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Indonesia

Restructuring of the social security system (Part 6)

ILO PROJECT INS/00/M04/NET

Maternity protection

International Labour Organization
Social Security Policy and Development Branch
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1. Executive summary

1.1. This Report recognizes the fact that the position of women in the economy has changed in the last decade and more women are employed and participate in economic sectors, in both formal and informal employment. The structural changes in the economy, which led to the emergence and growth of the service and manufacturing sectors, provided women with employment opportunities. Globalization, changes in the literacy level of women and the availability of employment opportunities have influenced the role of women in society and as social and economic partners in the home. These trends, which are prominent in most developing countries, require the attention of policy makers to ensure adequate social security protection of both women and children.

1.2. Indonesia is experiencing the effects of these changes. The number of females in the workforce, which was 22.1 million and constituted 35.88per cent of the employed labour force in 1985, rose steadily to 36.47 per cent in 1995. This trend has continued and by the year 2000 women constituted about 38.3 per cent of the employed labour force making them significant partners in economic and social development.

1.3. Despite these changes at the macro level, women constituted only 32.9 per cent of wage and salary earners. Women are also at a disadvantage in the labour market and on average are employed in less skilled jobs that pay a lower wage. Compared to men they are disadvantaged both in terms of jobs and wages. However, despite this difference the number of females as a ratio to males in the country, which has remained steady in the past, is expected to increase by year 2010.

1.4. At a workshop on 'Restructuring the Social Security System' held in Jakarta in November 1999 views were expressed that the present system of maternity protection needed review in order to overcome evasion by employers of their statutory obligations to pay cash maternity benefit and to avoid discrimination against the employment of female workers. It was considered that cash maternity benefit could be incorporated into the Jamsostek benefit programme – as a social insurance benefit – without adding to the existing costs of providing payment during maternity required by the employers' liability under Government Regulation No. 21 of 1954.

1.5. The terms of reference for the Study of the Feasibility of Improved Maternity Benefits were:

- determine the present experience with regard to the effectiveness and equity in the provision of income protection and health care benefits to working women;
- in consultation with employers and workers organisations, design the framework of a social insurance scheme for maternity benefit under which direct responsibility for the payment of maternity benefits would be transferred to a social insurance fund financed by all employers;
- formulate alternative proposals for meeting the needs of working women;
- determine the financial structure for such a scheme;
- consider the possibility for such schemes to provide health care to mothers and children during the maternity period; and
- identify the administrative implications for such schemes.

1.6. The study considered that a maternity benefit scheme based on social insurance principles could be financed by a contribution rate of 0.9 per cent of wages. This assumes no increase in overall costs for maternity protection (on this basis employers would save on the costs of funding their maternity benefit obligations from their own resources or paying for private insurance cover for this). However, there would be some sharing of risk (between employers with and those without female workers) should the project recommendations for unified rate of contribution be accepted. This estimate of contribution level

is subject to verification by actuarial valuation. The calculation also assumes that the contribution would also cover the cost of health care during pregnancy and confinement – with potential savings to the rest of the health care programme.

1.7. The Report recommends that entitlement to cash maternity benefit should be based on contribution qualifying conditions and that a female employee or the working male spouse of a female claiming the benefit should have paid at least three contributions in the nine months preceding the date of delivery. Other provisions concerning the number of children in respect of whom maternity benefit might be payable, the period of entitlement and the medical qualifications could remain similar to those covered by the Government Regulation. However, in the interests of addressing the high incidence of maternal deaths during pregnancy or confinement, the possibility of extending health care to all births (i.e. beyond the present limit of three) is recommended.

2. Introduction

2.1. Maternity protection in Indonesia consists of health care during maternity and delivery, provided under The Minister of Manpower Regulation – No. PER-05/MEN/1993 (made under the provisions of the social security law: Law No. 3 of 1992) and cash maternity benefit – an employers' liability – under Government Regulation no. 21 of 1954.

2.2. The provision of health care for the private sector is administered by PT Jamsostek, the present legal status of which under Law 3 of 1992 is a Persero, a public limited liability company required to make profits and pay taxes. This is considered to be inappropriate for a system based on State responsibility and constitutional rights and the overall strategy of the project: "Restructuring of the Social Security System" was to reconstitute Jamsostek as a public social security institution that will hold its members' contributions in trust against future benefit entitlement under the supervision of a tripartite Board. Within this strategy the project was to focus on the reform of the institution to ensure that it will be able to undertake the role envisaged as the core of the social security system in Indonesia. This will entail review of the organizational and administrative system aiming at improved accountability and efficiency and improved service to the public. The activities towards these institutional improvements are summarized in the main project Report – Part 1 of the series of reports on the project.

2.3. On the basis that whatever improvements are made in governance and operating efficiency would still leave the programme weaknesses, the project has also studied options for improvements in the benefit programme including the following:

- *pensions* to replace lump sums based on savings: replacement or partial repayment of the existing provident fund scheme (JHT) by a social insurance pension scheme;

- *employment injury pensions:* introducing pensions more fully into employment injury insurance for long-term contingencies of serious disablement and death within the present financial system;

- *maternity benefit as a social insurance benefit:* converting maternity benefit into a social insurance benefit by utilizing the same resources as are now expended by employers;

- *feasibility of unemployment insurance:* compensating those with recent formal sector employment through insurance financed by the payment of contributions;

- *social assistance:* a feasibility study into the establishment of a social assistance system under which the most vulnerable among the poor would be identified and paid a monthly subsistence payment;

- *health care:* the role of Jamsostek in relation to the provision and financing of access to health care and its relationship with other health care providers and insurers will be reviewed;

- *social budget:* analysing and projecting total social expenditure against anticipated income – this to include an actuarial analysis and an assessment of the administrative implications and recommendations for policy decisions; and

- *extension of coverage:* formulating policy options for the extension of coverage to those presently excluded – i.e. those who work for small employers, the informal sector and the self-employed.

2.4. The Director-General of the International Labour Office appointed Mr Paguman Singh, an international expert on Occupational Injuries Policy, to undertake the study and to support the Chief Technical Adviser, Mr Michael Smith, who was in Indonesia throughout the period of the project. Mr Singh was in Indonesia for the period 26 January to 23 February 2002. In addition to meetings with officials and interested individuals and groups in Jakarta, Mr Singh presented the issues involved with the

study at workshops in Jakarta, Medan, Bandung and Makassar which enabled wider discussion with employer and worker representatives. Annex 4 lists the meetings held.

2.5. This present Report (Part 6) relates to the study into the feasibility of converting the employers' liability for providing cash maternity benefit to coverage by social insurance utilizing the same financial resources as are presently expended by employers. Further Reports will be issued separately on the other studies.

2.6 The Director-General of the ILO would like to thank Minister Jacob Nuwa Wea of the Department of Manpower and Transmigration and his staff; the President Director of PT Jamsostek and officials in the Head Office, Regional Offices and Branch Offices for their invaluable support and assistance.

International labour standards in relation to maternity benefits

Two up-to date ILO Conventions cover maternity benefits: The Social Security (Minimum Standards) Convention, 1952, No. 102 and the Maternity Protection Convention, 2000, No.183. Convention No. 102 fixes worldwide agreed minimum standards of social security whereas Convention No.183 sets higher standards with regard to the protection in case of pregnancy and confinement and their consequences. Indonesia has not yet ratified either Convention No. 102 or Convention No. 183. However, Convention No. 102 contains basic requirements and general principles and serves therefore as a guideline which should be applied for all social security systems throughout the world. A short description of the requirements of the Convention with regard to maternity benefits is set out below.

Convention No. 102 covers the contingency of maternity benefits in respect of pregnancy and confinement and their consequences, and the related suspension of earnings.

The Convention prescribes that, for maternity cash benefit, either all women of prescribed classes of employees, which classes amount to not less than 50 per cent of all employees in the country have to be protected, or all women in prescribed classes of the economically active population, which classes amount to not less than 20 per cent of all residents. In addition, for maternity medical benefit, also the wives of men in these classes have to be protected.

With respect to pregnancy and confinement and their consequences, the Convention stipulates that the medical care benefit shall include pre-natal, confinement and post-natal care as well as hospitalisation, if necessary. The medical care benefit shall be afforded with a view to maintaining, restoring or improving the health of the protected woman and her ability to return to work.

For maternity cash benefit, the Convention requires that it is paid periodically and not as a lump sum payment. Furthermore, in case of an earnings-related scheme, the cash benefit shall be on an average rate of at least 45 per cent of the previous earnings of the protected woman whereas in case of a flat-rate scheme, the cash benefit shall amount on average to at least 45 per cent of the wage of an unskilled male labourer of the country concerned.

The Convention allows to fix a qualifying period for the entitlement to the cash and medical care benefit, however, only as long as the country concerned regards it as necessary to preclude abuse.

According to the Convention, the maternity cash and medical care benefits shall be granted throughout the contingency, except that the periodical payment may be limited to 12 weeks. If a longer period of abstention is required or authorised by national legislation, the periodical payment has to be granted throughout this period.

3. Maternity protection in Indonesia

3.1. Current provision

3.1.1. Maternity protection in Indonesia currently consists of health care during maternity and delivery, provided under The Minister of Manpower Regulation – No. PER-05/MEN/1993 (made under the provisions of the social security law: Law No. 3 of 1992) and cash maternity benefit – an employers' liability – under Government Regulation no. 21 of 1954.

3.2. Women in the workforce

3.2.1. The number of females as a ratio to males in the country, which has remained steady in the past, is expected to increase by year 2010. However, the number of females in the workforce, which was 22.1 million and constituted 35.88 per cent of the employed labour force in 1985, has risen steadily to 36.47 per cent in 1995. This trend has continued and by the year 2000 women constituted about 38.3 per cent of the employed labour force making them significant partners in economic and social development. Table 1 below provides some figures on the Female Sex Ratio and age specific female sex ratios in Indonesia.

Table 1. **Female sex ratios in the Asian Region** (unit: per 100 males)

Region	1985	1990	1995	1998	2000	2005	2010
East and Northeast Asia	95.2	95.0	95.2	95.3	95.4	95.8	96.1
Southeast Asia	101.2	100.8	100.5	100.4	100.4	100.3	100.3
Korea	98.3	98.8	98.5	98.3	98.3	98.3	98.5
Indonesia	**100.9**	**100.6**	**100.5**	**100.4**	**100.4**	**100.4**	**100.5**
Thailand	99.5	99.7	100.0	100.2	100.5	101.1	101.5

3.2.2. The data in Table 2 indicates that there is a marginal decrease in the Age specific Female Sex Ratio from 1985 to year 2000 especially for the 15 to 24 and 25 to 34 year groups, which represents the fertile age group and would affect maternity benefit. Despite the decrease in the ratio, the number of females for these specific groups has increased in absolute terms.

Table 2. **Age-specific Female Sex Ratios in Indonesia** (unit: per 100 males)

Indonesia	All ages	0 – 4	5 -14	15-24	25-34	35- 49	50-64	65+
1985	100.9	97.1	97.5	99.7	101.9	105.4	105.1	116.9
1990	100.6	96.9	97.4	98.2	101.6	104.3	106.5	115.2
1995	100.5	96.4	97.3	97.6	100.2	103.4	108.5	116.2
2000	100.4	96.3	96.9	97.7	98.7	102.8	108.4	120.1

3.3. Current provisions for maternity benefit

3.3.1. At present cash maternity benefit is an employer's liability under Government Regulation no. 21 of 1954. Entitlement to benefit arises for delivery after a pregnancy of not less than 26 weeks. The employer is required to pay cash benefit equivalent to the monthly wage for a period of 12 weeks — six weeks before confinement and six weeks afterwards. In the event the female employee dies during or after delivery, the employer is liable for maternity benefit payments for the whole 12-week period.

3.3.2. There are no employment or contribution conditions for entitlement of maternity benefit. This is a major weakness, as an employer is required to pay benefit even if the woman delivers within the first month of employment.

3.4. Medical care during pregnancy and confinement

3.4.1. The requirement to provide health care during maternity and delivery comes under separate legislation from that covering cash maternity benefit — Government Regulation No. 14 of 1993 (Article 35) and Minister of Manpower Regulation No. PER-05/MEN/1993 (both made under the provisions of the social security law: Law No. 3 of 1992). The provisions apply only to the private sector and only to employers to whom the provisions of the social security law apply. The health care programme, of which provision of maternity and delivery care is part of the package, is administered by PT Jamsostek. It is funded by contributions payable wholly by the employer of 3 per cent in respect of single workers and 6 per cent for married workers.

3.4.2. Under the provisions of Article 2 of Government Regulation No.14 of 1993, employers are covered compulsorily by the social security law if they employ ten employees or more or have a monthly payroll of not less than Rp. 1 million. Article 2 also provides that employers who provide health care programmes for their employees with benefits superior to those of the Basic Health Care Package provided by Regulations may opt out of the Jamsostek programme. Many employers, covered by Jamsostek for old age and employment injury benefits, have opted out of the health care provisions under this opt-out clause which is not closely regulated. Employers who are outside the scope of compulsory Jamsostek membership and do not become voluntary members must pay the benefit themselves or through private insurance.

3.4.3. Under the 1993 Ministerial Regulation the employer is required to provide primary medical care to the female worker or the spouse of a male worker for the first, second and third child.

3.4.4. Jamsostek has determined the maximum cost for delivery to be Rp. 500,000. Female employees have to bear the difference between the actual amount and the maximum amount covered by Jamsostek. This difference has risen significantly over the years, a result of the escalating medical costs.

3.4.5. The minimum period for inpatient care for normal delivery is three days and a maximum is five days.

3.4.6. A unique provision of the Labour Law of Indonesia is that female workers, in addition to cash maternity benefit, are also entitled to two days of paid leave for the first and second day of their menstrual cycle. This provision saves the employer sixteen to eighteen days of wages during the period of pregnancy of the employee. However, the provision is in practice discretionary. Many employers allowing only one day a month, others no menstrual leave at all.

3.4.7. Some employer groups expressed the view that such provisions in the Labour Laws favoured the female worker and resulted in some women working ten months in a year and receiving thirteen months of pay. Annually employers have to provide 12 days of annual leave, up to 24 days of menstrual leave. The paid leave, together with an obligation to pay maternity benefit should the requirement arise, represents a significant cost to many employers who then choose to discriminate against women in their hiring policy.

3.4.8. In the event of death during childbirth or due to other causes the relatives of the female employee will receive the death benefit from Jamsostek. The death benefit is equal to three million (Rp. 3,000,000) with an additional Rp.600,000 as funeral benefits.

3.4.9. From discussions with the various groups at workshops and individually there appeared to be differences between the levels of protection provided by employers in the different economic sectors.

Employers in the plantation sector had better maternity benefit provisions for female workers and the spouse of the male worker than most others. This is due to historical reasons. Female employees in the financial sector generally receive even higher and better coverage as their employers provide private insurance coverage for medical benefits that includes delivery care. The conclusions about differences in levels of cover have been drawn from comments made by employers and labour union representatives — no adequate or reliable data was available. Depnakertrans officials were unable to provide any figures on complaints made by female employees against employers who failed to meet their obligations regarding maternity protection. From the absence of recorded complaints, a cursory overview of the present provisions would tend to indicate the existing system works well without significant problems. This probably explains the generally expressed view of employers that a change in maternity provision was not a priority and not really necessary. However the views of women's groups indicate that the present system is far from satisfactory.

4. Analysis of the programme

4.1. The number of maternal deaths and the number of live births in hospitals has been on the increase since 1997. Data obtained from the Ministry of Health and other sources are as follows:

- the rate of maternal deaths is 450 per hundred thousand females and is one of the highest rates in the region;
- the number of maternal deaths per thousand in hospitals is increasing and is a cause of concern;
- the birth rate is estimated to be 22.6 per thousand in the year 2000 indicating that there is a need for adequate maternity protection;
- the number of females in the work force is increasing. Statistics of female workers who were paid wages and have worked in year 2000 was 35,032,000 and of these 25,134,000 are between the ages of 15 and 44 years. (Table 3);
- however, the number of salaried female workers in August 2000 in both the urban and rural sectors was 9,709,833. (Table 4);
- the number of maternal deaths in hospitals has increased significantly over the years. (Table 5). As the data given are only for hospital deaths, where the care available is better, the situation could be worst at health care centres and for home deliveries in the rural sector; and
- there are other complications in the childbearing process where prenatal and postnatal care has to be given consideration. (Table 6).

Table 3. **Population 15 years of age and over by age group and types of activity in previous week august 2000** (in millions)

Age group	Working	Have worked	Total
15 – 19	2.511	.085	2.596
20 – 24	4.189	.201	4.390
25 – 29	4.707	.159	4.866
30 – 34	4.214	.095	4.309
35 – 39	4.628	.033	4.661
40 – 44	4.050	.262	4.312
45 – 49	3.126	.010	3.036
50 – 54	2.443	.006	2.449
55 – 59	1.729	.008	1.737
60 >	2.800	.006	2.806
Total	**34.399**	**.633**	**35.032**

Badan Pusat Stastik August 2000 / Indonesia Statistics Department.

Table 4. Female employees wages: salaries per month by region (August 2000)

Wage/ Salaries per month	Urban	Rural	Total urban & rural
<100,000	417,355	856,686	1,274,041
100,000 – 199,999	1,328,658	1,226,247	2,554905
200,000 – 299,999	1,155,274	718,318	1,873,592
300,000 – 399,999	948,406	320,086	1,268,492
400,000 – 499,999	534,109	174,300	708,409
500,000 – 599,999	390,673	85,004	475,677
600,000 – 699,999	325,194	126,683	451,876
700,000 – 799,999	281,139	131,671	412,810
800,000 – 899,999	240,327	101,944	342,271
900,000 – 999,999	107,738	31,343	139,081
1,000,000 >	195,780	12,899	208,679
Total	**5,924,653**	**3,785,180**	**9,709,833**

Badan Pusat Stastik August 2000/ Indonesia Statistics Department

Table 5. Number of maternal deaths and births in hospitals in Indonesia year 2001

Year	Total number of maternal deaths	Number of life births	Deaths/ thousand
1994	74	18,576	4.0
1996	92	19,210	4.8
1997	632	19,210	7,0
1998	613	63,334	9.7
1999	697	87,028	8.0

Table 6. Distribution of patients by gynaecological problems in hospitals during 1999

Gynaecological problem	Total no. of cases	Deaths	Case fatality rate
No. of pregnancies terminated in abortions	20,418	168	0.8
Difficult pregnancies	67,327	413	0.6
Premature births	7,256	66	0.9
Excessive bleeding during birth	6,004	146	2.4
Internal bleeding	1,779	54	3.0
Placenta problems	6,474	70	1.1
Pre Eklasima	5,139	54	1.1
Total	**114,459**	**976**	**0.9**

Table 7. Distribution of patients receiving gynaecology treatment by age (1999)

Below 14 years of age	1,562	1.4%
15 to 24 years of age	29,424	25.7%
25 to 44 years of age	57,954	50.6%
45 years and above	25,514	22.3%
Total	**114.454**	**100%**

4.2.The analysis indicates the need to introduce adequate maternity protection for female workers and spouses of male workers. In particular, there is a need to address the following shortcomings in the maternity protection programme:

- there are several anomalies in the cash maternity benefit provisions (e.g. a female employee loses entitlement to maternity benefit if she quits or loses her job, while a newly employed female worker

or the spouse of a new male worker would be entitled to benefit within the first month of employment);

- there is no coverage for death during delivery except where the deceased is in current employment);

- the provisions available are not uniform across the all employment sectors – some groups providing better medical coverage then others; and

- a major concern is the potential for discrimination against the employment of women and the absence of effective regulation of the provisions. Despite the absence of registered complaints, anecdotal evidence suggests that there are many cases where employers do not meet their statutory obligations regarding the payment of cash maternity benefit; and

- the medical benefit provided is out-of-date and inadequate.

4.3. There are also associated concerns about protection during pregnancy and the postnatal period such as the need to improve Occupational Health and Safety provisions for pregnant workers – to safeguard the mother and the foetus. These might include regulations concerning exposure to hazardous working conditions and toxic substances, provisions for rest periods during the later stages of pregnancy. They might also include provision for:

- child care and post-natal care; and

- breast feeding policy (such as time off or provision for storing breast milk or formula feeds).

5. Recommendations

5.1. In the view of the ILO Consultant, there is a strong case for replacing the existing provisions, making cash maternity benefit available through social insurance funded by contributions from employers (and possibly a counterpart contribution from all covered workers). Jamsostek could operate such a social insurance programme.

5.2. It was not possible during this study to obtain data on the expenditure by employers on maternity benefit actually paid or the extent to which individual employers met their liability from their own resources or from private insurance. However, the Consultant estimated that a social insurance maternity benefit scheme with all employers sharing the risk (possibly with a counterpart contribution from all covered workers) might be financed by a total contribution of 0.9 per cent of insurable wages. This level of contribution would, of course, need to be verified by an actuarial valuation of the provisions; the incidence of maternity, etc. and covered workforce projections. The basis of this estimate is given below (Table 8 et seq.) and assumes that the cost of medical care during pregnancy and delivery would be covered by the scheme. This means a potential saving to the health care programme and the opportunity, in due course, to consider equalizing the present health care component contribution of 3 per cent and 6 per cent to arrive at a unified rate that would be simpler to administer. This possible unified rate would be in line with the social insurance principle of shared risk (in this case the 'risk' of providing health care to family members being shared between single and married workers).

5.3. The main provisions of a possible scheme were outlined as follows:

- the covered population should be – female employees and spouse of male employees where the wife was working prior to confinement;

- the Maternity Benefit Scheme should provide the following benefits:

  - eligible females might be provided with a cash benefit equivalent to 100 per cent of the actual average monthly wage of the employee in the three months immediately preceding the confinement. Or, in the event that the actual wage is below the minimum monthly wage for the region or if the employee has not worked during that period the amount payable shall be the minimum monthly wage;

  - the benefit should be payable for a period of 12 weeks (as at present);

  - entitlement to cash benefit might be limited to three (3) children;

  - medical benefit for pre- and postnatal treatment will be provided. Consideration might be given to removing the 3-child limit in the interests of the safety of the mother and child. The Consultant, while recognizing the relevance of the '3 child limit' on controlling the birth rate, considered that this might apply only to the cash benefit entitlement not to medical care;

  - total medical costs for delivery to be borne by the scheme administered by Jamsostek. Arrangements with the providers of the service will be made with agreements on the level, quality and cost of the service;

  - the female employee or the spouse of the male employee should be entitled to the benefit if at least 3 contributions have been made to Jamsostek during the 9 months preceding the month of confinement;

  - the spouse of a male worker, where the male has fulfilled the contribution qualifying condition, should be entitled to medical benefit for the confinement;

- no cash benefits shall be payable where a woman does not qualify on the basis of her own contribution record;
- consideration might be given to male employees being entitled to three days paternity leave; and
- the employer shall not dismiss a female employee during her period of confinement.

5.4. It is recommended that the employer should pay the maternity benefit to the claimant and claim reimbursement for the sum paid from Jamsostek. The employer should furnish proof of the female employee's entitlement, delivery after 26 weeks of pregnancy and evidence that the payments have been made to the claimant.

5.5. Any female employee, who is entitled to the benefit, should be able to claim the benefit directly from Jamsostek if she is not employed at the time of her confinement or if the employer has not paid the benefit.

5.6. Non-payment of benefit by an employer should constitute a criminal offence punishable under the provisions of the social security law.

5.7. There should be provision in the law for appeals against decisions regarding the quality or quantity of benefit payable under the provisions of the maternity benefit and health care programmes. This should include provisions for appeal against refusal of benefit on the grounds of failure to satisfy the contribution requirements, employment or medical conditions.

5.8. Contributions to finance the maternity benefit scheme should be payable by all employers, irrespective of whether or not they employ women workers. The risk is thus to be shared across the workforce following the social insurance principle. The contributions should be payable monthly with other Jamsostek contributions. The level of contribution necessary has been estimated at 0.9 per cent of the monthly wage of all employees (men and women). The basis of the estimate (to be verified by actuarial valuation) is given in Table 8 and the data that follow the table.

Table 8. Assumed average wage calculations

Mid point of salary range	No. of females	Males and females	Total wages (Rp. millions)
50,000	1,274,041	1,887,943	94,397
150,000	2,554,905	4,657,136	698,570
250,000	1,873,592	5,195,761	1,298,940
350,000	1,268,492	5,033,598	1,761,759
450,000	708,409	3,511,983	1,580,392
550,000	475,677	2,080,280	1,144,154
650,000	451,876	2,064,076	1,341,649
750,000	412,810	1,646,855	1,235,141
850,000	342,271	1,375,147	1,168,874
950,000	139,081	682,277	648,163
1,050,000	208,679	1,362,983	1,431,132
Total	9709833	29498039	12,403,174

Table 9. Programme calculations and cost estimates

Calculations and estimates	Result
Total number of salaried workers in the economy male and female	29,498,039
Total number of salaried female workers in the economy	9,709,833
Total number of working females in the economy	35,032,000
Total number of working females in fertile group (age 15-44)	25,134,000
Birth rate 2.3 per 1,000 employees. Expected no of births annually	57,808
National average minimum monthly wage	Rp. 364,148
Total for 3 months of payment cash benefit for female employees	Rp. 1,092,444
Total average annual cash benefit expenditure	Rp. 63,152,002,800
Assuming medical expenditure is Rp.500,000 per case then the Total is	Rp. 28,904,000,000
Assuming 70 % of the total males in employment are married (19,788,206 X 70%	13,851,744
Total number of spouses giving birth (2.3 X (19,788,206 / 1000) X 0.7)	31,859
Total medical cost for spouses	Rp. 15,929,500
Estimated cost of the maternity scheme	Rp. 63,196,836,252
Total wage bill of the salaried employees	Rp. 1,240,320,000,000
Rate of contribution required excluding administration costs	5.09%

6. Other issues

6.1. The Labour Laws require employers to provide two hours time-off to female employees who are breast-feeding. The employer could alternatively provide a place and other facilities to enable the employee to extract and refrigerate the breast milk. Similar provisions might be made for storage of formula food for bottle feeding.

6.2. The employer is also required to provide child-care centres to help the female employees. Employers in the plantation sector fulfil this provision while others due to a number of reasons have yet to comply.

6.3. Employers have to ensure the health and safety of the female worker as well as the foetus. Pregnant employees should not be exposed to hazardous materials or substances and they should be given proper rest breaks and provided with appropriate seating and working equipment. On the basis of anecdotal evidence it seems that these requirements are not always enforced. In the interests of addressing the worrying number of maternal deaths during pregnancy it should be possible for provisions to be made for early notification (by hospitals, doctors or midwives) to be given to the Occupational Health and Safety division of Depnaker for them to arrange OSH inspections at the expectant mother's workplace to ensure that the relevant provisions are complied with. It should be noted that exposure of male workers to hazardous substances can also adversely affect a future foetus.

7. Annexes

7.1. Annex 1. **Total number of females by age and percentage 1995 to 2000** (numbers (000))

Age group	1995		1996		1997		1998		1999		2000	
	Total	(%)	Total	(%)	Total	(%)	Total	(%)	Total	(%)	Total	%
0-4	9,629.7	9.8	9,734.5	9.8	10,148.5	10.0	10,355.5	10.1	10,464.4	10.1	106,631	10.0
5-9	10,243.3	10.4	9,994.3	10.0	9,731.9	9.6	9,587.0	9.3	9,449.2	9.1	95,122	8.9
10-14	11,456,6	11.7	11,380.2	11.4	10,885.3	10.8	10,632.0	10.4	10,343.4	10.0	101,952	9.6
15-19	10,424.4	10.6	10,706.3	10.8	11,070.3	10.9	11,266.4	11.0	11,331.7	10.9	113,920	10.7
20-24	9,266.6	9.4	9,465.8	9.8	9,923.4	9.6	9,923.4	9.7	10,100.4	9.7	103,388	9.7
25-29	8,602.2	8.8	8,720.0	8.8	8,891.7	8.7	8,891.7	8.7	8,984.3	8.7	91.703	8.6
30-34	7,950.2	8.1	8,094.1	8.1	8,278.1	8.1	8,278.1	8.1	8,348.8	8.0	84,971	8.0
35-39	6,996.5	7.1	7,230.7	7.3	7,530.5	7.3	7,530.5	7.3	7,657.1	7.4	78,341	7.4
40-44	5,488.2	5.6	5,791.4	5.8	6,363.2	6.0	6,363.2	6.2	6,600.5	6.4	68,689	6.4
45-49	4,127.3	4.2	4,338.1	4.4	4,847.2	4.5	4,847.2	4.7	5,080.2	4.9	53,560	5.0
50-54	3,470.0	3.5	3,531.6	3.5	3,717.1	3.6	3,717.1	3.6	3,827.2	3.7	39,884	3.7
55-59	3,276.8	3.3	3,289.8	3.3	3,238.7	3.2	3,238.7	3.2	3,248.2	3.1	33,016	3.1
60-64	2,840.0	2.9	2,886.4	2.9	2,978.0	2.9	2,978.0	2.9	3,000.6	2.9	30,392	2.8
65-69	1,804.7	1.8	1,945.5	2.0	2,272.9	2.1	2,272.9	2.2	2,399.2	2.3	25,208	2.3
70-74	1489.7	1.5	1,303.5	1.3	1,424.8	1.4	1,423.9	1.4	1,441.8	1.4	14,860	1.4
75+	1034.8	1.1	1,154.1	1.2	1,258.6	1.2	1,367.7	1.3	1,470.3	1.4	15,701	1.4
Total	**98,101.0**	**100**	**99,565.5**	**100**	**101,146.3**	**100**	**102,673.3**	**100**	**103,748.3**	**100**	**105,733.8**	**100**

7.2. Annex 2.

Marital status of urban residents male and female above age 10

No.	Province	Not married	Married	Divorced alive	Divorced dead
1	Sumut	42.51	52.10	0.84	4.56
2	Sumbar	36.86	53.22	2.55	7.37
3	Riau	38.01	56.99	0.88	4.12
4	Jambi	35.06	58.82	1.61	4.51
5	Sumsel	39.07	55.27	1.20	4.46
6	Bengkulu	36.93	57.22	1.40	4.45
7	Lampung	37.69	57.85	0.81	3.65
8	Dki.jakarta	-	-	-	-
9	Jabar	32.63	60.25	2.24	4.89
10	Jeteng	31.88	59.94	1.67	6.51
11	Di Yogyakarta	31.94	59.03	1.60	7.43
12	Jatim	27.21	62.42	1.22	8.08
13	Bali	30.91	62.16	1.12	5.81
14	Ntb	35.34	57.33	2.59	4.75
15	Ntt	41.01	51.85	1.41	5.73
16	Kalbar	41.16	52.73	1.08	5.03
17	Kalteng	36.27	60.41	0.66	2.65
18	Kalsel	33.24	56.95	1.94	7.86
19	Kaltim	35.44	58.67	1.71	4.19
20	Sulut	36.58	57.25	1.27	4.89
21	Sulteng	34.41	58.95	1.76	4.88
22	Sulsel	39.33	51.96	2.16	6.55
23	Sultra	42.53	51.53	1.38	4.56
24	Irja	34.47	61.49	0.55	3.50
Total	**Indonesia**	**33.91**	**58.46**	**1.77**	**5.85**

Data: Year 2000.

7.3. Annex 3

Minimum wages by province in Indonesia

Province	Minimum wage 2001	Minimum wage 2002	Percentage change
D. I. Acheh	300,000	330,000	10
Sumut	340,500	453,000	38
Sumbar	250,000	385,000	54
Riau	329,000	491,915	20
Jambi	245,000	304,000	24
Sumsel	255,000	344,536	31
Bangka bel	-	345,000	-
Bengkulu	240,000	295,000	23
Lampung	240,000	310,000	29
Jawa barat	245,000	280,779	15
Jawa tengah	245,000	314,500	28
Jawa timur	220,000	277,783	11
D.K.I. Jakarta	426,250	591,266	39
Banten	-	360,000	-
Yogyakarta	237,500	321,750	36
Bali	309,750	433,640	10
Kalbar	304,500	380,000	25
Kalteng	326,000	326,000	0
Kaltim	300,000	500,000	67
Kalsel	295,000	377,500	13
N.T.T.	275,000	330,000	20
N.TB.	240,000	320,000	33
Maluku	230,000	285,000	24
Malut	-	-	-
Gorontalo	-	375,000	-
Sulut	372,000	438,000	18
Sulsel	300,000	375,000	25
Sulteng	245,000	350,000	43
Sultra	275,000	325,000	18
Irian Jaya	400,000	530,000	33
Average	**307,173**	**364,148**	**27.50**

7.4. Annex 4

List of people interviewed

Name	Organization
1. Dr. Zulmiar Yanri	Director General Occupation Safety and Health, DEPNAKER, Jakarta
2. Syami Syahrizzamzami	IT Department, Jamsostek, Jakarta
3. Bambang Purwoko	Director of HRD and General Affairs, Jamsostek, Jakarta
4. Timboel Siregar	Head of Education and Training, Association of Trade Unions Indonesia ASPEK
5. Douglas Todd	Resident Financial Advisor, Ministry of Finance.
6. Rabin Hattari	Economist, Ministry of Finance.
7. IR Thomas Darmawan	Chairman of Compartment of Multifarious Industry, Indonesian Chamber of Commerce and Industry
8.Eddy S. Tjokronegoro	Head of Finance and Training, Indonesian Chamber of Commerce and Industry, Jakarta
9. Tdo Gultom	Head of Work, National Union of Workers in Cigarette, Tobacco, Food and Drink Industries
10. Eddy Purwanto	Assistant to the Deputy Minister for International Economic Cooperation, Jakarta.
11. S.Lumban Gaol	Director of Industrial Relations and Labour Standards, Jakarta
12. M.S. Hidajat	Vice President, Federation of Indonesian Industrial Trade Unions, Jakarta.
13. Suradi Idris	General Secretary, Indonesian Labour Arbitrator Association, Jakarta
14. M. Nazir Syafrie	General Secretary, Federation of Trade Union of Indonesian State Owned Companies, Jakarta.
15. Dr. Heru P. Kasidi	Director, Bureau of Planning and foreign Cooperation, Office of the State Minister for Women's Empowerment
16. Ir. A. aziz Zen Gumay	Head, Provincial Authority for North Sumatra DINAS.
17. Drs. Haris Alberth. T	PT Jamsostek, Regional Director Medan.
18. H. Muchtar	Head, Federation of All Indonesian Trade Unions, Medan.
19. Sae Tanangga Karim	Executive Director, Indonesian Furniture Industry and Handicraft Association, Jakarta.
20. TT. Hidayat Sugandi	Employers Association of West Java, Bandung
21. Deddy Wijaya	General Head, Association of Ojeg Operators, Bandung.
22 Nur Asiah	Sub Director, Director of Social Security, DEPNAKER Jakarta
23.Syarifuddin Sinaga	Sub Director, Labour Norms and Inspection DEPNAKER Jakarta.