

risk assessments or specifying dangerous substances or conditions that must be avoided. In 49 per cent of the 160 countries assessed there exist provisions prohibiting employers from employing pregnant or nursing women in dangerous work, and another 21 per cent of countries stipulate that these workers are not obliged to perform dangerous work. If a significant risk exists at the workplace, legislation often requires that employers take protective measures to address those risks by transferring a woman to other safe tasks or allowing her to take leave early. Of the 160 countries with information, 84 provide some sort of alternative to dangerous work while 76 do not. In addition, 116 out of 156 countries (74 per cent) do not provide for time off work for prenatal health care. This type of leave is particularly uncommon in low-income countries, where only 39 per cent of pregnant women received the WHO recommended minimum four antenatal health visits in 2008. Both formal and informal workplaces can play a key role in enabling women's access to antenatal health care.

The right to continue breastfeeding upon return to work and to have access to appropriate and hygienic facilities for nursing is also important for the health of the mother and her child. Legislation in 75 per cent of the 160 countries assessed provides for breastfeeding breaks in addition to regular breaks, with all but 4 per cent of those countries stipulating that the breaks be paid. The increase in paid breastfeeding breaks has been significant, since in 1994 only 37 per cent of the countries assessed provided paid breaks. The duration of the entitlement to paid nursing breaks is fundamental in order to enable women workers to breastfeed in line with their preferences and the WHO recommendations, namely exclusive breastfeeding through the child's first six months, and breastfeeding

with appropriate complementary foods for children of up to 2 years of age or beyond. Almost two-thirds (75 countries) of the countries with provisions, allow for a duration between six and 23 months, of which 57 countries grant at least one year. Only six countries provide for breastfeeding breaks for two years (5 per cent). In compliance with Recommendation No. 191, provisions on nursing facilities are present in the legislation of just 50 countries (31 per cent) of the 159 with information. The regions with the largest statutory supply are Asia and Latin America.

Workplace initiatives can supplement but cannot substitute for public policies aimed to improve the availability, quality and affordability of childcare services and facilities. State-funded or subsidized childcare plays a key role in enabling parents, and especially women, to engage in paid work after childbirth, by reducing their unpaid care work. In addition, it also contributes to job creation in the social care sector, which in turn replaces some of the unpaid care and household work mostly performed by women and girls and thus expands their income-earning options.

This report shows that a majority of countries have established legislative provisions to protect and support maternity and paternity at work, even if those provisions do not always meet the ILO standards. The persistent challenge is the effective implementation of legislation to ensure that all workers are actually able to benefit from the rights provided without discrimination. To this end, important priorities include efforts to raise awareness among governments, workers and employers about the socio-economic benefits of maternity protection and work–family measures, and expand the fiscal space for the effective and inclusive implementation of these fundamental labour rights.