PART THREE

MATERNITY PROTECTION

General Conclusions on the Reports
concerning the Maternity Protection Convention, 1919 (No. 3),
the Maternity Protection (Agriculture) Recommendation, 1921 (No. 12),
the Maternity Protection Convention (Revised), 1952 (No. 103), and
the Maternity Protection Recommendation, 1952 (No. 95)
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INTRODUCTION

1. As the number of women who are economically active has increased, measures for their protection have grown more diverse, but those concerned with maternity protection retain their vital importance.

2. The first regulations designed to protect women before and after childbirth made their appearance towards the end of the nineteenth and at the very beginning of the twentieth centuries, but it is only since standards were adopted at the international level after the First World War that they progressively became general. The International Labour Conference has played an exceptionally important part in this process and, as early as its First Session in 1919, laid down a whole series of standards which subsequently exercised great influence on the legislation of many countries, which took them as a model.

3. Since that date the need to protect the health of women workers, as well as their employment rights during their maternity period, while at the same time relieving them of any financial worries, has been recognised by many national constitutions and has also been embodied in general terms in the Universal Declaration of Human Rights.

INTERNATIONAL STANDARDS

4. As has been stated, the International Labour Conference, as early as its First Session, dealt with the question of maternity protection and the subject, in fact, figures among the aims and objectives of the Organisation as reaffirmed by the Declaration of Philadelphia adopted in 1944. A number of international standards dealing with maternity protection have since been adopted by the Conference and various other bodies of the I.L.O.

5. The first Convention on the subject was adopted in 1919. It covers women employed in industry and commerce and provides for 12 weeks' maternity leave, six of them before and six after confinement, the postnatal leave being compulsory; it also entitles mothers to sufficient benefits for the maintenance of themselves and their children provided either out of public funds or by means of a system of insurance, as well as to free medical care; finally, it forbids the dismissal of any woman during maternity leave or sickness arising out of her pregnancy or confinement and requires her to be allowed nursing breaks during working hours.

6. In order to protect women workers in agriculture a Recommendation was adopted in 1921 providing for the extension to them of standards similar to those applying to women employed in industry and commerce.

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2 Article 25, paragraph 2.

3 Part III, paragraph (h).
7. The 1919 Convention was revised in 1952. The new instrument reiterates the rules laid down by the 1919 Convention but does so in greater detail and on certain points with greater flexibility. Its scope is, however, far wider than that of the 1919 Convention. The later instrument applies to women employed in industrial undertakings and also to non-industrial and agricultural work, domestic service and wage-earning employment at home. In addition, as regards cash benefits it not only requires the amount to be sufficient to maintain the mother and her child, but stipulates that when they are based on previous earnings, they must be at a rate of not less than two-thirds of the previous earnings thus taken into account.

8. The revised Convention is supplemented by a Recommendation which was also adopted in 1952 and provides in many respects for higher standards of protection, i.e. it recommends, during a maternity leave of 14 weeks, payment of cash benefit at a higher rate than stipulated by the revised Convention, more comprehensive medical care, certain supplementary benefits, facilities for nursing, job security for a longer period and certain safeguards designed to protect women’s health during this period.

9. Apart from those instruments which deal exclusively with maternity protection, some other I.L.O. Conventions and Recommendations on conditions of work and social security contain standards on the subject which correspond to those laid down by the instruments dealing solely with maternity protection. This applies, for example, to the three Recommendations adopted in 1944 concerning income security, medical care and social policy in dependent territories, to the 1947 Convention on labour standards in non-metropolitan territories, to the 1952 Convention on social security (minimum standards), Part VIII of which deals with maternity benefits, and to the 1958 Convention on plantations which largely reproduces the standards of the 1952 Convention on maternity protection.

10. Moreover, this question has recently received renewed attention from the Conference which, at its 48th Session in 1964, adopted a resolution in which it stated that maternity protection was an obligation on society and appealed to States Members of the Organisation to take all possible measures to apply the provisions of the 1919 and 1952 Conventions to all working women.

11. Standards for maternity protection are also encountered in a number of other resolutions on the employment of women or social security adopted by various organs of the I.L.O. such as the First and Second Conferences of American States Members of the I.L.O. held respectively in Santiago in 1936 and Havana in 1939, the Preparatory Asian Regional Conference held in New Delhi in 1947, the Regional Meeting for the Near and Middle East held in Istanbul in 1947 and the Textiles Committee (Second Session) in 1948.

12. In addition, the Second African Regional Conference held in Addis Ababa in November-December 1964 passed a resolution on the employment and conditions of work of African women emphasising the need to extend maternity protection standards to the largest possible number of women workers.

**Proposals to Revise the Conventions on Maternity Protection**

13. Despite the influence they have exercised on the legislation of many countries the 1919 and 1952 Conventions have not secured as many ratifications as might reasonably have been hoped.
14. In his Reports to the 47th and 48th Sessions of the Conference (1963 and 1964) the Director-General stated that this would appear to be mainly "because they are so much more comprehensive in scope and exact in their requirements than most countries have found practicable". The resolution concerning maternity protection adopted by the 48th Session of the Conference (referred to above) also noted that these Conventions had obtained relatively few ratifications.

15. Owing to the small number of ratifications of the 1952 Convention in particular, the Social Committee of the Council of Europe submitted a request to the Director-General of the I.L.O. in 1962 that the Convention should be revised. This request was made after a study of the action taken by the member States of the Council of Europe on the 1952 Convention as well as on certain other international labour Conventions.

16. In response to this request, the Governing Body decided, at its 153rd Session (November 1962), to ask for reports under article 19 of the Constitution on the instruments dealing with maternity protection; it indicated, at the same time, that its choice was guided by the principle enunciated by the Conference to the effect that in doing so it should bear in mind those Conventions which might require special consideration with regard to their working and possible revision.

17. It is in these circumstances that the Committee of Experts is called upon this year to examine the situation in member countries as regards the matters covered by the instruments on maternity protection.

RATIFICATIONS AND DECLARATIONS OF APPLICATION

18. The Maternity Protection Convention, 1919 (No. 3), which entered into force on 13 June 1921, has been ratified by 24 States and declared applicable, with modifications, to 12 territories.

19. The Maternity Protection Convention (Revised), 1952 (No. 103), came into force on 7 September 1955; it has been ratified by eight States. In addition a certain


2. Algeria, Argentina, Brazil, Bulgaria, Central African Republic, Chile, Colombia, Cuba, France, Gabon, Federal Republic of Germany, Greece, Hungary, Italy, Ivory Coast, Luxembourg, Mauritania, Nicaragua, Panama, Rumania, Spain, Uruguay, Venezuela, Yugoslavia.

3. Brazil and Uruguay have denounced the Convention, however.

number of States have ratified other Conventions which contain standards on maternity protection.  

REPORTS RECEIVED

20. Reports concerning the Maternity Protection Convention, 1919 (No. 3), have been communicated under article 19 of the Constitution of the International Labour Organisation by 64 States Members and 32 territories. In the case of the Maternity Protection Convention (Revised), 1952 (No. 103), reports have been submitted under article 19 of the Constitution by 80 States Members and 33 territories.

21. Examination of the effect given to the provision of the Maternity Protection (Agriculture) Recommendation, 1921 (No. 12), is based on reports submitted under article 19 of the Constitution by 85 States Members and 33 territories.

1 The following States have ratified the Social Security (Minimum Standards) Convention, 1952 (No. 102), and have accepted the obligations of Part VIII relating to maternity benefits: Belgium; Federal Republic of Germany; Greece; Italy; Luxembourg; Mexico; Netherlands; Peru; Senegal; Sweden; Yugoslavia. The Plantations Convention, 1958 (No. 110), has been ratified by the following States: Cuba; Guatemala; Ivory Coast; Liberia; and Mexico, which have thus accepted Part VII respecting maternity protection.

2 Afghanistan, Albania, Australia, Austria, Belgium, Brazil, Burma, Cameroon, Canada, Central African Republic, Ceylon, China, Congo (Brazzaville), Congo (Leopoldville), Costa Rica, Cyprus, Czechoslovakia, Dahomey, Denmark, Dominican Republic, Ethiopia, Finland, Ghana, Guatemala, Haiti, Honduras, Iceland, India, Iran, Ireland, Israel, Jamaica, Japan, Jordan, Kenya, Kuwait, Malagasy Republic, Malawi, Malaysia, Malta, Mexico, Morocco, Netherlands, New Zealand, Niger, Nigeria, Norway, Pakistan, Peru, Philippines, Poland, Portugal, Rwanda, Sierra Leone, Sweden, Switzerland, Syrian Arab Republic, Tanzania, United Kingdom, United States, Upper Volta, Tunisia, Turkey, Zambia. (The reports in respect of Malawi, Malta and Zambia were submitted before they became independent on behalf of the territories of Nyasaland, Malta and Northern Rhodesia respectively.)

3 Afghanistan, Albania, Argentina, Australia, Austria, Belgium, Brazil, Bulgaria, Burundi, Cameroon, Central African Republic, Ceylon, Chad, Chile, China, Colombia, Congo (Brazzaville), Congo (Leopoldville), Costa Rica, Cyprus, Czechoslovakia, Dahomey, Denmark, Dominican Republic, Ethiopia, Finland, France, Federal Republic of Germany, Ghana, Guatemala, Haiti, Honduras, Iceland, India, Iran, Iraq, Ireland, Israel, Italy, Ivory Coast, Jamaica, Japan, Jordan, Kenya, Kuwait, Luxembourg, Malagasy Republic, Malawi, Malaysia, Mali, Malta, Mauritania, Mexico, Morocco, Netherlands, New Zealand, Nigeria, Norway, Pakistan, Peru, Philippines, Poland, Portugal, Rumania, Rwanda, Sierra Leone, Spain, Sweden, Switzerland, Syrian Arab Republic, Tanzania, Tunis, Turkey, United Kingdom, United States, Upper Volta, Venezuela, Zambia.

4 Australia (Nauru, Norfolk Island, New Guinea, Papua); United Kingdom (Aden, Antigua, Bahamas, Barbados, Basutoland, Bermuda, Bechuanaland, Brunei, Dominica, Falkland Islands, Fiji Islands, Gibraltar, Gilbert and Ellice Islands, Grenada, Guernsey, British Guiana, British Honduras, Hong Kong, Jersey, Isle of Man, Mauritius, Montserrat, Southern Rhodesia, St. Helena, St. Lucia, St. Vincent, Seychelles, Solomon Islands).

5 Afghanistan, Albania, Argentina, Australia, Austria, Belgium, Brazil, Bulgaria, Burundi, Cameroon, Canada, Central African Republic, Ceylon, Chad, Chile, China, Colombia, Congo (Brazzaville), Congo (Leopoldville), Costa Rica, Cuba, Cyprus, Czechoslovakia, Dahomey, Denmark, Dominican Republic, Ethiopia, Finland, France, Federal Republic of Germany, Ghana, Guatemala, Haiti, Honduras, Iceland, India, Iraq, Ireland, Israel, Italy, Ivory Coast, Jamaica, Japan, Jordan, Kenya, Kuwait, Luxembourg, Malagasy Republic, Malawi, Malaysia, Mali, Malta, Mauritania, Mexico, Morocco, Netherlands, New Zealand, Nigeria, Norway, Pakistan, Peru, Philippines, Poland, Portugal, Rumania, Rwanda, Sierra Leone, Spain, Sweden, Switzerland, Syrian Arab Republic, Tanzania, Tunis, Turkey, United Kingdom, United States, Upper Volta, Uruguay, Venezuela, Yugoslavia, Zambia.

6 Afghanistan, Albania, Argentina, Australia, Austria, Belgium, Brazil, Bulgaria, Byelorussia, Cameroon, Canada, Central African Republic, Ceylon, Chad, Chile, China, Colombia, Congo (Brazzaville), Congo (Leopoldville), Costa Rica, Cuba, Cyprus, Czechoslovakia, Dahomey, Denmark, Dominican Republic, Ethiopia, Finland, France, Federal Republic of Germany, Ghana, Guatemala, Haiti, Honduras, Hungary, Iceland, India, Iraq, Ireland, Israel, Italy, Ivory Coast, Jamaica, Japan, Jordan, Kenya, Kuwait, Luxembourg, Malagasy Republic, Malawi, Malaysia, Mali, Malta, Mauritania, Mexico, Morocco, Netherlands, New Zealand, Nigeria, Norway, Pakistan, Philippines, Poland, Portugal, Rumania, Rwanda, Sierra Leone, Spain, Sweden, Switzerland, Syrian Arab Republic, Tanzania, Tunis, Turkey, Ukraine, U.S.S.R., United Kingdom, United States, Upper Volta, Uruguay, Venezuela, Yugoslavia, Zambia.
MATERNITY PROTECTION

32 territories. Lastly, reports have been received under article 19 of the Constitution from 86 States Members and 32 territories concerning the application of the Maternity Protection Recommendation, 1952 (No. 95).

22. Reports have also been submitted on the four foregoing instruments under article 19 of the Constitution in respect of one State which has newly become independent and does not as yet belong to the I.L.O.

23. By and large, the reports submitted under article 19 of the Constitution contain sufficiently detailed information to make it possible to gauge the effect given to the provisions of these instruments in the national legislation of the countries concerned. In some cases, copies of the relevant legislation have been attached to the reports while, in others, precise references have been given to such legislation. However, only a very small number of governments have supplied information on the practical application of this legislation or on the specific difficulties they might have encountered in its implementation.

24. Account has also been taken, as usual, of the reports submitted this year or in previous years on the two Conventions under article 22 of the Constitution by countries which have ratified one or other of the instruments.

25. In this way the present report covers the position in a total of 135 countries, i.e. 93 States and 42 territories.

OUTLINE OF THE STUDY

26. The present study examines the measures that have been taken by member countries to give effect to the provisions of the following four instruments on maternity protection:

- Maternity Protection Convention, 1919 (No. 3);
- Maternity Protection Convention (Revised), 1952 (No. 103);
- Maternity Protection Recommendation, 1921 (No. 12);
- Maternity Protection (Agriculture) Recommendation, 1952 (No. 95).

27. It is based mainly on information supplied by governments and on the legislation indicated in the reports; whenever the legislation itself has been available to the International Labour Office it has also been taken into account.

28. The first chapter deals with various methods employed to secure maternity protection, and the following chapters contain an analysis of national law and prac-

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1 See under note 2, paragraph 20.
2 Afghanistan, Albania, Argentina, Australia, Austria, Belgium, Brazil, Bulgaria, Burma, Byelorussia, Cameroon, Canada, Central African Republic, Ceylon, Chad, Chile, China, Colombia, Congo (Brazzaville), Congo (Leopoldville), Costa Rica, Cuba, Cyprus, Czechoslovakia, Dahomey, Denmark, Dominican Republic, Ethiopia, Finland, France, Federal Republic of Germany, Ghana, Guatemala, Haiti, Honduras, Hungary, Iceland, India, Iran, Iraq, Ireland, Israel, Italy, Ivory Coast, Jamaica, Japan, Jordan, Kenya, Kuwait, Luxembourg, Malagasy Republic, Malawi, Malaysia, Mali, Malta, Maurutania, Mexico, Morocco, Netherlands, New Zealand, Niger, Nigeria, Norway, Pakistan, Philippines, Poland, Portugal, Rumania, Rwanda, Sierra Leone, Spain, Sweden, Switzerland, Syrian Arab Republic, Tanzania, Tunisia, Turkey, Ukraine, U.S.S.R., United Kingdom, United States, Upper Volta, Uruguay, Venezuela, Yugoslavia, Zambia.
3 Gambia. (The reports concerning this State were submitted by the United Kingdom on behalf of the territory of Gambia before it became independent.)
4 A list of the legislation which has been consulted is appended to the present study.
tice arranged according to the various provisions of these instruments. The latter are dealt with as a group because their provisions are, in substance, much the same. Following this analysis, an attempt is made to survey the progress achieved and the difficulties encountered in implementing these instruments and, finally, the study attempts, on the basis of its various elements, an over-all assessment of the position.

29. This study does not, of course, claim to be exhaustive and the footnotes are merely intended to illustrate, by means of the most representative examples possible, the measures that have been taken to apply the standards laid down in these instruments to the extent that the available information permits.

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CHAPTER I

METHODS OF IMPLEMENTING THE CONVENTIONS AND RECOMMENDATIONS ON MATERNITY PROTECTION

30. While the 1919 Convention does not specify the methods by which States Members should implement it, some of its provisions appear to require statutory measures. The revised Convention of 1952 explicitly refers, in some cases, to "national laws or regulations" as means of giving effect to its provisions. The only point with respect to which the 1952 Convention provides an alternative possibility of employing collective agreements is one of detail, viz. payment for nursing breaks (Article 5, paragraph 2).

31. The Conventions and Recommendations on maternity protection cover a wide variety of topics, such as leave, protection against dismissal, nursing breaks, protection of the health of women workers and the provision of cash benefits and medical care; national provisions to give effect to these instruments may thus be found in legislation on conditions of work and contracts of employment as well as in social security legislation.

STATUTORY MEASURES

32. In the great majority of the countries under review, maternity protection standards are enforced by statutory measures. These measures are usually embodied in more general legislation, such as labour codes, ordinances or regulations, and in enactments regulating conditions of employment in certain classes of establishments, such as factories, mines and shops.

33. In other countries maternity protection standards are to be found in legislation dealing with various aspects of the employment of women and children in general. Lastly, in a few countries, there are special enactments which deal solely with maternity protection.

1 In addition to Article 9 which states that each Member ratifying the Convention "agrees . . . to take such action as may be necessary to make these provisions effective", the 1919 Convention uses a number of expressions such as "it shall not be lawful", "a woman shall not be permitted" and "shall have the right", which in conjunction make it plain that statutory measures are intended.

2 See below, paragraph 228.

3 For example, Albania, Belgium, Brazil, Byelorussia, Cameroon, Canada (Alberta, New Brunswick), Central African Republic, Chad, Chile, Colombia, Congo (Brazzaville), Congo (Leopoldville), Costa Rica, Dahomey, Denmark, Ethiopia, France (also the overseas departments and territories), Gabon, Ghana, Haiti, Honduras, Hungary, Iraq, Ireland, Ivory Coast, Jordan, Kuwait, Malagasy Republic, Malaysia, Mali, Mauritania, Mexico, Morocco, Niger, Nigeria, Norway, Pakistan, Rumania, Rwanda, Somalia, Sierra Leone, Spain, Sweden, Syrian Arab Republic, Tanzania (Tanganyika), Turkey, Ukraine, U.S.S.R., various territories of the United Kingdom, Upper Volta, Venezuela, Yugoslavia.

4 For example, Australia (New South Wales, Tasmania, Western Australia), Burma, China, New Zealand, Switzerland, United Kingdom.

5 For example, Israel, Luxembourg, Philippines, Peru, Poland, Tunisia.

6 For example, Austria, Canada (British Columbia), Federal Republic of Germany.
34. Generally speaking, the legislation referred to in the previous paragraph regulates questions connected with conditions of work and contracts of employment, e.g. entitlement to maternity leave, consequences of suspension of a contract of employment, prohibition of dismissal, nursing breaks, etc. Cash benefits and medical care are, in most cases, dealt with in social security codes or more specialised legislation on sickness and maternity insurance or family allowances schemes.

35. Provisions dealing with maternity benefits are also found in laws on social assistance (or unemployment benefit), which in some countries supplements the social security legislation, while in others they constitute the only legislation on the subject.

36. A few other countries have passed special legislation regulating all aspects of maternity protection, i.e. in effect a maternity protection code.

37. In many countries the basic legislation is supplemented by special regulations designed to extend coverage to classes of women workers not dealt with by that legislation or to deal with certain points of detail or related questions (such as the establishment of nurseries or kindergartens), or again to provide for the detailed application of the basic legislation.

OTHER METHODS OF APPLICATION

38. It is apparent, however, from the information submitted by governments in their reports that legislation as such is not the only method employed to give effect to the instruments on maternity protection.

39. In some of the countries examined, where basic legislation is non-existent or limited in scope, the provisions on maternity protection are to be found in administrative circulars or the directives issued by certain official bodies. They deal mainly

1 For example, Albania, Austria, Belgium, Brazil, Burma, Byelorussia, Cameroon (Eastern Cameroon), Central African Republic, Chad, Chile, China, Colombia, Congo (Brazzaville), Costa Rica, Cuba, Cyprus, Dahomey, Denmark, France (also the overseas departments and territories), Gabon, Federal Republic of Germany, Honduras, Iceland, Iraq, Ireland, Israel, Ivory Coast, Luxembourg, Malagasy Republic, Mali, Mauritania, Mexico, Morocco, Netherlands, New Zealand, Niger, Norway, Panama, Peru, Poland, Rumania, Sweden, Switzerland, Tunisia, Turkey, Ukraine, United States of America, United Kingdom, Upper Volta, Venezuela, Yugoslavia.

2 For example, Austria, Denmark, France, Finland, Federal Republic of Germany, Norway, Poland, Rumania, Sweden, United Kingdom.

3 Kuwait, certain territories of the United Kingdom.

4 For example, Argentina, Ceylon, Czechoslovakia, India (Maternity Benefit Act, 1961, which has not yet come into force in all states), Italy, Pakistan.

5 For example, Canada (Manitoba, Nova Scotia, Ontario, Prince Edward Island, Saskatchewan), where in addition to regulations issued by public bodies, the question of maternity protection is covered by the personnel programmes of both public bodies and private industry. The same applies to the United States where, in addition, the Civil Service Commission's Inter-Agency Advisory Group has drawn up a guide on the granting of maternity leave in the federal service. A similar procedure has been adopted by the individual states and municipalities.

In some territories of the United Kingdom, such as Aden, Bahamas, Basutoland and Grenada, there are administrative instructions containing provisions which deal with maternity protection but apply only to married women. This is also the case in Gambia. In Sierra Leone administrative regulations contain clauses dealing with maternity in the case of government employees. In Switzerland model contracts of employment are drawn up, under section 324 of the Code of Obligations, by the Federal Council and the individual cantons (in consultation with the employers' and workers' organisations concerned) and apply to various classes of workers, e.g. farm workers and domestic servants, whose individual contracts of employment must contain the prescribed clauses; most of these model contracts provide for compulsory membership of sickness insurance funds, which also cover maternity, while other contracts, as in the canton of Valais, contain provisions dealing with leave and retention of employment in the event of maternity.
with employees in government departments or public service (including teachers), but may also apply to certain classes of workers in private employment. Usually they deal with all aspects of maternity of women workers, whether related to contracts of employment or insurance benefits.

40. Collective agreements constitute another means of ensuring protection for women workers in the event of maternity. In some of the countries examined they exist side by side with the basic legislation or special legislation and provide better conditions, whereas in other countries they take the place of such legislation, at least as regards certain classes of women workers. In the latter case, the importance of the part played by collective agreements will depend on the extent to which they are given full legal effect.

41. Lastly, mention must be made of the part that court decisions may play in enforcing the standards laid down by these instruments. Although the latter would appear to be of the type which require to be implemented by special statutory measures, case law on the subject may be of importance, especially if the legislation enacted is incomplete, ambiguous or of a general character. The reports received from governments contain little information on this point.

METHODS EMPLOYED BY THE STATES WHICH HAVE RATIFIED THE CONVENTIONS

42. The methods employed by States which have ratified one or other of the two Conventions have not given rise to any special difficulties. Almost all of these States have passed appropriate legislation. However, the Committee of Experts has had to make observations or requests to some States regarding the measures taken to give effect to certain provisions of these Conventions in respect of which there appeared to exist no legislation.

43. On this subject the Committee has stated—even when national practice appeared to conform to the Conventions—that it was preferable for laws or regulations to be adopted to give full effect to these instruments.

44. As regards the detailed measures taken to apply the Conventions, the Committee has not raised any objection when some States which ratified the 1919 Convention have reported that they used administrative circulars to ensure observance of

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1 For example in Canada (Alberta—factory workers), Ethiopia (workers on sugar plantations), Ghana (staff of the West African Bank, workers in civil engineering, building and road transport), Italy (workers in the film industry, banks, municipal water undertakings, knitwear and hosiery, and silk manufacture), Mexico (petroleum and railway workers), United Kingdom (employees of local authorities and clerical workers in the electricity supply industry), and Venezuela (petroleum workers).

2 For example in Jamaica (collective agreements covering workers in the private sector), Kenya (collective agreements covering certain industries and domestic staff in schools and hospitals), Poland (collective agreements for agricultural workers, 1960), Sierra Leone (collective agreements covering employees of the Shell Company), Switzerland (collective agreements in certain occupations) and in certain territories of the United Kingdom. In the United States, federal legislation and the legislation of six states applies only to the civil service, the armed forces (which employ 32,000 women) and railways. The great majority of the women workers are covered by collective agreements which contain clauses dealing with maternity leave and employment protection; moreover 90 per cent. of all maternity benefits are paid by private insurance schemes, for which the conditions of membership and rates of benefit are settled by collective bargaining.

two points which did not appear to involve basic questions, viz. continuation of payment of benefit in the event of extension of antenatal leave owing to a mistake by the doctor or midwife in estimating the date of confinement (Article 3 (c), last clause) and the length of each of the two nursing breaks (Article 3 (d)).

45. Finally, it may be noted that in one of the States bound by the 1919 Convention, the former of the two foregoing provisions is applied by virtue of a decision of the Supreme Court; this decision was based on the principle laid down in the national Constitution of the State in question that an international Convention overrides internal law. The Committee of Experts, which had raised this question with the Government, took note of this decision with interest, but also expressed the hope that, in accordance with the Government's statement that it intended to take specific measures, these measures “will be taken in the near future and will be based on the above judgment”.¹

CHAPTER II

SCOPE

46. The scope of the instruments on maternity protection is very wide. The persons protected are defined in terms of a great variety of specified activities which, in the case of the 1919 Convention, cover industrial and commercial undertakings and, in the case of the 1952 Convention, public and private industrial undertakings, together with non-industrial and agricultural occupations, including wage-earning employment at home. The 1921 Recommendation extends the coverage provided for in the 1919 Convention to "women wage earners in agriculture", whereas the 1952 Recommendation, which supplements the 1952 Convention, has the same scope as the latter, to which it refers.

47. The two Conventions in question contain a detailed definition of the different types of undertakings and forms of employment to which they apply and also empower the competent authority in each State Member to apply their provisions to any other undertaking or occupation not specified therein which the State concerned may consider to fall, by its nature, within the scope of these Conventions.

48. The only exception permitted by these Conventions is in the case of family undertakings, although the 1952 Convention allows States Members which ratify it to permit certain exceptions with respect to some of the occupations which it covers.

49. A more detailed examination is made below of the classes of persons protected and the various occupations which come within the scope of these instruments, as well as of the extent to which the scope of national legislation corresponds with that of the instruments.

PERSONS PROTECTED

50. The 1919 and 1952 Conventions apply (within the activities they cover, which are examined below) to any female person, irrespective of age, nationality, race or creed, whether married or unmarried, and whether the child is born of marriage or out of wedlock. These instruments thus lay down the principle of non-discrimination with respect to all women workers in the event of maternity.

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1 Cf. preamble to the Recommendation, third paragraph.
2 The 1952 Convention also provides that in any case in which it is doubtful whether the Convention applies to an undertaking, branch of an undertaking or occupation, the question shall be determined by the competent authority after consultation with the representative organisations of employers and workers concerned, where such exist.
3 As will be seen later, the States bound by this Convention have not availed themselves of this clause.
4 Article 2 of the 1919 and 1952 Conventions. The terms "race" and "creed" were inserted when the Convention was revised in 1952.
The instruments apply, without distinction, to any woman employed in the undertakings or occupations defined by them; there are no restrictions either as regards types of posts or earnings.

Although the legislation of relatively few countries defines the terms "woman" or "child" in such a way as to cover the specific points mentioned by the Conventions (where given, the definition usually corresponds to the version contained in the 1952 Convention), the principle of non-discrimination is applied in the great majority of countries, either implicitly or under provisions of a general character in constitutions or basic legislation applicable to all workers.

In some countries, however, national legislation appears to contain restrictions on the application of this principle, either as regards age or

While it is apparent both from the preparatory work and the discussions relating to the 1919 Convention at the Washington Conference that the instrument applies to women employees (the 1921 Recommendation refers explicitly to women wage earners in agriculture), the same would not appear to be true of the 1952 Convention, which seems to be wider in scope, at least as regards non-industrial and agricultural occupations. The wording of the latter Convention on this point would appear to have given rise to some doubts and the Committee of Experts has had to ask five States which had ratified the Convention whether their legislation applied equally to women employed in certain collective agricultural undertakings whose "remuneration could not be regarded as a wage". Two of the States concerned confirmed that their national legislation on maternity protection applied to these workers as well, whereas in the three others recent legislation provides maternity protection for members of these collective farms similar to that which is available under the general scheme.

It is worth recalling that in 1930 the Italian Government raised the question whether the word "woman" in the 1919 Convention included or excluded women whose salaries exceeded the limits generally laid down in national legislation as regards the application of social insurance to non-manual women workers. The International Labour Office stated at the time that the Convention contained no clause which permitted the exclusion of women whose earnings exceeded a certain amount and that the preparatory work and discussions at the Washington Conference made no reference either to an earnings limit of this kind. It added that the Convention expressly provided for the possibility of States which ratified it having recourse to a system of insurance, but that examination of the preparatory work did not show clearly whether the Convention intended to allow as fulfilling the provisions of the Convention, all the conditions usually included in public insurance schemes and, in particular, the condition of a salary limit (Cf. International Labour Code 1951, Vol. I, article 667, note 170, p. 547). A similar question was raised in 1954 by the Government of the Federal Republic of Germany in connection with the 1952 Convention. The Office took the view that the Convention did not exclude any "special categories" of women employed in the undertakings and occupations covered by the Convention and that, accordingly, women whose earnings exceeded a certain limit could not be excluded (Cf. Official Bulletin (Geneva, I.L.O.), Vol. XXXVII, 1954, pp. 393-395).

For example: Cameroon (Western Cameroon) (section 144 of the Labour Code); Canada (British Columbia: Maternity Protection Act, 1921); Haiti (Labour Code, section 375); Honduras (Labour Code, section 12); Iraq (Labour Code, section 23); Nigeria (Labour Code, section 144); Philippines (revised Regulations issued under the Employment of Women and Children Act, 1952, as amended); United Kingdom (Bechuanaland: Labour Ordinance, 1963, section 63; Solomon Islands: Labour Ordinance, section 76).

For example: Algeria, Argentina, Austria, Brazil, Bulgaria, Byelorussia, Cameroon (Eastern Cameroon), Central African Republic, Chad, Chile, Colombia, Congo (Brazzaville), Congo (Leopoldville), Czechoslovakia, Dahomey, Denmark, Ethiopia, France, Gabon, Federal Republic of Germany, Greece, Hungary, India, Iraq, Italy, Israel, Ivory Coast, Kuwait, Malagasy Republic, Mali, Mauritania, Morocco, Netherlands, Norway, Pakistan, Peru, Rumania, Rwanda, Syrian Arab Republic, Ukraine, U.S.S.R., United Kingdom, Venezuela, Yugoslavia.

For example: Argentina (Decree No. 80229 of 1936 respecting the Maternity Fund (section 15) excludes women under the age of 15 and over the age of 45 from the maternity insurance scheme); Iceland (the Social Insurance Act of 1963 (section 10) lays down a qualifying age of 16); Ireland (under the Social Welfare Act, 1952-63, the qualifying age for insurance is 16); Israel (the National Insurance Act of 1953 (section 3) applies to resident citizens who have reached the age of 18, although the Government states that the National Insurance Institute may grant maternity benefit to women under the age of 18, and the Employment of Women Act imposes no age restriction in the case of...
nationality.\textsuperscript{1} In most cases these restrictions are imposed by social security or public assistance schemes, which in some countries confine their benefits to nationals, although in some cases similar restrictions may be found in the regulations on conditions of work and contracts of employment.

54. As regards “race” and “creed”, application does not appear to have caused any difficulty. Apart from a few exceptions \textsuperscript{2}, national legislation appears to apply to all women irrespective of whether they are married or whether their children are born out of wedlock.

55. The countries which have ratified one or the other of the Conventions do not appear to have encountered any particular difficulties in applying the principle of non-discrimination irrespective of age, nationality, race, creed, or marital status. The Committee of Experts has had to raise the question—as regards nationality and age—only in quite exceptional cases.

56. As regards the extension of maternity protection to all the workers covered by these instruments irrespective of their posts or earnings, the restrictions imposed by the legislation of some countries almost always \textsuperscript{3} apply to persons in senior posts (of a technical, managerial or supervisory character) in the higher earnings groups. Restrictions based on the nature of the post are less common and are usually encountered in regulations on conditions of work and contracts of employment \textsuperscript{4}, whereas

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\textsuperscript{1} For example: Finland (section 1 of the Maternity Benefits Act, dated 13 June 1941 (No. 424), as amended); Iceland (section 10 of the Social Insurance Act, 1963); Israel (section 3 of the National Insurance Act, 1953, as amended); Spain (section 6 of the Sickness Insurance Act, 1942), and section 18 of the regulations issued thereunder confine entitlement to benefit to Spanish nationals and to citizens of Latin American countries, Andorra, Philippines and Portugal. The Government has stated in its reports that the sickness insurance scheme has been extended to citizens of several other States under international agreements and that the new social security scheme set up under a new fundamental enactment will bring Spanish legislation into line with the Conventions); Sweden (sections 3 and 4 of Public Insurance Act, 1962; insurance coverage is, however, extended to non-Swedish workers who are registered inhabitants).

\textsuperscript{2} Exceptions exist, for example, in the case of certain classes of workers, such as teachers: Gambia (Gambia General Orders, Caps. 4, 13 and 17/18); Malawi (Unified Teaching Service Conditions of Employment); New Zealand (section 5 (c) of Teachers’ Leave of Absence Regulations, 1951). In other countries exceptions are made in the case of women in government service: for example Gambia, Jamaica (where married women are entitled to more favourable leave and benefits), and in certain territories of the United Kingdom: by virtue of administrative regulations: Gibraltar, Grenada, St. Lucia, Seychelles. In some other countries, such as the United Kingdom and the territory of Grenada, such exceptions apply to certain classes of industrial and commercial undertakings by virtue of collective agreements. It may be added that in Australia married women are not entitled to permanent posts in federal government service and in most state services and as the Government states in its report there are, therefore, no statutory provisions dealing with maternity protection in their case; married women in temporary posts are covered by the sickness insurance scheme.

\textsuperscript{3} However, in Austria the General Social Insurance Act of 1955, as amended, excludes wage earners and self-employed persons assimilated to wage earners for the purposes of the Act if they perform work of minor importance from which they earn less than 270 schillings a month.

\textsuperscript{4} For example: Argentina (section 3 of the decree of 1949 regulating the status of agricultural workers, which excludes women holding administrative posts; Spain (Spanish overseas provinces; the orders dated 2 March 1954 (respecting contracts of employment, etc., applicable to the Western Provinces) and 24 May 1962 (approving the Labour Ordinance in the African Equatorial Provinces) exclude certain senior employees occupying posts as managers, inspectors, etc.); Switzerland (the Federal Labour Act, 1964—which is not yet in force—does not apply to persons in senior executive posts).
restrictions based on earnings occur primarily in legislation on social insurance and, in fact, are very frequent.\(^1\) Under the legislation of some of the countries concerned, insurance is not compulsory for workers—or at least those in non-manual employment—whose earnings exceed a certain limit.

57. In most cases, restrictions of this kind imposed under insurance schemes are not necessarily accompanied by equivalent restrictions in the legislation on conditions of work and contracts of employment, so that the discrepancy between the coverage of the two sets of provisions may pose a number of problems because women who, owing to their earnings, are not entitled either to sickness insurance benefit or to public assistance, may be compelled nevertheless to take maternity leave, with the result that they either do so unwillingly or only take part of it—to the detriment of their own and their children’s health. In such cases, employers are often required to pay their wages to replace these benefits, but this solution is contrary to the standards laid down in the Conventions and Recommendations on maternity protection (see below). Even if, as the governments of the States concerned remark, the number of women subject to these restrictions is limited in practice, they are plainly contrary to the Conventions and Recommendations in question.

58. As regards the States which have ratified one or the other of these Conventions, the Committee of Experts has had to ask three States bound by the 1919 Convention to take steps to eliminate the wage ceilings imposed by social insurance legislation in the case of certain classes of salaried employees. One of these States has already amended its legislation accordingly, and another has stated that its legislation is being amended. With respect to the 1952 Convention, a State which imposes an income ceiling for entitlement to medical benefit has stated that it intends to take appropriate measures in the near future.

**CLASSES OF OCCUPATIONS PROTECTED**

59. As was stated earlier, the 1919 Convention applies to “industrial or commercial undertakings” whereas the 1952 Convention covers “industrial undertakings” and “non-industrial and agricultural occupations”, including home work.

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\(^1\) For example, in the legislation of the following countries: Costa Rica (section 1 of the 1952 Regulations respecting the risks of sickness and maternity); Federal Republic of Germany (Federal Insurance Code of 1924, as amended, sections 165 ff.: the limitation on earnings mainly applies to women salaried employees. The Government has stated in its reports that a Bill now before Parliament will bring national legislation into line with the 1919 Convention, by which the Federal Republic of Germany is bound; the Government has also referred to the Social Assistance Act of 1961 which, however, only appears to cover women whose means of support are non-existent or inadequate); India (Employees’ State Insurance Act, section 2 (9), and regulations issued thereunder (1950) applicable to women factory workers); Ireland (Social Welfare Act, section 4 and Appendix I, Part II, and the Government’s report); Italy (the Act dated 26 August 1950 respecting the physical and medical protection of working mothers excluded certain classes of women employees from entitlement to cash benefit, but an Act of 9 January 1963 has now abolished this discrepancy); Netherlands (section 1 (c) of Act dated 12 June 1952); Pakistan (Employees’ Social Insurance Ordinance, 1962); Peru (Act dated 12 August 1936 respecting compulsory social insurance for wage earners (as amended)); Spain (Sickness Insurance Act dated 14 December 1942, section 2, and Sickness Insurance Regulations of 1943, as amended, although the Government states that women workers whose earnings exceed the limit under the maternity insurance scheme are covered by the family benefits scheme under the Act of 18 June 1942); Sweden (Public Insurance Act dated 25 May 1962, Chapter III, section 2, as regards cash benefits); Uruguay (the Government’s report in 1963 on the 1952 Convention, ratified by Uruguay, stated that medical benefits were granted under the family allowances scheme, which places a ceiling on earnings; in its 1964 report the Government states that a Bill is now being prepared which will take the provisions of the Convention into account).
60. The 1919 Convention (Article 1, paragraph 1) and the 1952 Convention (Article 1, paragraph 2) contain detailed lists of the public or private industrial undertakings to which they apply. These lists cover four main categories, viz.: (a) mines, quarries and other extractive industries of all kinds; (b) manufacturing industries; (c) construction industries, including maintenance and demolition; and (d) transport. The list in the 1952 Convention is less detailed in the case of certain activities such as construction, which makes it possible to take account of industrial developments since 1919. As regards transport undertakings, the 1919 Convention covers transport by road, rail, sea or inland waterway, including the handling of goods, but excludes transport by hand, unlike the 1952 Convention which also applies to air transport and the handling of goods at airports.

61. In dealing with public or private non-industrial activities, the 1919 Convention defines a “commercial undertaking” as “any place where articles are sold or where commerce is carried on” (Article 1, paragraph 2), whereas the 1952 Convention covers all “non-industrial occupations”, by which it means commercial establishments, postal and telecommunications services, establishments and administrative services in which the persons employed are mainly engaged in clerical work, newspaper undertakings, hotels and restaurants, hospitals, places of public entertainment and domestic work, together with any other non-industrial occupations “to which the competent authority may decide to apply the provisions of the Convention” (Article 1, paragraph 3).

62. The 1919 and 1952 Conventions also apply to the branches of industrial and commercial undertakings, i.e. they cover all the employees of any establishment (including its branches) irrespective of their individual occupations, e.g. whether employed in manufacturing workshops, unpacking, correspondence, despatch, etc.

63. The 1952 Convention also defines agricultural occupations as “all occupations carried on in agricultural undertakings, including plantations and large-scale industrialised agricultural undertakings” (Article 1, paragraph 4).

64. Thus it can be seen that these instruments apply to a very wide range of occupations.

65. Since maternity protection in each country is provided under a variety of laws and regulations, it is extremely difficult to ascertain the exact extent to which these laws and regulations in fact cover the types of occupations referred to by these instruments. This difficulty is enhanced by the fact that maternity protection provisions are found in two different types of legislation—that on labour and contracts

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1 The list in Convention No. 3 corresponds closely to that given in the Hours of Work (Industry) Convention, 1919 (No. 1), and is repeated either unchanged or with certain variations by a number of other Conventions. According to an interpretation on this point given in connection with Convention No. 1, and which is applicable by analogy to Convention No. 3, this list would not appear to be exhaustive (Cf. International Labour Code 1951, Vol. I, article 236, note 178, p. 191).

2 The term “branch” employed in the 1919 Convention is taken from the Hours of Work (Industry) Convention, 1919 (No. 1). The meaning of this term is made clear in the Explanatory Report on this Convention (Cf. International Labour Code 1951, Vol. I, article 452, note 10, p. 358, article 237, note 190, p. 196, article 320, note 402, p. 261). The French text of Convention No. 103 employs the term “branches d’une entreprise” instead of “dépendances”; there is no ground for thinking that the intention was to give a different significance to this term to judge by the Explanatory Report on the Reduction of Hours of Work (Textiles) Convention, 1937 (No. 61) (Cf. idem, article 320 note 402, p. 261). The same opinion was expressed in the reply by the Office to a question on this subject put by the Swedish Government (Cf. Official Bulletin, Vol. XXXVIII, 1955, p. 377).
of employment, on the one hand, and that on social security on the other—and by
the fact that in many cases the scope of the relevant laws and regulations is not the
same.¹

66. An attempt is made below to give a general survey of the way in which the
scope of various types of legislation is defined.

67. In the great majority of the countries examined ² the definition of coverage is
based on the existence of an employment relationship. Legislation refers to “any
worker” or “any employee”, usually defined as “any person who undertakes to
place his labour, in return for remuneration, at the disposal of any other person
or public or private body corporate under the latter’s direction or authority”. This
general formula is usually encountered in labour codes or laws, but is frequently
employed in social security legislation as well. It is common, however, for the latter
type of legislation to list certain occupations not covered.

68. In other countries ³ the scope is usually defined in relation to certain classes
of establishments which are defined in a general way with provision for exceptions

¹ Thus in some countries such as China, Iraq, Luxembourg, New Zealand, Sweden and the
United Kingdom, the legislation on social security is wider in scope than that on working conditions,
whereas in others, such as Tunisia and Venezuela, the opposite is the case.

² For example: Algeria (Order dated 10 June 1959, section 35; Order dated 26 October 1959,
section 2 and Order dated 10 September 1949, Part III, section 22); Austria (Maternity Protection
Act, 1957, section 1, as amended; Social Insurance Act 1955, section 1); Belgium (for wage earners:
Act concerning contracts of work, section 1); Brazil (Consolidated Labour Laws, section 7; Act of
1960, sections 3 and 5; Act of 1963 respecting the conditions of agricultural workers, section 2);
Cameroon (Eastern Cameroon) (Labour Code, section 1, and Act No. 59-27, dated 11 April 1959);
Central African Republic (Labour Code, section 1, and Order No. 276 dated 7 March 1956); Chad
(Labour Code, section 1, and Order dated 21 March 1956); Colombia (Labour Code, sections 2
and 238, and Decree No. 2690 of 1960, section 2); Congo (Brazzaville) (Labour Code, section 2, and
Order No. 705 dated 8 March 1956); Congo (Leopoldville) (Legislative Decree dated 1 February 1961,
section 2); Costa Rica (Labour Code, section 4); Cuba (Act No. 1100 of 1963, section 2); Cyprus
(Social Insurance Act of 1956); Czechoslovakia (Act of 25 March 1964, section 1, and Act
of 30 November 1956); Dahomey (Labour Code, section 1, and Decree No. 337 of 26 November
1960, section 2); France (Social Security Code, section L.241); Gabon (Labour Code, section 1,
and Decree of 7 January 1963); Federal Republic of Germany (Maternity Protection Act 1952,
sections 1 and 2; Social Insurance Code, section 165); Honduras (Labour Code, sections 2
and 4, and Act of 19 May 1959); Hungary (Labour Code, sections 1, 4 and 5, and Ordinance
of 1955, section 3); Iceland (Act of 30 April 1963, section 10); Iraq (Labour Code, section 1,
and Social Security Act, section 1); Israel (Employment of Women Act, 1954, National Insurance Act,
as amended, sections 1, 3 and 27); Italy (Act No. 860 of 1950, section 1); Ivory Coast (Labour
Code, section 1, and Order of 13 December 1955); Malagasy Republic (Labour Code, section 1,
and Decree dated 22 February 1963); Mali (Labour Code, section 1, and Social Welfare
Code); Mauritiania (Labour Code, section 1, and Act of 23 January 1963, section 1); Mexico
(Labour Act, section 3); Nicaragua (Labour Code, section 3); Peru (Act No. 2851 of 1919 and
Act No. 8433 of 1936); Spain (Act of 14 December 1942, sections 3 and 5; this Act refers to
“producers with limited incomes derived from their work”); U.S.S.R. (Labour Code, section
1); United Kingdom (National Insurance Act of 1946, section 1); Upper Volta (Labour Code,
section 1, and Order of 6 December 1955).

³ For example: Albania (Labour Code, sections 1 and 2); Argentina (Act No. 11317, section 13,
Act No. 11933, section 1); Brazil (Act No. 11462, sections 307 and 309); France (Labour Code,
Book II, section 54 (a)); Ghana (Labour Ordinance, section 75); Morocco (Decree of 21 July 1947,
sections 1, 2 and 3); Norway (Workers' Protection Act, section 1); Poland (Social Insurance Act,
1933, sections 1 and 7); Rumania (Labour Code, section 2); Sweden (Workers' Protection Act,
section 1; this Act applies only to private undertakings and gives details of certain other occupations
covered); Switzerland (Federal Labour Act of 13 March 1964, which also lists certain establishments
such as banks, hotels and restaurants, clinics and hospitals and forestry undertakings); Tunisia
(Decree of 6 April 1950, as amended, section 1, Decree of 18 June 1954, section 1, and Act of 14 De­
cember 1960, as amended, section 34; this legislation also lists certain occupations); Venezuela
(Labour Act, section 8); Yugoslavia (Employment Relationships Act, 1957, section 1).
MATERNITY PROTECTION

in some cases. Legislation of this kind, for example, refers to “all industrial, commercial or agricultural undertakings, whether public or private and branches thereof”, “any industrial or commercial undertaking and branch thereof of whatever type, whether public or private...” or “state economic undertakings and organisations, co-operatives or public bodies, individuals and bodies corporate in the private sector”, or yet again “any undertaking employing wage labour”.

69. Only in a very limited number of countries does the legislation enumerate the undertakings to which it applies, in the manner provided for in the Conventions in question. In some of these countries the list is more or less the same as the occupations mentioned in the 1952 Convention, whereas in others it corresponds more closely to the 1919 Convention. In a few other countries national legislation contains a list which covers only some of the undertakings referred to by the Conventions in question.

70. In all the foregoing cases, the extent to which national legislation is in conformity with the 1919 Convention or the 1952 Convention can only be gauged by examining each individual case, since it must not be forgotten that even when such legislation is general in scope, it may permit exclusions which go beyond those authorised by the Conventions. On the other hand, when it covers only certain specified types of occupations, it may be supplemented by special laws or regulations or alternatively by collective agreements (e.g. covering farm workers, domestic servants, government employees, etc.). The same problem may arise in the case of federal States in which federal legislation normally covers only very restricted classes of workers. Even when the scope of the national legislation corresponds with that of one or other of these Conventions, it may be limited by the fact that the legislation applies only to certain specified areas. This is particularly true of social security schemes which, in most of the economically less advanced countries, are introduced by stages; such schemes do not yet cover all the prescribed classes of workers or the whole country. The Committee of Experts has raised this question with the governments of a few of these countries, which are parties to the 1919 Convention.

71. Nevertheless, a study of the information supplied in governments’ reports and of the relevant legislation shows that, generally speaking, the scope of the provisions for maternity protection is in most countries wide enough to cover women workers in industry and commerce as required by the 1919 Convention. Apart from one or two points of detail, the States which have ratified this Convention do not appear to have encountered any particular difficulty in this respect.

1 E.g. in the following countries as regards industrial undertakings and non-industrial and agricultural undertakings: Cameroon (Western Cameroon) (Labour Code, sections 142 and 145; however, section 182 makes provision for extension to include domestic servants); Haiti (Labour Code, sections 97 and 103); Nigeria (Labour Code, sections 142 and 145—same as in Western Cameroon in the case of domestic servants); Philippines (Act No. 679 of 1952, sections 2 and 8; this Act does not refer, however, to public undertakings). In Tanzania (Tanganyika), section 2 of the Employment Ordinance contains a similar definition but only for industrial and commercial undertakings; the Government states that, nevertheless, in practice the term “industrial undertakings” also includes agricultural occupations.

2 For example: Argentina (Decree No. 80229 of 1936 respecting the Maternity Fund, section 16); Luxembourg (Order of 1932, section 17); United Kingdom (Solomon Islands: Labour Ordinance, Chap. 28).

3 For example: Burma (Social Security Act, 1954, Chap. 1, section 3); Canada (British Columbia: Maternity Protection Act); Denmark (Workers’ Protection Act, section 1); Finland (Decree of 1917, section 1, and Act of 1924, section 1); Poland (Act of 1924 relating to the employment of women and young persons, as amended, section 1).

4 For example in the following countries: Burma, Colombia, Guatemala, Greece, Haiti, Honduras, India, Mexico, Nicaragua, Peru and Venezuela.
72. The position is different in the case of the 1952 Convention, the scope of which, as was seen earlier, is much wider. The list of non-industrial occupations, for example, covers a range of undertakings which is greater than that of the commercial undertakings referred to in the 1919 Convention. One may assume that, where the scope of the legislation is defined in general terms, it covers most of the types of employment included in the Convention, but the same is not true of the fairly numerous cases in which the legislation excludes one or several forms of employment. In some of these cases, however, certain types of non-industrial occupations are covered by special enactments or by non-statutory practices.

73. As regards agricultural occupations, major progress was achieved in maternity protection between 1921, when Recommendation No. 12 was adopted, and 1952, when the 1919 Convention was revised. In very many countries women workers in agriculture are covered by the general protective measures which apply to all women workers. In other countries they are subject to special regulations which, by and large, contain the same provisions as the general measures.

74. There are, however, many countries in which maternity protection in agriculture still lags considerably behind the measures taken in industry and commerce. In some of these countries the few protective measures in existence are in the field of social security, and legislation regulating contracts of employment or conditions of work is completely lacking. In others, in contrast, there are provisions dealing

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1 For example: Burma (the Social Security Act of 22 October 1954 does not cover non-industrial employment); Ceylon (the Maternity Benefit Ordinance, 1939, as amended, applies to factories; mines and plantations); China (the Social Insurance Act, 1958, only covers some non-industrial occupations); Denmark (the Act of 9 June 1948 respecting the legal relationship between employers and salaried employees only covers part of the non-industrial occupations listed by the Convention); Finland (Act No. 605 of 1946 applies only to commerce, offices and other similar establishments); India (the Maternity Benefit Act, 1961, and the Employees' State Insurance Act, 1948, cover factories, mines and plantations); New Zealand (the Factories Acts do not cover non-industrial occupations); Pakistan (the maternity benefit laws in the different provinces apply to mines, factories and tea plantations, except in the case of the Act of 1939 applicable in Eastern Pakistan, which covers any person employed in manual or clerical occupations in any industrial or commercial undertaking; the Social Security Act, 1962, covers industry, together with such other establishments as may be defined by regulation); Turkey (the Labour Code excludes establishments and organisations in which employees are mainly engaged in clerical work); Uruguay (according to information supplied by the Government, national legislation would not appear in practice to cover women employees of the postal and telecommunications services).

2 For example: in Malaysia (Singapore: the Government states that collective agreements contain clauses dealing with maternity in the case of women employed in non-industrial occupations other than those covered by the Employment Ordinance).

3 For example, Belgium, Cameroon (Eastern Cameroon), Central African Republic, Ceylon (plantations only), Chad, Congo (Brazzaville), Cuba, Gabon, Federal Republic of Germany, Hungary, India (plantations only), Ireland, Italy, Ivory Coast, Malagasy Republic, Mali, Mauritania, Netherlands, Niger, Nigeria, Pakistan (plantations only), Philippines, Rumania, Spain, Upper Volta.

4 For example: Argentina, Austria, Brazil, Byelorussia, Czechoslovakia, France, Poland (collective agreement of 1960), Switzerland (model contracts of employment), Ukraine, U.S.S.R., Yugoslavia.

5 The following legislation does not apply to agricultural occupations: Burma (Social Security Act; the Government confirms this fact in its report); Canada (the Government states that there is no provision applying to women workers in agriculture); Cyprus (Social Insurance Act, 1956); Honduras (Labour Code and Social Insurance Act, 1957); Iraq (Social Security Act and Labour Code); Jordan (Labour Code); Luxembourg (Order of 30 March 1932); Morocco (Decree of 1959 respecting social security); Peru (Act No. 2851 respecting the employment of women and children); Portugal (Metropolitan Portugal only: Decree of 23 September 1963; nevertheless provision is made for the extension of this legislation to agriculture; the Government states that women workers in agriculture can obtain medical care and allowances in "people's homes"); Sweden (Workers' Protection Act, 1949; this Act applies to women workers in agriculture only in certain circumstances); Turkey (Labour Code); United Kingdom (Swaziland: Employment Proclamation); Venezuela (Social Insurance Decree of 1951—provisional exclusion).
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with maternity leave, but the law does not require payment of benefit under a social security scheme or out of public funds. In a few countries there is no legislation at all concerning women workers in agriculture. Some governments which do not possess any legislation on the subject state that there has been no need for it owing to the very small number of women employed in agriculture.¹

75. Maternity protection is increasingly being extended to women workers in domestic service, who are covered by the legislation of a large number of countries, especially in cases where the legislation is general in scope. In some countries² they are subject to special legislation, at least as regards conditions of work and contracts of employment. Evidently, the detailed rules governing the application of such legislation vary in practice from country to country, according to the nature of the scheme and national conditions. Nevertheless, it is not uncommon for legislation to lay down less favourable conditions for domestic servants than other workers, particularly as regards length of leave and protection against dismissal.³ In many countries, however, domestic servants are specifically excluded from the scope of maternity protection legislation.⁴

76. The situation is much the same as regards women homeworkers, who in most of the countries examined are covered by national legislation either implicitly—where the legislation is general in scope—or by specific provision.⁵ In several countries, however ⁶, the maternity protection regulations specifically exclude this class of women workers or do not indicate that they apply to them.

77. In the case of States which have ratified the 1952 Convention, some difficulties are at times encountered as regards the application of certain provisions of the Convention to domestic servants. Nevertheless, of the three States to which requests have been made on this point, one has already taken appropriate action and another has stated that it is studying the question. In another case, the Committee has had to observe that the law did not apply in practice to women workers in the postal and telecommunications services and in agriculture.

¹ For example: Malaysia (Singapore), Sierra Leone, United Kingdom (Bermuda, Brunei, Gilbert and Ellice Islands).
² For example: in Denmark (notification dated 16 June 1941 as amended in 1952 and 1953); Norway (Act of 31 May 1963); Sweden (Act of 30 June 1944); Switzerland (model contracts of employment); U.S.S.R. (Decree of 8 February 1926 issued under section 1 of the Labour Code); Yugoslavia (under special regulations issued by individual republics under section 415 of the Employment Relationships Act).
³ For example: in the Federal Republic of Germany (Maternity Protection Act, 1952), Hungary (Labour Code, section 96, as amended by a Decree of 1962) and Norway (Act of 31 May 1963 respecting the conditions of employment of domestic servants).
⁴ For example: Argentina (Decree of 31 December 1949, section 3, respecting farm servants); Brazil (Consolidated Labour Laws, section 7, and Social Security Act of 1960, section 5); Cyprus (Social Insurance Act, 1956); Iraq (Labour Code, section 2); Jordan (Labour Code, section 5); Kuwait (Labour Act (Private Sector), section 2); Luxembourg (Order of 30 March 1932, sections 1 and 17); Malaysia (Singapore: Employment Ordinance, section 2); Pakistan (Social Security Act, 1962); Peru (Act No. 2851 of 1918 and Compulsory Social Insurance Act of 1936, section 2); Philippines (Act No. 679 of 1954, section 1); Tanzania (Tanganyika) (Employment Ordinance, section 2); Venezuela (Social Insurance Decree of 1951, section 4).
⁵ For example: Chile (Act No. 11462 of 1952, section 309); Federal Republic of Germany (Act of 1952, section 1; Social Insurance Code, sections 165 ff.); Haiti (Labour Code, section 97); Italy (Act No. 860 of 1950, section 2); Peru (Social Insurance Decree of 18 February 1941, section 2); U.S.S.R. (Labour Code, section 1, and Decree of 15 November 1928, section 4).
⁶ For example: Brazil (Consolidated Labour Laws, section 7, and Social Security Act of 1960, section 5); Cyprus (Social Insurance Act, 1956); Iraq (Labour Code, section 2); Jordan (Labour Code, section 5); Kuwait (Labour Act (Private Sector), section 2); Luxembourg (Order of 30 March 1932, sections 1 and 17); Malaysia (Singapore: Employment Ordinance, section 2); Spain (Sickness Insurance Act of 14 December 1942); Sweden (Workers' Protection Act, 1949, section 3 (a)); Switzerland (Federal Labour Act of 1964—not yet in force); Tanzania (Tanganyika) (Employment Ordinance, sections 2 and 87); Venezuela (Social Insurance Decree, 1951, section 4).
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EXCEPTIONS ALLOWED BY THE 1919 AND 1952 CONVENTIONS

78. The two Conventions in question permit exceptions in the case of family undertakings, but whereas the 1919 Convention (Article 3) specifically excludes any "undertaking in which only members of the same family are employed", the 1952 Convention (Article 1, paragraph 6) states that national laws or regulations may exempt from the application of the Convention "undertakings in which only members of the employer's family, as defined by national laws or regulations, are employed".1

79. The great majority of the countries examined do not appear to have availed themselves of the clause regarding the exemption of family undertakings, and in some countries 2 national legislation specifically states that these establishments are included within its scope.

80. There are, however, many countries 3 where legislation on maternity protection contains specific provisions excluding family undertakings, which are defined either along the same lines as in one or other of the two Conventions in question or more broadly.

81. The States which have ratified one or other of these two Conventions have not usually encountered any difficulties on this point. Only in two cases has the Committee of Experts had to point out that the exemption permitted by the national legislation is wider in scope than that allowed by the Convention.

82. The 1952 Convention also states (Article 7) that States Members which ratify it may, by a declaration accompanying the ratification, provide for exceptions 4

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1 Further explanation can be given of the exact scope of these two provisions: under the 1919 Convention, if there is a single worker in an undertaking who is not a member of the family the undertaking becomes subject to the Convention, whereas the 1952 Convention does not permit an exception for an undertaking in which only the members of a single family other than the employer's family are employed (Cf. International Labour Code 1951, Vol. I, article 237, note 193, pp. 197-198).

2 For example Israel (National Insurance Act, 1953, as amended) and Morocco (Decree of 1947 to regulate employment, as amended).

3 For example, the legislation of the following countries excludes family undertakings as defined in the 1919 Convention: Cameroon (Western Cameroon) (Labour Code, section 145); Luxembourg (Order of 30 March 1932, sections 1 and 2); New Zealand (Factories Act); Peru (Act No. 2851); Syrian Arab Republic (Labour Code, section 140). The legislation of the following countries contains an exclusion corresponding to that permitted by the 1952 Convention: Argentina (Act No. 11317, section 13); Finland (Decree of 18 August 1917, section 1, and Act No. 605 of 1946); Pakistan (Social Security Act, 1962); Philippines (Act No. 679 of 1952, section 1 (c)); Tanzania (Tanganyika) (Employment Ordinance, section 87). The exclusions permitted by the legislation of the following countries are wider in scope than those permitted by the Convention: Colombia (the Sickness and Maternity Insurance Act, 1960, section 3, excludes the employer's spouse, parents and children under the age of 14 in employment status and any other members of the family up to a specified degree of kinship if they work exclusively for the employer and live under the same roof); Costa Rica (the Social Security Act, 1943, section 46, excludes any members of the employer's family who live and work with him otherwise than as employees); Haiti (the Labour Code, section 570, excludes women working solely for their husbands, and children under the age of 18 who work at home for their parents without receiving a cash wage); Honduras (the Social Security Act, 1959, section 5, excludes the employer's relatives working with him); Nicaragua (the Social Security Act, 1955, section 64 (b)), excludes the spouse and relatives of the employer if they work with him); Poland (the Social Security Act, as amended, section 100, excludes members of the employer's family who do not receive any remuneration, whereas the Order of 1946 concerning insurance in agriculture excludes relatives of an employer living in his household); Sweden (the Workers' Protection Act, 1949, section 3, exempts jobs performed by members of an employer's family at his home).

4 These exceptions are, however, temporary in character, as is borne out by the preparatory work and the discussions in the Committee on Maternity Protection and in the Conference itself. (Cf. I.L.O.: Record of Proceedings, International Labour Conference, 35th Session, 1952 (Geneva,
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to the application of the Convention in the case of certain categories of non-industrial occupations, occupations carried on in any agricultural undertakings other than plantations, domestic work for wages in private households, home work and undertakings engaged in the transport of passengers or goods by sea.

83. It is worth mentioning that the countries that have ratified this Convention did not avail themselves of these exceptions at the time of ratification and do not appear—apart from the cases quoted earlier—to have encountered any difficulties in applying the provisions of this Convention to the classes of women workers covered by Article 7.

84. As regards other countries, it was noted earlier that the legislation in many cases does not cover all the non-industrial occupations falling within the Convention, and that while there has been a growing tendency in recent years to extend the coverage of labour and social security legislation to workers in agriculture, there nevertheless remains a fairly large number of countries in which such workers, like domestic servants and homeworkers, remain outside the scope of maternity protection legislation. Maritime shipping usually appears to be covered by national legislation, either by the general legislation or by special legislation on seafarers and shipping.

EXCEPTIONS ALLOWED BY NATIONAL LEGISLATION

85. In many countries national legislation on conditions of work or social security, even when general in scope, does not apply to persons employed in the public administration. This exception usually relates to public servants, who are

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1 The exceptions in respect of "certain categories of non-industrial occupations" refer only to the non-industrial occupations listed in Article 1, paragraph 3, of the Convention and do not apply to any form of non-industrial work performed in industrial undertakings as defined in Article 1, paragraph 2, of the Convention (Cf. Official Bulletin, Vol. XXXVIII, 1955, p. 379, reply by the I.L.O. to a question put by the Swedish Government).

2 For example: Argentina (Decree No. 80229 of 1936, Chap. III, section 15); Brazil (Consolidated Labour Laws, section 7, and Social Security Decree, 1960, section 5); Cameroon (Eastern Cameroon) (Labour Code, section 1); Central African Republic (Labour Code, section 1); Colombia (Labour Code, section 4); Congo (Brazzaville) (Labour Code, section 2); Dahomey (Labour Code, section 1); France (Overseas Territories: Overseas Labour Code, section 1); Gabon (Labour Code, section 1); Federal Republic of Germany (Social Insurance Code, as amended, section 172); Guatemala (Labour Code, sections 2 and 14); Honduras (Labour Code, section 4); Iraq (Labour Code, section 2); Ivory Coast (Labour Code, section 1); Kuwait (Labour Act (Private Sector), section 2); Luxembourg (Order of 1932, section 2); Mali (Labour Code, section 1); Mauritania (Labour Code, section 1); Mexico (Federal Labour Act, section 2); Nicaragua (Labour Code, section 9); Niger (Labour Code, section 1); Norway (Workers' Protection Act, section 1—civil servants are excluded to the extent prescribed by the Crown); Netherlands (Sickness Insurance Order, 1952, section 21); Venezuela (Labour Act, section 6, and Social Insurance Decree, 1951, section 4).

3 As regards the extent to which Conventions are applicable to civil servants if they do not contain any specific provisions on the subject but, like the 1919 and 1952 Conventions, refer to "public and private undertakings and any branch thereof", the Office gave the following interpretation, in connection with the Hours of Work (Commerce and Offices) Convention, 1930 (No. 30): in these Conventions "no distinction is made between persons employed in those undertakings according to the legal nature of the rules governing their conditions of service. The Convention therefore applies to these persons even if, according to the public law of certain States, they have the status of officials" (Cf. International Labour Code 1951, Vol. I, article 246, note 229, p. 214).
usually defined as persons employed in established posts in the public administration or as persons 'in the services of the Government, public establishments or administrative bodies possessing autonomous status'. Persons employed in the public administration are usually subject to special forms of protection and often enjoy better conditions than other women workers. It sometimes happens in countries where the active population is small that the only maternity protection provisions in existence relate to government employees. Apart from a few exceptions, the reports supplied by governments usually contain very little information about the measures applicable to persons employed in the public administration and it is therefore difficult to gauge the extent of the protection afforded to them.

86. Another class of workers who are often excluded from national legislation consists of women in temporary or casual employment. Temporary workers are often defined as those who work for a specified maximum number of days (in general 30 to 90) during a half-yearly or yearly period, and casual workers as those who perform jobs unconnected with their employers' normal activities. In most countries where the legislation does not cover temporary or casual work, this exclusion is specifically laid down. In some countries, although women in jobs of this kind are subject to special regulations as regards other conditions of work, they are, as regards maternity protection, subject to the general scheme.

87. Lastly, in some of the countries examined, the law imposes restrictions based on the size of the undertaking. Thus, in certain countries the maternity protection legislation does not apply to women workers in undertakings employing fewer than a specified number of wage earners, usually ranging from three to 30; sometimes this limitation is combined with a condition about the use of motive power.

CONCLUSION

88. Subject to any comments to be made when examining the effect given to each of the provisions of these Conventions and Recommendations, it may be noted

1 For example in Gambia, Sierra Leone and in the following territories of the United Kingdom: Aden, Basutoland, Grenada, Hong Kong, Seychelles.
2 Australia, Canada, Cyprus, certain territories of the United Kingdom, United States, etc.
3 For example: Algeria (Decision No. 49064, Part V, section 28—casual work in agriculture); Argentina (Decree No. 80229 of 1936, Chap. III, section 5—see Algeria); Colombia (Sickness and Maternity Insurance Decree 1960, section 3; these women workers are, however, covered by the Labour Code); Honduras (regulations issued under the Social Security Act); Iraq (Labour Code, section 2, Social Security Act, 1956, section 2); Kuwait (Labour Act (Private Sector), section 2); Peru (Act No. 8433, section 3); Poland (the Government states that women employed in seasonal work in agriculture are not covered by the law); Venezuela (Social Insurance Decree, 1951, sections 4 and 5).
4 For example, Albania, Byelorussia, Ukraine, U.S.S.R., Yugoslavia.
5 For example: Burma (Social Security Act, 1954, section 3, covers establishments employing at least ten workers); China (the Act of 1932, section 1, excludes factories employing fewer than 50 workers, although the Social Security Act of 1958 excludes establishments with fewer than ten workers); Cyprus (the Social Insurance Act, 1956 excludes agricultural undertakings employing fewer than five persons); Finland (the Decree of 1917, section 1, excludes factories and undertakings in rural districts employing fewer than three workers); Guatemala (the regulations issued by the Social Insurance Institute regarding maternity protection exclude establishments with fewer than five workers); India (the Employees' State Insurance Act, section 2, excludes establishments employing fewer than 20 workers); Iraq (the Social Security Act, section 2, excludes establishments employing fewer than 30 workers, while the Labour Code, section 2, excludes those employing fewer than five persons); Kuwait (the Labour Act (Private Sector), section 2, does not apply to establishments employing fewer than five workers); Turkey (the Labour Code, section 2, excludes establishments normally employing fewer than ten workers).
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at this stage that the legislation of a large number of countries contains maternity protection provisions applicable to a wide range of occupations.

89. In most of the countries examined, the protective measures do not make any distinction based on age, nationality, race, creed or marital status.

90. One point, however, which requires attention in the case both of countries which have and those which have not ratified the Conventions, is the imposition of an earnings ceiling for entitlement to insurance. This limitation, which is found in many insurance schemes, is not allowed by these Conventions.

91. As has been seen, women employed in industrial undertakings and non-industrial occupations—even if these activities are not defined as broadly as in the 1952 Convention—are protected by the legislation of very many countries. On the other hand there has been some delay in the protection of women employed in agriculture, although considerable progress has been made in this respect in recent years. As regards domestic servants and homeworkers, it was also noted that they remain quite often outside the scope of application of maternity protection provisions. This is generally the case in the economically less advanced countries. This may be due to some extent to the fact that the protection provided for in these instruments presupposes the existence of insurance or assistance schemes, which in turn require special legislation and considerable financial resources. It follows that even where these countries possess such schemes, they are, for the time being at least, unable to extend coverage to all the classes of women workers dealt with by the 1952 Convention.
CHAPTER III

MATERNITY LEAVE

92. One of the essential forms of protection provided for in the Conventions and Recommendations under consideration is women's entitlement to maternity leave. All women employed in the undertakings or occupations covered by these instruments are entitled to leave their work for a certain period without breaking their employment contracts, upon production of a medical certificate showing the probable date of delivery; similarly they cannot resume work until a certain period of time has elapsed. Maternity leave is therefore divided into two periods: antenatal leave and postnatal leave, which can be extended in certain circumstances, namely when childbirth takes place after the presumed date and in cases of sickness proved by a medical certificate to be due to pregnancy or confinement.

93. Consideration will be given here to the various conditions subject to which maternity leave is granted and may be extended both within the framework of the instruments concerned and under national legislation.

ENTITLEMENT TO MATERNITY LEAVE

94. The special character of maternity leave as a measure to protect the health of women workers in order to permit them to perform their maternal functions is confirmed by the fact that the international instruments lay down no condition with regard to a minimum duration of employment for eligibility to maternity leave, which is quite distinct from annual holidays with pay.

95. The only requirement laid down in the instruments concerned is the production of a medical certificate showing the presumed date of delivery.

96. Information in government reports and examination of national legislation reveals that practically all the countries covered in this study recognise the right to maternity leave. In the great majority of cases this right is established by law but there are certain countries where in the absence of such legislation maternity leave is granted under collective agreements or in accordance with national practice.

97. Eligibility for maternity leave is not normally subject to any condition with regard to duration of employment. However, in a small number of countries law

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1 For example, in Kenya, Sierra Leone, certain non-metropolitan territories of the United Kingdom, most of the states in the United States and Zambia.

2 For example, in Australia (New Guinea and Papua under the Native Employment Ordinance, 1958-63), Canada (Ontario: under the regulations made under the Public Service Act), Sierra Leone (under the collective agreement applying to employees of the Shell Petroleum Co.), Sweden (the Government's report shows, in connection with certain limitations on postnatal leave under sections 24 and 35 of the 1949 Workers' Protection Act, that these limitations do not apply to women who have worked for at least one year with the same employer, in accordance with the Act of 21 December 1945), the Syrian Arab Republic (under section 53 of the Agricultural Labour Code) and the United Kingdom (under collective agreements applying respectively to local authorities' employees and employees of the electricity supply industry).
or national practice requires that in order to be eligible for maternity leave women should have worked for a certain minimum period (generally six to 12 months) with the same employer.

98. In other cases legislation states that maternity leave shall be deducted from annual holidays, which is contrary not only to the maternity protection instruments but also to the instruments concerning holidays with pay.

99. With regard to formalities practically all the legislative systems examined make eligibility for maternity leave subject to production of a medical certificate; this certificate is frequently provided by the official medical services (insurance institutes or ministerial departments) or by undertakings' medical services where these exist. In the great majority of cases this certificate has to be produced when eligibility for leave commences.

NORMAL DURATION AND CHARACTER OF LEAVE

100. The Conventions and Recommendations concerning maternity protection generally lay down a normal duration of maternity leave of 12 weeks but the terms may vary.

101. The 1919 Convention provides in Article 3 (a) and (b) for a period of six weeks before confinement and six weeks after confinement, while the 1952 Convention provides for a global period of leave amounting to at least 12 weeks (Article 3, paragraph 2). Thus the duration fixed by the latter Convention constitutes a minimum duration. The 1921 Recommendation refers to protection corresponding to that laid down in the 1919 Convention, including entitlement to "a period of absence from work before and after childbirth". The 1952 Recommendation refers in Part I, Paragraph 1 (1), to the maternity leave provided for in the 1952 Convention, while stating that in certain circumstances it should be extended to a total period of 14 weeks.

102. As has already been mentioned the 1919 Convention divides the period of maternity leave into two equal periods to be taken before and after confinement respectively, while the 1952 Convention is less rigid on this point. It further states that part of the leave which it fixes at not less than six weeks must be taken before confinement but it leaves it to national legislation to decide when the rest of the leave should be taken: this may be before the presumed date of confinement or upon expiry of compulsory postnatal leave or partly before the first of these dates and partly after the second (Article 3, paragraph 3).

103. The 1919 Convention and the 1952 Convention make postnatal maternity leave compulsory (or at least part of that leave, in the case of the 1952 Convention),

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1 For example, in Ceylon (under the civil service regulations) and Kuwait (under the Labour Act (Private Sector)).


3 When the 1919 Convention was revised several governments consulted in this connection expressed the wish that the revised Convention should be more flexible in dividing the total duration of leave as before and after confinement, in order to permit an extension of postnatal leave in accordance with national preference. Some governments, including those of France, Italy and the United States, proposed extension of the postnatal leave period to eight weeks without reducing antenatal leave. This proposal was included in the 1952 Recommendation (see I.L.O.: Revision of the Maternity Protection Convention, 1919 (No. 3), Report VII, International Labour Conference, 35th Session, Geneva, 1952, pp. 14, 28 and 42).
the period being fixed in both cases at six weeks. This obligation is binding both on the worker and on the employer; it constitutes a measure of additional protection to prevent the worker from resuming her work as a result of pressure or with a view to material advantage before expiry of the legal period of leave to the detriment of her own health and that of her child. It is pointed out below that social security legislation offers a further safeguard in this connection by generally making maternity benefit subject to the worker’s suspending all remunerated employment.

104. With regard to the nature of the remaining period of leave the two instruments merely recognise the woman worker’s “right”\(^1\) to give up her work (without breach of contract) on production of a medical certificate showing the presumed date of confinement.

105. Concerning normal duration of maternity leave, the standard of 12 weeks established by the 1919 and 1952 Conventions seems to be applied or even exceeded in the great majority of countries covered in this study: of the States and territories examined 53\(^2\) have adopted a 12-week maternity leave period; the period is 14 weeks

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\(^1\) Concerning the character of antenatal leave, the Committee on Women’s Work at the Washington Conference stated when the 1919 Convention was adopted that “for a certain period before childbirth the woman should be either (a) permitted to leave her work on a medical certificate, and that in either case she should be entitled to benefit”. It would, therefore, appear that the Convention does not make it impossible to adopt the alternative whereby the employment of a woman during a certain period before childbirth may be prohibited. (Cf. *International Labour Code 1951*, Vol. I, article 452, footnote 12, pp. 358-359.) With regard to the 1952 Convention, the original draft of Article 3, paragraph 2, referred to compulsory leave and “optional” leave. Certain proposals to make at least part of the antenatal leave compulsory were not accepted and the proposed text was accordingly amended at the suggestion of the Workers’ members of the Committee on Maternity, who felt that the word “optional” was ambiguous and that the present wording would make the text clearer. (See *Record of Proceedings*, International Labour Conference, 35th Session, op. cit., p. 551.)

in 22 other countries; and it varies between 90 days and 22 weeks in 14 countries. In a total of 89 countries the duration of maternity leave is thus not less than the standard established in the Conventions under consideration. However, there are still some countries where the duration is less than laid down in international standards.

sections 3 and 5). Peru (Act No. 13724 to institute a social insurance scheme for salaried employees, section 35). Poland (Act of 1924 relating to the employment of women and young persons, as amended, section 16, paragraph 2). Portugal (Overseas provinces only: Rural Labour Code, section 224, and Legislative Decree No. 2827 of 1956, section 85, applicable in Angola). Spain (Employment Contracts Act, section 116; Sickness Insurance Regulations of 11 November 1943, sections 52 to 54). Spanish Overseas Provinces: Western Provinces: Ordinance of 24 May 1962, section 4; Equatorial Provinces: Ordinance of 2 March 1934, section 79). Sweden (Workers' Protection Act, 1949, sections 35 and 24; however, certain restrictions are imposed with regard to the six-week postnatal leave period for women engaged in work other than industrial or handicraft occupations). Tanzania (Tanganyika) (Employment Ordinance, section 87). Tunisia (Decree of 6 April 1950, section 16; Act of 14 December 1960, section 79; and Decree of 18 February 1954). Certain territories of the United Kingdom (Bechuanaland: Employment Law, 1963, section 64, paragraph 1 (a) and (b); British Honduras: Labour Ordinance, 1939, section 171; Hong Kong: General Government Order No. 1252; St. Helena: the Government states that in practice women employed in commerce and agriculture and married women in government service are granted 12 weeks' maternity leave; St. Lucia: the Government states that women in government service and the teaching service are entitled to three months' maternity leave; Solomon Islands: Labour Ordinance, section 79, paragraph 1; Swaziland: Employment Proclamation, section 43). Uruguay (Maternity Benefit Act, 1958, section 3). Venezuela (Labour Act, sections 109 and 110).

This relates in particular to France (Labour Code, Book I, section 29, and Book II, section 540); the four French Overseas Departments: Guadeloupe, French Guinea, Martinique and Réunion (same legislation as France) and French overseas territories (Comoros Islands, French Polynesia, French Somaliland, New Caledonia, St. Pierre and Miquelon: section 116 of the Overseas Labour Code) as well as French-speaking African States whose legislation is based on the French legal system: Cameroon (Eastern Cameroon) (Labour Code, section 116); Central African Republic (Labour Code, section 123), Chad (Labour Code, section 116), Dahomey (Labour Code, section 116), Gabon (Labour Code, section 115), Ivory Coast (Labour Code, section 102), Malagasy Republic (Labour Code, section 77), Mali (Labour Code, section 234); Mauritania (Labour Code, Book I, section 33); Niger (Labour Code, section 114); Upper Volta (Labour Code, section 123). The same applies to the Philippines (Woman and Child Labour Law, 1952, section 8 (a)).


Argentina (75 days, Act No. 11933 of 1934, section 1, and Decree No. 80229 of 1936, section 31; however, Act No. 11317 of 1924 provides for 12 weeks' leave); Australia (New South Wales: ten weeks; Factory, Shops and Industry Act, 1962, section 50); Ceylon (42 working days; Maternity Benefits Ordinance, sections 3 and 5); China (eight weeks; Factory Act, section 37); Colombia (eight weeks; Labour Code, section 236, and for the public sector Act No. 53 of 1938, section 1; however, a new draft Labour Code provides for 12 weeks' leave in section 94); Costa Rica (60 days, Labour Code, section 95); Cyprus (two months under Circular No. 26 of 1 May 1962 and eight weeks under Act No. 7 of 1963); Denmark (four weeks, Act of 1954 concerning workers' protection, section 37); Ethiopia (one month, Civil Code, section 2566); Finland (four weeks, Decree of 1917, section 17; six weeks for shops and offices, Act No. 605 of 1946, section 9); Guatemala (75 days, (footnote continued overleaf)
106. In certain cases in the preceding pages, federal States are listed in more than one group of countries, depending on whether the systems applying to their various constituent units satisfy international standards or not. The same applies in the case of certain other countries whose territories are not governed by the same legislation as the metropolitan territory.

107. Duration of leave as indicated in the preceding paragraphs generally covers all women workers. In some countries, however, particularly in those where maternity protection is still in the initial phase, only certain categories of women are eligible for such leave, these normally being government servants, plantation workers and factory or shop workers. In other countries certain categories, for example women engaged in domestic service, in agriculture, in mining and in government service, are legally entitled to either more or less leave than women workers in general.

Labour Code, section 152). Honduras (ten weeks, Labour Code, section 139); Iraq (six weeks, Labour Code, section 23). Jamaica (30 days, for married women; Government Maternity Leave Regulations, article (a)(i)); Jordan (six weeks, Labour Code, section 50); Kuwait (70 days, Labour (Private Sector) Act, section 26); Malaysia (States of Malaya: 60 days, Employment Ordinance, Part IX, and Legal Notifications, Nos. 365 and 366; Sarawak: eight weeks, Labour Ordinance, section 84; Singapore: eight weeks, Labour Ordinance, section 98); New Zealand (six weeks, Factories Act, section 38); Portugal (60 days, Decree No. 45266 of 1963 and Government report); Rwanda (two months, Decree of 10 June 1958, sections 36 and 37); Switzerland (six weeks according to federal legislation in force; eight weeks according to the new Labour Law, 1964, section 35); Syrian Arab Republic (50 days, Labour Code, section 133, and Agricultural Labour Code, section 53); Turkey (six weeks, Labour Code, section 25; the leave may, however, be extended to 12 weeks); United Kingdom (four weeks, Public Health Act, 1936, section 205, and Factories Act, 1961; however, in certain cases under section 15 (2) and (5) of the National Insurance Act, 1946, as amended in 1953, maternity benefit is granted for a period of 18 weeks provided that the woman performs no remunerated activity during such period. Certain territories of the United Kingdom (Bahamas: 21 to 28 days every three years, Government report; Brunei: eight weeks, Labour Enactment, section 83; Fiji: six weeks, Labour Ordinance, section 61; Gibraltar: nine weeks for civil servants only, Leave and Passage Regulations, section 56; Gilbert and Ellice Islands: six weeks, Labour Ordinance, 1951; Grenada: one month for civil servants and six weeks for industry and commerce under collective agreements as stated in the Government's report; Mauritius: two months for plantation workers, Employment and Labour Ordinance, section 23; Seychelles: six weeks for government officials as stated in the Government's report); United States (Connecticut, Missouri and Vermont: six weeks; New York: four weeks; Puerto Rico: eight weeks as stated in the Government's report); Zambia (two months for civil servants only, as stated in the Government's report).

1 For example: Australia (Victoria and the territories of Nauru, New Guinea and Papua), Burma, Ceylon, China, Cyprus, Iceland, India, Sierra Leone and several territories of the United Kingdom.

2 For example: Federal Republic of Germany (the Maternity Protection Act, 1952, section 3, paragraph 2, lays down a prenatal period of leave of four weeks instead of six for domestic servants and daily maids); Nicaragua (the Decree of 1962 amending the Labour Code, section 134, providing 60 days’ leave for domestic servants instead of 12 weeks under the normal system); Norway (the Act of 1963 concerning domestic servants states in section 18 that the duration of maternity leave shall be fixed by agreement between the parties).

3 For example: Algeria (the Government's report and section 18, part III of Decision No. 49064 state that the duration of leave for women workers employed in agriculture shall be four weeks instead of 12); Switzerland (the agricultural model employment contracts lay down a period of six weeks instead of eight weeks as provided for in the new Federal Labour Act); Venezuela (under the 1945 Decree, section 60, women agricultural workers may perform light work for the six weeks preceding and the six weeks following confinement).

4 For example: Pakistan (the Mines Maternity Benefit Act, 1941, sections 3 and 4, provides for 16 weeks' leave instead of 12).

5 For example: Australia (Victoria: the regulations concerning women teachers which apply the Public Services Act lay down a period of 12 to 18 months; New South South Wales: Regulation No. 31 applying the Public Services Act fixes leave at 12 weeks); Canada (the Civil Service Act and Civil Service Regulations, 1962, provide for maximum leave of eight months; similar provisions or
108. In some of the countries mentioned above a longer period of leave is laid down under collective agreements.1

109. In one country 2 maternity leave for manual workers is shorter than for salaried employees.

110. In addition, two countries 3 provide for special extended leave for women nursing their children and for women who have given birth to a live child prematurely. On the other hand, certain other States 4 have legislation formally providing for shorter maternity leave in the case of a miscarriage or premature birth of a stillborn child.6

111. Almost all national regulations divide maternity leave into two periods, one before and one after confinement; this division which is laid down in international instruments seems necessary since it is, moreover, difficult to foresee the exact date of confinement, and the duration of postnatal leave, which is clearly of great importance for the health of both mother and child, might be reduced if the date of confinement is miscalculated.

112. The great majority of countries examined follow the principle stated in the 1919 Convention and divide maternity leave into two equal periods. In some countries 6, however, national legislation fixes a longer period of postnatal leave, whereas in certain other countries 7 legislation provides only for postnatal leave. In two countries leave taken before confinement is longer than leave after childbirth for certain categories of workers.8 In addition, a number of countries 9 have adopted others laying down shorter periods are included in the relevant legislation in the various Canadian provinces; China (six weeks or 42 days under the regulations of 11 May 1956 governing leave of absence of public officials, sections 2 and 4, and the regulations for the management of general services, sections 2 and 4); Denmark (six weeks under the Civil Service Act of 1958, section 15); Ethiopia (six weeks under the Public Service Order of 1961 as amended by Regulation No. 1 of 1962, section 38); Malaysia (Sarawak: a maximum of five weeks under General Order No. 182 (1)); New Zealand (leave may be extended to 12 weeks under the Teachers' Leave of Absence Regulations, section 5 (c)); United States (14 weeks under Public Law No. 233).

1 For example: Malaysia (Singapore: the collective agreement concluded on the basis of the Employment Ordinance provides for two months' leave instead of eight weeks); Mexico (the collective agreement for the petroleum industry and the agreement for the Mexican National Railways provide for leave periods of 87 days and 12 months respectively instead of 12 weeks as under the normal scheme); Sierra Leone (the collective agreement covering employees of the Shell Petroleum Company provides for 12 weeks' leave instead of eight weeks for civil servants); United Kingdom (collective agreements covering employees of local authorities and employees of the electricity supply industry provide 18 weeks' leave instead of the four-week period under the general scheme).

2 Peru (72 days instead of 84 under Act No. 8433 of 1936, section 35).

3 Austria (Maternity Protection Act, 1957, section 5 (1)) and Federal Republic of Germany (Maternity Protection Act, 1952, section 6): 14 weeks for nursing mothers and 18 weeks for women whose child was born prematurely, instead of 12 weeks under the general scheme.

4 For example: Colombia (two to four weeks); Haiti (two to four weeks); Israel (one to six weeks).

5 See below, extension of leave in cases of complications due to pregnancy or confinement, paragraph 125.

6 For example: Albania, Ceylon, Colombia, Guatemala, Honduras, Hungary, Kuwait, Pakistan, Rumania, the United States (Vermont, Washington), Yugoslavia.

7 For example: Denmark, Finland, New Zealand, Switzerland, the United Kingdom, the United States (New York).

8 Italy (for industry: three months' antenatal leave as opposed to eight weeks' postnatal leave); Pakistan (for mines: ten weeks' antenatal leave as opposed to six weeks' postnatal leave).

9 For example: Cameroon (Eastern Cameroon), Central African Republic, Chad, Congo (Brazzaville), Dahomey, France (as well as the French Overseas Departments and territories), Gabon, Haiti, Ivory Coast, Malagasy Republic, Mali, Netherlands, Niger, Poland, Upper Volta.
in this connection terms which are more or less analogous to those laid down in the 1952 Convention.

113. With regard to the compulsory character of postnatal leave, in a very large number of countries women workers are not authorised to resume employment until after expiry of the period of postnatal leave laid down by national legislation. In the majority of cases this prohibition—binding on the worker no less than on the employer—is imposed by means of a formal clause, whereas in others it stems either from the context of legal provisions or from national practice. Obviously, with a view to conformity with the international instruments on this point, this obligation should cover a period of leave of at least six weeks, which is not always the case.

114. There are also a number of countries where national legislation does not seem to make postnatal leave a binding obligation as provided for in the instruments under consideration. Although it may be stated that women "are entitled" to maternity leave or "may suspend" their employment for a certain period there is no provision for compulsory leave during the six weeks following childbirth.

1 For example: Argentina (Act No. 11933, section 1); Australia (New South Wales: Factories, Shops and Industry Act, 1962, section 50, paragraph 1); Austria (Act of 1957, section 5, paragraph 1); Brazil (Consolidated Labour Laws, section 392); Byelorussia (Labour Code, section 132); Cameroon (Eastern Cameroon): Order No. 981 of 1954, section 25; Western Cameroon: Labour Code, section 145, paragraph 1 (a); Central African Republic (Labour Code, section 123); Chad (Order of 25 November 1954, section 19); Chile (Act No. 11462, section 309); Congo (Brazzaville) (Order No. 3759 of 1954, section 19); Finland (Act No. 605, section 9, for shops and offices only); France (and Overseas Departments) (Labour Code, Book II, section 54 (a)); French Overseas Territories (Comoros Islands: Order of 23 July 1955, section 26; French Polynesia: Order of 2 July 1956; French Somaliland: Order of 17 June 1955, section 19; New Caledonia: Order of 26 January 1959); Gabon (Decree of 5 December 1962, section 17); Federal Republic of Germany (Act of 1952, section 6); Haiti (Labour Code, section 379); Hungary (Labour Code, as amended, section 97; Decree No. 8100-5/1953 and Government's report); Israel (Act of 1954, section 6 (a)); Italy (Act No. 860 of 1950, section 5 (c)); Ivory Coast (Order of 5254 of 19 February 1954, section 19); Luxembourg (Order of 1932, section 17); Malagasy Republic (Decree of 28 March 1962, section 21); Mauritania (Labour Code, Book II, section 15); Morocco (Decree of 1947, section 19); Netherlands (Sickness Insurance Act, 1952, section 4, paragraph 4); New Zealand (Factories Act, section 38, paragraph 1); Niger (Order of 19 July 1954, section 19); Nigeria (Labour Code, section 145 (1) (a)); Norway (Workers' Protection Act, section 31, paragraph 1); Pakistan (Mines Maternity Benefit Act, 1941, as amended, section 3; Act No. IV of 1939, section 3, and Act No. XX of 1950, section 3, for East Pakistan; Ordinance of 1958, section 3, for West Pakistan); Philippines (Act No. 679, section 8 (a)); Poland (Act of 1924, as amended, section 16, paragraph 2); Portugal (Overseas Provinces: Rural Code, section 224); Spain (Regulations of 1943, section 52); Sweden (Act of 1949, sections 24 and 35); Switzerland (Federal Labour Act 1964, section 35, paragraph 2); Tanzania (Tanganyika) (Employment Ordinance, section 87); Ukraine and U.S.S.R. (Labour Code, section 132); Upper Volta (Decree of 17 August 1962); Venezuela (Labour Act, section 109); Yugoslavia (Employment Relationships Act, section 62).

2 For example: Mongolia, Mexico, Morocco (for agriculture), Rumania.

3 In the following countries, for example, prohibition covers a period of less than six weeks: Ceylon, Costa Rica, Cyprus, Finland, Guatemala, Iraq, Jordan, Portugal, Syrian Arab Republic, Tunisia, Turkey and United Kingdom. In Sweden prohibition of employment relates to a period of six weeks provided that "it is not medically certified that the worker can resume employment at an earlier date without harmful consequences to either mother or child" (section 24 of the Workers' Protection Act).

4 For example: Albania, Burma, China, Colombia (although a draft revised Labour Code lays down a period of postnatal leave in accordance with the Conventions), Congo (Leopoldville), Malaysia and Nicaragua (section 129 of the Labour Code does not provide for any such obligation although section 77 of the regulations to apply the Social Security Act corresponds to the Conventions but is applied on a very restricted scale).
115. On the other hand, the law in other countries goes beyond the requirements laid down in international instruments and makes it unlawful to employ women during either the antenatal or the postnatal leave, while laying down the additional safeguards provided for in the instruments (that is, payment of benefits and protection against dismissal). There are certain other States where prohibition of employment during the antenatal period relates only to part of that leave, generally two weeks.

116. The Committee has noted that apart from certain exceptions application of the 12-week leave standards has not met with difficulties in the countries which have ratified the maternity protection Conventions. Although the situation in some of these States has given rise to an observation or a request for information in the past, almost all of these States have taken appropriate action and the majority of them have subsequently exceeded the standard. On the other hand, the Committee has had certain doubts regarding application of the provision concerning the compulsory character of postnatal leave by certain States which have ratified the 1919 Convention. Although it has been established that most of the States with regard to which such doubts have arisen apply the provision by implication, the Committee considered that it would be preferable in such cases to introduce a specific provision to this effect into the legislation in force, so as to leave no doubt as regards the position in law; two of these countries have already taken the necessary action.

EXTENSION OF LEAVE

117. As stated above, the maternity protection instruments provide for extension of the normal duration of leave in two cases: (a) when delivery takes place after the anticipated date; and (b) in the case of sickness medically certified as due to pregnancy or childbirth.

118. With regard to the first case, both the 1919 Convention (Article 3(c), last part) and the 1952 Convention (Article 3, paragraph 4, and Article 4, paragraph 1) provide for leave before confinement to be extended until the effective date of confinement, and state that during such extended period the woman shall continue to receive any maternity benefit to which she is entitled in respect of loss of earnings. The 1952 Convention further states that the duration of compulsory leave following childbirth shall not be reduced as a consequence of extension of antenatal leave.

119. Concerning extension of leave in the case of sickness due to pregnancy or childbirth, the 1919 Convention refers to such extension in relation to the guarantee

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1 For example: Austria, Byelorussia, Chile, Federal Republic of Germany, Israel, Italy, Ukraine, U.S.S.R. and Yugoslavia.
2 This applies in particular to France, the French Overseas Departments and territories, Haiti and French-speaking countries in Africa.
3 Neither of the two instruments refers explicitly to extension of postnatal leave in order to guarantee the 12-week standard in the event of delivery before the presumed date. This question was put to the International Labour Office in 1962 by the Austrian Government in connection with the 1952 Convention and the compatibility of Article 3, paragraph 4, of that Convention with section 3, paragraph 2, of the Austrian Maternity Protection Act which makes it possible to reduce antenatal leave if childbirth occurs before the presumed date. In its reply to the Government of Austria, the Office considered that if childbirth occurred earlier than expected "the woman should nevertheless be allowed to have 12 complete weeks' leave, under the conditions specified in the Convention". It went on to say that this requirement would seem to be met in those cases where the law provides the possibility of extending the maternity leave proper at the woman's request when the conditions in which such extension may be secured and the benefits payable during the further period—combined with benefits payable during the maternity leave period proper—correspond in the aggregate to the provisions of the Convention (Cf. Official Bulletin, Vol. XLV, No. 3, July 1962, pp. 242-246).
of security of employment (Article 4 of the Convention) whereas the 1952 Convention is more explicit on this point and states in Article 3, paragraphs 5 and 6, that in the case of illness arising out of pregnancy national laws or regulations “shall provide for additional leave” and in the case of illness arising out of confinement “the woman shall be entitled to an extension of the leave after confinement”; in addition, the 1952 Convention provides in Article 4, paragraph 1, that during such extension of leave the woman shall be entitled to receive cash and medical benefits as laid down in the Convention. The 1921 Recommendation refers in this connection to the protection provided under the 1919 Convention, whereas the 1952 Recommendation provides in Part I, paragraph 1, for additional extension of antenatal and postnatal leave thereby exceeding the extension laid down under the 1952 Convention, if such extension “seems necessary for safeguarding the health of the mother and the child” and in particular in the event of actual or threatening abnormal conditions such as miscarriage and other antenatal and postnatal complications.

120. The above-quoted international instruments do not fix the length of extended maternity leave in the case of illness. What they do specify, however, is that the competent authority in each State may lay down a maximum duration for such extension. In addition, such extension of leave is subject to production of a medical certificate.

121. Extension of antenatal leave (without reduction of postnatal leave) when confinement takes place after the presumed date is covered by regulations in a comparatively small number of countries, with reference either to maternity leave or to the provision of benefit.

122. Several governments state in their reports that, even if there are no formal provisions in this respect, extension of leave in the case of miscalculation of the

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1 The original draft for the 1952 Convention was less imperative on this point and stipulated that laws or regulations “may provide” for additional leave before confinement, but the relevant amendment was adopted by the Committee on Maternity on the proposal of the Belgian Government member (Cf. Record of Proceedings, International Labour Conference, 35th Session, op. cit., p. 551).

2 For example: Argentina (Decree No. 80229 of 1936, section 41, and Decree No. 8567 of 1961 concerning leave for civil servants, section 18); Austria (Act of 1957, section 3, paragraph 2); Belgium (Acts concerning contracts of employment as amended, section 8, paragraph 1, covering salaried women employees; Act concerning contracts of work, as amended, section 28bis, covering women wage earners and Act respecting contracts of employment in inland navigation, section 25bis); Byelorussia (Order of 1955 concerning state social insurance benefits, sections 66 and 73); Central African Republic (Labour Code, section 123); Chile (Act No. 11462, amending the Labour Code, section 310); Costa Rica (Regulations of 4 February 1952, section 42); Cuba (Act No. 1008, section 1, and Act No. 1100, section 23); France (administrative circular of 30 October 1962 adopted following the decision of the Court of Cassation of 28 March 1962; however, this circular indicates that the total period of leave in respect of which benefits are payable may not under any circumstances exceed 14 weeks, the normal length of maternity leave in France, but it adds that this limitation is without prejudice to payment of any benefits due under a sickness insurance scheme); Federal Republic of Germany (Act of 1952, section 5, paragraph 2); Haiti (Labour Code, section 381); Hungary (Decree No. 8100-5/1953 of the Ministry of Public Health to apply the Labour Code, section 1); Ireland (Social Welfare Act, 1952-63, section 20, paragraph 2 (b) and Government report); Italy (Act of 1950, section 5 (b)); Luxembourg (Act of 24 April 1954, section 12; however, this extension may not exceed a total of 14 weeks); Netherlands (Sickness Insurance Act, 1952); Nicaragua (regulations to apply the Social Security Act, section 77); Philippines (regulations to apply Act No. 679 of 1952, section 7); Ukraine and U.S.S.R. (Order of 1955 concerning state social insurance benefit, sections 66 and 73); United Kingdom (National Insurance Act, 1946, as amended, section 15, paragraph 2 (b)); Uruguay (Maternity Benefit Act, 1958, sections 4 and 7); Venezuela (the Government states that this extension is covered by a decision of the Social Insurance Institute).

3 This is the case, in particular, in the French-speaking African States such as Cameroon (Eastern Cameroon), Chad, Congo (Brazzaville), Dahomey, Gabon, Ivory Coast, Malagasy Republic, Mauritania, Niger and Upper Volta. The position is the same in certain other countries such as Bulgaria and Rumania.
presumed date of confinement is safeguarded in practice by the fact that national legislation provides for normal duration of maternity leave in excess of the international standard thereby leaving a reasonable margin of leave to cover any delay in confinement without prejudice to women’s rights as established by the Conventions and Recommendations under consideration, maternity benefit being paid immediately following production of the medical certificate ordering suspension of employment and throughout the period of leave. Many countries remain, however, where regulations do not appear to provide for any extension of leave in the case of delay in confinement.

123. In the case of confinement before the presumed date there is express legal provision in certain countries for leave to be extended until completion of the total period laid down for such leave.

124. Extension of maternity leave in the case of illness arising out of pregnancy or confinement is provided for in the great majority of legislative systems. Some fix a maximum period of extension which generally includes the whole of the leave.

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1 See also in this connection Chapter IV: “Maternity Benefits”.
2 For example: Algeria; Brazil; Colombia (however, a draft revised Labour Code contains a formal provision to this effect in section 94, paragraph 2); Congo (Leopoldville); Finland; Greece (however, the Government states that instructions have been given for the modification of the existing provisions on the lines of the 1919 Convention); Guatemala; India; Israel (however, the Government states in its report that this extended leave is granted in practice); Morocco; Norway; Poland (however, the Government states that a mistake by the physician in calculating the date of confinement does not influence either the duration of leave or the payment of benefit); Portugal; Spain (province of Spanish West Africa); Sweden; Switzerland; Tanzania (Tanganyika); Tunisia.
3 For example: Bulgaria (under section 60, amended, of the Labour Code and sections 44 and 46 of the Regulations applying Chapter III of that Code: if confinement takes place before the woman has used the 45 days’ antenatal leave, postnatal leave is increased to 90 days instead of 75); Cuba (section 1 of Act No. 1008 and section 23 of Act No. 1100 provide for extension of leave until the period of 12 weeks is completed); Czechoslovakia (section 3, paragraph 2, of the 1964 Act provides that women shall be entitled to maternity benefit until completion of the 22 weeks of leave).
4 See above, paragraph 118, footnote 1.
5 For example in the following countries the period of extension is two or three weeks: Algeria (Labour Code, Book I, section 29); Cameroon (Eastern Cameroon) (Labour Code, section 116); Central African Republic (Labour Code, section 123); Chad (Labour Code, section 116); Congo (Brazzaville) (Labour Code, section 113); Dahomey (Labour Code, section 116); France (Labour Code, Book I, section 29; the Government states that this extension relates to postnatal leave and that antenatal leave is extended under sickness insurance arrangements); French Overseas Territories (Labour Code, section 116); Gabon (Labour Code, section 115; however, under section 45 sickness leave of up to six months can also be granted in this case); Guatemala (Labour Code, section 152); Ivory Coast (Labour Code, section 102); Luxembourg (Act of 24 April 1954, section 12); Malagasy Republic (Labour Code, section 77); Mauritania (Labour Code, Book I, section 33; however, under sections 30 and 31 sickness leave of up to six months may also be granted in this case); Morocco (Decree of 1947, section 18; same case as in France); Niger (Labour Code, section 114); Upper Volta (Labour Code, section 123).

In the following countries extension may vary in different countries from four weeks to upwards of a year: Brazil (four weeks, Consolidated Labour Laws, section 392); China (four weeks under the instructions of 25 May 1963; up to one year for civil servants under the 1956 regulations; however, it is not certain that the woman receives cash benefit in this case); Costa Rica (three months, Labour Code, section 96); India (one month, Maternity Benefit Act, section 10); Israel (throughout pregnancy and six months after expiry of postnatal leave, Employment of Women Law, section 7 (c)); Jamaica (up to 90 days for which compensation is not payable; Government Maternity Leave Regulations); Mali (up to six months, Labour Code, sections 237 and 33); Portuguese Overseas Provinces (three months, Rural Labour Code, section 224); Rumania (up to three months after expiry of maternity leave; Labour Code, section 20 (i)); Spain (up to 20 weeks, Decree of 1944 concerning employment contracts); Syrian Arab Republic (up to six months after confinement, Labour Code, section 133, and up to two months, Agricultural Labour Code, section 54; however, no cash benefit is due in respect of such extension).
period but may also relate to antenatal and postnatal leave separately. This period may vary from two weeks to several months. On the other hand there are other legislative systems\(^1\) which do not fix any limit for this extension, which may cover the whole period of incapacity for work as medically certified.

125. In many other countries, however, no formal extension of maternity leave as such is granted; in some of these countries sickness resulting from pregnancy or childbirth is dealt with through sickness insurance facilities, both for leave and for benefit.\(^2\) Concerning the extent to which such legislation may be considered as compatible in this respect with the instruments under consideration and in particular with the 1952 Convention it should be pointed out—as mentioned in the report prepared by the International Labour Office at the time of the revision of the 1919 Convention—that the provisions of this Convention concerning extension of leave in case of sickness are intended to provide the possibility of granting additional sickness leave in case of complications arising from pregnancy or confinement\(^3\) outside the period of maternity leave.\(^4\)

126. The situation may be somewhat different for those few countries which have no formal provisions concerning extension of leave in case of sickness and which do not seem to provide that benefit should be granted under sickness insurance schemes.\(^5\)

127. In some countries\(^6\) there is explicit legal provision, which also covers cases where more than one child is born, for additional extension of leave on the ground of miscarriage or other antenatal or postnatal complications as laid down in the 1952 Recommendation.

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\(^1\) For example: Argentina (Act No. 11317, section 14); Chile (Act No. 11462 amending the Labour Code, section 310; however, this Act specifies that the duration of extension shall be determined by the competent medical authorities); Federal Republic of Germany (under section 3, paragraph 1, of the Act of 1952 a woman may not be employed at any time during pregnancy if it is medically certified that it would be harmful to her health or to that of the child she is expecting; under section 6 a woman may not be employed after expiry of postnatal leave as long as she remains unfit for work; however, during such period of extension the woman is entitled to benefit under the sickness insurance scheme and at a rate below that payable during the normal period of leave as mentioned below); Ghana (Labour Ordinance, section 78); Haiti (Labour Code, section 384); Honduras (Labour Code, section 138); Mexico (Federal Labour Code, section 110 B); Philippines (Act No. 679, section 8; however, no cash benefit seems to be provided during such extension); Venezuela (Labour Act, section 109, and Agricultural Labour Act, section 61).

\(^2\) This would appear to be the case in particular in the following countries: Belgium (Act of 9 August 1963 concerning sickness and invalidity insurance); Byelorussia (Order of 5 February 1955); Denmark (Government report); Ethiopia (Government report); Hungary (Ordinance of 1955 concerning sickness insurance, sections 4 and 10); Italy (Act No. 860 of 1950, sections 7 and 20); Malaysia (States of Malaya: Government report); Netherlands (Sickness Insurance Act, section 29); Nicaragua (regulations to apply the Social Security Act, sections 78 and 79); Poland (Social Insurance Act, section 105); Portugal (Government report and National Insurance Act, as amended); Sweden (the Government states that it has not considered it necessary to adopt any provision for extension of leave in case of sickness, this being covered by the general sickness insurance scheme); Ukraine (Order of 5 February 1955, sections 5 to 8, and Ministerial Decision of 26 December 1956); United States (Government report); U.S.S.R. (Order of 5 February 1955, sections 5 and 8, and Instructions of 14 August 1935); Yugoslavia (Sickness Insurance Act, 1962, section 48).


\(^4\) Reference should be made to the reply of the International Labour Office to a question by the Austrian Government (Official Bulletin, Vol. XLV, No. 3, July 1962, p. 245).

\(^5\) This would seem to be the case for example in the following countries: Ceylon, Congo (Leopoldville), Tanzania (Tanganyika) and certain territories of the United Kingdom.

\(^6\) For example: Albania, Argentina (for State administrative employees only), Byelorussia, China, Hungary, Nicaragua, Ukraine, U.S.S.R.
128. Reference should also be made to the efforts undertaken in certain countries to extend existing standards of protection and adapt them more effectively to the needs of mothers and children; thus legislation in those countries enables mothers of very young children to extend their postnatal leave in cases not covered in the international instruments by allowing all the safeguards for security of employment and paying cash benefit in certain cases.

129. Among States which have ratified one or the other of the two Conventions under consideration some appear to have encountered difficulties in applying the provision for extension of leave in the case of confinement after the presumed date. In certain of these States this provision seems to be applied in practice but the Committee considered that it would be desirable in such cases to introduce a specific provision on this point into the legislation in force so as to leave no doubt as regards the position in law. Three States plan to take the necessary action in the immediate future.

130. With regard to extension of leave in the case of sickness the Committee of Experts has not noted any difficulty in application of the relevant provisions by the different States except for certain instances where it has requested further information.

CONCLUSION

131. It has been seen above that almost all the countries examined nowadays recognise women workers’ right to leave both before and after confinement. In 89 countries the normal duration of leave is equal to or longer than the 12-week standard established by international instruments; but even in the few countries where the 12-week standard has not yet been laid down in legislation, administrative instructions, collective agreements or national practice provide for a longer period of leave than required by legislation, thereby approaching the international standard at least with regard to certain categories of workers who very often constitute the majority of women workers in those countries. In addition almost all the countries examined have recognised the need to extend the normal duration of leave in the cases laid down in the Conventions and Recommendations under consideration. In certain countries such extension may cover the whole period of pregnancy and several months after confinement.

1 For example: Czechoslovakia (under Act No. 58 of 1964, sections 1 and 3, a woman is entitled to additional leave until her child has reached the age of one year. Maternity benefit is provided during part of that period of leave up to a maximum of 32 weeks; it is proposed that this benefit should be provided throughout the period of extension as soon as the country’s economic development permits); Federal Republic of Germany (section 13, paragraph 7, of the Act of 1952 provides for the possibility of unpaid maternity leave during which the woman receives maternity benefit payable under the insurance scheme); Israel (under section 7 (d) of the Employment of Women Law a worker who has been in employment for not less than 24 months with the same employer may extend her postnatal leave for a period equivalent to one-quarter of the months of service performed subject to a maximum of 12 months; however, this leave is not remunerated); Italy (under section 6 of Act No. 860 of 1950, as amended by Act No. 394 of 1951, a woman worker is entitled to remain absent from work for a period of six months following her postnatal leave, during which she preserves her employment and seniority rights). Periods of leave sometimes in excess of one year are also granted under civil service regulations and particularly for teaching staff regulations in various countries such as Australia, Canada and France.

8 A provision to this effect is contained in the Proposed Conclusions with a view to the adoption of a Recommendation concerning the employment of women with family responsibilities as adopted by the 48th Session of the Conference in 1964; the question is due for second discussion at the 49th Session in 1965.
132. If it is considered that in 1919, when the first Maternity Protection Convention was adopted, only one country out of 29 providing the right to leave at the time of confinement granted a 12-week period of maternity leave it is easy to realise the ground covered since the first maternity protection regulations were issued at the international level, despite the great diversity in national legislation in this field.

133. Obviously, difficulties still exist regarding the practical application of these rules, in particular as regards the 12-week leave period, especially in countries where the benefits paid are considerably less than the actual wage and where workers are, as a result, anxious to resume work sooner than permitted. This is also the case in certain countries which have recently attained independence and lack skilled labour for posts primarily filled by women (for example typists, secretaries, etc.).
CHAPTER IV

MATERNITY BENEFITS

134. Another essential feature of the instruments on maternity protection is provision for the grant of benefits—cash benefit to compensate for loss of earnings due to the suspension of the contract of employment, and medical benefit including prenatal, confinement and postnatal care. These benefits must be provided out of public funds or by means of a system of insurance; they may in no case be at the expense of the employer.

135. The extent to which national laws and regulations give effect to the provisions of the Conventions and Recommendations concerning the above aspect of maternity protection is examined in the present chapter.

CASH BENEFITS

136. The woman's right to cash benefit to compensate for loss of earnings is laid down in the Conventions and Recommendations concerning maternity protection.

137. Under the Convention of 1919 (Article 3(c)), the benefit must be paid in respect of the 12 weeks of maternity leave plus any further time which may elapse between the presumed date of confinement indicated in the medical certificate and the actual date of confinement. The Convention of 1952 (Article 4, paragraph 1) provides that the woman shall be entitled to such benefit while absent from work—i.e. for a minimum of 12 weeks, which is extended if confinement occurs after the presumed date and in case of illness arising out of pregnancy or confinement. On this point the Recommendations of 1921 and 1952 correspond to the Conventions of 1919 and 1952 respectively.

138. As regards the level of benefit, the Convention of 1919 states that the benefit must be "sufficient for the full and healthy maintenance" of the woman and her child; it leaves determination of the exact amount of the benefit to the competent authority in each country. The Recommendation of 1921 refers to a grant of benefit before and after childbirth. The Convention of 1952 (Article 4, paragraph 2) reproduces the terms of the Convention of 1919 and adds explicitly that the rates of cash benefit shall be fixed by national laws and regulations "in accordance with a suitable standard of living"; it also states that, where cash benefits provided under compulsory social insurance are based on previous earnings, they shall be at a rate of not less than two-thirds of the previous earnings taken into account for the purpose.

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1 It may be noted here that the granting of maternity benefits in the framework of a compulsory insurance scheme entailing the payment of periodical cash benefits and medical care is also provided for in Part VIII of the Social Security (Minimum Standards) Convention, 1952 (No. 102). The States bound by this part of the Convention have thus undertaken to establish such a system of benefits (see above, paragraph 19, footnote 2).
of computing benefits (Article 4, paragraph 6).\(^1\) The Recommendation of 1952 refers to the possibility of increasing the proportion up to 100 per cent. of the woman's previous earnings.

139. The right to cash benefit in order to compensate for earnings lost during the woman's absence from work because of pregnancy or confinement is recognised in the great majority of the countries surveyed, although the method of providing benefit or the manner in which the payments are made does not always meet the requirements of the Conventions and Recommendations.

140. The cash benefit, whether paid by an insurance or from public funds (the instruments permit either method\(^2\)), is usually provided during the whole of the normal duration of the maternity leave, which may, according to national law, be equal to or longer or shorter than the standard of 12 weeks, as has been seen above. Of course, in order that the national scheme may comply with the Conventions on this point, the length of the leave should not be less than 12 weeks. In some countries the period for which benefit is paid is considerably shorter than the statutory leave\(^3\), so that the loss of earnings suffered by the woman worker who wishes to take all the leave to which she is entitled will be only partly compensated—a position contrary to the international instruments.

141. According to the great majority of national laws and regulations, a woman continues to receive cash benefit during the whole period by which the leave is extended because of sickness, either under maternity protection or a sickness insurance scheme, as has been seen above. In some cases, however, the rate of benefit paid by the insurance for the period exceeding the normal length of the leave may be inferior to that paid during the holiday.\(^4\) In some cases the benefit due for this part of the leave is paid by the employer—a practice contrary to the international conventions.

142. In many countries the laws or regulations do not specifically state that the benefit shall continue to be paid during the period between the presumed and the actual date of confinement. Quite often these rules\(^5\) make no formal provision for extension of the prenatal leave in such cases, although the extension can be arranged

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\(^1\) It should be pointed out in this regard that the Convention of 1952 does not require a ratifying State to take previous earnings as basis for calculation of benefit, but leaves it free to determine the amount of benefit on some other basis—for instance presumptive wages. Accordingly, it is only in cases where previous earnings are the basis for calculation of cash maternity benefit that the benefit cannot be less than two-thirds of the previous earnings taken into account.

\(^2\) However, in some countries the benefit is payable by the employer, as will be seen below.

\(^3\) This seems to be the case, for instance: in Algeria (the leave is 12 weeks, but the allowance is paid for eight weeks under the general insurance scheme in virtue of Decision No. 49-045 of 1949, section 29, and for four weeks under the agricultural insurance scheme—Decision No. 49-064, section 13); in China (under the Labour Insurance Act of 1958, section 43, the allowance is paid for 45 days, whereas the leave is eight weeks); and in Morocco (under the Decree of 1959 to set up a social security scheme, section 36, as amended, the allowance is paid for ten weeks, whereas the leave is 12 weeks).

\(^4\) For instance, in Austria (under section 141 of the General Social Insurance Act, the allowance payable in case of sickness is 50 per cent. instead of 100 per cent. of wages); in Colombia (under section 18 of Decree No. 2690 of 1960 the woman receives two-thirds of the normal allowance for the first 90 days of the extension and half the normal allowance for the following 90 days); in the Federal Republic of Germany (under the Federal Insurance Code the allowance payable when the leave is extended by reason of incapacity for work is usually 50-75 per cent. of wages, instead of the 100 per cent. which is paid during the normal leave); and in Uruguay (under section 7 of the Act of 1958, the rate of benefit during the normal leave is 100 per cent. of wages; during the extension it is only 65 per cent.).

\(^5\) The countries are passed in review in the chapter on maternity leave (Chapter III, paragraph 122, and in the footnotes).
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in practice. It is even provided in some instances that there will be no allowance for the extension in case of delayed confinement.\(^1\)

143. According to some social security laws\(^2\) the benefit is payable for a period exceeding the duration of the leave prescribed in labour legislation. It would appear that in this case the effective length of the leave is the same as the duration of benefit since under almost all laws concerned benefit is only payable if the woman is absent from paid work as will be seen below.

144. The rate of the benefit varies widely from one country to another according to the resources of the insurance or assistance schemes and the economic position of the country. It is difficult—particularly when the benefit is not calculated on the basis of previous earnings as provided in the Convention of 1952—to appreciate exactly how far such benefit can be considered to be sufficient for the maintenance of the mother and child, as the Conventions require, because of the diversity of national conditions and the variety of methods of calculating benefits.

145. In very many countries the benefit is provided under an insurance scheme and only subsidiarily from public funds. In the great majority of cases the benefits paid under insurance schemes are calculated as percentages of previous earnings, although the factors which may be taken into consideration to define the earnings concerned and the methods of calculating the benefit vary from country to country. In many countries the minimum rate of benefit is two-thirds of the insured earnings\(^3\), in accordance with the requirements of the Convention of 1952; but the rate is in fact often above that standard\(^4\); in several cases it is 100 per cent. of the earnings taken into account\(^5\), as laid down in the Recommendation of 1952.

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\(^1\) For instance, in Costa Rica (under section 42 of the Regulations of 4 February 1952 benefit is to be paid only after approval by the governing body of the Insurance Fund); in Cuba (under section 1 of Act No. 1008 and section 23 of Act No. 1100; in its report for 1963-64 the Government states that during this period the woman receives benefit in kind and medical care); and in the Philippines (under section 8(a) of Act No. 679 and section 7, paragraph 5, of the regulations made thereunder).

\(^2\) For instance, in Denmark (under section 54 of the Public Sickness Insurance Act of 10 June 1960, the daily allowance is paid for not more than 14 weeks unless prolonged by virtue of the Act in cases where the woman cannot return to work); in Finland (under section 23 of the Sickness Insurance Act, maternity benefit is payable for 54 days, after which the woman receives a sickness allowance); in Turkey (under section 18 of the Sickness and Maternity Insurance Act, 1950, as amended by Act No. 7317 of 1959, maternity benefit is payable for 12 weeks); and in the United Kingdom (maternity allowance is payable for 18 weeks under section 15 of the National Insurance Act, 1946, as amended in 1953).

\(^3\) In the following countries, for instance: Burma (Social Security Act, 1954, section 24, and I.L.O. technical assistance report); Iran (section 57 of Social Insurance Act, 1960); Turkey (section 18 of Act No. 5502 of 1950, as amended); Venezuela (Decree of 1951 concerning social insurance, section 9, and Regulations issued thereunder, section 77). In Byelorussia, the Ukraine and the U.S.S.R. the rate of benefit varies from 66 to 100 per cent. of wages according to the period of past employment (under an Order of 5 February 1955, sections 65 and 70-72, and the Act respecting social insurance on collective farms dated 15 July 1964). In Bulgaria the rate varies between 65 and 100 per cent. on the same basis (section 157 of the Labour Code).

\(^4\) In the following countries, for instance, the rate lies or moves between 70 and 90 per cent. of previous earnings: Albania (70-90 per cent. according to length of service—Government's report); Czechoslovakia (75-90 per cent. according to length of service—Sickness Insurance Act of 1956, section 27); Israel (75 per cent. of normal weekly wage, up to a maximum of £35 a week—National Insurance Law, Schedule 7); Italy (80 per cent. of wages—section 17 of Act No. 860 of 1950, as amended in 1963); Luxembourg (70 per cent. of wages as regards women wage earners, according to the Government's report); Peru (70 per cent. of wages—Legislative Decree No.11-321, section 8, for wage earners and Act No. 13-724, sections 68 (a) and 67 (d) for salary earners); Rumania (70-90 per cent. of wages, according to length of service—Government report).

\(^5\) The rate is 100 per cent. of previous earnings, for example in the following countries: Argentina (but the rate cannot exceed a certain monthly maximum—Act No. 11.933, section 2, Decree No. 80. (footnote continued overleaf)
146. It should, however, also be stated that in some countries which grant an allowance equal to 100 per cent. of the previous earnings, part—most often half—of the benefit is paid by the employer. This is the case particularly in countries where the social security schemes are still at an early stage. However, there remain many 2 where the level of benefit as a proportion of previous earnings is lower than the standard laid down in the Convention of 1952.

147. Under some laws and regulations 3 the rate of benefit may vary according to the length of service or period of insurance, independently of any qualifying period fixed in regard to entitlement to these benefits. In other countries the rate is calculated on the basis of theoretical wages or of wage classes. 4

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For instance, in Costa Rica, Dahomey, the Dominican Republic, Haiti and Honduras (where 66 per cent. of the benefit is paid by the insurance and the rest by the employer).

The following countries in particular: Algeria (50 per cent.—Decision No. 49-045, section 29, and Order of 26 October 1959, section 11, for the general scheme; Decision No. 49-064, section 18, for agriculture); Belgium (60 per cent. of the remuneration lost with a ceiling of 8,400 francs; Act of 9 August 1963, sections 46 and 56); Cameroon (Eastern Cameroon) (50 per cent. and only up to a wage ceiling of 35,000 francs, Act of 11 April 1959, section 25); Central African Republic (50 per cent.—Labour Code section 123 and Order of 7 March 1956); Congo (Brazzaville) (50 per cent.—Order of 1956, sections 2, 36, 37); Finland (45 per cent. of insurable wages, i.e. 2,750-15,000 marks—Sickness Insurance Act, section 22); France (50 per cent. of basic wage; the amount may rise to two-thirds of the wage on the 31st day of incapacity if the insured woman has not less than three dependent children—Social Security Code, section L290); Gabon (50 per cent.—Labour Code, section 115, and Order of 1956); India (about 50 per cent. of wages, or 12 annas if greater—Employees' State Insurance Act, section 12); Jamaica (50 per cent.—Decree of 20 May 1955); Japan (60 per cent.—Health Insurance Law of 1922, section 56); Malaysia (50 per cent., but with a wage ceiling of 35,000 francs—Decree No. 63-124 of 1963); Mauritania (50 per cent.—Act No. 63-025 of 1963, section 12); Mexico (60 per cent. of wages, but 100 per cent. during the seven days before and the 30 days after confinement—Social Insurance Act of 1942 as amended, section 56); Morocco (50 per cent.—Decree of 1959, sections 34 and 37); Nicaragua (60 per cent.—Decree concerning social security and Regulations thereunder); Spain (60 per cent.—Decree No. 931 of 14 July 1959); Tunisia (50 per cent.—Social Security Act, sections 78 and 81). United States (60 to 100 per cent.; maximum $10.20 per day—Railroad Unemployment Insurance Act). In Luxembourg this rate amounts to 50 per cent. for women civil servants and salaried employees, according to the report of the Government and the Act of 29 August 1951, section 7).


For instance, in Denmark (maximum benefit is 21 crowns a day but not more than four-fifths of earnings—Public Sickness Insurance Act, 1960, sections 51 and 53); Greece (the allowance is 50 per cent. of the theoretical daily wage of the insurance class to which the insured woman belongs—Social Insurance Act of 1951, sections 38 and 39); Norway (the allowance varies from 3 to 15 crowns a day according to the person's income class—Sickness Insurance Act of 1956, as amended, section 55); Sweden (the rate varies from 1 to 23 crowns a day, according to the income class—Public Insurance Act of 1962, sections 2 and 13; as the woman worker also receives a special maternity allowance, the Government states that total benefit corresponds to two-thirds of wages).
148. In a few other countries, the benefit is granted at a flat rate which is generally fixed irrespective of the rate of remuneration\(^1\); this is often the case where benefit is paid under a general insurance scheme covering the whole population.

149. The Governments of two countries\(^2\) state that apart from family allowances the laws and regulations do not provide for cash benefit in case of maternity.

150. It should be added that in some countries\(^3\) the national legislation provides for the grant of certain cash allowances which are additional to maternity benefit proper; the total benefit may thus equal or exceed two-thirds of previous earnings.

151. The cash benefit usually takes the form of periodical—daily, weekly or sometimes fortnightly—payments in respect of the effective duration of the leave. In some countries\(^4\), however, it consists of a lump sum paid regardless of the leave effectively taken.

**MEDICAL BENEFITS**

152. The Conventions and Recommendations on maternity protection entitle the woman to medical as well as cash benefit. The Convention of 1919 provides, in Article 3 (c), for “free attendance\(^5\) by a doctor or certified midwife”; so, implicitly, does the Recommendation of 1921, which refers to protection similar to that provided by the Convention. The Convention of 1952 states in Article 4, paragraph 3, that the medical benefits\(^6\) shall include prenatal confinement and postnatal care by qualified midwives or medical practitioners, as well as hospitalisation care, where necessary; and that freedom of choice of doctor and of choice between a public and a private hospital must be respected. The Recommendation of 1952 (Part II, paras. 2-5) gives details on the medical benefits which should be provided, namely general practitioner and specialist out-patient and in-patient care, including domiciliary visiting; dental care; nursing care; maintenance in hospitals; pharmaceutical, dental or other medical or surgical supplies; and the care furnished under appropriate medical supervision by members of such other profession as may at any time be legally recognised as competent to furnish services associated with maternity care. The Recommendation of 1952 also states that the medical benefit should be afforded with a view to maintaining, restoring or improving the health of the woman protected and her ability to work; that the institutions or government departments administering the medical benefit should encourage the women protected to avail themselves of the

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\(^1\) For instance, in Australia (benefits vary between a lump-sum payment of £15 and £17 10s. according to the number of other dependent children—Social Services Acts, 1947-1962, National Health Service Acts, 1953-1962); Ireland (£2 5s. a week—Social Welfare Acts, 1952-1963 and report of the Government); United Kingdom (£4 a week—National Insurance Act, 1946, as amended in 1964, section 15). In Iraq the allowance is 5 dinars or the amount of the person’s social security balance if that is less—Social Security Law, section 10b; but this is under a social security scheme.

\(^2\) Canada and New Zealand.

\(^3\) For instance, France and most of the African French-speaking countries where a prenatal allowance is paid throughout pregnancy on condition that a declaration of pregnancy is made during the first three months and that the woman undergoes the prescribed medical examination. This allowance is usually equal to nine times the monthly family allowance payable in respect of each dependent child; it is paid in three equal instalments.

\(^4\) Australia, Cuba, Iraq. In Argentina the benefit is paid in two instalments.

\(^5\) This provision requires completely free medical attendance and excludes any possibility of making a woman covered by the Convention pay any part of the medical expenses in connection with her confinement (see the reply given by the International Labour Office to a question put on behalf of the French Government in 1931: *International Labour Code 1951*, Vol. I, article 667, paragraph 1, footnote 170, p. 548).

general health services placed at their disposal; and that provision may be made for
the promotion of the health of the women protected and their infants.

153. The grant of medical benefit during pregnancy and confinement is prescribed
in almost all the countries surveyed. In most 1, the benefit is given by an insurance
or public health scheme, but it may also come from a public assistance service or
from public hospitals, maternity clinics and out-patient institutions. These are
chiefly countries which do not yet have any compulsory insurance schemes. 2 But
even in those which have such systems, care given by the assistance services sometimes
replaces the insurance benefit paid to women workers who for one reason or another
are not entitled to such benefit. 3

154. However, in some countries the medical care is payable by the employer,
either in respect of all the women workers covered by the Conventions and Recom-
dendations or in respect of some, particularly those not subject to insurance, as will
be seen below.

155. In most cases the medical benefit prescribed by national laws and regulations
appears to meet the requirements of the maternity protection instruments as regards
the character of the benefit. The benefit is free of charge to the woman worker and
includes mostly prenatal confinement and postnatal care at a hospital or maternity
institution or at home. 4 Some laws and regulations provide for more extensive care
before and after the confinement, e.g. preventive medicine, domiciliary visits for initial
instruction in hygiene, convalescent care, care of the newly born child, transport of
the mother, etc. 5 Some schemes also provide for the free issue of pharmaceutical
and other relevant supplies 6, whereas others contain provisions regarding dental
care. 7

1 Particularly the following: Algeria, Argentina, Austria, Belgium, Bulgaria, Byelorussia, Chile,
Cuba, Finland, France, Federal Republic of Germany, Greece, Hungary, Iran, Ireland, Israel,
Luxembourg, New Zealand, Nicaragua, Norway, Poland, Portugal, Rumania, Spain, Sweden,
Tunisia, Turkey, Ukraine, U.S.S.R., United Kingdom, Yugoslavia.

2 For instance, in the following, as the Governments' reports state: Australia (Nauru, New
Guinea and Papua); Cameroon (Western Cameroon); Ceylon, Ethiopia, Ghana, Jamaica, Jordan,
Malaysia (States of Malaya, Singapore), Philippines, Sierra Leone, Syrian Arab Republic, Tanzania
(Tanganyika) and some United Kingdom territories, such as Gibraltar, Gilbert and Ellice Islands,
British Honduras, Hong Kong, Mauritius, Montserrat, Solomon Islands.

3 For instance, in Austria, Finland, France, the Federal Republic of Germany, Luxembourg,
Netherlands, Norway, Sweden.

4 In the following countries, inter alia: Albania, Argentina, Austria, Brazil, Byelorussia, Canada,
Chile, Colombia, Cuba, Denmark, France, Greece, Guatemala, Honduras, Hungary, Ireland,
Italy, Luxembourg, Netherlands, New Zealand, Norway, Poland, Rumania, Spain, Turkey, Ukraine,
U.S.S.R., United Kingdom, Venezuela, Yugoslavia.

5 For instance, in Argentina (Decree No. 80229 of 1936, section 21); Belgium (Act of 9 August
1963, section 23); Cuba (Act No. 1100, sections 4-6 and 22); Czechoslovakia (Sickness Insurance
Act of 1956 and Act of 25 March 1964); Hungary (Ordinance No. 39 of 1955); India (Government's
report); Norway (Sickness Insurance Act, section 54); Poland (Social Insurance Act, as amended);
Spain (Regulations of 11 November 1943, sections 50 and 51); United Kingdom (National Health
Service Act); Yugoslavia (Health Insurance Act of 1962, section 28). In Finland care of this kind
is given free at the municipal maternity centres under Acts Nos. 223 and 224 of 1944.

6 For instance in Austria (Social Insurance Act, section 160), Burma (I.L.O. technical assistance
report); Brazil (Social Security Act of 1960, section 45); Colombia (Decree No. 2690 of 1960, sec-
tion 5; Cuba (Act No. 1100 of 1963); France (Social Security Code, section L.296); Federal Republic
of Germany (Social Insurance Code and section 38 of the Social Assistance Act, 1961);
Haiti (Labour Code, sections 567 and 609); Hungary (Labour Code, sections 7 and 105); Iceland
(Social Insurance Act; vital medicaments only); Luxembourg (Act of 1954, section 12); Poland
(Social Insurance Act, as amended, section 95); U.S.S.R. (report by Government); Yugoslavia
(Sickness Insurance Act).

7 For instance, in Chile, Colombia, Cuba, Haiti, Hungary, Japan, Norway, Poland, Ukraine,
U.S.S.R., Yugoslavia.
156. In some countries the laws and regulations provide for the reimbursement of medical costs or costs of confinement at a flat rate: this procedure may involve some participation in the cost of benefit by the woman concerned. In others, specific provision is made for participation by the beneficiary, either in the cost of medical care or in that of certain kinds of benefit such as pharmaceutical supplies or dental care.

157. As regards freedom to choose the medical practitioner and to choose between a public and a private hospital (which must be respected under the Convention of 1952), specific provisions to this effect exist in a few countries only. In some cases the choice seems to be respected in practice or to proceed by implication from the relevant rules as a whole. However, in the great majority of the countries where benefits are granted on the basis of an insurance scheme, the woman worker must choose her medical adviser from among members of the national health service or from among the practitioners with whom the insurance institutions have concluded agreements. As regards the choice of a hospital, in most of the countries in question care is given in public hospitals or hospitals which are parties to agreements with the insurance institutions.

158. In some other countries, although freedom of choice is authorised explicitly or seems to be implicit in the legislation, in practice its exercise may involve the woman in liability for some part of the cost of benefit. On the other hand, the question of choice, particularly that of a hospital, does not seem to arise in the majority of the countries where medical benefit is granted under an insurance scheme financed by the State and covering the whole population.

OTHER BENEFITS

159. The Recommendation of 1952 (Section II, Paragraph 2(6)) states that other benefits in kind or in cash such as a layette or payment for its purchase, milk or a nursing allowance, etc., might usefully be added to the cash and medical benefits already recommended.

1 For instance, Algeria (Decision No. 49-045, section 28, and Order of 26 October 1959, section 10, for the general scheme, Decision No. 49-064, Part III, section 17, for agriculture; hospital costs are refunded 80 per cent. in the general and 40 per cent. in the agricultural scheme); Israel (National Insurance Law, section 30, provides only for a lump-sum payment of £1.111 for hospital costs in case of confinement; this amount includes provision for a layette); Sweden (refund of three-quarters of cost of medical and dental care—Public Insurance Act, Ch. 2, sections 2 and 3).

2 For instance, in Iceland (section 49 of the Social Insurance Act provides for participation by the beneficiary in the cost of medical care other than hospitalisation and in the cost of medicaments which are not vitally important); and in the United Kingdom (the National Health Service Act provides that a contribution by the beneficiary may be required in the case of dental care and medicaments; however, the Government states that in practice expectant mothers and women with young children are exempt from this contribution).

3 For instance, in France (Social Security Code, sections L.257 and L.272); Luxembourg (Act of 1954, section 66 and Act of 1951, section 6); and New Zealand (Social Security Act, section 95, subsection 2).

4 For instance, in Argentina, Belgium, Finland, Iceland, Ivory Coast, Norway, Sweden, Yugoslavia.

5 As, for instance, in Algeria (where cost of confinement in a public hospital may be refunded in a greater proportion than the 80 per cent. which generally applies) and in Brazil (where, under the Act of 26 August 1960 the woman can choose her practitioner or hospital but must then share in the cost of benefit at a rate varying with her wage level in accordance with a statutory scale. The same appears to be the case in Ireland, where according to the Government's report the insured woman may be required to pay part of the cost of benefit if she chooses a hospital other than that indicated by the local authority.

6 For instance, Byelorussia, Hungary, Ukraine, U.S.S.R.
160. Such additional benefits are prescribed in most of the laws and regulations reviewed; the commonest are nursing (milk) allowances, in cash, in kind or in the form of vouchers.\(^1\) The duration of such an allowance ranges from ten weeks to nine months, according to the national laws and regulations. The amount of a cash allowance for this purpose ranges from 10 to 50 per cent. of the basic wage.

161. In another group of countries\(^2\) there is provision for the grant of a layette or of money to purchase one.

162. Lastly, in some countries\(^3\) the laws or regulations provide for the payment of birth grants (at an increased rate in case of multiple births) or other allowances intended to help the woman meet the additional expenditure caused by pregnancy and confinement or resulting from the birth and maintenance of her child.

**FINANCING OF BENEFITS**

(a) Methods Prescribed by the Conventions and Recommendations on Maternity Protection.

163. The two Maternity Protection Conventions provide that the benefits shall be paid out of public funds or by means of an insurance system: the Convention

\(^1\) Nursing allowances are made, for instance, in the following countries: Algeria (Government report); Austria (Social Insurance Act, section 162); Chile (Act No. 10383, section 32); Colombia (Decree No. 2690 of 1960, section 13); Costa Rica (Sickness and Maternity Insurance Regulations, section 40); Denmark (Government report); Dominican Republic (Social Security Act, section 50 (c)); France (Social Security Code, sections L. 300 and L. 311); Federal Republic of Germany (Act of 1952, section 13, Social Insurance Code, section 195 (a), Social Aid Act 1961, section 38, subsection 2); Greece (Act No. 6298/34); Guatemala (Mother and Child Protection Regulations, section 31); Honduras (Social Security Act, section 39); Japan (National Sickness Insurance Act, 1958, and Regulations made thereunder); Mexico (Social Security Act, section 56 III); Nicaragua (Regulations under the Social Security Act, section 82); Peru (Acts Nos. 11321, section 8, and 13724, section 69); Poland (Social Insurance Act, as amended, section 105); Spain (Regulations of 11 November 1943); Switzerland (Act of 1911, section 14); Turkey (Act 5502 of No. 1950, section 17); Ukraine and U.S.S.R. (Order of 5 February 1955).

\(^2\) For instance, Albania (Government report); Argentina (Legislative Decree No. 12459 of 8 October 1957); Austria (Social Security Act, section 160); Byelorussia (Order of 5 February 1955); Congo (Brazzaville) (Government report); Denmark (Maternity Aid Institution Act, sections I and 3); Finland (Maternity Benefits Act, section 4); Guatemala (Mother and Child Protection Regulations, section 31); Honduras (Social Security Act, section 39); Hungary (Decision by Council of Ministers No. 1032 of 1957); Israel (National Insurance Law, section 30); Mexico (Social Insurance Act, section 56 V and the Act respecting the Government Servants' Social Security and Welfare Institutions, section 26); Netherlands (Sickness Insurance Act, section 29); Peru (Acts Nos. 11321, section 8, and 13724, section 69); Poland (Social Insurance Act, as amended, section 105); Spain (Regulations of 11 November 1943); Switzerland (Act of 1911, section 14); Turkey (Act 5502 of No. 1950, section 17); Ukraine and U.S.S.R. (Order of 25 February 1955); Yugoslavia (Sickness Insurance Act, sections 81 and 82).

\(^3\) Argentina (cost-of-living bonus—Legislative Decree No. 5170 of 1958 and Government report); Austria (Maternity bonus of 40-100 schillings—Social Security Act); Belgium (birth bonus—Government's report); Brazil (confinement benefit equal to the minimum wage at the women's place of work—Social Security Act, 1960); Cameroon (Eastern Cameroon) (lump-sum benefit at birth under Act of 11 April 1959, section 10); Chad (birth bonus—Order of 21 March 1956); Cyprus (lump-sum bonus at birth—Government report); Dahomey (maternity grant payable in three instalments—Decree No. 337 of 1960); Finland (birth grant—Maternity Benefits Act); France (maternity allowance equal to twice the highest monthly basic wage in the Department of residence, and bonus at each compulsory medical examination, Social Security Code); Hungary (maternity bonus—Ordinance No. 39 of 1955); Ireland (maternity allowance of £2—Social Welfare Acts, 1952-1963); Ivory Coast (maternity allowance of 12 monthly payments of 700 francs—Orders of 13 December 1955 and 27 February 1956); Japan (maternity allowance—National Sickness Insurance Act, 1958, and Regulations thereunder); Mali (maternity allowance in three instalments—Social Security Code); Mauritania (birth bonus—Act No. 163-025); Niger (maternity allowance—Order of 8 December 1955); Spain (bonus in case of plural birth, equal to the maternity allowance payable during compulsory leave—Regulations of 11 November 1943); United Kingdom (maternity grant of £16, multiplied in case of plural birth—National Insurance Act, 1946, as amended).
of 1952 speaks of compulsory social insurance. Under either instrument, the employer may not be individually liable for the benefits payable. The Recommendation of 1921 reproduces on this point the terms of the Convention of 1919. The Recommendation of 1952 does not mention methods of financing benefits.

164. As regards the conditions attached to grant of benefit, the Convention of 1952 states in Article 4, paragraph 4, that whether the benefits are paid by means of insurance or out of public funds, they must be provided as a matter of right to all women who comply with the "prescribed conditions". ¹

165. The Convention of 1952 also states that a woman who fails to qualify for benefits provided as a matter of right shall be entitled, subject to the means test required for social assistance, to adequate benefits out of social assistance funds. ²

166. As regards the method of financing benefits, the Convention of 1952 provides that any contribution due under a compulsory social insurance scheme providing maternity benefits and any tax based upon payrolls which is raised for the purpose of providing such benefits shall, whether paid both by the employer and the employees or by the employer be paid "in respect of the total number of men and women employed by the undertakings concerned, without distinction of sex" (Article 4, paragraph 7).

167. It is pointed out above that in many countries the maternity benefits are provided under an insurance system, which is usually compulsory. ³ In some cases it is a sickness and maternity insurance scheme, in others the contingency is covered by a more comprehensive insurance, which sometimes applies to the whole popula-

¹ The question has been raised whether under the Convention of 1919, which contains no specific provision on the point, grant of insurance benefit may be subject to completion of a qualifying period. Observations on the matter have been made, both by the Conference Committee and by the Committee of Experts, in regard to States which have ratified the Convention but lay down conditions of the above kind in their laws and regulations. In particular, the Committee of Experts has reminded the governments concerned that, as Article 3 (c) of the Convention lays down that maternity benefits shall be provided either out of public funds or by means of a system of insurance, and as the Convention itself does not make provision for a qualifying period, it follows that an obligation exists to provide benefits out of public funds, for example by a system of assistance, for women not covered by insurance legislation, including those who, though subject to such legislation, are temporarily not entitled to benefits. (Cf. I.L.O. : Report of the Committee of Experts on the Application of Conventions and Recommendations, Report III (Part IV), International Labour Conference, 40th Session, Geneva, 1957 (Geneva, 1957), p. 20; and idem: Record of Proceedings, International Labour Conference, 15th Session, Geneva, 1931, Vol. I, p. 631.)

² It may be appropriate to mention also the reply given by the International Labour Office in 1960 to a question put by the Government of the Federal Republic of Germany as to the requirement of Article 3 (c) of the Convention of 1919 in relation to two kinds of conditions—those regarding a qualifying period required by the insurance scheme and those regarding a means test required under a system of public assistance. The effect of the reply is that, where the benefits are provided under a system of insurance, a qualifying period may be imposed on the persons concerned; that in the case of women who do not meet such qualifying conditions, provision should be made for the appropriate benefits out of public funds; that the provision of benefits may in these circumstances be in the form of an assistance scheme; and that as regards a means test the practice of applying such a test in certain countries has not given rise to comments by the bodies responsible for supervising the application of ratified Conventions (cf. I.L.O.: Official Bulletin, 1960, Vol. XLIII, No. 7, pp. 568-569).

³ As regards the 1919 Convention cf. footnote to paragraph 164.

⁴ However, in some countries the benefit is often granted on the basis of voluntary insurance. This is the case in Denmark (where the insurance may also be compulsory), Switzerland (where, however, it may be rendered compulsory by cantonal law or regulation or by collective agreement or standard contract of employment) and the United States (most of the states).
168. In several countries maternity benefits are paid from public funds, usually under an assistance scheme. Unlike insurance schemes, which have specific resources and a medical and administrative organisation that is usually sufficient to provide efficient protection, public assistance—although available to larger numbers of persons—pays more modest benefits and the amount cannot be adjusted to individual cases. It is for this reason that assistance schemes are no longer the principal method of providing benefits, or cash benefit at least. Usually assistance benefit is a complement to insurance, being either paid to women who cannot obtain insurance benefit or added to this so as to prolong its duration.

169. As regards medical care, on the other hand, social assistance and public hospitals and out-patient centres may in some countries be the only means of providing benefit, particularly where an insurance scheme is not yet in existence or has not been extended to the whole territory. However, public out-patient centres and municipal or district mother and child health services (such as pre- and postnatal consultation centres) operate in several countries side by side with well-developed insurance schemes and contribute to conserving and improving the health of mothers and infants, as is advocated in the Recommendation of 1952.

170. As for the conditions attached to receipt of benefit, under an insurance scheme its grant is usually subject to a qualifying period intended to prevent abuse: this takes the form of either a specified period of service—with the same employer or with several—which is usually three to six months before the maternity leave begins, or a period of insurance and payment of a specified number of contributions, particularly in contributory schemes: in these the period of insurance is

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1 For instance, in Australia, Byelorussia, New Zealand, Norway, Sweden, Ukraine, the U.S.S.R. and the United Kingdom.
2 For instance, the African French-speaking States.
3 Argentina.
4 For instance, in Austria, Denmark, Finland, France, the Federal Republic of Germany, Luxembourg, the Netherlands, Norway and Sweden.
5 See above, paragraph 153, second footnote.
6 See, for example, above, paragraph 153, third footnote.
7 For instance, in Cameroon (Eastern Cameroon), Congo (Brazzaville), Dahomey and the Malagasy Republic the laws regarding the family allowances equalisation funds require a woman to prove paid employment with one or more employers for six months before the beginning of the maternity leave. The period is three months in Chad, Gabon and the Ivory Coast. In Greece an insured woman must have done at least 100 days' work during the calendar year preceding the contingency. In Albania and Rumania the woman must have worked under the same employer for three months preceding the maternity leave, and in Bulgaria for five months, in order to obtain the minimum benefit; in Poland she must have been in insurable employment for at least four months during the 12 months preceding confinement; in Czechoslovakia she must have been insured for at least 270 days during the two years preceding confinement.
8 For instance, in the following countries: Algeria (ten months of membership of insurance, and effective employment for at least 18 days or 120 hours during the three months preceding the date of medical certification of pregnancy); Argentina (the woman must either have been effectively employed at the date of conception and have paid the contributions for the quarter-year which includes that date and the subsequent quarters, or—if not employed at the date of conception—she must have paid contributions in respect of eight quarters during the three years immediately preceding that date); Belgium (six months of membership of insurance and 120 days' work); Burma (26 weeks of contribution during the 52 weeks preceding the presumed date of confinement); Chile (six months of membership of insurance and at least 13 weeks of contribution); Colombia (12 weeks of contribution in the nine months preceding beginning of maternity leave); Dominican Republic (30 weeks of contribution in the ten months preceding confinement); France (ten months' membership, and
generally ten months before the presumed date of confinement or the beginning of the maternity leave, but in some cases it is shorter or longer than this.

171. In some countries the conditions in respect of a qualifying period are less stringent for medical than for cash benefit.¹ In others no qualifying period is required for grant of medical care.²

172. In a fairly large number of countries maternity benefits are allowed without any qualifying period: it is sufficient for the woman worker to have had paid employment before the contingency occurred.³ However, in some of these countries, although the woman worker’s right to maternity benefits is not subject to this condition, the rate of the cash benefit may increase considerably (by 50, 60 or even 100 per cent. according to the period of service).⁴

173. Apart from the qualifying period, the grant of benefits is sometimes subject to a nationality ⁵ or residence ⁶ condition, or to the condition that the woman ceases to work for pay (this last rule, of course, applies to cash benefit only).⁷ In several countries prenatal and postnatal medical examinations are a condition attached to grant of the cash allowance or special birth or maternity bonuses.⁸ Lastly, there are countries ⁹ where the woman worker’s membership of a trade union may be taken into account in connection with payment of higher cash benefit.

174. Most of the assistance schemes lay down a condition regarding means, but not always requiring indigence; inability to obtain a sufficient livelihood, or possession

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¹ For instance, in Colombia (five weeks’ instead of 12 weeks’ contribution); Costa Rica (four weeks instead of six months); Greece (50 instead of 100 days’ work in the calendar year preceding the presumed date of confinement); Nicaragua (four weeks’ contribution during the last nine weeks, instead of 16 weeks during the last nine months); and Turkey (90 instead of 120 days’ contribution in the last 12 months).

² For instance, in Lebanon, Burma, Finland, Hungary, Iceland, Mexico, Norway, Poland, Sweden.

³ For instance, in Austria, Byelorussia, Central African Republic, Cuba, Denmark (as regards compulsory insurance), Iraq, Italy, Japan, Mali, the Netherlands, Niger, Ukraine, Upper Volta, U.S.S.R., Yugoslavia.

⁴ As in Byelorussia, Ukraine, U.S.S.R., Yugoslavia.

⁵ See above, Chapter II, paragraph 53.

⁶ For instance, in Australia, Finland and New Zealand.

⁷ In almost all the countries.

⁸ As, for instance, in France and most of the African French-speaking countries.

⁹ For instance, Albania and Bulgaria.
of only moderate resources, entitles the woman to maternity benefit in some cases.\(^1\)

In a few countries maternity benefit may be allowed under an unemployment insurance scheme.\(^2\)

175. As regards the method of financing benefits under a system of compulsory insurance, it proceeds from the governments’ reports and from the laws and regulations examined that in almost all cases, whether the scheme is financed by the employers only, or by the workers and employers together, or by workers, employers and the State, the contributions to the insurance are calculated on the basis of the wages paid to all employed persons without distinction of sex.\(^3\)

176. States which have ratified the Maternity Protection Conventions, but attach statutory conditions concerning a qualifying period to the grant of insurance benefits, have had some difficulty in applying these Conventions to women who do not fulfil the particular conditions. However, several of the States in question indicated, in reply to a question put by the Committee of Experts, that women in this category receive benefits from public assistance or under a family allowances scheme; others said they were considering the elimination of the above conditions as part of a coming review of their relevant laws or regulations.

(b) Benefits at Employer’s Expense.

177. None of the instruments on maternity protection provide that benefits may be furnished by the employer. On this point, the Convention of 1952 even states, in Article 4, paragraph 8, that in no case shall the employer be individually liable for the benefits due to women employed by him.

178. The idea behind this provision—which does no more than expressly endorse what is said in Article 3 of the Convention of 1919 regarding the maternity allowance and medical care—is to ensure that a maternity protection scheme shall not render the employment of women more expensive for the employer than the employment of men—and so give him a motive for employing fewer women. This concern to prevent the protective arrangements from leading to discrimination against women workers is already reflected in the provisions which prescribe the financing of benefits by insurance or from public funds and subsidiarily by public assistance, and in those regarding the method of calculating insurance contributions.

179. Accordingly, any law or regulation making the employer liable for payment of maternity benefit is contrary to the international instruments.\(^4\)

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\(^1\) Particularly in Australia, Austria, Finland, the Federal Republic of Germany and New Zealand.

\(^2\) For instance in Austria (Unemployment Insurance Act, 1958, as amended in 1960) maternity benefit is payable to women who take unpaid maternity leave for up to one year.

\(^3\) However, in Argentina, under Act No. 11933 of 1934 (section 4) and Decree No. 80229 of 1936 (sections 4 ff.) maternity insurance—a separate scheme—is financed by contributions paid only by female employees and their employers; the State also contributes. This method of financing implies some degree of discrimination against the employment of women.

\(^4\) The position would be different in a country where maternity benefits were payable under a compulsory insurance scheme or from public funds and there were at the same time general provisions—in the Civil Code, the Commercial Code, etc.—stating that in certain cases outside the worker’s control (sickness or other unavoidable absence) the employer shall: (a) continue to pay the wages of the workers concerned, if equivalent benefit is not paid under the existing social security arrangements or the benefit so paid is less than the wages; and (b) give the worker concerned any medical care he or she may need. It would appear that in such cases general provisions, not restricted to maternity but supplementary to a system such as that laid down in the two Conventions, would be outside their scope; consequently, since the Conventions are a body of minimum standards a State which ratifies them remains free to make, over and above the minimum, such arrangements as it may think fit, provided always that they are not contrary to the obligations contracted by ratification.
180. In most of the countries surveyed, the methods employed to finance maternity benefits may be considered to correspond, on the whole, to the provisions of the international instruments. However, there remain a few countries in which the employer is directly liable for the cost, or part of the cost, of the benefits; this method is often the first step towards subsequent protection by insurance, particularly in countries where the economy and the administrative machinery have not yet reached a level permitting the establishment or generalisation of social security schemes under which the cost of benefit is more equitably shared.

181. In most of the countries where the employer bears the whole financial burden of maternity protection, national laws and regulations entitle a woman to retain all or part of her wages during the maternity leave as a cash allowance. As a rule, account is taken of the period of service in granting the allowance, which may differ from country to country but corresponds more or less to the qualifying period required under social security legislation.

182. Medical benefits are also provided by the employer, either in the form of reimbursement of cost, or in kind through the health services, if such exist, in the undertakings.

(for more detail on this subject, see the replies given by the International Labour Office in 1954, 1959 and 1962 to questions put by the Governments of the Federal Republic of German, the Netherlands and Austria respectively (Official Bulletin, Vol. XXXVII, 1954, p. 391; Vol. XLII, 1959, pp. 385-389; Vol. XLV, 1962, pp. 242-246). It should be added that the Committee of Experts has not had to give its view on provisions of general application such as those mentioned above; however, it appears from an observation addressed to a State which had ratified the Convention of 1919, that the Committee did not regard as inconsistent with that Convention a "guarantee wage" clause applied by the State in question to women workers not covered by insurance (cf. I.L.O.: Report of the Committee of Experts on the Application of Conventions and Recommendations, Report III (IV), International Labour Conference, 42nd Session, Geneva, 1958 (Geneva, 1958), p. 16). On the other hand, the Committee has objected clearly to provisions making the employer responsible for maternity benefits, as will be seen below.

1 This is the case in the following countries, for instance: Ceylon (full wages—Maternity Benefits Ordinance, section 4, Shop and Office Employees' Act, 1954, as amended); Congo (Leopoldville) (two-thirds of wages—Legislative Decree of 1 February 1961, section 71); Ethiopia (50 per cent. of wages—Civil Code); Ghana (full wages—Labour Ordinance, section 77); Jordan (half wages—Labour Code, sections 51-54); Kuwait (full wages—Labour Act (Private Sector), section 26); Malaysia (States of Malaya: Malaysian $2.20 a day—Employment Ordinance and Legal Notifications Nos. 365 and 366; Sarawak: one-sixth of wages—Labour Ordinance and Labour (Maternity Benefit) Rules; Singapore: Malaysian $2-$4 a day according to length of service—Labour Ordinance); Nigeria (25 per cent. of wages—Labour Code, section 145); Pakistan (until the entry into force of the Social Security Ordinance—daily wage or rupees 1.5 per day for West Pakistan under the Ordinance of 1958, section 4; daily wage or rupee 1 per day for East Pakistan under the Act of 1959, section 4, and the Act of 1950, sections 4 and 5); Philippines (60 per cent. of wages—Act No. 679 of 1952, as amended); Rwanda (two-thirds of wages—Decree of 10 June 1958, sections 36 and 37); Spain, Overseas Provinces (full wages—Ordinance of 2 March 1954, section 79, as regards Western Provinces, Ordinance of 24 May 1962 as regards Equatorial Provinces; however, the Government states in its report for 1963-64 that the general metropolitan legislation is applicable in this case); Syrian Arab Republic (70 per cent. of wages under the general scheme—Labour Code, section 134— and 50 per cent. of wages under the agricultural scheme—Agricultural Labour Code, section 33); the same applies in some United Kingdom territories (for instance: Bechuanaland, 25 per cent. of wages—Employment Law, 1963; Fiji, 25 per cent. of wages—Labour Ordinance, 1947; Gilbert and Ellice Islands, 25 per cent. of wages—Labour Ordinance, 1951; British Honduras, one-third of wages—Labour Ordinance, 1959; Solomon Islands, 25 per cent. of wages—Labour Ordinance).

2 For instance, in Ceylon the period is a minimum of 150 days' work with the same employer during the year preceding confinement; in the Congo (Leopoldville), nine months' service with the same employer during the year preceding confinement; in Jordan, a minimum of 180 days' service during the last 12 months; in Malaysia (Sarawak and Singapore) it is a minimum of 90-180 days' service during the last 12 months and the length of service may affect the rate or duration of benefit; in Nigeria it is a minimum of six months with the same employer immediately before the absence.

3 This is the case in the Congo (Leopoldville) (Legislative Decree of 1961, section 51); in Pakistan
183. However, in most of the countries in this group the necessary medical care is given, as the governments confirm in their reports, at public hospitals or medical centres, usually under assistance schemes.¹

184. In other countries where insurance schemes already exist but where these do not yet apply to all classes of workers throughout the national territory, the employer may be held liable for the payment of cash benefits to women workers who are not subject to the insurance ², either because they belong to a class that is not yet covered by the insurance or because they do not fulfil the conditions required by the insurance scheme as to a qualifying period. Some of these countries apply a mixed system, i.e. part of the benefit—usually half—is paid by the insurance and the other half by the employer, particularly in cases where the rate of benefit is as high as 100 per cent. of previous earnings.³ A similar situation arises with regard to medical benefits.⁴

185. Maternity benefits may be at the employers' expense in certain other cases also, particularly where social security schemes set a wage ceiling for admission to insurance. This practice is incompatible with the international instruments which do not provide for any such restriction, as has already been pointed out in connection with their scope.⁵

186. Lastly, it should be added that in a great number of the countries surveyed the right to continue to draw wages is also granted, as a cash maternity benefit, to women civil servants. In such cases the disadvantages of this method of providing benefit are less pronounced, since the money is in fact drawn from public funds and the risk of discrimination against women employees because of the additional cost involved may be less when the employer is a public authority.

187. As regards the countries which are bound by one or the other of the Maternity Protection Conventions, it may be pointed out that, in order to give effect to the observations of the Committee of Experts, several of the States bound by the Convention of 1919 have taken action to make existing or newly established social security schemes responsible for paying maternity benefits. However, one State which could not bring its laws and regulations into conformity with the Convention on this point was obliged to denounce it.

¹ For the countries in question see second footnote to paragraph 153.

² This is the case in the following countries: Brazil (except for agricultural workers, who have just been brought under an insurance scheme in respect of this benefit; Brazil had ratified the Convention of 1919 but had to denounce it for that reason); Chile, China, Colombia, Costa Rica, Dominican Republic, Greece, Guatemala, Haiti, Honduras, India (workers not covered by the Employees' State Insurance Act), Mexico, Nicaragua, Peru and Venezuela.

³ For the countries in question see first footnote under paragraph 146.

⁴ This is the case, for instance, in Colombia, Dominican Republic, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Venezuela. In Brazil, under the Act of 16 August 1960 which applies to industry and commerce, medical care is to be provided by the insurance only in so far as financial resources and local conditions permit. In Burma, under the Social Security Act, medical care is provided free of charge by the employer, who is repaid by the insurance to the extent of 40 per cent. In India (states where the Employees' State Insurance Act is not applied) women workers receive a sum of 25 rupees from the employer as reimbursement of medical costs.

⁵ See above, Chapter II, paragraphs 56 and 57.
188. The Committee of Experts has on several occasions addressed States which are bound by the Convention of 1919 but are applying social security arrangements by stages to the various classes of workers and the various regions, asking them to take action with a view to hastening the extension of social security to all workers throughout the country. Most of the States in question indicate regularly in their reports what progress has been made in that direction.

CONCLUSION

189. The following conclusions may be drawn from the information brought together in this Chapter.

190. A woman’s right to maternity benefits is recognised in almost all the countries surveyed. In most cases the benefits are provided under a compulsory insurance scheme and only subsidiarily from public funds; however, in some instances medical benefits are given principally under an assistance scheme, or at public hospitals and medical or maternity centres, particularly in countries which have no social security schemes at present.

191. The period during which cash benefits are payable corresponds on the whole to that laid down in the Conventions. As regards the rate of benefit, international comparison is difficult because regard must be had not only to the various factors which are taken into account when defining wages or earnings (these vary from one country to another) but also to the ways in which benefits are calculated. However, one may say that in the countries where the rate is based on previous earnings it often exceeds the level required by the Convention of 1952; in some cases it even stands at 100 per cent. of the basic wage or average earnings received during the last few months before the woman suspended her work.

192. As regards medical benefits, national laws and regulations seem on the whole to meet the requirements of the international instruments.

193. In many countries the social security schemes provide for completion of a qualifying period; such rules are permitted by the Conventions and Recommendations on the condition that women workers who have not completed the period receive benefits from public funds or under an assistance scheme—as is the case in many of this group of countries. Moreover, the means test, which is generally laid down by public assistance, does not always stipulate indigence but is often subject to less stringent criteria, e.g. insufficient resources.

194. The provision that an employer shall not be individually liable for the cost of maternity benefits was the subject of long discussions in the Committee to revise the Convention of 1919 and also in plenary sitting at the Conference in 1952. The application of this provision has presented many difficulties both in countries which have ratified one or both of the Conventions and in countries which are not bound by them. The preceding paragraphs will have shown that at present the employer bears the whole burden of maternity benefits in only a small number of countries (13 of the States reviewed and some territories). In all the other countries where the employer is required to provide benefits together with those received from insurance, the former are supplementary to the latter: indeed, such arrangements are transitional and will come to an end when social security schemes, which are being extended by stages because of economic and administrative difficulties at the national level, have general application. If it is borne in mind that when the Convention of 1919 was

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adopted only nine countries had taken action to ensure provision of benefits by social security schemes of one kind or another, and that in 1952, when the original Convention was revised, there were still only 40 such countries, the great progress in this regard will be evident.

195. It is particularly interesting to note in the same connection that most of the countries whose representatives at the session in 1952 of the Conference (at which the Convention of 1919 was revised) objected to the prohibition of provision of benefits by the employer, have since introduced or are about to introduce social security schemes and only use the other method of financing maternity benefits on a provisional basis or as a complementary system.
CHAPTER V

PROTECTION OF EMPLOYMENT

196. The right of women to maternity leave and maternity benefits is supplemented by the guarantee that they will not lose their employment. This guarantee is intended to prevent discrimination against women during the maternity period, and to protect women workers from the consequences, both material and psychological, that the loss of their employment might have for them and their children.

197. Concern for this question is shown in the international instruments under consideration by a provision prohibiting the dismissal of women during their absence on maternity leave and, under certain conditions, during a period preceding and following this leave.

198. Under the terms of the 1919 Convention (Article 4), where a woman is absent from her work during her maternity leave or remains absent from her work for a longer period as a result of illness medically certified to arise out of pregnancy or confinement and rendering her unfit for work, "it shall not be lawful, until her absence shall have exceeded a maximum period to be fixed by the competent authority in each country, for her employer to give her notice of dismissal during such absence, nor to give her notice of dismissal at such a time that the notice would expire during such absence". The 1952 Convention contains (Article 6) a similar provision prohibiting dismissal not only during the normal leave period, that is to say at least 12 weeks, but also during the period by which leave is extended on account of a delay occurring in confinement or illness arising out of pregnancy or confinement.

199. Neither of these Conventions refers to a possible authorisation of dismissal in certain special or exceptional circumstances for any reason that might be considered legitimate. It thus seems that these Conventions establish in this connection an absolute prohibition of dismissal, at least during the specified period of 12 weeks and any contingent extension.1

200. The Committee of Experts has considered, however, that this prohibition, the principal aim of which is to provide security of employment for women and to protect them from all discrimination on the grounds of maternity, does not, for example, oblige an employer terminating his activity or an employer detecting a serious fault on the part of one of his women employees to maintain the employment contract of a woman worker who is pregnant or confined, despite reasons justifying dismissal, but merely to extend the legal period of notice to the maximum by means of a supplementary period equal to the time required to complete the period of protection provided for by the Conventions under consideration. In this sense, the absolute character of the prohibition of dismissal avoids any possibility of abuse.

1 In this connection see also the reply made by the International Labour Office on 14 April 1955 to a question from the Swedish Government concerning the scope of Article 6 of the 1952 Convention. In this reply, the Office stated that under the terms of the Article in question "the prohibition against dismissal is absolute and is not subject to any kind of condition" (Official Bulletin, Vol. XXXVIII, 1955, pp. 377-379).
201. The right of the woman worker to retain and resume her employment appears again in the two Recommendations on maternity protection. The 1921 Recommendation, however, refers to it only by implication, mentioning protection "similar" to that provided by the 1919 Convention, whereas the 1952 Recommendation takes up and amplifies the protection provided for by the revised Convention.

202. It thus provides (Section IV, paragraph 4 (1)) for the possibility of extending protection from dismissal beyond the period prescribed by the Convention in question. Under the terms of this Recommendation, the period should begin "as from the date when the employer of the woman has been notified by medical certificate of her pregnancy" and continue "until one month at least after the end of the period of maternity leave" provided for by the Convention. This period can thus cover several months (ten or more), since the Convention under consideration provides for the extension of the normal period of leave and the extension may, in accordance with the various national legislations, cover several weeks, as has been seen above.

203. The 1952 Recommendation also provides (Part IV, paragraph 4 (2)) for the possibility, where the protected period is extended beyond the limits established by the revised Convention, of permitting dismissal for certain specified reasons, such as serious fault on the part of the woman, shutting down of the undertaking where she is employed or expiry of the contract of employment, reasons that might be considered legitimate by the national legislation.\(^1\) This subparagraph, however, states that it would be desirable, where works councils exist, that they should be consulted regarding such dismissals.

204. The 1952 Recommendation provides finally (Section IV, paragraph 4 (2)) that during her legal absence before and after confinement, the seniority rights of the woman should be preserved as well as her right to reinstatement in her former work or in equivalent work paid at the same rate.

205. The protection of the woman worker against dismissal during the maternity period, whether during the limited period of her absence on maternity leave or during a longer period stretching from the beginning of pregnancy to several months after confinement, has been the subject of special provisions, legislative or other, in the great majority of the countries considered.

206. In several countries\(^2\) the provisions against dismissal are of a compulsory nature, and every failure to observe them can involve penal sanctions. In certain

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\(^1\) It is interesting to compare this provision with those of Article 50 of the Plantations Convention, 1958 (No. 110). Paragraph 1 of this Article, which fixes a limited period of protection corresponding to that of the 1919 and 1952 Conventions (namely that of the normal maternity leave and any contingent extension), prohibits dismissal absolutely. The protection of this paragraph is supplemented in paragraph 2, which obviously relates to cases that might arise outside the period of absolute protection, that is to say during the whole period of pregnancy and several months after confinement. This paragraph prescribes that the dismissal of the woman solely because she is pregnant or a nursing mother shall be prohibited.

\(^2\) Including the following: Albania (Labour Code); Argentina (Act No. 11317); Byelorussia (Penal Code of 1961); Dahomey (Labour Code; Decree No. 337 of 1960; and Penal Code); France (Act of 2 September 1941); Hungary (Labour Code); India (Employees' State Insurance Act); Israel (Employment of Women Law); Japan (Labour Standards Act); Malaysia (Singapore: Labour Ordinance); Morocco (Decree of 1947); Ukraine and U.S.S.R. (Penal Code of 1961). In Byelorussia, Hungary, Ukraine and the U.S.S.R. the legislation provides for penalties in the event of refusal to employ a woman because she is pregnant or nursing her child. Penalties of fines or imprisonment are also inflicted on the employer in most of the other countries considered, but these penalties apply to every infringement of the provisions on maternity protection in general.
Maternity Protection

Women are entitled to damages, which are provided for in the event of breach of contract; in other countries the employer who dismisses a woman during the protected period is obliged to pay her in compensation the amount of several months' wages, without prejudice to the damages due to her under the general provisions on breach of contract, as well as the maternity allowances to which she would have been entitled during maternity leave.

207. Furthermore, under the legislation of several countries, dismissal during the last months of pregnancy does not deprive the woman of the maternity benefits due.

208. The prohibition of dismissal during the absence of the woman on maternity leave, that is to say during a specific period covering the normal duration of the leave and any contingent extension, is absolute in the legislation of the great majority of the countries considered.

1 For example: Finland (Act No. 141 of 1922); France (Labour Code, Book I, section 29); women are moreover entitled to legal assistance before the court of first instance; Norway (Act on Domestic Servants, section 24).

2 For example: Colombia (60 days' wages, Labour Code, section 239); Honduras (60 days' wages, Labour Code, section 144); Japan (1,200 days' wages, Labour Standards Act, sections 19 and 81); Peru (90 days' wages, Act No. 2851, section 18); Uruguay (six months' wages, Decree of 1 June 1954).

3 This is true, for example, in the following countries: Austria, Bulgaria, Byelorussia, Ceylon, Federal Republic of Germany, Honduras, Pakistan, Philippines, Poland, Ukraine, U.S.S.R., Yugoslavia.

4 Including the following: Argentina (Act No. 11317 of 1924, section 13, Act No. 11933, section 3, and the Agricultural Workers' Code, 1949, section 30); Australia (New Guinea and Papua: Native Employment Ordinances 1958-63, and report of the Government); Brazil (1946 Constitution, section 157, paragraph X, Consolidation of Labour Laws, section 393, and the report of the Government); Bulgaria (Labour Code as amended in 1957, section 35); Burma (Social Security Act, section 53, paragraphs 1 and 2; the prohibition is effective for all insured persons entitled to insurance benefits); Cameroon (Western Cameroon: Labour Code, section 146; Eastern Cameroon: Labour Code, section 116, and report of the Government, which confirms that the prohibition is absolute in practice as well); Canada (British Columbia: Maternity Protection Act; New Brunswick: Minimum Employment Standards Act, and the report of the Government); Central African Republic (Labour Code, section 123; the Government confirms the absolute nature of the prohibition); Ceylon (Maternity Benefits Ordinance, section 10); Chad (Labour Code, section 116); Congo (Leopoldville) (Legislative Decree of 1 February 1961, sections 69, 82 and 84 read together); Cuba (Act of 1937, sections IX and X); Finland (the report states that sections 27 and 31 of Act No. 141 of 1922, which prescribe the grounds for terminating a contract, are not applicable to women during their maternity leave); Gabon (Labour Code, section 115); Ghana (Labour Ordinance, section 78, and collective agreement between the Bank of West Africa and the Industrial Commercial and General Workers' Union, section XII, paragraph 6); Greece (Act No. 2274 of 1920 to ratify the 1919 Convention, which is given the force of national law, and Decree No. 31181 of 1937 containing the principles of the Convention and defining employers' obligations); Haiti (Labour Code, section 384); Hungary (Labour Code, section 96, as amended by Decree No. 46 of 1962, section 2; the prohibition of dismissal is not absolute, however, for domestic servants); India (Maternity Benefit Act, section 12, and Employees' State Insurance Act, section 73); Iran (Labour Code, section 18); Iraq (Labour Law, section 23, paragraph 5); Israel (Employment of Women Law, section 9 (a); it should be noted that the absolute prohibition from dismissing a woman covers a period of six months after the end of the postnatal leave); Ivory Coast (Labour Code, section 107; the Government and the jurisprudence confirm the absolute nature of the prohibition); Kuwait (report of the Government); Luxembourg (Order of 30 March 1932, section 18); Malagasy Republic (Labour Code, section 77); Malaysia (States of Malaya: Employment Ordinance; Sarawak: Labour Ordinance, section 92; Singapore: Labour Ordinance, section 117; in this last State, however, dismissal can take place if the woman works for another employer during her maternity leave); Mauritania (Labour Code, Book I, section 33); Niger (Labour Code, section 114); Nigeria (Labour Code, section 146); Norway (Workers' Protection Act, section 31, paragraph 2); Pakistan (1958 Ordinance of West Pakistan, section 7; 1939 Act of Bengal, section 7, and 1950 Act of East Bengal, section 10; 1941 Mines Maternity Benefit Act, section 10); Peru (the prohibition is implied in sec-

Footnote continued overleaf)
countries 1 reproduces in this connection the actual wording of the 1919 and 1952 Conventions by prescribing that it shall not be lawful for an employer to give a woman notice of dismissal during her absence on leave or at such time that the notice would expire during such absence.

209. Furthermore, the legislation of a number of the countries referred to 2 provides at the same time that the period of protection shall be extended beyond the limits fixed by the Conventions under consideration; the protection generally covers the whole period of pregnancy and a certain period after confinement (usually three to six months or even longer if the woman nurses her child), thus conforming with the 1952 Recommendation. During the period of the extension, in which work is performed, dismissal on the grounds that the woman is pregnant or nursing her child is forbidden, whereas during the period of maternity leave and absence through illness the prohibition, as has been mentioned above, becomes absolute.

210. In a number of other countries 3, however, protection against dismissal is

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1 Including the following: Cameroon (Western Cameroon), Ceylon, Ghana, India, Iraq, Israel, Luxembourg, Malaysia, Nigeria, Pakistan.

2 The countries of which this is true include the following: Argentina (Act No. 11317, section 14: the extension relates to the period of pregnancy); Australia (New Guinea and Papua: Native Employment Ordinances 1958-1963); Brazil (Consolidation of Labour Laws, section 391: the extension relates to the period of pregnancy); Bulgaria (section 35 of the Labour Code as amended prohibits dismissal from the beginning of the fourth month of pregnancy until the child reaches the age of eight months); Ceylon (Maternity Benefits Ordinance, section 11: the extension relates to the last five months before confinement); Cuba (Act of 1937, section IX: the extension relates to the period of pregnancy); Hungary (Labour Code, section 96: the extension covers the period from the diagnosis of pregnancy until six months have elapsed since confinement); Israel (Employment of Women Law, section 9 (b): the extension relates to the period of pregnancy); Pakistan (the legislation on maternity benefits prescribes that dismissal shall not take place without valid reason during the six months preceding confinement); Philippines (it follows from section 12 of Act No. 679 that the extension covers the whole period of pregnancy); Portugal (overseas provinces: section 225 of the Rural Labour Code prescribes that pregnancy shall in no case be a valid reason for dismissal); Yugoslavia (section 330, paragraph 2, of the Labour Code prohibits absolutely the dismissal of a pregnant woman or the mother of a child aged less than eight months; section 70 implies the possibility of dismissing a pregnant woman, after three months of pregnancy, in the event of the winding up of the undertaking, but the woman is then entitled until confinement to cash benefits equaling her wages).

3 Including the following: Algeria (Labour Code, Book 1, section 29); Austria (Act of 1957, sections 10 and 12, Agricultural Labour Act, as amended, section 75, and the report of the Government); Byelorusia (Orders of 8 August 1922 and 16 July 1925 and Penal Code: under these texts, dismissal can take place only exceptionally; however, the Government states in its reports that dismissal cannot take place during the absence of the woman on maternity leave); Chile (under...
not absolute. The legislation of these countries, while it prohibits dismissal because the woman is pregnant or nursing her child, admits the possibility of dismissing her for certain other causes, considered valid under the general provisions governing the termination of a contract of employment. The cause is generally a serious fault on the part of the woman worker, a serious failure to observe her contractual obligations, the expiration of her contract of employment, the ending of the activity of the undertaking or an emergency of a specific nature, for example a natural calamity. The burden of proving the validity of the grounds for terminating the contract rests almost always in these cases with the employer. In most of these countries, however, dismissal can take place only after authorisation by the labour inspectorate or some other competent authority, for example a local authority or a labour judge. In some countries the authorisation of the inspection services of the trade union federations or of the works councils is necessary. The latter case is envisaged, as has been seen, by the 1952 Recommendation.

section 313 of Act No. 11462 dismissal may take place for just causes, recognised as such by the judge of the competent court, in accordance with section 5 of Decree No. 3 of 1957. The Government has stated that these causes cannot be resorted to during the absence of the woman on maternity leave; the Government in its last report that it considers changing the national legislation in accordance with the 1919 Convention; Colombia (Labour Code, sections 239 and 240; however, a new draft revised Labour Code prohibits dismissal absolutely); Costa Rica (Labour Code, section 94); Czechoslovakia (Act No. 58 of 1964, section 11); Dominican Republic (Labour Code, section 211, as amended by Act No. 6069 of 1962); France (Labour Code, Book I, section 29, and Act of 2 September 1941, section 2: in accordance with these provisions and legal precedents, dismissal while the contract of employment is suspended on account of pregnancy and confinement may take place for other reasons); Federal Republic of Germany (1952 Act, section 9, paragraphs 1 and 2: under paragraph 2 dismissal may take place only exceptionally and in special cases. The Federal Minister for Labour may issue rules for determining when a special case exists. In accordance with established precedents, the winding up of the undertaking or a serious fault on the part of the woman worker constitutes a special case; but a Bill to bring the above-mentioned legislation into conformity with the Convention of 1919 is at present under study); Guatemala (Labour Code, section 151); Honduras (Labour Code, sections 144 and 145: under these provisions, however, any dismissal taking place during pregnancy or the three months following confinement without the authorisation of the labour inspector will be presumed to have taken place because the woman was pregnant or nursing her child); Italy (Act No. 860 of 1950, section 3: the Government states, however, that the possible grounds for dismissal may in no case be resorted to while the woman is on maternity leave and not performing work); Japan (under section 19 of the Labour Standards Act, dismissal may take place only if the employer pays compensation equal to 1,200 days' wages or the operation of the undertaking has become impossible through a natural calamity or other inevitable cause and after the competent authorities have given approval); Morocco (Decree of 1947, section 18, and Decree of 1958, section 11); Netherlands (under section 1639 (e) to (x) of the Civil Code relating to the termination of a contract of employment and the provisions of the Extraordinary Decree of 5 October 1945 on Employment Relations, dismissal cannot take place without the authorisation of the Regional Labour Office when the worker is incapable of performing his work on account of sickness in general, which includes pregnancy and confinement); Nicaragua (Labour Code, section 130: in its report for 1963-64 the Government states that the grounds for dismissal prescribed by the legislation cannot be resorted to while the woman is on maternity leave); Poland (1924 Act, as amended, section 16); Portugal (metropolitan Portugal: Order of 31 March 1951); Rumania (Act No. 58 of 1964, section 11); Spain (section 20 of the Labour Code provides for dismissal on certain grounds; the Government states that only women workers who remain absent for more than three months after the end of maternity leave can be dismissed under paragraph (i)); Sweden (Act of 1945, section 2); Tunisia (Decree of 6 April 1950, section 16, and Decree of 18 February 1954, section 6); Ukraine (Orders of 8 August 1922 and 16 July 1925, section 134 of the Penal Code and section 20 of the Regulations of 30 April 1930: in its reports the Government states that dismissal cannot take place during the absence of the woman on maternity leave); U.S.S.R. (Orders of 8 August 1922 and 16 July 1925, section 139 of the Penal Code and section 20 of the Regulations of 30 April 1930 stipulate that dismissal may take place for certain reasons such as the winding up of the undertaking or the suspension of its activities for longer than a month; the Government states in its reports, that such cases of dismissal have not occurred in practice, since the national economy is developing constantly and, moreover, in the event of the elimination of a post, the person concerned is automatically transferred to another employment.
211. It should, however, be noted that in most of the countries where the legislation authorises dismissal for certain valid causes, the protection period is much longer than that provided by the 1919 and 1952 Conventions, which is limited, as has been seen, to the period of maternity leave with a possible extension in cases of sickness or delayed confinement. The protection provided by such legislation, like that referred to in the preceding paragraph, covers the period of pregnancy and several months after confinement.

212. Moreover, in certain countries that authorise dismissal in exceptional cases on grounds such as the ending of the activities of the undertaking, women workers who are pregnant or have young children are automatically transferred in accordance with the national regulations to equivalent posts in other undertakings. Furthermore, in the event of a reduction of staff these women are given preference over other women workers of equal qualifications, particularly when they are unmarried mothers or women accepting the entire responsibility for maintaining their children.

213. On the other hand, there are some countries whose legislation does not contain special provisions ensuring the protection of women against dismissal during the maternity period. The fact is confirmed in most of the reports from these countries. The Government of one State indicates that its legislation provides no restriction on the right of the employer to dismiss a woman worker, subject to normal notice, during the period of pregnancy or confinement. The report of another State indicates that although there is no legislation protecting women against dismissal during the period in question, it is customary to reinstate the woman worker at her request; it adds that women with families generally show no interest in resuming their employment.

214. With regard to the preservation of the seniority rights of women during their lawful absence on maternity leave envisaged by the 1952 Recommendation, it can be seen both from the legislation of many countries and from the information in the reports of governments that the absence of women on maternity leave does not prejudice their seniority rights or rights to promotion.

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1 For example, under the legislation of the following countries, protection covers the whole period of pregnancy and nursing: Byelorussia, Colombia, Costa Rica, Dominican Republic, Guatemala, Honduras, Nicaragua, Ukraine, U.S.S.R. The protection period is different in the following countries: Austria (throughout pregnancy and until the end of the fourth month after confinement); Chile (throughout pregnancy and until one month after the end of the maternity leave); Czechoslovakia (throughout pregnancy and until the child reaches the age of one year for married women, and three years for unmarried women); Federal Republic of Germany (as for Austria); Italy (throughout pregnancy and until the child reaches the age of one year); Japan (throughout pregnancy and until 30 days after the end of the postnatal leave); Poland (throughout pregnancy); Portugal (metropolitan Portugal: throughout pregnancy and until one year after confinement); Sweden (throughout pregnancy and until six months after confinement: this protection, however, applies only to women who have been in the service of the same employer for at least one year).


3 For example: Cyprus, Iceland, Ireland, New Zealand, Tanzania, United States and most of the territories of the United Kingdom.

4 Denmark.

5 United Kingdom.

6 The countries of which this is true include the following: Albania (Labour Code, section 85); Belgium (report of the Government); Bulgaria (this is clear from the provisions of the 1959 Ordinance, particularly section 9); Cameroon (Eastern Cameroon) (report of the Government); Canada (under the collective agreements, according to the report of the Government); Ghana (Civil Service Regulations, section 761, and collective agreement between the Bank of West Africa and the Industrial, Commercial and General Workers' Union); Italy (Act No. 860 of 1950, section 14); Ivory Coast
215. The information in the reports and the study of national legislation also make it possible to establish that many countries guarantee to women the right to resume employment in their former posts or in others paid at the same rate.

216. Lastly, the legislation of some countries establishes explicitly, as an additional measure of protection, the right of women to terminate their contract of employment during pregnancy and absence on maternity leave without notice and without having to pay a breach of contract indemnity.

217. The prohibition of dismissal during the absence of the woman on maternity leave, including the period of extension in the event of illness or delayed confinement, is prescribed absolutely and by an express provision in most of the countries that have ratified either of the Conventions under consideration. The Committee of Experts has had, however, to make observations regarding States whose legislation, although it sometimes provides a longer period of protection covering the whole of pregnancy and several months after confinement, seems to authorise dismissal for certain reasons regarded as valid during the period of maternity leave provided by the instruments in question. The Committee, in its observations, has requested the governments concerned to adopt appropriate measures. Some of these governments have amended the national legislation in conformity with the 1919 and 1952 Conventions, and three governments are considering doing so in the near future. Several other governments have stated that the usual grounds for dismissal established by the national legislation, particularly a serious fault on the part of the woman worker, are effective only during the actual performance of work and that they cannot therefore be resorted to in the case of a woman who, having exercised her right to maternity leave, has ceased to perform work. They have added that no dismissal can take place in practice during the absence of the woman worker on maternity leave. For some countries, however, the question remains unsettled.

(under the collective agreements, according to the report of the Government); Mali (Labour Code, section 87); Mexico (Federal Labour Code, section 110 (B)); Morocco (report of the Government and Decree of 24 January 1953, as amended); Romania (Labour Code, section 133 (f)); Sierra Leone (report of the Government). It is the same in France and several French-speaking African States, under the provisions of the Labour Code, in accordance with which the periods when the contract is suspended on account of maternity are credited to the woman not only for purposes of seniority and the resulting benefits but also in establishing the benefits based on the period of actual work.

1 For example: Argentina (Act No. 11933, section 3); Belgium (report of the Government); Brazil (Consolidation of Labour Laws, section 393); Colombia (Labour Code, section 241, and Decree of 1938, section 12, for the public sector); Costa Rica (Labour Code, section 96); Czechoslovakia (Act No. 58 of 1964); Guatemala (Labour Code, section 152 (b)); Italy (Act No. 860 of 1950); Mexico (Federal Labour Act, section 110 (B)); Morocco (in accordance with legal precedent); Spain (Act of 1944 respecting contracts of employment, section 167); Sweden (this is clear from sections 2 and 3 of the 1945 Act and from the report of the Government; it is also covered by collective agreements); Venezuela (Labour Act, sections 109 and 110 and Regulations governing Employment in Agriculture, section 61).

2 The countries to which this applies include France and most of the French-speaking African States (Labour Codes). In Italy, section 15 of the 1930 Act provides that in the case of voluntary termination of the contract by the woman worker she is entitled to the benefits laid down by the legal and contractual provisions for dismissal.

3 In 15 countries that have ratified the 1919 Convention and four that have ratified the 1952 Convention (see first footnote under paragraph 208). There are, however, two States in respect of which the Committee of Experts has no information, since the governments concerned have not yet supplied a report.
CONCLUSION

218. It is apparent from the foregoing that in the great majority of countries examined, measures are taken to ensure that any woman retains her job during maternity leave and that she is not discriminated against in this respect because she is expecting or nursing a child.

219. These measures are expressed in the majority of countries by an absolute prohibition to dismiss a woman while she is on her statutory maternity leave—which may be extended in the event of sickness or late confinement. This is in conformity with the 1919 and 1952 Conventions, which do not envisage any grounds for dismissal during the period in question.

220. The question can, of course, be asked, whether such an absolute ban, which was originally introduced by the 1919 Convention and which constituted a necessary measure at that time because legislation guaranteeing job security was virtually non-existent, is warranted to the same extent nowadays when, under the legislation of most countries, a contract of employment can only be terminated for valid reasons and in accordance with prescribed proceedings and when the danger of job discrimination against women would appear to be less owing to the range of opportunities open to them in the modern world and the high percentage of women in the labour force.

221. These arguments, which would be valid if the complete prohibition of dismissal applied to a fairly lengthy period, such as the whole of pregnancy and a certain time following confinement—as is provided by the 1952 Recommendation, which is, therefore, worded more flexibly—are difficult to accept if one considers the protected period is fairly short (normally 12 weeks) and it is essential to guarantee a woman her job during that time and thereby spare her any mental and material worries which might have a harmful effect on her health and that of her child.

222. An absolute ban on dismissal during this period has, on the other hand, a number of major advantages which should be borne in mind, viz. it prevents an employer, for example, who wishes to dismiss a woman because of her pregnancy, from finding another reason to justify her dismissal, such as poor output or redundancy; and it eliminates the difficulty that would face an expectant or recently confined mother in contesting the reasons for her dismissal and satisfying a court of law as to the true cause of the termination of her contract. In addition, it makes allowance for the situation in some countries where, under current legislation, an employer does not have to give his reasons for making dismissals. Lastly, an absolute ban does not entail any financial consequences for an employer, because under both the 1919 and 1952 Conventions, maternity benefits must be payable either under an insurance scheme or out of public funds.

223. Moreover, as has been stated above, the prohibition of dismissal is absolute in many countries, and in several others, where the prohibition does not appear to be absolute by virtue of any specific provision, dismissal is—according to the governments themselves—completely forbidden in practice, because the reasons which their legislation allows as legitimate cannot usually be invoked if no work is actually being

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performed—as is the case when a woman is on maternity leave. It should also be borne in mind that in most cases the legislation of these countries establishes a much longer period of protection, corresponding to that laid down in the 1952 Recommendation.

224. It has also been seen that several countries which have ratified these Conventions and have had some difficulty in placing an absolute ban on dismissals have either taken appropriate action as required by the Conventions or are on the point of doing so; in addition, the governments of some other countries which are bound by these Conventions state that, in practice, dismissal is absolutely prohibited.

225. The most satisfactory solution seems to be that advocated by many of the countries examined and which, in the main, is that prescribed by the Plantations Convention, 1958 (No. 110); as was seen earlier, these countries impose an absolute ban on dismissal during the limited period of maternity leave which is crucial to a woman, and supplement this protection with a qualified ban on dismissal during a longer period before and after the period of absolute protection.

226. But, irrespective of the nature of the ban imposed by national legislation, the fact remains that the right of a woman to keep her job and to be protected against any discrimination in this respect because she is expecting or nursing a child, is now specifically guaranteed by legislation in the vast majority of the countries examined. When it is borne in mind that in 1919 only six States had a statutory guarantee of this right, the considerable influence of international standards in this field, where the progress made since the adoption of the first Convention has perhaps been most striking of all, can readily be gauged.
CHAPTER VI

FACILITIES FOR NURSING MOTHERS AND INFANTS

227. The protection provided by the instruments under consideration also comprises certain facilities for mothers continuing to nurse their infants after resuming employment, as well as certain social services for their children.

228. The 1919 Convention provides that the woman "shall in any case, if she is nursing her child, be allowed half an hour twice a day during her working hours for this purpose" (Article 3 (d)). The 1952 Convention provides (Article 5, paragraph 1) that the woman "shall be entitled to interrupt her work for this purpose at a time or times to be prescribed by national laws or regulations". This Convention further provides that such interruptions of work are to be counted as working hours and remunerated accordingly in cases in which the matter is governed by or in accordance with laws and regulations; in cases in which the matter is governed by collective agreement, the position is to be determined by the relevant agreement (Article 5, paragraph 2).

229. The 1921 Recommendation refers to protection similar to that laid down under the 1919 Convention. On the other hand, the 1952 Recommendation contains more detailed and extensive protective measures in this respect: it states that the duration of nursing breaks should be extended to a total period of at least one-and-a-half hours during the working day and provides the possibility of adjusting the frequency and length of the nursing periods on production of a medical certificate (Section III, paragraph 3 (1)).

230. The 1952 Recommendation also refers to the establishment of certain social facilities for infants; it states that provision should be made for the establishment of facilities for nursing or day care, preferably outside the undertakings where the women are working; it further states that these facilities should be financed, or at least subsidised, at the expense of the community, or by compulsory social insurance (Section III, paragraph 3 (2)). Under the 1952 Recommendation, the equipment and hygienic requirements of the facilities for nursing and day care and the number and qualifications of the staff of the latter should comply with adequate standards laid down by appropriate regulations, and they should be approved and supervised by the competent authority (Section III, paragraph 3 (3)).

1 These provisions were incorporated in the Recommendation following suggestions from the World Health Organisation, which was consulted with regard to revision of the 1919 Convention (cf. I.L.O.: Revision of the Maternity Protection Convention, 1919 (No. 3), Report VII, International Labour Conference, 35th Session, Geneva, 1952, p. 47).

2 The original text of this provision stated that facilities should be established within or near undertakings. This was amended at the proposal of the Workers' members of the Committee on Maternity, who were against tying such facilities to the undertaking, in order to allow free choice of nursery (see Record of Proceedings, International Labour Conference, 35th Session, op. cit., Appendix X, p. 554).
with regard to nursing facilities, the great majority of laws examined provide for nursing breaks during working hours, as a general rule two half-hour breaks during the day, as laid down in the 1919 Convention.

232. In some countries there is legal provision for shorter or longer nursing

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1 This is stated in the legislation of the following countries, for example: Argentina (Act No.11317, section 15); Australia (New Guinea and Papua, Native Employment Ordinances, 1958-63); Brazil (Consolidated Labour Laws, section 396); Cameroon (Western Cameroon: Labour Code, section 145; Eastern Cameroon: Labour Code, section 117, and Decree of 27 February 1954, section 24); Central African Republic (Labour Code, section 124, and Government report); Ceylon (Maternity Benefits Act, section 128); Chad (Labour Code, section 117, and Order of 1954, section 18); Chile (Labour Code, section 318, and Decree No. 3 of 1957, section 16; however, these provisions are not applicable to salaried employees, according to the Government's report); Congo (Brazzaville) (Labour Code, section 115, and Order of 25 February 1954); Costa Rica (Labour Code, section 97; the woman may, however, if she so prefers, interrupt her work for 15 minutes every three hours); Cuba (Act No. 1100, section 25); Czechoslovakia (Act No. 58 of 1964, section 10); Dahomey (Labour Code, section 117, and Order of 1954, section 18); France (Labour Code, Book II, section 54 (b) provided for two 30-minute breaks, but allowed the period to be reduced to 20 minutes in undertakings having their own nurseries, under section 54 (c); however, a circular dated 7 December 1962 gave the labour inspectors the necessary instructions to bring to the notice of employers the terms of the Convention, which has legal force in France); French overseas territories (Overseas Labour Code, section 117, and local orders applying that Code); Gabon (Labour Code, section 116, and Decree of 1962, section 16); Ghana (Labour Ordinance and Government report); Greece (Act No. 2274 of 1920 ratifying the 1919 Convention and Decree No. 31181 of 16 June 1939 issued in order to bring to the notice of labour inspectors and women workers concerned the terms of the Convention, which became law following its ratification by Greece); Guatemala (Labour Code, section 153; a woman may, however, if she so desires, interrupt her work for 15 minutes every three hours); Haiti (two 30-minute breaks per day, or 15-minute breaks every three hours under the Labour Code, section 389); Honduras (Labour Code, section 140); Hungary (Labour Code, section 98); Israel (Employment of Women Law, section 7 (c)); Italy (Act No. 860 of 1950, section 9); Ivory Coast (Labour Code, section 103, and Decree of 19 July 1954, section 18); Japan (Labour Standards Act, section 66); Luxembourg (Order of 30 March 1932, section 17 (c)); Malagasy Republic (Labour Code, section 78, and Decree of 28 March 1962, section 20); Mauritania (Labour Code, Book II, section 16, and Order of 1954, section 18); Mexico (Federal Labour Act, section 110B, and Federal Act respecting government servants); Morocco (Decree of 1947, section 20); Niger (Labour Code, section 115, and Order of 1954, section 18); Norway (Workers' Protection Act, section 34, paragraph 4); Peru (Act No. 2851, section 21); Philippines (Act No. 679, section 8 (b)); Portugal (Order of 13 January 1958; overseas provinces: Rural Labour Code, section 226); Spain (Decree of 1944 concerning employment contracts, section 168; overseas provinces: Ordinance of 24 May 1962, section 23, and Ordinance of 2 March 1954, section 80); Syrian Arab Republic (Labour Code, section 137); Tanzania (Tanganyika) (Employment Ordinance, section 84); Tunisia (Decree of 6 April 1950, section 17); Turkey (Ordinance concerning the conditions of employment of expectant and nursing mothers, section 5); Ukraine and U.S.S.R. (under section 134 of the Labour Code nursing breaks must be granted after each period of not more than three-and-a-half hours' work; their duration is fixed by works regulations and may not be less than 30 minutes); certain territories of the United Kingdom (Bechuanaland: Employment Law, 1963, section 64 (d); Mauritius: Employment and Labour Ordinance, section 22A; Solomon Islands: Labour Ordinance, section 79, paragraph 3; Swaziland: Employment Proclamation, section 43); Uruguay (Decree of 1 June 1954, section 3); Venezuela (Labour Act, section 113).

2 For example: Albania (not less than 30 minutes, Labour Code, section 72); Algeria (section 54 (c) of the Labour Code fixes each break at 30 minutes, but this may be reduced to 20 minutes in undertakings having nursing premises); Colombia (two 20-minute breaks under section 238 of the Labour Code and section 7 of Decree No. 1932 of 1938; however, a draft revised Labour Code provides for two 30-minute breaks); Dominican Republic (the woman worker is entitled to three 20-minute breaks under section 214 of the Labour Code); Iraq (section 23, paragraph 3, of the Labour Code provides for two 15-minute breaks). In Austria (under the Act of 1957, section 9) and in the Federal Republic of Germany (under the Act of 1952, section 7) women working for an uninterrupted period of more than eight hours per day are entitled to two 45-minute nursing breaks or a single 90-minute break if there are no nursing premises near the workplace; by uninterrupted period of work is meant a period not interrupted by a break of at least two hours. The Government of the Federal Republic of Germany, which is bound by the 1919 Convention (which stipulates neither the duration nor the number of nursing periods according to the working hours), states that a Bill taking into account the provisions of the Convention is before Parliament.

3 For example: Bulgaria (under section 6 of the Ordinance of 1959 concerning protection of
breaks; certain countries provide for the normal duration of breaks to be extended if
the undertaking has no premises for nursing.\textsuperscript{1} The legislation in one country\textsuperscript{2} states
that the woman may interrupt her work for 30 minutes every three hours in order to
nurse her child.

233. Legislation in certain other countries\textsuperscript{3}, although recognising the right to
nursing breaks, does not specify the duration of such breaks, leaving it to the em­
ployer—in conjunction with the workers concerned—or to works regulations to
determine what time is required for this purpose. In a number of other countries\textsuperscript{4}
there seems to be no formal provision authorising women to interrupt their work in
order to nurse their children and the reports from those countries do not always
give information on this subject. The governments of some of these countries\textsuperscript{5} state
in their reports, however, that nursing facilities are granted under individual agree­
ments, collective agreements, or national practice, whereas others confirm that there
are no provisions in this connection.\textsuperscript{6}

234. Extension of the duration of nursing breaks in special cases, subject to
production of a medical certificate, is not generally covered by national provisions;
however, some countries make explicit provision for this.\textsuperscript{7}

235. In several countries laws and regulations state that nursing breaks shall be
granted until the child reaches a specified age, which generally ranges between six
months and one year\textsuperscript{8}; in some countries the limit is fixed at 15 months or more.\textsuperscript{9}

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\textsuperscript{1} For example: Ceylon (the duration of each nursing break is not less than one hour if the
undertaking has no nursing premises); Hungary (the duration of each break may be as much as
45 minutes, depending on the distance between the workplace and the place where the child is left); Italy (the duration of breaks is extended to not less than one hour if the undertaking has no
nursing premises).

\textsuperscript{2} For example: Iran (Labour Code, section 19).

\textsuperscript{3} For example: India (the Maternity Benefit Act, section 28, paragraph 2, states that the woman
shall be entitled to two nursing breaks per day, the duration to be fixed by regulations issued by the
local authorities); Sweden (section 35 of the Workers' Protection Act, 1949, states that when the
woman nurses her child herself the time needed for this purpose may not be refused); Switzerland
(section 36, paragraph 3, of the Federal Labour Act of 13 March 1964 provides that the employer
shall grant the time needed for nursing).

\textsuperscript{4} For example: Belgium, Burma, Canada, China, Congo (Leopoldville), Cyprus, Finland,
Iceland, Ireland, Malaysia, New Zealand, Nicaragua (the Government states in its report for 1963-64
that it will take account of the provisions of the 1919 Convention, by which it is bound, when the
Labour Code is revised); Pakistan, United Kingdom, United States, Zambia.

\textsuperscript{5} Congo (Leopoldville), Malaysia (States of Malaya), certain territories of the United Kingdom
(for example British Honduras, Montserrat).

\textsuperscript{6} Belgium, Canada, Ireland, New Zealand, United Kingdom.

\textsuperscript{7} For example: Austria (Act of 1957, section 9); Bulgaria (Ordinance of 1959, section 6); Colom­
bia (Labour Code, section 238); Federal Republic of Germany (Act of 1952, section 7). The Ukraine
and the U.S.S.R. state in their reports that these breaks may be extended upon production of a
medical certificate.

\textsuperscript{8} For example: Albania (nine months or over); Brazil (six months, with possibility of extension);
Bulgaria (eight months, with possibility of extension in special cases); Ceylon (one year); Czeh­
oslovakia (six months, with possibility of extension); France (one year); Honduras (six months);
Japan (one year); Morocco (one year).

\textsuperscript{9} For example: the age limit is 15 months in Cameroon (Eastern Cameroon); Central African
Republic, Congo (Brazzaville), Dahomey, Ivory Coast, Malagasy Republic, Mali, Mauritania,
Upper Volta; it is 18 months in the Syrian Arab Republic.
MATERNITY PROTECTION

The instruments under consideration do not lay down any age limit. However, it does not seem likely that the application of this provision—provided that the limit imposed is reasonable—will entail any real restriction of women workers’ rights in practice, since increasing use is now made of artificial means of feeding, at any rate in a large number of countries.

236. In other countries, however, no such limit is imposed with regard to nursing breaks.¹

237. A large number of countries ² have laws explicitly stating that nursing breaks must be granted over and above the rest period granted to workers in general and that such breaks must be included in normal hours of work and paid as such, as laid down in the 1952 Convention. On the other hand in other countries it is not specified that nursing breaks should be remunerated.³ Certain governments state in their reports, however, that nursing breaks are not deducted from hours actually worked and are therefore remunerated, either in accordance with national practice or under collective agreements.⁴

238. With regard to nursing and child-care premises, provisions exist in a large number of countries for the establishment of nursing premises or nurseries either inside or outside the undertaking. In most cases the legal requirement is for both nursing premises and nurseries for the care of children under school age, with detailed requirements regarding conditions of hygiene and operating rules of such facilities which are almost always subject to supervision by the labour inspectorate or other competent authorities (Ministry of Labour and Public Health, etc.).

239. However, in most of these countries ⁵ the obligation to provide these

¹ For example: Austria, Chile, Colombia, Federal Republic of Germany, Ghana, Haiti, Iran, Israel, Italy, Luxembourg, Mexico, Norway, Peru, Poland, Rumania, Spain, Sweden and Venezuela.

² In particular the following countries: Albania, Austria, Byelorussia, Ceylon, Chile, Costa Rica, Cuba, Federal Republic of Germany, Guatemala, Haiti, Honduras, Hungary, Iran, Israel, Italy, Malagasy Republic, Mali, Peru, Philippines, Rumania, Spain (both the metropolitan territory and the overseas provinces), Turkey, Ukraine, U.S.S.R., Venezuela. In Yugoslavia the woman is entitled to an allowance under the sickness assistance scheme in accordance with section 66 of the Employment Relationships Act, 1957.

³ For example: Argentina, Cameroon (Eastern Cameroon), Chad, Congo (Brazzaville), Dahomey, Gabon, Ghana, India, Ivory Coast, Luxembourg, Mauritania, Morocco, Niger, Norway, Portugal, Sweden, Tanzania (Tanganyika), Tunisia and Upper Volta.

⁴ For example: Central African Republic, France, Japan. The Government of France considers that a provision requiring nursing breaks to be remunerated by the employer should be contained in agreements rather than in regulations.

⁵ For example: Argentina (Act No. 11317, section 15, paragraph 2); Brazil (Consolidated Labour Laws, sections 389, 399 and 400: these provisions call for the award of a special diploma of merit to employers who make outstanding efforts in the establishment and maintenance of special premises where workers may leave their children under supervision); Burma (under the Factories Act, 1934, as amended, section 33, an employer with more than 50 women workers may be obliged in accordance with regulations to provide special premises for the care of children aged under six); Chile (Labour Code, section 315, and Decree No. 3 of 1957 containing detailed provisions with regard to the conditions of operation and standards of hygiene and supervision of these nurseries); Colombia (Labour Code, section 283, paragraph 3); Costa Rica (Labour Code, section 100); France (under Book II, section 54 (d), of the Labour Code heads of undertakings employing over 100 women aged over 15 may be required to establish nursing premises in or near their undertakings. The conditions governing the establishment of such premises are covered by public administrative regulations adopted upon recommendation of the Central Committee for the Protection of Infants and the Industrial Health Committee); Gabon (Decree of 5 December 1962, section 16); Guatemala (Labour Code, section 155); Haiti (Labour Code, section 390; the law also states that employers may group together in order to establish central nurseries); Honduras (Labour Code, sections 140 and 142 require all undertakings to establish nursing premises and those with more than 20 female employees

(footnote continued overleaf)
facilities lies with the employer only, particularly in the case of undertakings employing a specified number of women workers (generally ranging between ten and 100, depending on the particular country). This is contrary to the 1952 Recommendation which requires such facilities to be financed or at least subsidised at the expense of the community or by compulsory social insurance. In certain cases employers may provide such facilities by using the services of assistance organisations or special centres for the protection of children with which they conclude special agreements.¹

240. There are other countries where the State finances nurseries or child-care institutes in or near undertakings.² Reports by some of these countries³ state that women workers may be required to make a reasonable contribution to the cost of these facilities in proportion to their wages but that this is not always the case.

241. In addition to the nurseries and child-care facilities mentioned above, many countries also have a well-developed network of public facilities for the care of infants and other children under school age, especially under social welfare legislation.⁴

242. These facilities are largely financed through public—State or municipal—funds, but they may also operate on the basis of funds supplied by official bodies such as the various child-protection organisations⁵, under an insurance scheme⁶ or on a co-operative basis.⁷

to provide a nursery); India (under the Plantation Labour Act, 1951, an employer with more than 50 women workers is required to establish nurseries for children aged under six); Iran (Labour Code, section 19); Italy (Act No. 860 of 1950, sections 11 and 12 require an employer with more than 30 married women workers not aged over 50 to establish nursing premises or other premises close to the workplace for children aged under three; the labour inspector may also take steps to bring about the establishment of joint nurseries by more than one undertaking, their operation being subject to supervision by the labour inspectorate); Ivory Coast (Order of 19 July 1954); Malaysia (States of Malaya: Labour Code); Mali (Order of 1954, section 18); Morocco (Decree of 1947, section 21); Niger (Order of 1954, section 18); Pakistan (section 12 of the Ordinance of 1962 concerning conditions of work in tea factories and plantations provides that the provincial government may issue regulations requiring an employer with more than 40 women workers to establish premises for children aged under six); Philippines (Act No. 679, section 8 (e)); Portugal (Decree of 14 April 1891); Spain (Government report); Syrian Arab Republic (Labour Code, section 139); Tunisia (Decree of 1950, section 17); Upper Volta (Decree of 17 August 1962); Venezuela (Labour Act, section 112).

¹ This applies in particular to Brazil (Consolidated Labour Laws, section 397); Colombia (Labour Code, section 238); Italy (under section 11 of Act No. 860 of 1950 the labour inspector may release the employer from the obligation of establishing nursery premises or nurseries if the women workers he employs can use the services of nurseries administered by assistance organisations, provided that the employer contributes to their financing).

² For example: Bulgaria (Government report); Byelorussia (Order of the Council of Ministers dated 13 October 1956, section 11, and Ukase of 8 July 1944); Hungary (Decree No. 128 of 1956); Poland (Act of 21 August 1959); Rumania (Decision No. 586 of 1951 of the Council of Ministers as amended in 1953 and Decision No. 3790 of 1953); Ukraine and U.S.S.R. (Order of the Council of Ministers dated 13 October 1956, section 11, and Ukase of 8 July 1944); Yugoslavia (Government report).

³ Hungary, Poland, Rumania, Ukraine.

⁴ Particularly in Denmark (Act of 31 May 1961 respecting the welfare of infants and young persons); in Finland (Act of 31 March 1944 concerning communal maternity and children’s centres); and in Norway (Act of 17 July 1953 concerning welfare of infants and the Social Assistance Act which came into force on 1 January 1965, amending previous legislation on this subject).

⁵ For example in certain Latin American countries and the Philippines.

⁶ For example in Mexico and the United Kingdom.

⁷ For example in Denmark, Norway and Sweden.
243. In certain countries nurseries and child-care facilities have been developed to a remarkable extent.\(^1\)

244. In the countries which have ratified the Maternity Protection Conventions, application of the provisions with regard to nursing facilities has not given rise to any particular difficulties. Certain States which have ratified the 1919 Convention have, however, been required to bring their legislation into line with its provisions in order to comply with observations by the Committee of Experts.

**CONCLUSION**

245. Measures concerning nursing facilities for women resuming their employment and the establishment of social services for infants occupy an important place in any well-conceived maternity protection scheme.

246. It has been shown above that in most countries these two aspects of the question are regulated by law.

247. Nursing breaks are provided by law in a very large number of countries. In most of these countries the duration and frequency of breaks are fixed in accordance with the provisions of the 1919 Convention; in only a few cases are the provisions so worded as to allow for particular conditions which may sometimes demand longer or more frequent breaks. In certain cases it is left to works regulations or the employer, in conjunction with the worker concerned, to settle the details, while the woman's right to interrupt her work is fully recognised and the duration or minimum number of breaks authorised is sometimes laid down.

248. Some degree of flexibility is needed in this regard in order to allow for the needs of infants and mothers and for the facilities provided for them. Breaks must be given at sufficiently regular intervals and must be long enough, but they will obviously be shorter if suitable premises, with the necessary facilities, are available near the workplace. It must not be forgotten that the disadvantages with regard to output and the additional financial burden involved in such breaks for the undertaking are diminishing since working mothers tend more and more to feed their children by artificial means.

249. With regard to remuneration in respect of nursing breaks, it has been shown in the preceding paragraphs that the law states in many countries that such breaks shall be included in effective hours of work and remunerated as such. In some countries where no formal provisions exist to this effect, the subject is governed by collective agreements. However, there are some countries where neither legislation nor government reports state whether such breaks are remunerated.

250. Finally, in a number of countries there is legal provision for nursing premises or nurseries, either attached to the undertaking or in the vicinity. The 1952 Recommendation provides that such facilities should, where possible, be established

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\(^1\) For example in Byelorussia, Denmark, Hungary, Poland, Rumania, Sweden, Ukraine and the U.S.S.R. The Government of the Ukraine states in its report that in 1963 there were 208,300 children cared for in nurseries and 773,600 in child-care institutes and that it is hoped that the number of places available will amount to 1,115,000 in 1965; the total is 1,200,000 for collective farms. The Government of the U.S.S.R. states in its report that the total of children cared for in nurseries amounted to 1,491,000 and in child-care institutes 4,813,000 representing a total of some 6.3 million in 1963 as against 5 million in 1961.
outside undertakings in order to avoid tying such facilities to the undertaking, thereby safeguarding freedom of choice. In such instances public nurseries are called for rather than factory or shop nurseries; public nurseries generally situated near dwellings in an area that is more likely to offer healthy conditions have the advantage that children do not have to be transported to the detriment of their health, but they do not always overcome the problem of distance for the mother, particularly when she herself is nursing her child.

251. It has been pointed out that in most countries the employer finances such facilities. However, in many cases the public services and municipal authorities or other official bodies (e.g. insurance institutes, child-protection organisations) cover the cost either wholly or for the greater part, as provided for in the 1952 Recommendation.

252. In almost all cases the organisation and operation of such facilities are subject to health standards approved by the competent authorities, which also ensure the necessary supervision.
CHAPTER VII

PROTECTION OF WOMEN'S HEALTH DURING MATERNITY

253. If a woman's pregnancy and confinement are to be normal it is essential that her health and therefore that of her child should be as good as possible. This condition can only be achieved if during pregnancy and for some time after confinement (especially if a mother nurses her own child) she is protected against undue fatigue and is only employed on jobs which are compatible with her condition and do not involve any occupational hazards.

254. The Recommendation of 1952 (Section V, paragraph 5) gives details of a series of measures to protect women's health during this period. It states in particular that night work and overtime work should be prohibited for pregnant and nursing women and that their working hours should be planned so as to ensure adequate rest periods. The Recommendation also states that the employment of a woman on work prejudicial to her health or that of her child as defined by the competent authority should be prohibited during pregnancy and up to at least three months after her confinement and longer if the woman is nursing her child. This prohibition should cover any strenuous labour involving heavy weight-lifting, pulling or pushing, undue and unaccustomed physical strain, including prolonged standing, any work requiring special equilibrium and work with vibrating machines.

255. The above-mentioned Recommendation also states that any woman ordinarily employed at work defined as prejudicial to health by the competent authority should be entitled without loss of wages to a transfer to another kind of work not harmful to her health. In addition, this right of transfer should be given for reasons of maternity in individual cases to any woman who presents a medical certificate stating that a change in the nature of her work is necessary in the interest of her health and that of her child.

256. Special measures to safeguard the health of mothers both before and after confinement are to be found in the legislation of many countries. Protection before confinement usually applies to the whole period of pregnancy but sometimes only covers the last few months. In several

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cases \(^1\) protection after confinement is limited to women who are nursing their children and depends on the length of time that they do so. In other cases \(^2\) it applies to women returning from maternity leave, whether or not they are nursing their children, and may cover a fairly long period after confinement or resumption of work; the period varies from a few weeks to a year, depending on whether a woman nurses her child or not. In a few other countries, however, protection only covers the period of pregnancy. \(^3\)

257. Special protective measures often involve a prohibition of night and overtime work. \(^4\) Many countries also forbid the employment of a woman before or just after confinement in certain arduous or dangerous jobs which are specified in detail. \(^5\)

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\(^1\) For example, in the following countries: Albania, Byelorussia, Federal Republic of Germany, Hungary, Kuwait, the Netherlands, Portugal (Overseas Provinces), Rumania, Turkey, Ukraine, U.S.S.R. and Yugoslavia.

\(^2\) For example, in the following countries: Austria (as regards the prohibition of employment in dangerous or unhealthy jobs; in other cases protection only applies to nursing mothers), Bulgaria, Cameroon (Eastern Cameroon), Chad, Chile, Congo (Brazzaville), Dominican Republic, Gabon, Haiti, Italy (protection extends for three months after confinement but for seven if a woman is nursing her child), Ivory Coast, Malagasy Republic, Mali, Mauritania, Niger, Poland.

\(^3\) For example, in the following countries: Austria (Act of 1957, sections 6 and 8; section 7 also forbids work on Sundays and public holidays but allows certain exceptions in the latter case; the Agricultural Labour Act, 1948, section 75, contains similar prohibitions); Byelorussia (Labour Code, section 4); Bulgaria (Labour Code, section 131); Hungary (Labour Code, section 8; the prohibition covers a period of ten months but may be extended on a doctor's recommendation if the mother is nursing her child); Chile (Act No. 11462, amending the Labour Code, section 314); Colombia (section 242 of the Labour Code only forbids night work in excess of five hours); Federal Republic of Germany (the Act of 1952, section 8, also forbids any work on Sundays and public holidays but this does not apply to female domestic servants, although it does make provision for the protection of women home workers and similar categories); Hungary (Labour Code, section 95, sub-section 3 (a)); Israel (Employment of Women Law, section 10); Poland (Act of 1924 as amended in 1948 and 1951, section 16, sub-section 7; the prohibition covers the period between the sixth month of pregnancy and one year after confinement); Portugal (Overseas Provinces: Rural Labour Code, section 230, and Order No. 2542 of 1958, section 5, for São Tomé and Principe); Rumania (Labour Code, section 91); Ukraine and the U.S.S.R. (Labour Code, section 131); Yugoslavia (Employment Relationships Act, sections 71 and 72).

\(^4\) For example, in the following countries: Albania (Labour Code, as amended, section 56); Austria (Act of 1957, sections 6 and 8; section 7 also forbids work on Sundays and public holidays but allows certain exceptions in the latter case; the Agricultural Labour Act, 1948, section 75, contains similar prohibitions); Byelorussia (Labour Code, section 4); Bulgaria (Labour Code, section 131); Greece (Labour Code, section 4); Hungary (Labour Code, section 8; the prohibition covers a period of ten months but may be extended on a doctor's recommendation if the mother is nursing her child); Italy (Act of 1957, sections 4 and 5, subsection 4). These provisions contain a detailed schedule of prohibited jobs which goes further than the Recommendation; they also forbid the employment of an expectant mother in any job liable to expose her to the harmful effects of noxious substances or radiations, dust, gases or fumes, heat, cold, dampness; nursing mothers are covered by some of these prohibitions. In addition, the Federal Minister of Labour may impose further prohibitions and labour inspectors may forbid the employment of women in certain jobs in special cases; Chile (section 314 of Act No. 11462 contains a list of prohibited jobs which corresponds to the requirements of the Recommendation); Federal Republic of Germany (Act of 1952, sections 4 and 6, subsection 3—see Austria); India (Maternity Benefit Act, section 4 (3): the prohibition applies to certain dangerous or arduous jobs entailing undue physical exertion and a woman may only be exempted from this prohibition on her own request); Italy (Act No. 860 of 1950, section 4); Kuwait (Government's report); Mexico (section 110 of the Federal Labour Act contains a schedule similar to that of the Recommendation); Netherlands (the Order of 30 August 1957 concerning employment in agriculture, which amends the Order of 1920, forbids in section 67 (c) the employment of women in certain agricultural jobs involving the handling of poisonous or corrosive substances); Norway (under the Order of 31 March 1916 the prohibition applies to certain harmful jobs which are listed in the order); Portugal (the Order of the Council of Ministers dated 28 February 1951 listing the forms of employment forbidden to women in general includes the lifting, carrying and transport of loads of any kind in the case of expectant or recent mothers); Philippines (section 13 of Act No. 679 forbids the lifting of loads); Portugal (Overseas Provinces: São Tomé and Principe—Order No. 2542 of 1958, section 4; Cape Verde: Legislative Decree No. 1300 of 9 February 1957, section 130); Venezuela (section 108 of the Labour Act and section 59 of the Regulations governing employment in agriculture forbid any work which involves undue physical exertion or might cause miscarriage or prevent the normal development of the
and which by and large correspond with those covered by the 1952 Recommendation. The legislation of certain other countries 1 which forbid the employment of women in arduous, dangerous or unhealthy jobs, does not define them; in several cases legislation leaves the definition to be made in administrative regulations, while in others it refers back to the definition given in legislation governing the employment of women and children in general. In one State 2 the law stipulates that no woman may be assigned to dangerous jobs involving undue physical exertion which might prove harmful to her health because of “special circumstances” of a personal character.

258. In the case of women who are normally employed in jobs which are recognised to be dangerous to health, the legislation of many countries 3 specifically entitles them to be transferred without loss of pay to other jobs which involve no danger.

259. As stated above, the Recommendation of 1952 also allows a woman to be transferred to another job if she submits a medical certificate stating that a change in the nature of her work is necessary in the interest of her health and that of her child. This clause is designed to protect a woman worker irrespective of the nature of her job. Some countries which make special provision for the protection of women’s health also allow transfers to be made in individual cases 4 in accordance with the Recommendation. In two other States 5 transfer may, in individual cases, be one of the measures an employer is required to take by law to protect the health of a woman whose capacity for work is reduced during pregnancy and the first months following her confinement. Such steps are taken on the recommendation of a labour inspector following production of a medical certificate.

unborn child); Yugoslavia (the Employment Relations Act, section 74; nevertheless, a labour inspector may decide to waive this prohibition if the harmful consequences have been eliminated by the introduction of automatic or mechanised processes). The legislation of most of the French-speaking African States (for example Cameroon (Eastern Cameroon): Order of 25 February 1954, section 20; Congo (Brazzaville): Order of 25 November 1954, section 20; Gabon: Decree of 5 December 1962, section 18; Ivory Coast: Order of 19 July 1954, section 20; Malagasy Republic: Decree of 28 March 1962, section 6; Mali: Order of 19 July 1954, section 20; Mauritania: Order of 19 July 1954, section 20; Niger: Order of 19 July 1954, section 20; forbids the carrying, pushing or dragging of any load by women during pregnancy or the three months following resumption of work after confinement. Section 47, Book II, of the Mauritanian Labour Code also stipulates that expectant mothers may not be employed on jobs which are beyond their strength or are physically or morally harmful.

1 For example: Bulgaria (Ordinance of 1959, section 4); Colombia (Labour Code, section 242, and Act No. 53 of 1938, section 7, for the public sector); Finland (Decree of 18 August 1917, section 7, and Act No. 605, section 9); Haiti (Labour Code, section 388); Hungary (Labour Code, section 95, paragraph 1); Portugal (Overseas Provinces: Angola: Legislative Decree of 5 June 1956, section 84); Rumania (Labour Code, section 88); Turkey (Regulations concerning the conditions of employment of expectant and nursing mothers, sections 2 and 3; however, this prohibition only applies if a doctor certifies that such jobs would be harmful to a woman’s health).

2 Spain (Decree of 26 July 1957).

3 For example: Austria, Bulgaria, Chile, Italy, Poland, Portugal, Rumania, Yugoslavia.

4 For example: Argentina (Decree No. 8567 of 22 December 1961 concerning leave in the civil public administration, section 19); Byelorussia (Labour Code, section 132, as amended by Act dated 10 May 1937); Haiti (Labour Code, section 387, which states that should a transfer be impossible, a woman is entitled to 90 days’ unpaid leave without prejudice to her entitlement under the maternity leave regulations); Hungary (Labour Code, section 95, paragraph 3); Japan (Labour Standards Act, section 65); Ukraine and U.S.S.R. (Labour Code, section 132, as amended by Act dated 10 May 1937, and Government’s report). According to an interpretation by the Secretariat of the Central Council of Trade Unions, such a transfer may take place if a woman is prevented from nursing her child in her usual job or has no facilities to do so).

5 Austria and Federal Republic of Germany.
260. In some other countries women are covered by a general provision which empowers a labour inspector to order a woman to be examined (at her own request) by an approved doctor in order to ascertain whether her work is beyond her strength; if the examination shows conclusively that this is the case, she may be assigned to some other suitable job. Should transfer be impossible, her contract of employment is terminated with payment of a severance grant. In the case of expectant mothers, termination of the contract does not affect entitlement to maternity benefits.

261. Moreover, in some countries the legislation states that a woman who is expecting or nursing a child may not be required to work without her consent elsewhere than at her normal place of work.

262. Lastly, most governments in their reports mention general provisions for the protection of women workers, such as the prohibition of night work and employment in dangerous and unhealthy jobs and state that these safeguards also apply to women during maternity. Such general provisions would not seem, however, in most cases to satisfy the requirements of the Recommendation.

CONCLUSION

263. Special measures for protecting the health of women workers during maternity thus exist in many countries. These measures usually involve the prohibition of night work and overtime or the performance of certain jobs that are particularly dangerous during pregnancy, viz. those that entail undue physical exertion or are performed in such conditions that they endanger the health of a woman and her child.

264. The right of a woman who is usually employed in jobs considered to be dangerous to be transferred to lighter work without loss of earnings is to be found in the legislation of a smaller number of countries; the same applies to the opportunity for transfer whenever the health of a woman and that of her child require a change of job. The absence of such measures in the legislation of several countries may be due to the financial and administrative difficulties of such transfers, especially in countries which are not yet fully industrialised and whose economies are largely based on small-scale industries.

265. In examining the effect given by the national legislation to the 1952 Recommendation it is, however, important to bear in mind that most of these countries possess general legislation for the protection of women workers which in most cases forbids their employment at any time (and not only before and after childbirth) by night, on overtime and in certain dangerous or unhealthy jobs—which to some extent correspond with the prohibitions of the Recommendation itself.

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1 For example, in some of the French-speaking African States under a clause taken over from the former French Overseas Labour Code, which applies to the employment of women and children in general.

2 For example: Bulgaria (Labour Code, section 11); Byelorussia (Labour Code, section 133); Hungary (Labour Code, section 95, paragraph 2); Rumania (Labour Code, section 80, paragraph 2); Ukraine and U.S.S.R. (Labour Code, section 135).
CHAPTER VIII

GENERAL CONCLUSIONS

DIFFICULTIES AND PROGRESS IN IMPLEMENTING MATERNITY PROTECTION STANDARDS

266. Despite the undoubted influence of international standards of maternity protection on the legislation of individual countries, the 1919 and 1952 Conventions containing these standards have not, as seen above, secured as many ratifications as might have been expected in view of the fundamental human and social importance of the question.

267. How can this be accounted for? It has sometimes been argued that these instruments are lacking in flexibility, that their scope is too wide, that they set standards that are far too high for most countries and that they should therefore be revised if they are to obtain official acceptance by a larger number of States.

268. The analysis of the position in various countries, as carried out in the foregoing chapters, has made it apparent that a number of difficulties stand in the way of complete application of these standards—both in the countries which have ratified the Conventions and in those that have not. The points on which national legislation in many countries appears to diverge from international standards and the progress that has been made in implementing these standards are dealt with below.¹

269. One of the stumbling blocks for many countries is the scope of the revised Convention of 1952. While it is true that the maternity protection legislation of the great majority of countries applies to women workers in industry and commerce (even if these activities are not always defined in such a way as to cover all the occupations referred to by the two Conventions), the fact remains that women employed in agriculture, domestic service and home work are often not covered. In recent years substantial progress has been made in extending the coverage of maternity protection schemes to workers of this type but even so, many countries, especially those that are economically less advanced, give no protection to women workers in these occupations. Some governments (Canada, China, Ghana, Malaysia (Singapore), Morocco, Venezuela) which have mentioned this difficulty as an obstacle to ratification declare that their legislation does not make provision for these workers because they are few in number, or because they usually work on a part-time basis only; or yet again because heavier expenditure under this heading cannot at present be afforded either by governments or employers in view of the country’s economic situation. Nevertheless, a few of these governments (Ghana, Venezuela) state that if they do ultimately decide on ratification they might, in the case of these women workers, make use of the opportunities for exceptions permitted by Article 7 of the 1952 Convention, which also covers certain other classes of workers such as those employed

¹ The considerations which follow do not touch upon any difficulties encountered in the various countries as regards the practical implementation of maternity protection provisions; as indicated earlier, very few governments have in fact supplied information of this nature.
in various non-industrial occupations and in transport undertakings. The question of protection for this latter class of women workers is in fact the obstacle mentioned by one government (Norway), whereas another (India) refers to the difficulty of applying the maternity protection standards to all the women employed in the construction industry. Four other States (Belgium, Finland, Luxembourg, Pakistan) also ascribe their non-ratification of the 1952 Convention in part to its unduly wide scope. The Turkish Government hopes that the agricultural labour code, now in preparation, will contain clauses on maternity protection which will give coverage to women employed in agriculture. Similarly, the recently passed new social insurance legislation will extend coverage to women mainly engaged in clerical work.

270. In almost all the countries examined the law makes no distinction on the basis of age, race, nationality, creed or marital status, although the countries that have, as well as those that have not, ratified the Conventions have encountered some difficulties in applying them to women who, because of their high earnings, do not qualify for membership of national insurance schemes; a ceiling on earnings, which is fairly frequent in many insurance schemes, is not permitted by the Conventions in question. This is a point which deserves further attention. It is worth mentioning that the government of one State (Netherlands) reports that the only obstacle to ratification of the 1919 Convention is the ceiling on earnings fixed by national legislation, but that a Bill to abolish this ceiling has been placed before Parliament.

271. The chapter on maternity leave showed that entitlement is recognised either by law or by non-statutory practice in almost all the countries examined. It also showed that in 89 of these countries normal leave is equal to or longer than the standard of 12 weeks set by the Conventions. Even in the few countries where the standard has not yet been officially achieved, administrative circulars or collective agreements provide for leave which is longer than that required by law and approaches the international standard—at least in the case of the classes of workers who usually account for the bulk of the female labour force. In most of the countries examined postnatal leave is compulsory either by law or in accordance with national practice; some countries even go beyond the requirements of the Conventions by making all or part of the antenatal leave compulsory (usually two weeks).

272. The 12 weeks' standard, which when the 1919 and even the 1952 Conventions were adopted, was still an objective to be aimed at, would thus no longer appear to form an obstacle to ratification of these Conventions, at least by the great majority of countries. However, the governments of some States have reported that they have some difficulty in applying the standard because their own legislation prescribes a shorter period (China, Congo (Leopoldville), Costa Rica, Finland, Portugal, Rwanda) or only makes postnatal leave compulsory with respect to certain categories of work (Sweden). On the other hand, the Portuguese Government mentions that the length of the leave is now being examined in connection with the preparation for a new law on contracts of employment, and that if this change is made there would be no further obstacle to ratification of the 1919 Convention. The Polish Government states that one difficulty arises out of the fact that its legislation stipulates that at least eight of the 12 weeks' leave must be taken after and two before confinement. However, this stipulation does not constitute a real difficulty in the case of the 1952 Convention which provides that a minimum of six weeks must be taken after confinement and the remainder may be taken in the way prescribed by national legislation.

273. Apart from some exceptions, there do not appear to be any serious difficulties in the way of applying the provisions concerning the extension of leave. In certain countries where the law does not specifically allow antenatal leave to be
extended in the event of a mistake by the doctor in estimating the date of confinement, this requirement is complied with in practice because the normal period of leave is longer than the international standard and maternity benefit is payable on production of a medical certificate requiring a woman to suspend her employment, and continues to be paid throughout her leave. This is in any event a point which can be regulated by administrative means. Extension in the event of sickness is specifically provided for in the legislation of the great majority of countries. It is true that some States (Austria, France, Morocco, Norway, Sweden) declare that the fact that their legislation does not provide for extension of ante-or postnatal leave in the form of additional maternity leave but only in the form of sick leave would constitute an obstacle to ratification of the 1952 Convention. It would appear however—as was stated earlier—that this provision of the Convention does not specifically refer to the granting of additional maternity leave as such, but to appropriate sick leave which will protect a woman in the event of complications due to pregnancy or confinement.

274. As regards maternity benefits, the chapter on this question showed that in the majority of cases they are paid through a compulsory insurance scheme and that there are only subsidiary contributions from public funds. Nevertheless, medical benefits are sometimes principally supplied through an assistance scheme or through public dispensaries and hospitals, especially in countries which do not yet possess social security schemes. As a rule, cash benefits are payable for the duration of maternity leave and, in fact, this provision of the Conventions is implemented in most cases because, as has been seen, the leave itself is very often equal to or longer than 12 weeks. Some governments (Finland, Morocco) state, however, that their legislation provides for payment of benefits for less than the period prescribed in the international standard, and that this constitutes one of the main obstacles in the way of ratification.

275. The relatively high level of benefits is regarded by some States (Belgium, Central African Republic, Finland, France, Ivory Coast, Morocco, Niger, Switzerland and in some respects Austria) as an obstacle to ratification of the 1952 Convention, but it would be difficult to make any international comparisons on the subject owing to the variety of factors taken into account by different countries in defining remuneration and the differences between the methods employed in calculating benefits. It has, however, been found that in countries where benefits are related to previous earnings they often exceed the level required by the 1952 Convention, e.g. in 30 countries they vary between 66 and 100 per cent. of the basic wage or of the average wage received during the months immediately preceding suspension of employment. Mention should also be made of the many other countries where a woman is entitled not only to a maternity benefit as such but to other cash benefits, such as an antenatal allowance, a maternity allowance or grant, confinement grant, etc.; these benefits, taken in conjunction with the maternity benefit itself, equal and sometimes exceed the two-thirds of previous earnings stipulated by the 1952 Convention. Nor should it be forgotten that this level is only required when previous earnings are used as a basis for calculating cash benefits and that in several countries the level of benefit is calculated on another basis unconnected with the level of remuneration. Legislation which employs such a system would not, therefore, be incompatible with the Convention, since the latter allows States which have ratified it to calculate benefit on a basis other than previous earnings, on condition that these benefits are sufficient for the full and healthy maintenance of a woman and her child in accordance with a suitable standard of living.

1 The Government of this State declares, however, that a study is to be made shortly to explore the possibility of applying the Convention on this point.
276. As regards medical benefits, national legislation appears on the whole to meet the standards of these instruments, although a few States (Israel, Finland, Morocco) have indicated that they have encountered some difficulties in applying the principle of granting free benefits under their insurance schemes.

277. As was also seen, insurance schemes in many countries impose certain conditions as to qualifying periods which tend to be less strict in the case of medical benefits. Qualifying periods are permitted by these instruments provided women who do not fulfil the conditions are granted benefits out of the public funds or by means of a system of assistance, as is the case in a large number of countries.

278. The prohibition on making the employer liable for maternity benefits, which is designed—as was stated earlier—to prevent any discrimination in the employment of women, has often been regarded as a major difficulty in the way of fully applying or in ratifying these Conventions. This consideration, which may have been valid a decade ago in many countries, tends gradually to diminish in importance. The chapter dealing with benefits showed that there are only 13 States and a few territories where employers nowadays bear the full cost of the benefits. In the other cases, they only supplement the benefits provided by insurance schemes, either by augmenting social security benefits (often so as to bring them up to 100 per cent. of earnings) or alternatively by extending coverage to women workers who, for one reason or another, are not covered by the insurance scheme. The latter case represents in any event a temporary arrangement and will come to an end as social security schemes become comprehensive—which in most countries is being done by stages because of economic and administrative difficulties. It is worth noting in this connection that among the countries which have described the cost of an insurance scheme for the time being as an obstacle to ratification, the Philippines Government has stated that amendments to existing legislation are now being studied and when carried out will enable the Government to consider ratification of both the 1919 and 1952 Conventions. Similarly the Brazilian Government, which had to denounce the 1919 Convention for the same reason but has subsequently passed new social security legislation, now states that a legislative decree involving, inter alia, ratification of the 1952 Convention has been passed by the Chamber of Deputies and is due to be placed before the Senate shortly. Lastly, the Governments of British Guiana and the Fiji Islands are also planning to take steps to implement these Conventions; the Governments of Barbados and Brunei intend shortly to introduce a social security system.

279. Another provision which in practice has led to a certain amount of difficulty or may have constituted an obstacle to ratification is the clause which absolutely forbids dismissals during a woman's absence on maternity leave or during any extension of that leave. There has been some doubt as to the need to maintain such a provision at the present time on various grounds, such as the fact that under the legislation of most countries, termination of a contract of employment can only take place for a valid reason and in accordance with a prescribed procedure; that the danger of discrimination against women employees is thought to be decreasing in view of the substantial increase in the employment opportunities open to them; and that such a prohibition might place an undue burden on employers. However, these hesitations do not appear to be warranted when it is borne in mind that the protected

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1 During meetings of the two committees set up respectively to draft and revise the 1919 Convention and at the plenary session of the Conference when the Conventions were adopted.

2 Cameroon (Western Cameroon), Congo (Leopoldville), Ghana, Jordan, Kenya, Kuwait, Malaysia, Malawi, Philippines, Syrian Arab Republic, Tanzania and the following territories of the United Kingdom: Fiji, Montserrat, Southern Rhodesia, Solomon Islands, Swaziland.
period is relatively short—12 weeks in principle—and that it is absolutely essential not only to ensure that a woman’s job is kept open during a period of such importance for her, but also to spare her any material and psychological worries which might harm her health and that of her child.

280. The advantages of imposing an absolute ban on dismissals during this period were touched upon in the chapter on job security. Suffice it to recall here that this provision, which may initially have caused some difficulty, is now in fact applied to a large extent both by the countries that have and those that have not ratified the Conventions. The chapter in question also showed that even in certain countries where the prohibition of dismissal does not appear to be made absolute by a specific provision, dismissal is—according to these governments themselves—completely forbidden in practice because, under national legislation, legitimate grounds for dismissal do not normally exist if an employee is not actually working, as when a woman is on maternity leave. Nevertheless, a certain number of countries mention this provision as an obstacle to ratification (Austria, Belgium, Finland, Federal Republic of Germany, Sweden, United Kingdom).

281. Furthermore, in most of the countries examined, protection against dismissal extends over a far longer period and usually covers the whole of pregnancy and several months after confinement, as provided by the 1952 Recommendation. During this additional period of protection, dismissal may not take place because a woman is expecting or nursing a child, although it may be authorised on certain grounds which are considered to be legitimate, e.g. if a woman is guilty of serious misconduct or if the employer goes out of business. Absolute protection against dismissal during the limited period of maternity leave, supplemented by relative protection for a longer period, represents the situation which actually exists in a large number of countries. This is, moreover, the solution recommended by the Plantations Convention, 1958 (No. 110).

282. Application of the provisions on nursing breaks does not appear to have encountered any serious difficulties. As has been seen, the legislation of very many countries prescribes the length and frequency of these breaks in accordance with the standards of the 1919 Convention. In few countries is it worded in such a way as to take account of special situations which might in certain circumstances require adjustments in the duration or frequency of the breaks. A certain amount of flexibility would therefore seem to be necessary on this point, in view of the fact that allowance must be made for the needs of mothers and their children and for the nature of the facilities available to them (nursing rooms near the place of work or public nurseries and, in the latter case, the distance between the place of work and the nursery or the mother’s home).

283. In most countries legislation stipulates explicitly that nursing breaks must be reckoned as working time and paid as such. In a few countries there are no provisions on the subject. In the opinion of some governments (Belgium, Finland, France, Sweden) this constitutes a difficulty; but in these countries the question would appear to be regulated by collective agreement and this is not incompatible with the 1952 Convention. It has also been seen that the legislation of very many countries contains special provisions dealing with nurseries and other facilities, which thereby give effect to the provisions of the 1952 Recommendation.

284. The same applies to the standards for the protection of women’s health during maternity; a large number of countries have passed special legislation forbidding night work, overtime and certain dangerous jobs during pregnancy and for
a certain length of time thereafter, as well as providing for the transfer of women to other jobs without loss of pay whenever their present jobs might be liable to impair their health or that of their children.

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285. The foregoing shows that very considerable progress has been made in the field of maternity protection. It is true of course that there still exist difficulties, particularly in the developing countries, but these difficulties are due to such a variety of factors that any possible revision of the instruments concerned would not appear, at first sight, to provide a solution. On the whole, the standards laid down in these instruments seem to have a solid international basis and their full application can only be achieved gradually.

286. It does not seem, from the obstacles mentioned by the governments or from the examination of the position in the various countries, that undue rigidity in the terms of the Conventions or any fundamental divergencies between them and national law have emerged as the essential reason to which the limited number of ratifications of these Conventions might be ascribed. In some cases ratification appears to be held up by fear that divergencies may exist on secondary points—a fear which, as has already been seen, is not always justified. Some governments state that the difficulties which prevent or delay ratification arise mainly out of the federal structure of their countries (Cameroon, Switzerland) or certain distinctive features of their legislative system (Denmark). In certain cases, the slowness of parliamentary proceedings must also be taken into account. A number of governments (Afghanistan, Cameroon (Western Cameroon), Cyprus, Jamaica, Jordan, Kuwait, Sierra Leone, some territories of the United Kingdom) state that for the time being it is impossible, in view of their economic situation and the very limited number of women employees, to improve their systems of protection and to adopt measures which would enable them to consider ratification of these Conventions.

287. Other governments, however, consider that ratification of the 1919 Convention (Congo (Leopoldville), Ghana, Mexico) or of the 1952 Convention (Dominican Republic, Spain) would not encounter any serious obstacles.¹ The Government of Guatemala states that it has consulted the appropriate authorities regarding ratification of the revised Convention of 1952. Similarly, the Italian Government intends very shortly to set in motion the procedure for ratifying this Convention. Other governments consider that their legislation gives effect to all the provisions of the Conventions (Dahomey, Iran, Mauritania).

288. Thirty-five governments ², some of which have and some of which have not ratified the Conventions, state that their legislation is inspired by the international standards or has been amended in several respects in order to take account of all or some of these standards.

¹ In Spain a Bill for the ratification of the 1952 Convention has already been prepared and is to be placed before the Cortes shortly.
² Cameroon (Western Cameroon), Central African Republic, Ceylon, Chad, Chile, Colombia, Congo (Leopoldville), Finland, Gabon, Federal Republic of Germany, Ghana, India, Italy, Ivory Coast, Mali, Mauritania, Mexico, Nigeria, New Zealand, Norway, Pakistan, Philippines, Portugal, Spain, Syrian Arab Republic, Tunisia, Turkey, United Kingdom and the following United Kingdom territories: Bechuanaland, Gambia, Gibraltar, Southern Rhodesia, Solomon Islands, Swaziland. In Rwanda a draft labour code now being adopted reproduces the main provisions of the Conventions concerned.
289. The governments of certain countries (Afghanistan, Burma, Chad, Ethiopia, Finland, Mexico, Tunisia) state that they intend to make further changes in their legislation in the near future so as to give effect to the Conventions and in some cases draft legislation has already been prepared and submitted to the legislature. The Belgian Government indicates that a Bill modifying the legislation on women workers is now being considered with a view to bringing it eventually into line with the Conventions in question.

290. In view of the statements of the foregoing governments and the fact that in many cases national legislation contains standards equal to or even higher than the international standards, there is every reason to believe that the Conventions on maternity protection may receive some additional ratifications in the years ahead. Such progress would be in conformity with the wish expressed by the Conference which, as indicated above, adopted a resolution in 1964 noting the small number of ratifications and appealing to the States members of the I.L.O. “to take all possible measures to guarantee the application of these provisions [of the Conventions] to all women workers”.

CONCLUDING OBSERVATIONS

291. Maternity protection nowadays occupies an important place in labour and social security legislation.

292. There has been a marked trend towards the introduction of new measures or the improvement of existing standards in very many countries in recent years. This has taken the form of a whole series of measures involving:

(a) the extension of coverage to new groups of women workers who had traditionally been excluded from this type of regulation;

(b) increases in the length of leave;

(c) the introduction of social security schemes;

(d) the strengthening of existing schemes by increasing benefits or improving medical care;

(e) the guarantee of job security;

(f) the provision of facilities for nursing children in hygienic surroundings; and

(g) the introduction of special safeguards to protect the health of both mother and child during the critical period of pregnancy and the time immediately following confinement.

293. Of course the immense progress made in this field, as described in this report, may to a large extent be attributed to the economic and social development that has taken place in so many countries over the past decades. It would, however, be difficult to question the fact that, by providing a coherent set of standards, the international instruments on maternity protection have given a strong impulse to a large number of States which have progressively introduced or improved their own regulations on the subject in order to bring them in line with these standards. This is an achievement which the number of ratifications by itself cannot reflect to any full extent.

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LEGISLATION CONSULTED

ALBANIA

Act No. 2250 of 3 April 1956 to promulgate a Labour Code (Gazeta Zyriare e Republikës Populllore të Shqipërisë, 20 April 1956, No. 4; L.S.* 1956—Alb. 2), as amended by Decrees Nos. 3101 of 9 May 1960 (L.S. 1960—Alb. 1) and 3484 of 9 April 1962, sections 56, 72, 85 and 91 (Gazeta Zyriare, 20 May 1962, No. 4).

Act No. 2803 of 4 December 1958 respecting state social insurance (Gazeta Zyriare, 10 December 1958, No. 14).

ALGERIA

Labour Code, Book I, sections 29 and 29 (a), and Book II, section 54 (a) to (e).

Decision No. 49-045 of the Algerian Assembly respecting the organisation of a social security system in Algeria, to which executive effect was given by Governor’s Order dated 10 June 1949 (Journal officiel de l'Algérie (J.O.), 14 June 1949, No. 47, p. 740; L.S. 1949—Fr. 4), as amended and supplemented, inter alia, by the following:

(a) Decision No. 52-041, confirmed by Decree of 28 August 1952 (sections 20, 21 and 29 amending sections 29, 30 and 44 respectively of Decision No. 49-045) (J.O., 5 September 1952, No. 72, p. 1013; L.S. 1952—Alg. 1);

(b) Decree No. 56-963 of 28 September 1956 to improve the social insurance scheme in Algeria (section 5 amending section 28 of Decision No. 49-045) (J.O., 5 October 1956, No. 81, p. 1740; L.S. 1949—Alg. 1 C);

(c) Decision No. 59-012 of 8 July 1959 of the Delegate-General of the Government in Algeria, confirmed by the Decree of 17 August 1959 (Recueil des actes administratifs, 15 September 1959, No. 75, p. 2146; L.S. 1959—Alg. 1 A).

Order of 10 September 1949 to give executive effect to Decision No. 49-064 of the Algerian Assembly to establish a social insurance system in agriculture, Part II, sections 17 to 23 (J.O., 16 September 1949, No. 74, p. 1155; L.S. 1949—Fr. 7).

Order of 10 July 1954 to co-ordinate the general scheme and the special and particular schemes for social insurance in the branches of sickness, extended sickness, invalidity, maternity and death (J.O., 16 July 1954, No. 57, p. 686).

Order of 2 August 1957 respecting the organisation and functioning of the industrial medical services, section 12, paragraph 2 (J.O., 20 August 1957, No. 69, p. 1855; L.S. 1957—Alg. 1).

Order of 26 September 1957 to make provision for the application of maternity insurance in agriculture (J.O., 4 October 1957, No. 82, p. 2139).

Order of 26 October 1959 to fix the detailed application of maternity insurance in the non-agricultural sector (Recueil des actes administratifs, No. 88, 30 October 1959, p. 2440).

Special Schemes:

Decree of 9 November 1944 to establish welfare and retirement funds for young persons in wage-earning employment in Algeria (Algerian Labour Code, p. 564) and Decision No. 49-062 of the Algerian Assembly.

Order of 10 July 1947 (with respect to employees of the gas and electricity undertakings).

Order of 28 February 1956 amending the Order of 5 January 1955 simplifying the organisation of social security in Algerian mines (J.O., 6 March 1956, No. 19, p. 427).

ARGENTINA

Act No. 11317 to regulate the employment of women and young persons. Dated 30 September 1924 (Crónica mensual del departamento del trabajo, No. 81, p. 1417; L.S. 1924—Arg. 1), as amended by Act No. 11932 respecting breaks granted to mothers for nursing their children. Dated

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MATERNITY PROTECTION

15 October 1934. (Boletín Oficial (B.O.), 24 October 1934, Year XLII, No. 12109, p. 899; L.S. 1934—Arg. 1 A); (Leyes del trabajo actualizadas, November 1961).

Act No. 11933 respecting the employment of women before and after confinement. Dated 15 October (B.O., 24 October 1934, Year XLII, No. 12109, p. 898; L.S. 1934—Arg. 1 B), as amended with effect until November 1961 (Leyes del trabajo actualizadas, November 1961).

Decree No. 80229 to issue regulations under Act No. 11933 respecting the Maternity Fund for women salaried and wage-earning employees. Dated 15 April 1936 (B.O., 8 June 1936, No. 12581, p. 273; L.S. 1936—Arg. 1 A), as amended by Decree of 28 October 1936 (B.O., 3 November 1936, No. 12701, p. 38; L.S. 1936—Arg. 1 B); Decree No. 124925 of 18 July 1942 (B.O., 23 July 1942, No. 14368, p. 1; L.S. 1942—Arg. 1) and Decrees Nos. 24336 of 11 September 1944, 22287 of 10 September 1949 and 13869 of 30 October 1957 (Leyes del trabajo actualizadas, November 1961).

Decree No. 28169 to approve the Agricultural Workers' Code. Dated 17 October 1944. (B.O., 13 November 1944, No. 15043, p. 1; L.S. 1944—Arg. 3).


Legislative Decree No. 12459 of 8 October 1957 to replace the layette allowance by a grant of 100 pesos (Leyes del trabajo actualizadas, November 1961).

Legislative Decree No. 5170 of 18 April 1958 to increase the benefit payable to working mothers under Act No. 11933 (Leyes del trabajo actualizadas, November 1961).

Decree No. 8567 of 22 September 1961 respecting the leave provisions for staff of the state administration, sections 18 to 20 (Leyes del trabajo actualizadas, November 1961).

AUSTRALIA

Commonwealth:
Social Services (Consolidation) Act, No. 26 of 1947 (L.S. 1947—Aus. 3) and subsequent amendments.
National Health Act, No. 95 of 1953 (Commonwealth Acts, 1953).
Public Service Act, 1922-1960.

States:
New South Wales.

Tasmania.

Western Australia.
Factories and Shops Act, 1920-1959. (Replaced by the Act of 1 January 1964.)

Australian Territories:
Nauru.
Chinese and Native Labour Ordinance, 1922-1953.

Papua and New Guinea.

AUSTRIA


BELGIUM

Act of 10 March 1900 on employment contracts for wage earners, as subsequently amended, particularly by Act of 10 December 1962 (section 28bis) (Les Codes Larcier, Tome III, pp. 270 ff., and Complément 1963, pp. 188 ff.).


Royal Order of 31 December 1963 to issue regulations concerning compensation under the compulsory sickness and disability insurance (ibid., 14 January 1964).

Royal Order of 24 December 1963 to determine the conditions in which the compulsory sickness and disability insurance covers the cost of pharmaceutical appliances (ibid., 31 December 1963), and subsequent amendments.

Royal Order of 24 December 1963 establishing the list of medical benefits under the compulsory sickness and disability insurance (ibid., 26-27-28 December 1963) and subsequent amendments.

BRAZIL


Legislative Decree No. 5452 of 1 May 1943 to approve the consolidation of labour laws, sections 1, 377 and 391-400 (Diario Oficial (D.O.), 9 August 1943, No. 184; L.S. 1943—Braz. 1).

Act No. 1890 of 13 June 1953, section 1.


BULGARIA


Labour Code of 13 November 1951 (I., 13 November 1951, No. 91; L.S. 1951—Bul. 2) as amended in 1957 (I., 15 November 1957, No. 92; L.S. 1957—Bul. 2) and in 1963 (I., 26 March 1963, No. 24 and 7 May 1963, No. 36; L.S. 1963—Bul. 1 A, B, C); sections 60 to 63, 89, 114, 118, 119, 146 (a) and 156 to 160).

Ukase of 17 March 1951 respecting free general medical assistance (I., 20 March 1951, No. 23).

MATERNITY PROTECTION

Ordinance to protect the work of women wage and salary earners (I., 3 July 1959, No. 53; L.S. 1959—Bul. 2).

Act to entrust the administration of social insurance to the trade unions (I., 5 February 1960, No. 11).

BURMA


BYELORUSSIA


Order of 8 May 1923 of the People’s Labour Commissar of the Byelorussian S.S.R.


Order of 18 November 1929 respecting the conditions of employment of persons employed by small retail dealers, section 1 (Sob. Zak., U.S.S.R., 1929, No. 74, Text 705).

Order of 7 March 1933 respecting the conditions of employment of wage-earning and salaried employees engaged in the lumber industries and forestry (Sob. Zak., 1933, No. 18, Text No. 100; L.S. 1933—Russ. 2).


Decree of the Presidium of the Supreme Soviet of the U.S.S.R. of 8 July 1944 to increase state aid for pregnant women, mothers of large families and single mothers, to extend the system of maternity and child welfare and to institute the honorary title of “Mother Heroine”, the order of “Glory of Motherhood” and the “Motherhood Medal” (Vyedomosti (Vyed.), 1944, No. 37; L.S. 1944—U.S.S.R. 1).

Ukase of the Presidium of the Supreme Soviet of the U.S.S.R. of 25 November 1947 respecting the rate of state benefits granted to mothers with large families and to single mothers (Vyed., 1947, No. 14).

Regulations respecting the procedure for the award and payment of state social insurance benefits as approved by order of the All-Union Central Council of Trade Unions, dated 5 February 1955, in accordance with resolution No. 113 of the Council of Ministers of the U.S.S.R. of 22 January 1955 (including subsequent amendments and additions) (Sobranie Postanovleniy (Sob. Post.), 1960, pp. 540-573 and 688).


Order No. 1414 of the Council of Ministers of the U.S.S.R. of 13 October 1956 respecting further measures to assist mothers working in undertakings and institutions (Sob. Post., 1957, No. 2, Text No. 7).


CAMEROON

Eastern Cameroon:


**Western Cameroon:**

Ordinance No. 54 of 5 November 1945 to constitute the Labour Code for Nigeria as amended in 1946, 1948, 1949, 1950, 1953, 1956, 1958 (Laws of Federation of Nigeria and Lagos, 1958, Volume III, Cap. 91; L.S. 1946—Nig. 1 A and Nig. 1 B; L.S. 1948—Nig. 1; L.S. 1949—Nig. 1; L.S. 1950—Nig. 1).

National Provident Fund Act, No. 20, of 26 June 1961 of the Federation of Nigeria (Federation of Nigeria Official Gazette, 30 June 1961, special number; L.S. 1961—Nig. 1).

**CANADA**

**Dominion:**

Federal Civil Service Act and regulations thereunder (section 66) (Statutory Orders and Regulations, 1962).

**Provincial:**

**Alberta.**


**British Columbia.**

Maternity Protection Act, 1921 (Revised Statutes of British Columbia, 1960, Cap. 235).

**Manitoba.**

Civil Service Act and Regulation No. 19 of 1962 (Manitoba Gazette, Vol. 91, No. 10).

**New Brunswick.**

Minimum Employment Standards Act of 26 March 1964, which came into force on 1 May 1964 (sections 11, 12 and 13).

**Nova Scotia.**


**Ontario.**


**Prince Edward Island.**

Civil Service Act of 7 May 1963 and regulations, as amended on 6 October 1962.

**Saskatchewan.**

Public Service Act and Order in Council No. 542 of 1960.

**CENTRAL AFRICAN REPUBLIC**


Order No. 276 of 7 March 1956 to establish a family benefit system (J.O.A.E.F., 1 April 1956).

**CEYLON**

Regulations of 22 November 1946 and 11 January 1957 under the Maternity Benefits Ordinance (Ceylon Labour Gazette, January 1957, Vol. 8, No. 1).

Shop and Office Employees (Regulation of Employment and Remuneration) Act, No. 19 of 1954 (L.E.C., Cap. 136; L.S. 1954—Cey. 1), as amended by Act No. 60 of 1957 (L.S. 1957—Cey. 2).

Government Financial Regulations.

CHAD


Order No. 216 of 21 March 1956 to establish a family benefit scheme for wage earners in Chad (J.O.A.E.F., 1 May 1956).

CHILE

Legislative Decree No. 178 of 13 May 1931 to lay down a Labour Code, Part III, sections 307 to 321 (Diario Oficial (D.O.), 6 July 1931, No. 16014, p. 3448; L.S. 1931—Chile 1) and subsequent amendments.

Act No. 10383 of 28 July 1952 to amend Act No. 4054 respecting compulsory insurance, sections 31 and 32 (D.O., 8 August 1952, No. 22321, p. 1577; L.S.—Chile 1) as subsequently amended.

Decree No. 856 of 21 April 1953 laying down regulations for the National Health Service.

Legislative Decree No. 232 of 3 August 1953 (national health service for salaried employees) as amended by Decrees Nos. 1912 of 1953 and 565 of 1954.


Decree No. 402 of 11 June 1954 to approve regulations respecting maternity and sickness benefit and nursing grants (D.O., 11 June 1954).


Decree No. 3 of 31 January 1957 to approve regulations respecting maternity protection and nurseries (D.O., 31 January 1957).


Act No. 13305 of 6 April 1959 to amend Act No. 10383 respecting compulsory insurance (D.O., 6 April 1959).

CHINA

Factory Act of 30 December 1932 (L.S. 1932—Chin. 2 A).

Amended regulations for the administration of the Factory Act (L.S. 1932—Chin. 2 B).

The Province of Taiwan Labour Insurance Ordinance of 13 April 1950 (L.S. 1950—China (N.R.) 1).

Regulations of 17 February 1956 respecting conditions of work of wage earners employed by undertakings administered by the Ministry of Economic Affairs.

Regulations of 11 May 1956 governing the leave of absence of public officials.

Regulations of 2 August 1957 respecting the administration of the general services, as amended up to 17 March 1961.


Regulations of 17 March 1962 respecting holidays for transport employees.


COLOMBIA

REPORT OF THE COMMITTEE OF EXPERTS


Act No. 6 of 19 February 1945 respecting contracts of employment, industrial associations, collective disputes and special labour courts (D.O., 14 March 1945, No. 25790, p. 593; L.S. 1945—Col. 1).

Decree No. 1600 of 1945 respecting insurance funds.

Decree No. 2690 of 23 November 1960 to approve the general regulations for sickness (other than occupational disease) and maternity insurance (D.O., 19 December 1960, No. 30407, p. 501; L.S. 1960—Col. 2).

CONGO (BRAZZAVILLE)


Order No. 705 of 8 March 1956 to institute a family benefit scheme for employees in the central Congo (J.O.A.E.F., 1 April 1956).

Order No. 2000 of 6 July 1956 laying down operating rules for the family benefit equalisation fund (J.O.A.E.F., 1 August 1956).

CONGO (LEOPOLDVILLE)

Legislative Decree respecting contracts for the hire of services. Dated 1 February 1961 (Moniteur congolais (M.C.), Part 1, 28 March 1961, No. 9; L.S. 1961—Congo (Leo.) 1).

Ordinance No. 5 of 1 February 1961 to make provision for the administration of the Legislative Decree respecting contracts for the hire of services (M.C., Part 1, 28 March 1961, No. 9).

COSTA RICA


Act No. 17 of 22 October 1943 to institute the Costa Rican Social Insurance Fund (L.S. 1943—C.R. 2).

Regulations respecting sickness and maternity (La Gaceta, 15 April 1952; L.S. 1952—C.R. 2), as revised up to 1961 (La Gaceta, 23 November 1961, No. 267).

CUBA

Act of 15 December 1937 to issue regulations respecting health and maternity insurance (L.S. 1937—Cuba 1).


Act No. 998 of 5 March 1962.


CYPRUS


Circular No. 26 of 1 May 1962 of the Ministry of Finance.


CZECHOSLOVAKIA

Act of 19 December 1951 respecting unified preventive and medical care services (Sbirka Zákonů (S.Z.), 27 December 1951), as amended (S.Z., 30 December 1959) and Ordinance No. 19 of 1957 issued by the Ministry of Health under that Act.
MATERNITY PROTECTION

Act No. 54 of 30 November 1956 respecting sickness insurance of employees (S.Z., 17 December 1956, No. 29; L.S. 1956—Cz. 3 B).


Act to improve the arrangements for the care of pregnant women and mothers dated 25 March 1964 (S.Z., 31 March 1964, No. 26, Text 58; L.S., 1964—Cz. 1).

Act respecting a social security scheme for co-operative farmers (S.Z., 16 June 1964, No. 45, Text 103; L.S., 1964—Cz. 2 B).

DAHOMEY


Decree No. 337 of 26 November 1960 revising the family benefit scheme in Dahomey.

Decree No. 51 of 3 February 1962.

DENMARK

Notification No. 270 of 16 June 1941 proclaiming the text of the Act respecting the legal relationship between employers and salaried employees (Lovtidende A (Lov. A), 1941, p. 836), as amended by Acts Nos. 222 of 7 June 1952 and 66 of 31 March 1953).

Act No. 362 of 4 July 1946 respecting free distribution of milk.

Act No. 261 of 9 June 1948 respecting the legal relationship between employers and salaried employees (Lov. A, 14 June 1948, No. 53, p. 1081; L.S. 1948—Den. 3) (in particular, section 7, paragraphs 2 and 3).


Act respecting maternity relief institutions (Cf. Notification of 24 August 1956).

Act No. 154 of 7 June 1958 respecting the civil service (wages, pensions, etc.).


Act No. 169 of 31 May 1961 respecting public assistance (Lov. A, No. XII, p. 327).


DOMINICAN REPUBLIC


Act No. 4099 of 15 April 1955 respecting compulsory prenatal and postnatal rest (women wage and salary earners in government service) (G.O., 20 April 1955, No. 7826, p. 3).

Regulations respecting the operation of day nurseries.

ETHIOPIA


FINLAND

Decree of 18 April 1917 respecting employment in industrial and certain other occupations (Suomen Asetuskokoelma-Finlands Författningssamling (S.A.F.F.), No. 64/17).

Act No. 141 of 1 June 1922 respecting employment contracts (S.A.F.F., 1922: L.S. 1922—Fin. 1).


Act No. 1030 of 22 December 1942 respecting the salaries of employees and office holders in state employment (S.A.F.F., 1942).

Act No. 223 of 31 March 1944 respecting communal midwives (S.A.F.F., 1944).

Act No. 224 of 31 March 1944 respecting communal maternity and children’s centres (S.A.F.F., 1944).

Act No. 605 of 2 August 1946 respecting conditions of work in shops and offices (S.A.F.F., 1946; L.S. 1946—Fin. 4 B).


FRANCE

Labour Code (Book I, sections 29 and 29 (a) and Book II, section 54 (a) to (e)).


Act of 2 September 1941 respecting maternity protection.

Ordinance No. 45-2448 of 19 October 1945 respecting the system of social insurance for agriculture (Chap. V) (L.S. 1945—Fr. 4 B).

Ordinance No. 45-2454 of 19 October 1945 respecting the social insurance system in occupations other than agriculture (L.S. 1945—Fr. 1 G).

Model operating regulations for primary social security funds, annexed to the Order of 19 June 1947, as amended.

Department regulations respecting agricultural employment under sections 983 ff. of the Rural Code.

Decree No. 50-1225 of 21 September 1950 to issue public administrative regulations respecting social insurance in agriculture and, inter alia, the application of the Decrees of 30 October 1935 and 20 April 1950, as amended (Part II, sections 35 ff.) (J.O., 4 October 1950; L.S. 1950—Fr. 5 C).

Overseas Departments:

Metropolitan Labour Code (Book I, sections 29 and 29 (a), and Book II, section 54 (a) to (c)).

Decree No. 48-592 of 30 March 1948 to extend the metropolitan legislation respecting labour and manpower to the departments of Guadeloupe, French Guiana, Martinique and Réunion and to codify the same (J.O., 1 April 1948, p. 3154).

Decree No. 47-2032 of 17 October 1947 respecting the organisation of social security in the departments of Guadeloupe, French Guiana, Martinique and Réunion (J.O., 19 October 1948, p. 10350).

Act No. 54-806 of 13 August 1954 extending the social insurance system to the departments of Guadeloupe, French Guiana, Martinique and Réunion (J.O., 14 August 1954).

Act No. 55-244 of 10 February 1955 laying down public administrative regulations for application of the Act of 13 August 1954 extending the social insurance system to the departments of Guadeloupe, French Guiana, Martinique and Réunion (J.O., 13 February 1955).
**Overseas Territories:**


**Comoro Islands.**

Local Order No. 55-40 IT of 23 February 1955.
Order No. 56-111/C of 19 September 1956 respecting the family benefit system.
Order No. 56-147/IT of 10 December 1956 laying down operating regulations for the family benefit equalisation fund.

**French Polynesia.**

Order No. 177/IT of 2 February 1956 respecting employment of women and expectant mothers (J.O. des Etablissements français de l'Océanie, 15 February 1956, No. 5, p. 67).

**French Somaliland.**

Order No. 787 of 17 June 1955 respecting employment of women and expectant mothers.

**New Caledonia.**


**St. Pierre and Miquelon.**

Order No. 120 of 2 March 1956 to provide for the family allowances scheme as amended by Order No. 805 of 17 October 1964 (J.O.S.M., 31 October 1964, No. 20).

**GABON**


Decree No. 276/PR of 5 December 1962 respecting the work of women and expectant mothers, sections 16 to 18 (J.O., 15 February 1963; L.S. 1962—Gab. 3).

Decree No. 6/PR of 7 January 1963 to institute a workers' family benefit scheme (J.O., 1 March 1963; L.S. 1963—Gab. 1).

**GAMBIA**


**FEDERAL REPUBLIC OF GERMANY**

Federal Insurance Code, sections 165 to 175, 195 (a) to 200 and 1279, paragraph 5 (Reichsgesetzblatt (RGGBl), 1924, No. 75, p. 779; L.S. 1924—Ger. 10), as amended by the Act of 18 May 1929 respecting maternity benefit (RGGBl, 18 May 1929, No. 21, p. 98; L.S. 1929—Ger. 4), by the Act of 28 June 1935 respecting maternity benefit and provision for convalescents under the sickness insurance system, section 1 (RGGBl, 1935, No. 67, p. 811; L.S. 1935—Ger. 9), by the Act of 26 June 1957 (L.S. 1957—Ger. (F.R.) 2) and by the Act of 12 July 1961 (Bundesgesetzblatt (BGBl), I, p. 913; L.S. 1961—Ger. (F.R.) 3).


GHANA

Labour Ordinance, No. 16 of 1948 (Laws of Ghana, Cap. 89). General Orders relating to civil servants.

GREECE


Decree No. 31-181 of 26 June 1937 respecting application of principles with regard to maternity protection.


Circular of the Ministry of Labour dated 22 November 1958 respecting application of Convention No. 3.

GUATEMALA


Legislative Decree No. 1 of 1963 laying down fundamental principles with regard to labour (Carta guatemalteca del Trabajo).


Decision No. 211 of the Administrative Council of the Guatemalan Social Security Institution laying down regulations with regard to maternity and childhood protection.

Decision No. 230 of the Social Security Institution under the regulations with regard to maternity and childhood protection.

Decision No. 257 of the Administrative Council of the Social Security Institution respecting levels of medical care provided within the framework of the programme for maternity and childhood protection.

HAITI


HONDURAS


HUNGARY

Legislative Decree No. 7 of 27 January 1951 of the Presidium of the People’s Republic to establish a Labour Code (Magyar Közlöny (M.K.), 31 January 1951), as amended by Legislative Decrees Nos. 25 of 1953 (L.S. 1953—Hung. 1) and 26 of 1962 (sections 93-98 and 105).
MATERNITY PROTECTION

Decree No. 53 of 28 November 1953 to apply the Labour Code, as amended by Decree No. 46 of 26 December 1962.


Decree No. 128 of 1956 respecting the organisation and operation of day nurseries.

Government Decision No. 1008 of 28 March 1961 respecting children’s institutions.

Decree No. 46 of 1962 modifying section 96 of the Labour Code.

Decree No. 101 of 1963 governing maternity leave provisions.

ICELAND

Civil Service Regulations of 15 June 1954 (Stjómartidindi (S), B, 1954, No. 87).


INDIA

Employees’ State Insurance Act of 19 April 1948 (Gazette of India (G.I.), 19 April 1948; L.S. 1948—Ind. 3) as amended up to 1 January 1963.

Factories (Consolidation) Act, No. 63 of 1948 (L.S. 1948—Ind. 4), as amended by Act No. 25 of 1954 (L.S. 1954—Ind. 1).


The Working Journalists (Conditions of Service) and Miscellaneous Provisions Rules, 1957 (ibid.).


Central Public Works Department Contractors’ Labour Rules.

Various state laws on shops and offices (Indian Labour Year Book, 1961).

IRAN


Act of 11 May 1960 (21 Ordibeheesht 1339), respecting social insurance for workers (L.S. 1960—Iran 1).

IRAQ


Law No. 27 of 17 May 1956 respecting social security (A.W.I., 2 June 1956, No. 3799; L.S. 1956—Iraq 1).

Law No. 24 of 1960 respecting civil servants.

IRELAND


Health Act of 1953.

ISRAEL

National Insurance Law of 18 November 1953 (11 Kislev 5714) (Sefer Hakakhim (S.H.), 20 Kislev 5714, No. 137, p. 6; L.S. 1953—Isr. 3), as amended up to 1 November 1961 (Business Diary Tariffs and Fees, Booklet 18).


ITALY

Constitution of 1947, section 37.

Civil Code, section 2110.


Act No. 35 of 18 January 1952 to extend health care insurance to workers employed in family domestic services (G.U., 7 February 1952, No. 32; L.S. 1952—It. 1).

Presidential Decree No. 568 of 21 May 1953 to lay down conditions for the application of Act No. 860 of 26 August 1950.

IVORY COAST


Order No. 1433/ITLSCI of 27 February 1956 fixing the operating rules of the family benefit equalisation fund of the Ivory Coast (J.O.C.I., 1956, p. 181).

Decree No. 64-26 of 4 February 1964 (J.O.C.I., 13 February 1964, No. 8).

JAMAICA

Government regulations respecting maternity leave.

JAPAN

Health Insurance Law, No. 70 of 22 April 1922 (Official Gazette (O.G.), 22 April 1922, No. 2914), as amended.


Daily Employed Workers' Health Insurance Law, No. 207 of August 1953.

National Public Service Mutual Aid Association Law, No. 128 of 1958.


Local Public Service Mutual Aid Association Law, No. 152 of 1962.

JORDAN


Regulations respecting leave for public servants, section 121.

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KENYA
Laundry, Cleaning and Dyeing Trades Wages Regulation Order, 1963 (L.N. 155/63).

KUWAIT
Labour (Private Sector) Law, 1959, sections 26-27 (Kuwait Al-yawm, supplement to No. 216, 15 March 1959).
National Health Services Law.

LUXEMBOURG
Grand-Ducal Order of 30 March 1932 respecting the application of certain Conventions adopted by the International Labour Conference during its first ten sessions (Mémorial du Grand-Duché de Luxembourg (Mémorial), 31 March 1932, No. 17; L.S. 1932—Lux. 1).
Act of 29 August 1951 respecting sickness insurance for public officials and salaried employees (Mémorial, 6 September 1951, No. 51; L.S. 1951—Lux. 1).
Act of 24 April 1954 modifying and completing the social insurance code (Books I to IV) and the Act of 29 August 1951 concerning sickness insurance of public officials and salaried employees, the Act of 29 August 1951 respecting the reform of private employees' insurance and the Act of 21 May 1951, etc. (Mémorial, 24 April 1954).

MALAGASY REPUBLIC
Decree No. 62-152 of 28 March 1962 to prescribe the conditions of work of children, women and pregnant women (J.O.R.M., 7 April 1962, No. 216, p. 582; L.S. 1962—Mad. 2).

MALAYSIA
States of Malaya:
Labour Code (Federation of Malaya Statutes, Cap. 154).
Ordinance No. 38 of 27 June 1955 respecting employment (L.S. 1955—Mal. 2), as amended by Ordinance No. 43 of 1956 (L.S. 1956—Mal. 1).
Legal notifications Nos. 365 and 366 of 1957.
Employment Regulations, 1957.
General Government Orders.

Sarawak:
Ordinance No. 24 of 11 December 1951 respecting labour (L.S. 1951—Sar. 1).
General Government Orders (revised up to 1963).

Singapore:
Labour Ordinance, No. 40 of 1955.
Industrial Relations Ordinance, No. 20 of 1960 (Government Gazette, 4 March 1960).
Ordinance No. 13 of 1957 respecting the employment of shop assistants.
Ordinance No. 14 of 1957 respecting the employment of clerks.

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MAURITANIA


Act No. 63-025 of 23 January 1963 to govern entitlement to family benefit (Journal de la République islamique de Mauritanie, 6 February 1963, p. 37).

MEXICO


Federal Act respecting state employees, section 25.

MOROCCO


Vizirial Order of 30 September 1950 (17 Hijjâ 1369) respecting the weights which may be carried, drawn or pushed by women and children (B.O., 17 November 1950, No. 1968, p. 1412).


Dahir No. 2-56-1019 of 6 September 1957 (10 Safar 1377) respecting the dangerous operations prohibited to children and women (B.O., 20 September 1957, No. 2343, p. 1231).

Dahir No. 1-57-182 of 9 April 1958 (19 Ramadan 1377) to determine the conditions of employment and remuneration of agricultural employees (B.O., 16 May 1958, No. 2377, p. 781).


MATERNITY PROTECTION

NETHERLANDS

Civil Code.
Labour Act of 1 November 1919 as amended up to 1930 (L.S. 1930—Neth. 2 B) and subsequently.
Order of 1 November 1941 respecting sickness funds.
Order of 22 September 1952 to promulgate the text of the Sickness Insurance Act as last amended by the Act of 12 June 1952 (Staatsblad, 1952, No. 474; L.S. 1952—Neth. 3).
Decree of 30 August 1957 respecting employment of women and young persons in agriculture (L.S. 1957—Neth. 1).

NEW ZEALAND


NICARAGUA

Decree No. 161 of 22 December 1955 to promulgate the Social Security Act (L.G., 2 January 1956; L.S. 1955—Nic. 1), as amended by Decree No. 17 of 2 April 1959 (L.G., 8 April 1959).
General Regulations of 24 October 1956 under the Social Security Act (L.G., 12 November 1956).

NIGER

Order No. 27-15/N of 8 December 1955 to institute a family benefit system for employees in Niger (J.O.A.O.F., 1 January 1956).
Order No. 218/ITLS/N of 26 January 1956 to fix the operating regulations of the Family Allowances Compensation Fund of Niger.

NIGERIA

Ordinance No. 54 of 5 November 1945 to establish a Labour Code, as amended by Ordinance of 1 June 1946 (L.S. 1946—Nig. 1 AB) and as amended up to 1950 (L.S. 1948—Nig. 1; L.S. 1949—Nig. 1; L.S. 1950—Nig. 1) (Laws of the Federation of Nigeria and Lagos, 1958, Cap. 91).
General Orders (Administrative Codes) for civil servants.

NORWAY

Order in Council of 31 March 1916 prohibiting the employment of pregnant women in certain undertakings (Norsk Lovtidend (N.L.), 1916).
Seamen’s Act, No. 25 of 17 July 1953 (N.L., 25 August 1953; L.S. 1953—Nor. 1).

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Act of 5 June 1964 respecting social assistance, which came into force on 1 January 1965.

PAKISTAN

Mines Maternity Benefit Act, No. XIX of 26 November 1941 (L.S. 1941—Ind. 1), as amended by Act No. X of 16 April 1945 (Gazette of India, 21 April 1945, Part IV; L.S. 1945—Ind. 2) and Act No. XXI of 27 January 1950 (Gazette of Pakistan (G.P.), 1 February 1950, Extra., p. 41; L.S. 1950—Pak. 1).


Ordinance No. XXIX of 1 June 1962 to provide for the welfare of labour and to regulate conditions of work in tea plantations (G.P., 4 June 1962, Extra., p. 864; L.S. 1962—Pak. 1).


East Bengal Maternity Benefit (Tea Estates) Act, No. XX of 22 May 1950, as extended to the whole of East Pakistan (E.P.L.C., p. 190).

West Pakistan Maternity Benefit Ordinance, No. XXXII of 1958 (Gazette of West Pakistan (G.W.P.), 22 December 1958, Extra., p. 1715).


PERU

Act No. 2851 of 23 November 1918 to regulate the employment of women and children (L.S. 1919—Per. 1).

Act No. 8433 of 12 August 1936 respecting compulsory social insurance (L.S. 1936—Per. 2), as amended by Act No. 8509 of 23 February 1937 (L.S. 1937—Per. 1), Decree of 18 February 1941 (L.S. 1941—Per. 1) and Legislative Decree No. 11321 of 24 March 1950 (El Peruano (E.P.), 15 April 1950, No. 2770, p. 1; L.S. 1950—Per. 1).

Act No. 13724 of 18 November 1961 to institute a social insurance scheme for salaried employees (E.P., 20 November 1961, No. 6173, p. 1; L.S. 1961—Per. 3).

PHILIPPINES


Act No. 2714 of 18 June 1960 to establish a Women and Minors Bureau.

Departmental Order No. 9 of 10 June 1963 respecting application of the Act to regulate the employment of women and children (1963 series).

Instruction No. 3 of 10 June 1963 of the Women and Minors Bureau respecting application of provisions with regard to maternity leave under Act No. 679, as amended.

Agricultural Land Reform Act, No. 3844, section 39.

POLAND

Act of 17 February 1922 respecting the civil service, as amended (Dziennik Ustaw (D.U.), No. 11 of 1949, Text 72).

MATERNITY PROTECTION


Order of 27 November 1946 to prescribe the conditions and dates upon which sickness and maternity insurance shall be extended to cover agricultural workers and the duties of local authorities in respect of the administration of the said insurance (D.U., 15 January 1947, No. 2, Text 8; L.S. 1946—Pol. 5).

Circular of the Prime Minister, No. 29 of 21 August 1948 respecting maternity leave.,


Instruction No. 45 of 16 June 1951 of the Minister of Health respecting local and factory nurseries (D.U., 2 July 1951, No. 13, Text 129).

Ordinance of the Council of Ministers of 21 August 1959 respecting the general hygiene and health conditions to be observed in newly constructed or reconstructed industrial establishments (D.U., No. 53, Text 316).

Decision No. 63 of the Council of Ministers, dated 16 February 1962, to rationalise the administration of welfare facilities attached to establishments (Monitor Polski (M.P.), 28 March 1962, No. 27, Text 110).

Order No. 402 of the Council of Ministers of 10 December 1963 respecting social activities of state establishments (M.P., No. 95, Text 444).

Various other enactments applicable to certain categories of workers (primary school teachers, staff of " Polskie Koleje Panstwowe " establishment, etc.).

Collective agreement for agriculture, 1960.

PORTUGAL

Decree of 14 April 1891 respecting factory nurseries.

Act No. 1952 of 10 March 1937 respecting contracts of employment, section 17 (Diário do Governo (D.G.), 10 March 1937, No. 57).

Ministerial Order of 13 January 1958 (prohibition of arduous or dangerous work during pregnancy; nursing breaks) (D.G., 1 March 1958, Series II, No. 51).


Ministerial Order of 31 March 1959 respecting employment of women during pregnancy (D.G., 10 April 1959, Series II, No. 85).

Act No. 2115 of 18 June 1962 to provide the bases for the reform of social welfare provisions (D.G., 18 June 1962, No. 138).

Decree No. 45266 of 23 September 1963 to issue general regulations for the social security funds (D.G., 23 September 1963).

Overseas Provinces:

Angola, Cape Verde, Guinea, Mozambique, San Tomé and Príncipe, Timor:

Decree No. 44309 of 27 April 1962 to approve a Rural Labour Code, sections 223-230 (D.G., 27 April 1962, No. 95; L.S. 1962—Por. 1).

Angola:

Legislative Decree No. 2827 to promulgate the Angola Labour Code (Boletim Oficial (B.O.) de Angola, 5 June 1957; L.S. 1957—Ang. 1).

Cape Verde:


Mozambique:

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San Tomé and Príncipe:
  Legislative Decree No. 507 of 10 March 1958 (B.O. de São Tomé e Príncipe, 10 March 1958).

RUMANIA


Decision of the Council of Ministers No. 586 of 1951, as amended by Decision No. 3159 of 1953, concerning the establishment of nurseries.

Decision of the Council of Ministers No. 3790 of 1953.

Decree No. 246 of 29 May 1958 respecting conditions for provision of medical assistance and medications.

RWANDA

Decree of 10 June 1958 respecting contracts of employment, as subsequently amended (L.S. 1958—Bel. C 3).

SIERRA LEONE


SPAIN


Sickness insurance regulations of 11 November 1943 (B.O.E., 23 November 1943, No. 332).

Decree of 31 March 1944 to approve the consolidated texts of the Acts respecting seamen’s articles of agreement, apprenticeship, employment of women and children, and home work (L.S. 1944—Sp. 1 B).

Act of 26 December 1958 to extend social insurance coverage to employees of the state, local administrations and autonomous bodies (B.O.E., 29 December 1958, No. 311), and various Ministerial Orders extending such coverage to certain categories of workers (fishermen, dockworkers, plantation workers, etc.).

Decree No. 931 of 4 June 1959 (social insurance—revision of standards) (B.O.E., 8 June 1959, No. 136).


Decree No. 413 of 2 March 1961 to make provision for the financial and administrative organisation of the national mutual benefit scheme for agricultural workers, sections 3, 4 and 55 (B.O.E., 14 March 1961, No. 62; L.S. 1961—Sp. 3) and Ministerial Order of 21 July 1961 (statutes), sections 1, 5-10 and 75-80 (B.O.E., 4 July 1961, No. 158).

Act No. 193 of 28 November 1963 to define the basic principles of social security (B.O.E., 30 December 1963, No. 312; L.S. 1963—Sp. 1).

Overseas Provinces:

Western Provinces:

MATERNITY PROTECTION

**Equatorial Provinces:**
Order of 24 May 1962 to approve the Ordinance respecting employment in the Equatorial Region (B.O.E., 5 June 1962, No. 134).

**SWEDEN**

Home Assistance Act, No. 461 of 30 June 1944 (L.S. 1944—Swe. 2).
Act No. 844 of 21 December 1945 to prohibit dismissal of women employees on the grounds of marriage or pregnancy (Svensk Författningssamling (S.F.), 31 December 1945, p. 1843).
Public Insurance Act, No. 381 of 25 May 1962 (S.F., 10 July 1962, p. 903; L.S. 1962—Swe. 1 A).

**SWITZERLAND**

Swiss Code of Obligations of 30 March 1911/18 December 1936, sections 335 and 344.
Federal Act of 13 June 1911 respecting sickness and accident insurance, as amended.
Federal Act of 18 June 1914/27 June 1919 respecting working hours in factories, section 69 (Feuille fédérale suisse, 1919, p. 834; L.S. 1919—Switz. 3).
Federal Act of 6 March 1920 regulating hours of work of persons employed on railways and in other services connected with transport and communications (L.S. 1920—Switz. 1).
Ordinance of 11 January 1944 respecting processes in which the employment of young persons and women is forbidden in industry.
Ordinance of 10 November 1959 respecting the employment relationships of officials employed in the general administration of the Confederation (Recueil des lois fédérales, 24 November 1959).
Ordinance of 10 November 1959 respecting the employment relationships of wage earners employed in the general administration of the Confederation (ibid.).
Executive Ordinance No. III under the Federal Order concerning the Swiss watch and clock industry (home work) of 22 December 1961.
Federal Act of 13 March 1964 respecting employment in industry, handicrafts and commerce (not yet in force).

**SYRIAN ARAB REPUBLIC**

Act No. 135 of 1955 respecting replacement of certificates of indigence by health cards, as amended by Legislative Decree No. 147 of 1963 and Ministerial Order No. 16/T of 11 April 1964.

**TANZANIA**

Tanganyika:
Ordinance No. 47 of 10 November 1955 to amend and consolidate the law relating to labour and to regulate conditions of employment for employers and employees (Tanganyika Territory Gazette, 11 November 1955, No. 64, suppl. No. 1, p. 234; L.S. 1955—Tan. 1), as amended by Ordinance No. 10 of 11 May 1960 (L.S. 1960—Tan. 1), and by Act No. 82 of 27 November (L.S. 1962—Tan. 2).

**TUNISIA**

Decree of 18 February 1954 respecting the employment of women and children in agriculture (J.O., 19 February 1954; L.S. 1954—Tun. 2).

TURKEY


Act No. 1593 of 24 April 1930 respecting public health, section 155 (L.S. 1930—Tur. 1).


Regulations respecting conditions of employment of expectant and nursing mothers and respecting nurseries and nursing premises.

UKRAINE


Labour Code, as amended in 1936 (L.S. 1936—Russ. 1) and in 1958, sections 131-134.


Order of 4 September 1922 of the People’s Labour Commissar.

Order No. 40 of 29 September 1925 of the People’s Labour Commissar.

Order of 8 February 1926 respecting conditions of work of domestic staff (Sobranie Uzakonenii R.S.F.S.R., 1926, No. 8, text No. 57, L.S. 1926—Russ. 10 A).


Order of 18 November 1929 respecting conditions of employment of persons employed by small retail dealers (Sob. Zak. U.S.S.R., 1929, No. 74, text No. 705).


Decree of 7 March 1933 respecting conditions of employment of wage-earning and salaried employees in the lumber industries and forestry (Sob. Zak. U.S.S.R., 1933, No. 18, text No. 100; L.S. 1933—Russ. 2).

Decree of the Presidium of the Supreme Soviet of the U.S.S.R. dated 8 July 1944 to increase state aid for pregnant women, mothers of large families and single mothers, to extend the system of maternity and child welfare, and to institute the honorary title of “Mother Heroine”, the Order of “Glory of Motherhood” and the “Motherhood Medal” (Vedomosti (Ved.), 1944, No. 37; L.S. 1944—U.S.S.R. 1).


Regulations respecting the procedure for the award and payment of state social insurance benefits, as approved by decision of the All-Union Central Council of Trade Unions of the U.S.S.R. of 5 February 1955 in accordance with resolution No. 113 of the Council of Ministers of the U.S.S.R. of 22 January 1955 (including subsequent amendments and additions) (Sobranie Postanovlenii, 1960, pp. 540-573 and 688).


U.S.S.R.

Constitution of 5 December 1936, sections 120 and 122.


Order of 8 February 1926 respecting conditions of work of domestic staff (Sobranie Uzakonenii R.S.F.S.R., 1926, No. 8, text No. 57) (L.S. 1926—Russ. 10 A).


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Ukase of 19 May 1949 of the Presidium of the Supreme Soviet of the U.S.S.R. to increase state aid for mothers of large families and single mothers.

Regulations respecting the procedure for the award and payment of state social insurance benefits, as approved by Order of the All-Union Central Council of Trade Unions of the U.S.S.R. of 5 February 1955 in accordance with Resolution No. 113 of the Council of Ministers of the U.S.S.R. of 22 January 1955 (including subsequent amendments and additions) (Sobranie Postanovlenii (Sob. Post.), 1960, pp. 540-573 and 688).


Order No. 1414 of 13 October 1956 of the Council of Ministers of the U.S.S.R. respecting further measures to assist mothers working in undertakings and institutions (Sob. Post., 1957, No. 2, text No. 7).


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UNITED KINGDOM

Factory and Workshop Act, 1901.
National Health Service Act, dated 6 November 1946 (9 and 10 Geo. VI, Cap. 81) (L.S. 1946—U.K. 5).
National Assistance Act dated 13 May 1948 (11 and 12 Geo. VI, Cap. 29), as amended in 1959.
National Health Service (Scotland) Act, 1947.
Health Services Act (Northern Ireland), 1948.
National Assistance Act (Northern Ireland), 1948, as amended in 1959.

United Kingdom Territories:

Aden.
- Government circular No. 2/62 concerning revised leave regulations, paragraph 15.

Bahamas.
- Government Regulations.

Bechuanaland.

British Guiana.
- Factories (Health and Welfare) Regulations, No. 16 of 1951.

British Honduras.

Brunei.
- Labour Enactment, No. 11 of 1954, paragraph 37.

Fiji.
Gibraltar.
Social Insurance Ordinance (Laws of Gibraltar, Cap. 166).
St. Bernard's Hospital Ordinance (Laws of Gibraltar, Cap. 23).
St. Bernard's Hospital (Fee and Charges) Rules.
Leave and Passage Regulations, No. 56.

Gilbert and Ellice Islands.
Labour Ordinance, No. 6 of 18 September 1951.

Hong Kong.
General Government Orders (Civil Servants), Nos. 1250-1256.

Jersey.
Insular Insurance (Jersey) Law, 1950.

Isle of Man.
National Insurance (General Benefit) Regulations, 1951.
Family Allowances, National Insurance and Social Services Act, 1952.

Mauritius.
Employment and Labour Ordinance (Laws of Mauritius, Cap. 214).

Montserrat.
Labourers' Medical Attendance Ordinance, No. 9 of 1871.

St. Lucia.

Solomon Islands.
Employment Ordinance, 1960 (Cap. 28).
Public Hospitals and Dispensaries Rules.

Southern Rhodesia.
Industrial Conciliation Act, No. 29 of 1959 (L.S. 1959—S.R. 1) and regulations made thereunder.

Swaziland.

UNITED STATES

Federal:
Law respecting officials of the Government civilian employees (P.L. 233, 82nd Congress).
Various regulations respecting personnel of the U.S. Army, Marine Corps and Air Force.

States:
New Jersey.

Rhode Island.
Cash Sickness Compensation Act, 1942, which came into force in 1943.

Washington.
Industrial Welfare Committee Orders, as revised in 1962.

UPPER VOLTA


**VENEZUELA**


Regulations under the Labour Code, 30 November 1938.

Decree No. 119 of 4 May 1945 to issue regulations governing employment in agriculture and stock-breeding, sections 59-63 (*G.O.*), 10 May 1945, No. 132, extraordinary, p. 28; *L.S.* 1945—Ven. 2).

Decree No. 316 of 5 October 1951 respecting compulsory social insurance (*G.O.*), 8 October 1951, No. 310, extraordinary; *L.S.* 1951—Ven. 2 A).

Decree No. 317 of 5 October 1951 to make regulations for the application of the Social Insurance Decree (*G.O.*), 8 October 1951, No. 310, extraordinary, p. 5; *L.S.* 1951—Ven. 2 B).

**YUGOSLAVIA**


Decree of 28 December 1959 to promulgate an Act respecting labour inspection (*S. List*, 31 December 1959, No. 53, text No. 664; *L.S.* 1959—Yug. 1).


Decree of 25 May 1962 to promulgate an Act respecting the organisation and financing of social insurance (*S. List*, 30 May 1962, No. 22, text No. 269).


**ZAMBIA**

Ordinance No. 10 of 10 April 1933 to regulate the employment of women, young persons and children, as amended (*L.S.* 1933—N.R. 1; 1936—N.R. 1; 1938—N.R. 1; 1950—N.R. 1 A).
### APPENDIX

**REPORTS REQUESTED AND REPORTS RECEIVED BY 27 MARCH 1965**  
(Maternity Protection)  
(Article 19 of the Constitution)

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### Maternity Protection

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**States Not Members of the I.L.O.**

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A total of 129 reports has also been received in respect of the following non-metropolitan territories: Australia (Nauru, New Guinea, Norfolk Island, Papua); United Kingdom (Aden, Antigua, Bahamas, Barbados, Basutoland, Bechuanaland, Bermuda, British Guiana, British Honduras, Brunei, Dominica, Falkland Islands, Fiji, Gibraltar, Gilbert and Ellice Islands, Grenada, Guernsey, Hong Kong, Jersey, Isle of Man, Mauritius, Montserrat, St. Helena, St. Lucia, St. Vincent, Seychelles, Solomon Islands, Southern Rhodesia, Swaziland).

* Reports received too late to be summarised in Report III (Part II).

1 The reports communicated by the Government of Malta, which became a Member of the I.L.O. in 1965, cover a period preceding its admission to the I.L.O.

1 The reports communicated by the Government of Zambia (formerly Northern Rhodesia), which became a Member of the I.L.O. in 1964, cover a period preceding its admission to the I.L.O.