

The ILO Committee of Experts, under Conventions No. 111 and No. 171 has been repeatedly drawing ratifying countries' attention to the importance of reviewing the provisions prohibiting night work for all women, which constitute obstacles to the recruitment and employment of women and are contrary to the principle of equality of opportunity and treatment of men and women in employment and occupation. As discussed, protective measures for women should be limited to the protection of maternity in the strict sense and not based on stereotyped perceptions of the capacity and role of women in society (ILO CEACR, 2014).

Overtime

As mentioned above, while Recommendation No. 95 required the prohibition of overtime for pregnant and nursing women, there is no provision in Recommendation No. 191 concerning overtime. However, the Workers with Family Responsibilities Convention, 1981, states that, among the measures to enable workers with family responsibilities to reconcile these with their employment, particular attention should be paid to general measures for improving working conditions and the quality of working life, including measures aimed at the progressive reduction of daily hours of work and the reduction of overtime (Paragraph 17; 18(a)).

Some countries forbid overtime work for pregnant women (including Belgium, Chile, Equatorial Guinea, Mexico and Panama),⁷ while others provide that pregnant women shall not be required to work overtime (as in Cuba, Estonia and Japan).⁸ Sometimes the restriction also applies to nursing mothers,⁹ to mothers with children under a certain age¹⁰ or to overtime work that involves a risk to the health of the woman. In Paraguay, a pregnant or nursing woman shall not undertake overtime if there is a risk to the health of the woman or the unborn child. Several countries, however, still restrict overtime for all women, which is detrimental to gender equality at work. In Libya, only women are prohibited from working more than 48 hours per week. In Mauritania, it is forbidden for women to work for more than ten hours in industrial and commercial establishments. In its comments under Convention No. 156, the CEACR has also called for ratifying countries to

ensure that both men and women workers with family responsibilities can enjoy special working time arrangements, including limitation of overtime.

Time off for medical examinations

A woman should be allowed to leave her workplace, if necessary, after notifying her employer, for the purpose of undergoing medical examinations relating to her pregnancy.

Recommendation No. 191, Paragraph 6(6)

Regular prenatal health monitoring is an effective means of preventing abnormalities or complications during pregnancy, at birth and postpartum (ILO, 1994; Paul, 2004). Many health problems in pregnant women can be prevented, detected and treated during antenatal care visits with trained health workers. The World Health Organization (WHO) recommends a minimum of four antenatal visits, comprising interventions such as tetanus toxoid vaccination, screening and treatment for infections, and identification of warning signs during pregnancy (WHO, GHO, n.d.). Since in the most-affected sub-Saharan countries, AIDS-related illnesses are the leading cause of maternal mortality, it is important that pregnant women know their HIV status in order to benefit from prevention, treatment, counselling, care and support to minimize the risk of mother-to-child transmission (ILO, 2012b, Module 10). Globally, during the period 2000–2008, fewer than half of pregnant women received the recommended minimum four visits, although 78 per cent had at least one visit. In low-income countries, only 39 per cent of pregnant women received four or more antenatal visits. In particular, women in low-income rural areas of Africa, Asia and Latin America are less likely to have access to antenatal care than women in urban areas (WHO, GHO).

Both formal and informal workplaces can play a key role in facilitating women's access to antenatal health care, by recognizing its importance for maternal and child health well as families' economic stability (Lewis et al., forthcoming). However, of the 156 countries for which information was available, 116 (74 per cent) do not provide for time off work for prenatal health care (see figure 5.1). This type of leave is particularly uncommon in Africa, Asia and Latin America and it is not provided for in the legislation of any of the countries