

civil servants. For these countries, it is the legislation that applies to the private sector that serves as the basis of this report. Finally, because some aspects of maternity protection and work–family issues can be given effect through instruments other than legislation, such as collective agreements and arbitration awards, this report notes examples of these where information was available.¹⁴

The report is divided into seven chapters. The second chapter covers maternity leave: duration of leave, cash benefits, source of funding, scope and eligibility requirements. The third chapter discusses other types

of leave: paternity leave, parental leave and adoption leave. The fourth considers employment protection and non-discrimination. The fifth reviews health protection at the workplace throughout maternity and the sixth chapter examines breastfeeding arrangements at work and childcare. Some innovative policies and approaches to promoting maternity and paternity at work used in various countries are highlighted throughout the report. Chapter seven provides policy guidance on what works for maternity and paternity at work. Finally, a comprehensive set of indicators is presented in the appendices.

Notes

1. As of January 2014, 43 countries ratified Convention No. 156 (see list in Appendix IV). For up-to-date information on ratification status of ILO Conventions, see NORMLEX, Information System on International Labour Standards, available at: <http://www.ilo.org/normlex> [25 Mar. 2014].

2. The entry into force of the Maternity Protection Convention No. 183 implied de jure closure of future ratifications of Convention No. 103, as ratification of Convention No. 183 by a State party to Convention No. 103 involves the automatic denunciation of the latter. On the other hand, Convention No. 3 remains open for ratification as the ratification of Convention No. 183 does not lead to the automatic denunciation of Convention No. 3. However, in situations where a State is party to two instruments (for example Conventions No. 3 and 103 or Conventions No. 3 and 183), the Governing Body has suggested that the State denounce the older instrument out of a concern for greater clarity and legal certainty.

3. As of January 2014, these countries are: Albania, Austria, Azerbaijan, Belarus, Belize, Benin, Bosnia and Herzegovina, Bulgaria, Burkina Faso, Cuba, Cyprus, Hungary, Italy, Kazakhstan, Latvia, Lithuania, Luxembourg, Mali, the Republic of Moldova, Montenegro, Morocco, the Netherlands, Portugal, Romania, Serbia, Slovakia, Slovenia and The former Yugoslav Republic of Macedonia.

4. As of January 2014, these countries are: Albania, Austria, Belgium, Bolivia, Bosnia and Herzegovina, Brazil, Bulgaria, Costa Rica, Croatia, Czech Republic, France, Germany, Greece, Honduras, Italy, Libya, Luxemburg, Mexico, Montenegro, Netherlands, Niger, Peru, Poland, Portugal, Romania, Senegal, Serbia, Slovakia, Slovenia, Sweden, The former Yugoslav Republic of Macedonia, Togo, Turkey, Uruguay and the Bolivarian Republic of Venezuela.

5. The Maternity Protection Recommendation No. 191 (Paragraph 10) also recognizes the caregiving role of men by encouraging the transfer of unexpired postnatal maternity leave to the father in the case of the death, sickness or hospitalization of the mother, or in other situations where the mother cannot look after the child. It also calls for the provision of parental leave to be able to be allocated to either parent.

6. The other elements are: employment opportunities; adequate earnings and productive work; decent working time; work that should be abolished; stability and security of work; equal opportunity and treatment in employment; safe work environment; social security; and social dialogue, employers' and workers' representation.

7. The ILO Working Conditions Laws Database – Maternity Protection is available at: <http://www.ilo.org/travdatabase> [25 Mar. 2014].

8. With regard to medical benefits, in many cases these are regulated by legislative and regulatory provisions on health protection. Usually, these laws and regulations have a broader scope of application and cover categories of beneficiaries that go beyond those persons in employment relationships, as required by Convention No. 183, extending protection to all residents. Therefore, the analysis of the compliance of countries with the medical benefits provisions of ILO Conventions requires a comprehensive review of national health protection systems, which would only be possible in a dedicated report. For detailed information on medical benefits in different countries, see, for example, the work of the International Social Security Association (ISSA), available at: <http://www.issa.int/> [25 Mar. 2014].

9. I. Öun. and G. Pardo Trujillo: *Maternity at work: A review of national legislation. Findings from the ILO's Conditions of Work and Employment Database* (Geneva, ILO, 2005). ILO: *Maternity at work: A review of national legislation. Findings from the ILO's Conditions of Work and Employment Database*, second edition (Geneva, ILO, 2010).

10. ILO: *Conditions of work digest: Maternity and work*, Vol. 13 (Geneva, ILO, 1994).

11. Statistical data on coverage in law and in practice is drawn from the findings of the forthcoming ILO publication *Paid maternity leave: Global and regional estimates* (Geneva, ILO).

12. Data on take-up rates are mostly drawn from country reports in the International Review of Leave Policies and Related Research (Moss, 2013), available at: http://www.leavenetwork.org/lp_and_r_reports [25 Mar. 2014].