and keep the different programme managers or co-ordinators informed. Participation in their activities is important as well.
10 If possible compare and analyse the texts of the new ILO C183 and its accompanying Recommendation R191 with existing national legislation as well as SADC recommendations.	This exercise is useful and will be pursued. It can form the basis of background materials for use in one of the workshops planned with the tripartite partners.

This Rapid Assessment Tool was developed by the IBFAN Africa Technical Working Group: Amal Omer-Salim of IMCH, Uppsala, Sweden (for technical support), Funny Kondolo, Charles Sagoe Moses, Barbara Tembo, Joyce Chanetsa, under the coordination of Pauline Kisanga, Regional Coordinator, IBFAN Africa.

Campaign Tool 2: Key Questions and Methods for Data Collection

- Collect copies of relevant legislation related to maternity protection in your country – laws, acts, ordinances, decrees – as well as collective agreements between unions and employers.
- Collect information about who is covered by the legislation. Do the same rules apply to workers in the public and private sectors? What categories of women are excluded from the legislation, and what is done to include them? Do some women work in Export Processing Zones where there is no protection whatsoever from labour laws? (These zones are set up in developing countries under special rules that make them more attractive to foreign manufacturers and investors.) Do any provisions exist for the informal sector? What conditions apply before women can use their entitlements – length of service, number or spacing of pregnancies, medical certificate?
- Information collected should also provide details of: what is the duration of maternity leave? What is the length of leave before and after birth? Can women choose when to take their leave? Are there other types of leave that women can use to extend their maternity leave, such as annual leave, casual leave, unpaid leave, parental or family leave?
- Who finances maternity benefits? Is it the employer? Is there a social security scheme? Compulsory social insurance or other public funds?
- Health protection: How are workers informed about hazardous conditions in the workplace? Are women able to modify their work environment for better health and safety whilst pregnant or lactating?
- Is there evidence of gender discrimination? Do women get equal pay for work of equal value (pay equity)? Are job applicants subjected to pregnancy testing or asked to give proof of sterilisation? Do women return to the same or equivalent job after maternity leave?
- Are women allowed breastfeeding breaks or a reduction of work hours at the start or end of the workday because they are breastfeeding?
 - Are breastfeeding breaks counted as working time and paid?
 - How are women managing? Do they have accessible facilities for breastfeeding or expressing milk ("breastfeeding corners")? Enough time? Support from colleagues and supervisors? Flexible schedules? A secure place to store expressed milk? Do most women continue breastfeeding if they work full-time? Do most women know it is possible?
 - Find out which employers provide breastfeeding corners and make a list for future reference. These employers are potential allies.
 - If there are no breastfeeding corners, how much interest would there be in setting up a reasonable accommodation at or near the worksite?
 - Are worksite crèches available? Do women want crèches at their workplace?
- You can interview people who are in a position to give their opinion about the feasibility/non-feasibility of your country ratifying C183. What steps would they suggest?
- It is also crucial to ask if there are any on-going or planned national activities or campaigns regarding maternity protection at the workplace. If there are none, how can maternity protection be integrated into other on-going programmes in your country?
- Your interviewee probably knows other experts you could meet. Try to leave each meeting with a few new names and addresses, so as to continually extend your network.

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Campaign Tool 3: Comparison and Analysis of C183 with National Laws and Practices					
1. C183	2. R191	3. OUR COUNTY'S LAWS	4. COMMENTS	5. OUR OBJECTIVES	6. DETAILS
<p>Scope: All employed women including those working in atypical forms of dependent work. Certain categories of workers can be excluded. Women working in the informal sector are excluded.</p>	<p>Maternity leave in case of adoption.</p>				
<p>Maternity leave: Length: 14 weeks, at least 6 weeks after confinement.</p>	<p>18 weeks at least. Mothers should be able to choose when they take their leave.</p>				
<p>Additional leave: Sick leave can be taken in case of illness.</p>	<p>Paternity leave in case of hospitalisation or death of mother. Parental leave for either parent at the end of maternity leave.</p>				
<p>Conditions for leave: Medical certificate.</p>					
<p>Cash benefits: Level of benefits no less than 2/3 of salary.</p>	<p>100% of salary.</p>				
<p>Medical benefits: Free prenatal, childbirth and postnatal care depending on national law and practice.</p>	<p>Free care.</p>				
<p>Financial responsibility for benefits: Public funds except in exceptional cases.</p>	<p>Contributions to maternity benefits are paid in proportion to the total number of workers in an enterprise.</p>				Continued next page

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Campaign Tool 3: Comparison and Analysis of C183 with National Laws and Practices

1. C183	2. R191	3. OUR COUNTY'S LAWS	4. COMMENTS	5. OUR OBJECTIVES	6. DETAILS
<p>Health protection: Pregnant and lactating workers are not obliged to perform work that is a risk to mother or child.</p>	<p>Women should be informed of risks. Alternative work should be provided without loss of pay.</p>				
<p>Protection from dismissal and discrimination: Unlawful to dismiss during pregnancy, maternity leave and a period after returning to work except if maternity is not at cause. Upon return to work, the woman is entitled to the same position and salary. No discrimination to employed women or women seeking employment based on grounds of maternity (no pregnancy tests).</p>	<p>Professional rights should be continued during maternity leave.</p>				
<p>Breastfeeding breaks: One or more breaks per day or reduction in length of working day.</p>	<p>Breaks should be adapted to needs of mother and child. Mother should be able to choose to reduce length of work day rather than take breastfeeding breaks during work hours.</p>				
	<p>Breastfeeding facilities: Facilities set up at or near the workplace</p>				

Campaign Tool 4: Country Plan of Action - Zimbabwe

Zimbabwe Maternity Protection Action Plan: 2001 - 2003

Overall goal: Enhanced breastfeeding through improved maternity protection for working women

LEVEL	OBJECTIVE	PROBLEM/OBSTACLE	STRATEGY	ACTIVITIES	ACTORS	EXPECTED OUTCOME
National	Advocate for ratification and implementation of MPC 183	Financing of maternity benefits	1. To understand the process of setting up a maternity benefits scheme	1. Meetings/ seminars with key stakeholders	Min of Labour NSSA Min of Health Min of Finance Trade unions Employers Org Women's Org	1. Clarification and appreciation of the process
			2. Develop an appropriate intervention strategy to influence the process in 1 above	2. Lobby for speeding up of the process	Min of Labour NSSA Min of Health Min of Finance Trade unions Employers Org Women's Org	2. Maternity benefit scheme set up
			3. Inclusion of provision of C 183 in Labour Relations amendment Bill	3. Appropriate input into the process	Min of Labour NSSA Min of Health Min of Finance Trade unions Employers Org Women's Org	3. Ratification of C 183
		Lack of awareness of Maternity Protection Legislation by workers	4. Awareness Creation programmes	4.1. Comparative analysis of national legislation against C 183	All relevant stakeholdersgroup on MPC	Sensitised/ informed workers
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Campaign Tool 4: Country Plan of Action - Zimbabwe

Zimbabwe Maternity Protection Action Plan: 2001 - 2003

Overall goal: Enhanced breastfeeding through improved maternity protection for working women

LEVEL	OBJECTIVE	PROBLEM/OBSTACLE	STRATEGY	ACTIVITIES	ACTORS	EXPECTED OUTCOME
National				4.2. Integrate C 183 into planned workshop on C 102		
			5. Training programmes	5.1. Development of training materials/ 5.2. Training/ orientation of trainers of other progs e.g. breastfeeding counsellors	Local team + working group on MPC	Training package
			6. Feasibility study into provision of breastfeeding corners/ facilities	6.1. Developments of study instruments 6.2. Setting up of pilot facility	Local team + working group on MPC	
					Local team + working group on MPC	Study done
					Local team + working group on MPC	Pilot facility set up

Working Group Level Provision of technical support
 Provision of generic training material
 Support in advocacy activities

Regional Level Provision of seedgrants
 Facilitation of technical inputs
 Provision of technical information

Global Level Provision of technical information
 Support with seedgrants
 Assist in capacity building of national teams

Campaign Tool 5: Sample Survey - Maternity and Work

Reproduced with permission from *Maternity Protection ILO Convention C 183: A New Standard for the New Century*. Ferney Voltaire Cedex (France)/Bruxelles/Bruxelles: Public Services International/ International Confederation of Free Trade Unions/ Education International, 2001 pages 29-34.

Section 1 - General Information

1. How old are you?
 Under 20 20-25 25-30 30-35 35-40 40+
2. Where do you work?
 Industry _____ Company name _____ Department _____
3. Are you employed?
 Full time Part time Casual Temporary On a piecework system
 As a home based worker
4. What is the name or title of your job? _____
5. Does your workplace have:
 Mostly male employees Mostly female employees About the same number of male and female employees

Section 2 - Pregnancy and Employment

1. Have you ever been pregnant while employed?
 Yes No (if no, go to question 3)
 If yes, how many times? _____
2. What was your employer's reaction to finding out you were pregnant?
 Supportive Unsupportive
 Please give examples _____
3. While you were pregnant at work, did you need to request light duties or be transferred to a safe job?
 Yes No
 If yes, did you experience any difficulty with this request?
 Yes No
 If yes, why? _____
4. Were you transferred to another post due to your pregnancy in an unnecessary manner? For example, were you moved to a lesser paid or less senior position when there was no apparent reason for this.
 Yes No
 If yes, please give details _____

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Campaign Tool 5: Sample Survey - Maternity and Work

5. Did you need to take time off work as a result of/during your pregnancy?

Yes No

6. Did you experience any difficulty with your employer in taking time off work?

Yes No

If yes, please explain _____

7. Prior to becoming pregnant, were you aware of your rights and obligations in relation to maternity leave?

Yes No

Did you get this information from: Work colleagues Your union Your employer

Others, please specify _____

8. Did your employer know his/her rights and obligations in relation to maternity leave?

Yes No

If no, what difficulties, if any, did you experience because of this? _____

9. Was your maternity leave Paid OR unpaid OR both paid and unpaid

If paid, how long was the paid period and what level of payment did you receive (eg. 100% of previous income for 3 months etc) _____

10. Did you have any difficulties accessing medical and/or midwifery services including prenatal, childbirth and postnatal care?

Yes No

If yes, please provide details of these difficulties _____

11. Did you experience any difficulties when returning from maternity leave?

Yes No

If yes, please give details _____

12. When returning to work from maternity leave, did you return to your previous post?

Yes No

If not, why not? _____

13. When returning from maternity leave, did you seek agreement from your employer to return part-time?

Yes No

Were there any problems and/or obstacles about returning to work on a part-time basis?

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Campaign Tool 5: Sample Survey – Maternity and Work

14. Did you breastfeed your baby?

Yes No

15. For how long did you breastfeed your baby? _____

16. If you breastfed your baby, did you continue to do this when you returned to work?

Yes No

17. If you continued to breastfeed when you returned to work, did you breastfeed/express at the workplace?

Yes No

18. If you breastfed or expressed milk at the workplace, what facilities were made available to assist you? (eg private room, washing facilities, storing facilities, etc)

19. How long were you offered as breastfeeding breaks and were those breaks considered as working time and paid accordingly?

Length of time every day: _____ Yes No

20. If you did not continue to breastfeed when you returned to work, was the attitude of your employer or the lack of facilities at your workplace a reason for stopping? Yes No

If yes, please provide details _____

21. Please give information about any other experience you had during pregnancy at work (supportive/unsupportive workmates etc) _____

Section 3 - Discrimination

1. Do you believe you have been discriminated against because you were pregnant or have the potential to fall pregnant, or because you are a mother, in any of the following areas:

- Advertising and recruiting for positions
- In the terms and conditions of employment
- Training
- Promotion
- Termination of employment

Please give details _____

2. Have work practices and/or conditions of employment in your workplace affected your decision to have, or not to have children?

Yes No Not relevant

If yes, why? _____

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Campaign Tool 5: Sample Survey - Maternity and Work

Thank you for filling this survey. In June 2000, the International Labour Organisation adopted ILO Convention No 183 on Maternity Protection. The international trade union movement is carrying out a campaign to convince national governments to ratify this Convention and ensure that the minimum standards contained within the Convention are a reality for all working women.

Your union is part of this campaign. The information provided by you in this survey will assist your union. If you would like to receive more information on maternity rights for working women or be part of the campaign, please fill out the details below:

OPTIONAL

Name _____

Address _____

Home phone _____ Work phone _____

Work fax _____ Email address _____

Adapted with thanks from the Maternity and Work Survey of the Australian Service Union.

Campaign Tool 6: Contacting People and Organisations

Here is a list of *important government institutions, groups and people* that you may decide to contact in the course of your campaign. It can be used to draw up your specific list and a plan for contacting them during the different phases of your campaign.

There are also a *model letter* to be addressed to people who should be or are supporting your campaign and a *draft press release*.

1) Important addresses

Each letter should be personalised and written to a specific person. If you do not know the name, you should check it out. Letters may be sent to Ministry or State Departments of Health, Labour, Social Welfare, Women's Affairs, the social security authority, political parties, trade unions, employers' associations, human rights organisations, legal rights, development and women's groups, ILO representatives, university women's studies or gender programmes, church organisations, companies, well-known artists and film, music or sports personalities as well as the media.

2) Model letters

A letter is the way to place one's concerns before a person, usually a person in a position to make or influence decisions, and to invite his/her response. The following points will be of use when writing letters:

- Target the person you feel most likely to be receptive. Before you write, you should learn about this person's mandate and particular interests in relation to maternity protection at the workplace.
- Start a productive and open dialogue to inform her/him of your concerns, adapting to the national situation with specific observations or remarks, using her/his mandate as a point of departure.
- Explain who you are (describe your group) and why maternity protection at work and breastfeeding are important to you. You may want to add a flyer describing your organisation or the Maternity Protection Coalition.

**DRAFT LETTER FOR RATIFICATION OF ILO CONVENTION 183
(MINISTRIES, DEPUTY, MEMBER OF PARLIAMENT, PUBLIC POLITICAL FIGURE, ETC.)**

Minister of Labour
Ministry of Women's Affairs (or others)

Re: Ratification of C 183 Maternity Protection Convention, 2000

Dear Mrs., Mr.

On behalf of our organisation [name], which is part of the Maternity Protection Coalition*, I am writing in regard to ILO Maternity Protection Convention, 2000 (No 183), which was adopted by the International Labour Conference in June 2000. Since its adoption 14 countries have ratified the Convention (Slovakia, Italy, Bulgaria, Romania, Lithuania, Hungary, Belarus, Austria, Cuba, Albania, Cyprus, Belize, Republic of Moldova, and Mali.

As advocates of women's and children's rights to optimal health and nutrition, we support and protect optimal breastfeeding practices and defend women's rights to equality and non-discrimination both in society and in the workplace.

The Constitution of the ILO requires that Member States bring the Convention before the competent national authority for the enactment of legislation. We request you to please inform us about the steps your Ministry has taken in this direction.

/ or /

Considering your involvement in women's rights/children's issues/public health and nutrition matters, and your commitment to improving the working conditions of women workers and to enabling women to both work and bring up healthy children, we would like you to inform us of the steps you have taken towards ratification of this Convention and/or improving our federal/national/provincial/communal legislation on maternity protection at the workplace.

In addition, we would be interested to learn what specific legislation – as well as what changes – are being considered to comply with the provisions of ILO Convention 183 – Maternity Protection Convention, 2000.

We would be extremely grateful if you could provide us with information on the consultative process set up in our country to review the ratification of ILO C 183. How can national NGOs and other interested groups participate actively in such a process? We would like to request a meeting to discuss these matters and look forward to your early response.

Yours sincerely,

Your name and position/title

[You should use your group's stationery, or a stamp of your organisation.]

* Maternity Protection Coalition: constituted in 1998 to campaign for the adoption of ILO Convention 183. The following organisations and networks are part of the Coalition: AED - Academy for Educational Development, IBFAN - International Baby Food Action Network, ILCA - International Lactation Consultant Association, LLLI - La Leche League International, and WABA - World Alliance for Breastfeeding Action. IMCH - International Maternal and Child Health (University of Uppsala, Sweden) and UNICEF - United Nations Children's Fund, provide technical assistance.

3) Press releases

Press releases are used to disseminate important information as widely as possible. They may announce a press conference, the launching of a document or campaign, any other event, or even some basic news. They are very carefully worded, precise, and accurate. Press releases are most often sent to the media (newspapers, news agencies, radio channels and television companies) which may even quote directly from the texts received. But they can also be sent to government ministries and other organisations to act as flyers announcing an event or a campaign. Press releases may also be put on an organisation's website.

Information provided in a press release should have documentation from scientific studies to back health assertions and also relevant information such as dates, location of events, contact name, email addresses, websites, etc. It should not go beyond a page or two.

Press releases may be sent to: media (newspapers, radio channels, television companies, press agencies), websites and electronic mailing lists, trade unions, government ministries and departments, ILO regional offices and NGOs and professional bodies that may use your information in their newsletter.

DRAFT PRESS RELEASE TO LAUNCH THE NATIONAL CAMPAIGN FOR RATIFICATION

Campaign Launched to Support Maternity Protection for Working Women

Today the [name] organisation/association, which is part of the international Maternity Protection Coalition (MPC)* launched a campaign designed to promote the rights of pregnant women and women returning to work after childbirth. Ms. XXX said that the campaign "aims to make maternity protection for working women a reality in the 21st century". In [this country name] the following organisations are involved in the campaign: [complete list].

The first priority of the national campaign is to gain the commitment of our government to ratify International Labour Organization Convention 183, known as ILO Maternity Protection Convention, 2000. The ILO Convention, which was adopted in June 2000, took more than two years to negotiate. 14 countries have ratified the Convention (Slovakia, Italy, Bulgaria, Romania, Lithuania, Hungary, Belarus, Austria, Cuba, Albania, Cyprus, Belize, Republic of Moldova, and Mali). "This is the internationally recognised minimum protection that should be available to all women who work," stated Ms. XXX.

"It is unthinkable that in the 21st century we still hear stories from women who meet with harassment and discrimination in the workplace whilst they are pregnant or if they continue breastfeeding when they go back to work. The ILO Convention addresses all these points," said Ms XXX.

The main forms of protection that are included in the Convention are:

- the right to at least 14 weeks maternity leave;
- income replacement during maternity leave, at a standard equal to two-thirds or more of the woman's previous earnings;
- the right to medical benefits, including prenatal, childbirth and postnatal care;
- protection from dismissal and discrimination;
- protection from health risks to mother and/or baby during pregnancy or lactation;
- the right to daily breastfeeding breaks (or to a shorter workday) upon returning to work.

"Maternity protection as outlined in ILO Convention No 183 benefits all of society. Families should not have to choose between the mother's income and a healthy start for their babies. The Convention also allows for more rights for working women with regard to their jobs during pregnancy and after birth. Damaging and discriminatory behaviour are illegal," said Ms. XXX.

"This campaign has been launched to make maternity rights a reality in our country. We strongly encourage our government to ratify Convention 183 and to improve our national maternity protection laws. With our allies, we will campaign to increase public awareness and to improve workplace practices," concluded Ms. XXX.

For more information, please contact: [your organisation's address, phone and/or email].

* Maternity Protection Coalition: constituted in 1998 to campaign for the adoption of ILO Convention, 2000 on Maternity Protection (No 183). The following organisations and networks are part of the Coalition: AED - Academy for Educational Development. IBFAN – International Baby Food Action Network, ILCA – International Lactation Consultant Association, LLLI - La Leche League International, and WABA – World Alliance for Breastfeeding Action. IMCH – International Maternal and Child Health (University of Uppsala, Sweden) and UNICEF – United Nations Children's Fund, provide technical assistance.

**Campaign Tool 7:
Arguments and Counter Arguments**

Prepare ahead of time before lobbying or meeting with potential adversaries. Try to anticipate their concerns and be ready with some responses.

IF THEY SAY THIS:	YOU CAN ANSWER THIS:
Employers lose productivity when women take maternity leave.	Productivity must be seen in the long term, not only short term. Employers lose productivity when workers take leave because of illness, injury, disability, or military service. Unlike many of these kinds of absences from the workplace, maternity leave can be scheduled ahead of time, so the employer can plan ahead. As maternity leave safeguards the health of women and babies, and this benefits all citizens, including employers.
Employers will avoid hiring women if they have to cover extra costs for maternity benefits.	Women are valuable employees who have much to contribute. Their work is essential in many workplaces. Maternity protection (MP) laws make it more possible for them to participate in the workplace. Maternity protection laws must share the costs of childbearing – of bringing forth the next generation of workers – among employers, workers, and government. No sector should carry the entire burden. Where there are no MP laws, or where MP is inadequate, the women and the babies pay extra "costs" because they experience higher stress and sub-optimal health.
Employers lose productivity when women take nursing breaks.	Employers lose productivity when parents miss work to take care of sick children. Sustained breastfeeding after the mother's return to work helps keep her baby healthy, especially if the baby is cared for in a group setting. Nursing breaks can be scheduled. You can't plan ahead for children's illness. After taking a nursing break, a lactating mother returns to her assignment more comfortable, more confident, and ready to work more productively.
Nursing breaks are too disruptive to the flow of the workday.	The time needed for nursing breaks is greatest in the early days back at work after maternity leave. As the baby gets older, less time is needed. Disruption can be minimized by giving the worker good support. Nursing breaks may also be combined as a reduction of work hours at the beginning or end of the day
Child-care at the workplace is too expensive.	Nursing mothers don't need care for older children, just for infants, and possibly for toddlers. Younger children do not require as much space or as much equipment as pre-school children. Perhaps a compromise can be found: the employer supplies a space, and the employee provides the care-giver. Perhaps the caregiver simply brings the baby to visit its mother in a pre-arranged place at a pre-arranged time.
If we give women all these benefits, they will have too many babies.	Women and families may make a free and informed decision about having children on the basis of many factors. Benefits are there to protect women's and children's health. If there were no benefits, women would still have babies, and the health risks would be higher.
Employers who have many female employees will be at a competitive disadvantage if they have to provide MP.	The costs of MP must be shared among all workers, employers, and government. An employer who provides better MP benefits attracts better and more loyal workers and will thus have a competitive advantage compared to others.

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**Campaign Tool 7:
Arguments and Counter Arguments**

IF THEY SAY THIS:

YOU CAN ANSWER THIS:

Nursing breaks would cost employers too much

Three US insurance companies have published cost/benefit data about providing breastfeeding support. Kaiser Permanente in Southern California covered breastfeeding services for their clients. Breastfeeding duration rose 37% at 2 weeks, 70% at 2 months, 82% at 4 months, and 67% at 6 months. At the same time, hospital admission rates fell from 1.5% of covered newborns to 0.5%. Babies made fewer clinic visits as well.

The Aetna company offers breastfeeding support to its own employees. They estimate that the return on investment (ROI) for this programme is 2.18 to 1, based on a cost model used in industry research which has demonstrated a reduction in medical costs and time lost from work due to infant illness in the first year following a baby's birth. A survey of participating employees (with a 57% return rate on the survey) found that 90% said the programme helped with a smooth transition back to work and 88% said that it contributed to their satisfaction with working at Aetna.

The Cigna company studied its lactation support programme and reported annual savings of US\$60,000 from reduced absenteeism among the breastfeeding employees. Compared to the bottle-feeding mothers, they lost 77% less time through absences from work. Formula-fed babies of employees went to the doctor for illness 1.8 times more often than the breastfed babies, and the breastfed babies needed 62% fewer prescriptions.

NOTES

The MPC Kit was produced in 2003 by the Maternity Protection Coalition (MPC), comprising the International Baby Food Action Network (IBFAN), the International Lactation Consultant Association (ILCA), the LINKAGES Project and the World Alliance for Breastfeeding Action (WABA), with technical assistance from International Maternal & Child Health, Uppsala University, Sweden (IMCH) and the United Nations Children’s Fund (UNICEF). The second edition, produced in 2008, includes two new MPC members: La Leche League International (LLLI) and Academy for Educational Development (AED). LINKAGES, a former project of AED, is no longer an MPC member. The MPC supports women’s rights to breastfeed and work, by advocating for implementation and monitoring of improved maternity protection entitlement.

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