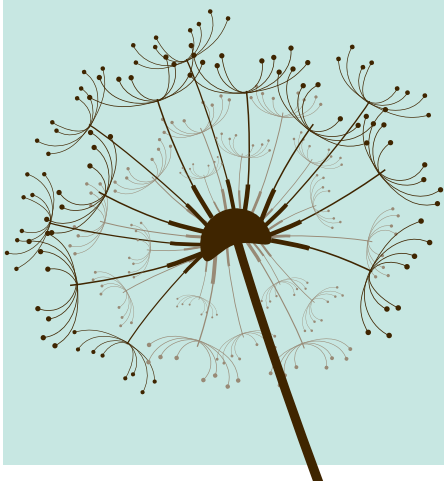




MATERNITY PROTECTION FOR FEMALE WORKERS: LAWS AND PRACTICES IN ASEAN



**MATERNITY PROTECTION FOR FEMALE
WORKERS:
LAWS AND PRACTICES IN ASEAN**

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INTRODUCTION

The ASEAN integration process has come up with various frameworks that pronounce ASEAN's commitment towards providing social security for its citizens. The ASEAN Charter, which was ratified in 2008, states that ASEAN shall provide its people with social welfare to enhance their wellbeing and livelihood. Likewise, the ASEAN Socio-Cultural Community Blueprint (2009) charts social welfare and protection as one of its priorities. It envisions the improvement of the quality, coverage and sustainability of social protection. Furthermore, the ASEAN Labour Ministers' Work Programme 2010-2015 and the ASEAN Committee on Women Work Plan 2011-2015 reflect ASEAN's dedication to develop national and regional plans on social security systems, including outlining strategies on how to extend social security to the informal sector and to strengthen social protection for women at the workplace.

Despite the various commitments made by the ASEAN Member States in enhancing social security, problems of vulnerable employment, especially among the group of female workers are still prevalent. The majority of working-age women in Southeast Asia are lower than that of men and women are usually lower paid. Furthermore, women face higher barriers to enter the workforce for example after spending time for giving the birth, caring little child or doing non paid homework. This leads to the difficulty for women to join social security benefits.

Not only women in the nation have to face up with difficulties but migrant worker also have to. Therefore, ASEAN countries need to pursue additional strategies to strengthen social protection of (female) migrant workers by promoting agreements between ASEAN countries with the aim at ensuring that migrant workers and their families will have access to the programmes of the countries in which they have worked and are able to transfer their entitlements.

In terms of maternity protection at the workplace, there is a particular need for effective actions through coherent and collaborative approaches at both regional and national levels. They shall ensure elementary rights such as maternity leave, cash benefits, medical care, protection from workplace risks, protection from discrimination and dismissals, and the right to breastfeeding on return to work.

The Ministry of Labor, Invalids and Social Affairs of Viet Nam would like to introduce this booklet with the aim of introducing good practices related to gender - responsive policies and measures to ensure equal social security from ASEAN Member States. The Ministry of Labor, Invalids and Social Affairs of Viet Nam would also like to take this opportunity to express our sincere thank to AECID for financial support for this publication.

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TENTATIVE PROGRAMME

Sunday, May 5th, 2013

All day	Arrival of international participants
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Monday, May 6th, 2013

8:15 – 8:45	Registration
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8:45 – 9:15	WELCOME REMARKS AND INTRODUCTION
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- N.N., MoLISA

- N.N., SLOM

- N.N., ACW

- N.N., ASEC

- N.N., FES

SESSION 1	Promoting gender-responsive social security in ASEAN
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This session aims at setting the stage for the subsequent rounds of discussion. It will start with an input on the necessities of integrating gender justice and the needs of women in the structure and coverage of social security system.

The second input will give an overview on the issues of gender inequalities and trends in female employment across the ASEAN region and what implications they have for social security schemes. Furthermore, it will provide an overview which steps have been taken on the ASEAN level to strive for gender-sensitive social security scheme that take women's needs into account.

Chair:

ASEAN delegate from Singapore, or Malaysia or Philippines

9:15 – 09:45

Minding “gender-blind” social security schemes – Why gender justice matters

Speaker: Ms. Yamini Mishra

GRB Specialist, South, East and South East Asia

UN Women Office for India, Bhutan, Maldives & Sri Lanka

09:45 – 10:15

Gender inequalities in ASEAN and their implications for social security

Speaker: tbc

Sharing by delegates from ASEAN Countries

10:15 – 10:45

Q&A

10:45 – 11:00

Coffee/Tea break

SESSION 2	Special focus - Maternity protection at the workplace in the ASEAN member states
	<p>This session will be devoted to issues related to maternity protection for female workers such as scope of coverage, maternity leave, cash benefits, reproductive health services, childcare provisions as well as employment protection. It will give an assessment on current policies and strategies concerning maternity protection at the workplace.</p> <p>Chair: Ms. Tes Borgonos, project manager, BWI Philippines OR ASEAN delegate from ACW</p>
11:00 – 11:30	<p>Maternity protection in ASEAN labour laws - Findings of the Comparative Study on Labour Laws in ASEAN</p> <p>Speaker: Ms. Nguyen Thi Dieu Hong</p>
11:30 – 12:00	<p>Senior Expert on Gender Equality Promotion Policy, MoLISA</p>
12:00 – 12:30	<p>Maternity Protection in practice – Sharing by delegates from ASEAN Countries</p>
12:00 – 12:30	Q&A
12:30 – 14:00	Lunch
SESSION 3	gender-responsive social security - Challenges and good practices

14:00 – 15:30	World Café Discussion <i>This session will look at experiences in individual ASEAN member states with regard to gender-responsive social security as well as maternity protection at both policy-making and practical levels. In a ‘world café’ setting, participants will be seated in groups. Each group will discuss gender-related challenges and good practices pertaining to health care and retirement benefits as well as maternity protection.</i> Facilitators: Julia Mueller, Director, FES Pham Huong Giang, Programme Manager, FES Floating Coffee/Tea break
15:30 – 16:45	Presentation of the discussion results
16:45 – 17:00	WRAP-UP OF THE FIRST DAY By MoLISA
18:00 – 20:00	WELCOME DINNER (Reception starts at 17:30)

Tuesday, May 7th, 2013

8:00 – 8:30

Registration

SESSION 4

MECHANISMS FOR HARMONISATION OF SOCIAL SECURITY SCHEMES ACROSS THE REGION – SHARING EXPERIENCES OF EU AND ASEAN

This session will discuss successes and further potentials for coordinating and harmonizing social security and maternity protection between ASEAN member states. Among others, it will address questions of how bi- and multilateral social security agreements can be interlinked and how they may complement each other in order to enhance the rights of citizens to social security across countries.

The first speaker will share about existing regional frameworks, MoU, strategies and actions aiming at fostering regional cooperation on social security in ASEAN.

The second speaker will share about the experience of the European Union (EU) in coordinating social security systems of 27 EU member states.

Chair:

SLOM or ACW representative

8:30 – 9:00

Regional coordination of social security in ASEAN – An assessment

Speaker: tbc

9:00 – 09:30 Multilateral and bilateral social security agreements in the European Union – Chances and limits

Speaker: Mr. Uwe Kolakowski
German Statutory Pension Insurance Scheme,
Braunschweig-Hannover, Germany

9:30 – 10:00 **Q&A**

10:00 – 10:15 Coffee/Tea Break

SESSION 5 STRATEGIES FOR GENDER RESPONSIVE SOCIAL SECURITY PROVISION IN ASEAN

Focus Group Discussion

Based on the preceding discussions, the participants will elaborate both national and regional strategies for an enhanced gender responsiveness of social security programmes in ASEAN. Particular attention will be paid to the issues of health care, retirement pensions and maternity protection.

Facilitators:

Julia Mueller, Director, FES
Pham Huong Giang, Programme Manager, FES

10:15 – 11:00 **Focus group discussion: National strategies**

11:00 – 11:45 **Focus group discussion: Regional strategies**

11:45 – 12:30 **Presentation of the discussion results**

12:30 – 13:00 **Presentation of the discussion results**

15:00 – 15:30 CONCLUDING REMARKS

MoLISA

FES

13:00 – 14:00 | **Lunch**

End of Programme

CONCEPT NOTE OF THE REGIONAL WORKSHOP ON SOCIAL SECURITY AND MATERNITY PROTECTION FOR FEMALE WORKERS: LAWS AND PRACTICES IN ASEAN

I. Background

The ASEAN integration process has come up with various frameworks that pronounce ASEAN's commitment towards providing social security for its citizens. The ASEAN Charter, which was ratified in 2008, states that ASEAN shall provide its people with social welfare to enhance their wellbeing and livelihood. Likewise, the ASEAN Socio-Cultural Community Blueprint (2009) charts social welfare and protection as one of its priorities. It envisions the improvement of the quality, coverage and sustainability of social protection. Furthermore, the ASEAN Labour Ministers' Work Programme 2010-2015 and the ASEAN Committee on Women Work Plan 2011-2015 reflect ASEAN's dedication to develop national and regional plans on social security systems, including outlining strategies on how to extend social security to the informal sector and to strengthen social protection for women at the workplace. Furthermore, the cooperation agreement signed between the ILO and ASEAN in 2007, announced social security as a priority area for their joint programmes.

In a bid to enhance social protection for women in the workplace, the ASEAN Senior Labour Officials Meeting (SLOM) and the ASEAN Committee on Women (ACW) have committed to strengthen cross-ministry cooperation related to maternity protection for the period 2011-2015.

Despite the various commitments made by the ASEAN Member States in enhancing social security, problems of vulnerable employment and working poverty, especially among the group of female workers, are still prevalent and even were exacerbated by the recent crisis of the global economy. While each country in the region has some forms of social security provision in place, many programmes do not yet take adequate consideration of gender- specific vulnerabilities.

Female employment in Southeast Asia

The majority of working-age women in Southeast Asia are employed in a limited range of sectors, with agriculture and services absorbing around 86 percent of the female labour force.¹ Furthermore, a high number of women work in the export-oriented manufacturing industry (e.g. textile sector), which focuses on labour-intensive and low-cost production. In general, women in ASEAN constitute the biggest share of workers in informal employment. As compared to formal work, these jobs are predominantly characterised by low productivity, irregular payment, job insecurity, and a lack of adequate occupational health and safety conditions as well as social protection.

Another feature of female employment in the ASEAN region is the large and growing number of women migrating from rural areas to cities or to other countries, mainly for low-skilled jobs as domestic work. These workers are meeting a significant and increasing demand in the labour market in the receiving countries and constitute an important source of financial contributions in the sending countries through their remittances. ASEAN has acknowledged the important contributions of migrant workers in the region by adopting the ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers in 2007. However, the access of migrant workers to social security systems is rarely given and the portability of accumulated entitlements through multi- or bilateral social security agreements is seldom ensured. Especially the female migrant workers' right to maternity leave is rare. Therefore, pregnancy usually means job loss for those women and forces them to return in their home countries.

1 ILO/ADB, Women and Labour Markets in Asia, Rebalancing for Gender Equality, 2011, http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_154846.pdf.

According to the ILO, every year, around 8 million women suffer pregnancy-related complications and more than half a million women die before, during, and after childbirth. The key concern of maternity protection is to ensure that women's work does not jeopardise the health of the woman and her child and women's maternity is reconcilable with their economic and employment security.

Challenge: “Gender-blind” social insurance programmes

Female workers in the formal public and private sectors are by and large in a better situation compared to those in informal employment as they usually have access to statutory social security schemes, such as health care or retirement benefits. Though, multifaceted gender inequalities also prevail in those systems, with primarily women bearing the negative consequences. The reason for this is the fact that social insurance programmes tend to be “gender-blind”, which means that they do treat women and men equally and do neither take into account remaining discrimination of women on the labour market nor the fact that women may become mothers.

Labour force participation rate of women in ASEAN is a lot lower than of men. According to the ILO, 81.8 per cent of the male working-age population participates in the labour market in Southeast Asia compared to 58.8 per cent of women.² Besides that, women are usually lower paid, face higher barriers to enter the workforce, are often easier to be dismissed following childbirth and maternity leave, retire earlier or are engaged in non-paid household work. These factors have decisive implications for female entitlement to social insurance, especially whenever the benefits are based on the level of accumulated contributions made in the course of working life (e.g. pension). Additionally, benefits may not meet the needs of the target group, especially the widespread limited amount of maternity benefits that forces new mothers to return to work earlier than recommended.

2 ILO, Global Employment Trends 2013, http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_202326.pdf.

Implementing strategies for effective and gender-responsive social security in ASEAN

The outlined trends in female employment in the ASEAN region and the overall risks of potential economic shocks in future are pressing for more effective and gender-responsive social security strategies that shall aim at promoting greater equality in society as a whole.

Strategies to equalise social protection outcomes for women and men require a complex approach. Shahra Razavi (UNRISD) suggests three interlinked strategies that respond to the challenges described for ASEAN: (1) Elimination of gender-blind and discriminatory practices in social insurance programme design to produce equal outcomes (pension system, mandatory health insurance), (2) Strengthening of general labour market regulations (e.g. minimum wage) as to eliminate gender-based inequalities in types of employment, earnings and social insurance contribution, (3) Development of systems of social protection which are not linked to individual employment trajectories in the form of social assistance programmes.³

ASEAN countries need to pursue additional strategies to strengthen social protection of (female) migrant workers by promoting agreements between ASEAN countries. These agreements shall enable the coordination of social security systems in the region (and beyond ASEAN) to ensure that migrant workers and their families will have access to the programmes of the countries in which they have worked and are able to transfer their entitlements.⁴

In terms of maternity protection at the workplace, there is a particular need for effective actions through coherent and collaborative approaches at both regional and national levels. They shall ensure elementary rights such as maternity leave, cash benefits, medical care,

3 Shahra Razavi, Engendering Social Security and Protection, Making Social Security and Protection Gender Equitable, FES International Policy Analysis, June 2011, <http://library.fes.de/pdf-files/iez/08212-20120125.pdf>.

4 Edward Tamagno, Strengthening Social Protection for ASEAN Migrant Workers through Social Security Agreements, January 2008, <http://www.ilo.org/public/english/region/asro/bangkok/library/download/pub08-19.pdf>.

protection from workplace risks, protection from discrimination and dismissals, and the right to breastfeeding on return to work.

Against this background, the Ministry of Labour, Invalids and Social Affairs of Vietnam (MoLISA) and the Friedrich-Ebert-Stiftung (FES) are jointly organising a one and a half day regional multi-stakeholder workshop looking at current laws and practices in ASEAN and develop gender-responsive strategies for comprehensive social security.

II. Objectives:

The regional workshop aims at sharing information about the gender-responsiveness of current national and regional social security frameworks in ASEAN countries, particularly with regards to health care, retirement pensions and maternity leave. The workshop will present selected country studies and discuss experiences and good practices related to gender-responsive social security at both policy-making and practical levels. Based on these discussions, strategies for an enhanced gender-responsiveness of social security programmes in ASEAN shall be developed.

Attention will also be paid to existing regional frameworks such as the ASEAN Charter, the ASCC Blueprint, the ACW Work Plan as well as the ASEAN Labour Ministers' Work Plan in order to elaborate on the identified entry points to further regional cooperation on social protection across the ASEAN region, e.g. through bi- and multilateral social security agreements.

In addition, the workshop participants will seek to take up the experience of other countries (e.g. Germany) with regard to gender-responsive policies and measures to ensure equal social security for women and men.

III. Participants

The workshop will invite 55 delegates, including representatives from all ASEAN member countries (01 SLOM and 01 ACW each country), the ASEAN Secretariat, experts from Europe, Vietnamese experts from tripartite partners and relevant agencies, experts from regional trade union organisations and other international organisations.

IV. Date and Venue

6 May -7 May (noon) 2013

Sheraton Hotel

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<http://www.sheratonhanoi.com/>

V. Organisers

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The Ministry of Labour, Invalids and Social Affairs is a governmental body. It performs the state management function on the areas of: employment, vocational training, labour, salary, social insurance (compulsory social insurance, voluntary social insurance and unemployment insurance), occupational safety, the People with Special Contribution to the Country, social protection, children protection and care, gender equality, social evil. Furthermore, it exercises the state management role to the sector of public services within the responsible scope of the Ministry.

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Friedrich-Ebert-Stiftung (FES) is a German non-profit, private political foundation committed to the values of Social Democracy. Through its representations in over 100 countries worldwide, FES supports the building and strengthening of civil society and public institutions. Central to its work are the promotion of democracy and social justice, economic and social development, the support of trade unions and the advocacy of human rights and gender equality. The FES Office for Regional Cooperation in Asia, based in Singapore, aims at promoting Social Justice in Asia. Key topics are strengthening of an (inter-) regional dialogue on social justice, enabling a progressive discourse on social security, identifying future-oriented solutions for decent work in Asia as well promoting the social dimension of regional integration processes as ASEAN. FES conducts dialogue programmes, international and regional conferences, expert workshops and regular research in countries all over Asia. www.fes-asia.org

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ASEAN MATERNITY BENEFITS

Nguyen Thi Dieu Hong, Mes

Gender Equality Department

Ministry of Labour – Invalids and Social Affairs

Comparative Study on ASEAN Labour Laws and Practices

- Initiated by the ASEAN Senior Labour Officials to create a reference basis for governments, trade unions, employers' associations, legal experts, and other relevant partners to cooperate more closely towards fulfilling the ASEAN vision in the field of labour.
- The main objectives are:
 - Narrowing the development gap particularly in the social dimension of development between the ASEAN member states.
 - Moving forward in reaching common regional standards of labour laws in reference to ILO conventions and recommendations and other relevant international social standards regarding employment and labour issues.
- Comparative Study on Labour Laws and Practices of ASEAN Nations (*Volume I*), included:
 - Employment contracts;
 - Temporary work;
 - Individuals dismissals;
 - Collective bargaining agreement
 - Labor inspectors.
- Comparative Study on Labour Laws and Practices of ASEAN Nations (*Volume II*), included:
 - Employment for Women and Gender Equality;

- Equal Opportunities in Employment for Persons with Disabilities;
- Equal Opportunities for Youth Employment;
- Social Dialogue.

Chapter on Employment for Women and Gender Equality in ASEAN

- Equal Remuneration;
- Discrimination in Employment and Occupation;
- Workers with Family Responsibilities;
- Maternity Protection.

Legislation on maternity protection

Brunei Darussalam	Employment Order 2009
Cambodia	Labour Law 1997
Indonesia	Manpower Act 2003
Laos	Labour Law 2006
Malaysia	Employment Act 2012
Myanmar	Law Defining the Fundamental Rights and Responsibilities of the People's Workers 1964, Social Security Act 1954
The Philippines	Labor Code 1974, Social Security Law of 1997
Singapore	Employment Act 2012
Thailand	Labour Protection Act 1998, Social Security Act
Viet Nam	Labour Code 2012, Social Security Law 2006

Main issues

1. Scope (Who is protected?)
2. Amount of Leave
3. Cash Benefits
4. Medical Benefits
5. Health Protection
6. Employment Protection and Discrimination
7. Breaks For Breastfeeding/Childcare

1. Scope (Who is protected?)

Convention 183	All employed women, including those in atypical forms of dependent work
Brunei Darussalam	All female workers working under contracts of service EXCEPT seaman, domestic worker, person employed in a managerial, executive or confidential position
Cambodia	All femaleworkers EXCEPT domestic workers, civil servants, Armed Forces and Police
Indonesia	All women workers
Laos	All women workers
Malaysia	All female workers employed at any time in the four months; and not less than 90 days during the nine months immediately before her confinement, EXCEPT domestic workers and manual labourers
Myanmar	All female workers fulfilled a qualifying period of 26 contribution weeks in the last 52 weeks preceding confinement.
The Philippines	Any employed woman who has rendered an aggregate service of at least 6 months for the last 12 months. Applies for up to 4 births.

Singapore	All female workers working under contracts of service EXCEPT seaman, domestic worker, person employed in a managerial, executive or confidential position.
Thailand	All workers who have remitted the counterpart fund for not less than seven months within the period of fifteen months before receiving medical service. Applies for up to 2 births.
Viet Nam	All workers who have paid SI contribution for full 6 or more months within 12 months prior her child delivery or his/her child adoption.

2. Amount of Leave

Convention 183	<ul style="list-style-type: none"> • Not less than 14 weeks (remember: ILO Recommendation 191 calls for 18 weeks) • Provision for 6 weeks compulsory postnatal leave
Brunei Darussalam	4 weeks immediately before confinement and 5 weeks immediately after confinement
Cambodia	90 days
Indonesia	1.5 (one and a half) month before birth giving and another 1.5 (one and a half) month after birth giving. Miscarriage is included - 1.5 (one and a half) month.
Laos	Before and after confinement, at least 90 days. Post-maternity leave of at least 42 days. For miscarriage, entitlement to leave shall be determined on the advice of a physician.
Malaysia	60 days. Applies for up to 4 births. Women who miscarry after 22 weeks or have still births are also covered.
Myanmar	6 weeks before and 6 weeks after confinement

The Philippines	2 weeks prior to the expected date of delivery and another 4 weeks after normal delivery or abortion. Applies for up to 4 births, including miscarriage.
Singapore	16 weeks
Thailand	90 days Applies for up to 2 births.
Viet Nam	Prenatal and postnatal leaves, 6 months. In case of twins or multiple births, an additional leave of 30 days for each child from the second one. Prenatal leaves - no longer than 2 months.

3. Cash Benefits

Convention 183	<ul style="list-style-type: none"> • Two thirds of a woman's previous earnings OR Equivalent payment • Benefits to be provided from social insurance or public funds or determined by national law and practice
Brunei Darussalam	Full payment for 8 weeks by employer. A female worker who has served less than 180 days immediately preceding the day of her confinement – no payment.
Cambodia	Half payment (only for those employed longer than 1 year) by employer.
Indonesia	Full payment by employer.
Laos	60% of minimum wage by the employer or by the social security fund. In case of twins or multiple births, the said benefit shall be increased by 50%. This benefit shall also be due in the event of miscarriage.

Malaysia	Full (for those employed longer than 90 days) by employer.
The Philippines	Full by Social security system (two different funds for private and public employees).
Singapore	Full payment by employer.
Thailand	Full (for those making contributions to social welfare fund for at least 7 months). 45 days - employer; 45 days - social welfare fund.
Viet Nam	Full by social insurance fund. In the case the female employee returning to work before the end of her maternity leave shall continue to receive maternity allowance besides the employer's pay for her working days.

4. Medical Benefits

Convention 183	Prenatal, childbirth and postnatal care and hospitalisation care when necessary
<p>There is no legislated requirement in ASEAN countries EXCEPT Viet Nam to provide medical benefits such as pre-natal, childbirth or post-natal care, or hospitalisation care.</p> <p>For Viet Nam: A female employee shall be entitled to a social insurance allowance during her leave for pre-natal examination, on account of a miscarriage, abortion, died fetus in the womb, contraceptive measures, tending a sick child under 7 years of age or an adopted new-born under 6 months of age.</p>	

5. Health Protection

Convention 183	Pregnant and nursing women shall not be obliged to perform work that is assessed as detrimental to the mother or child
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Brunei Darussalam	Any employer who knowingly employs a female employee at any time during the period of 4 weeks immediately following her confinement is guilty of an offence
Cambodia	For the first two months after maternity leave the employee is expected only to perform light work. Minimal fines
Indonesia	Employers are forbidden to require pregnant employees to work between 11:00pm and 07:00am if the employee provides a doctor's certificate stating that it would endanger the pregnancy. 1 - 12 months' gaol sentence and/or a fine of between Rp10 million [US\$1,100] and Rp.100 million [US\$11,000].
Laos	Women during pregnancy or take care of infant shall not work on lifting or carrying heavy loads; work which entails standing continuously for long periods. In such circumstances the employer shall assign women to other temporary duties. While performing these temporary duties, the workers concerned shall continue to receive their normal salary or wage for a maximum period of three months, after which they shall be paid the salary or wage corresponding to their new assignment. No overtime or on a day of weakly rest or at night for pregnant women or women with a child under one year of age
Malaysia	Women workers in general cannot be required to work between 10:00pm and 5:00am without a dispensation from the Director-General. But no specific protections for pregnant employees or new mothers.
The Philippines	There are certain restrictions upon women working between 10:00pm and 6:00am, although exceptions can be made by the Dept. of Labour. No specific protections for pregnant employees or new mothers.

Singapore	Any employer who knowingly employs a female employee at any time during the period of 4 weeks immediately following her confinement shall be guilty of an offence
Thailand	<p>Prohibited from causing a pregnant female employee to work between 10:00 pm and 06:00 am, or to work overtime, work on holidays, or perform any of hazardous and harmful work.</p> <p>Employee is entitled to request a temporary change in duties before or after childbirth, and the employer ‘shall consider’ changing her duties.</p> <p>Employee must provide doctors’ certificate.</p>
Viet Nam	<p>Prohibited to assign a female employee who is in the seventh month of her pregnancy onward or who is caring for her child of less than 12 months of age to nighttime work, overtime work or work involving significant travel.</p> <p>From the seventh month of her pregnancy onward, the female employee performing heavy labor shall be assigned to a lighter job or shall have her work day reduced by one hour, while continuing to receive full pay.</p>

6. Employment Protection and Discrimination

Convention 183	<ul style="list-style-type: none"> • Unlawful for employer to dismiss a woman during pregnancy, whilst on maternity leave or nursing, unless the reasons are unrelated to pregnancy or nursing, and the burden of proof rests with the employer • Guaranteed right to return to the same position or an equivalent position with equal pay • Protection against discrimination in employment (eg hiring policies) on grounds of maternity • Prohibition of pregnancy testing at recruitment
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Brunei Darussalam	It shall not be lawful for female worker's employer to give her notice of dismissal during her maternity leave or nursing
Cambodia	Prohibited for an employer to terminate a woman during her maternity leave or at a date when the end of notice period would fall during maternity leave. Minimal fines
Indonesia	It is prohibited for an employer to dismiss a woman for reasons of pregnancy, childbirth, miscarriage or breastfeeding.
Laos	An employer shall not terminate a worker's employment contract or force a worker to stop work where the said worker is a pregnant woman or a woman having given birth to a child within the last one year
Malaysia	No female employee may be dismissed from her employment whilst she is on maternity leave.
The Philippines	It is unlawful for any employer: <ul style="list-style-type: none"> - To deny any woman employee the maternity benefits or to dismiss any woman the purpose of preventing her from enjoying any of the maternity benefits; - To discharge such woman on account of her pregnancy or while on leave or in confinement due to her pregnancy; - To discharge or refuse the admission of such woman upon returning to her work for fear that she may again be pregnant. Criminal liability.
Singapore	Employers are prohibited from dismissing any employees on maternity leave.
Thailand	Prohibited for an employer to terminate a woman's employment because of her pregnancy. Up to six months imprisonment and/or a fine of not more than 600,000B [US\$15,000]

<p>Viet Nam</p>	<p>An employer is prohibited from dismissing or unilaterally terminating the labour contract of a female employee for reason of marriage, pregnancy, taking maternity leave, or raising a child under 12 months old.</p> <p>A female employee shall be guaranteed to return to the same post after her maternity leave. In case such post no longer exists, the employer must arrange another post for her with a salary not lower than that has been given to her before her maternity leave</p>
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7. Breaks For Breastfeeding/Childcare

<p>Convention 183</p>	<ul style="list-style-type: none"> • Right to one or more daily breaks for breastfeeding/lactation • Right to daily reduction of daily working hours for breastfeeding • Breaks or reduction in hours counted as working time and therefore paid.
<p>Cambodia</p>	<p>For one year following childbirth, breastfeeding mothers are entitled to one hour break (or 2 x 30 min) per day. Enterprises employing more than 100 women shall establish nursing rooms and day care centre. Enterprises not able to establish such facilities shall pay for the costs of childcare for their employees.</p>
<p>Indonesia</p>	<p>Employers should provide a suitable place for breastfeeding mothers to nurse their children during work hours.</p>
<p>Laos</p>	<p>During the 12-month period following confinements, women workers shall have the right to a daily break of one hour to nurse or take care of their child, and women workers shall have the right to take their child to immunization injection in accordance regulation.</p>

Viet Nam

A female employee nursing a child under 12 months of age shall be entitled to 60 minutes off in every working day. This time-off is still paid full wage as stated in the labour contract

Conclusion

- Labour legislations in ASEAN present a diversity in socio-economic developments and cultures in the region. However these legislations still have a common point towards international labour standars to harmonise employees' and employers' rights and interests.
- In coming years to reduce the development gap in particular the social dimensions of development between the ASEAN-6 and the CLMV countries and within ASEAN, it is important to intensify activities on sharing experiences and good practices in labour management and promotion equality at work, including gender equality.

6

OPENING REMARKS

Regional Workshop on
Social Security and Maternity Protection for Female Workers:
Laws and Practices in ASEAN
6-7 May 2013 at Sheraton Hotel, Hanoi, Vietnam

Dear Mrs Julia Mueller – Director of FES Regional Office in Singapore

Dear Mr Erwin Schweishelm – Resident Director of FES in Viet Nam

Dear distinguished delegates from The Senior Officer Meeting and The ASEAN Commission for Women in ASEAN, experts from Germany, UN Women and delegates from related Ministries and organizations in Viet Nam.

First of all, on behalf of the Leader of The Ministry of Labor, Invalids and Social Affairs, I warmly welcome the participation of all delegates to the Regional Workshop on Social Security and Maternity Protection for Female Workers: Laws and Practices in ASEAN which is organized with the technical and financial support of Regional Officer of FES in Singapore.

Dear distinguished delegates,

The ASEAN integration process has come up with various towards providing social security for its citizens. The ASEAN Charter, which was ratified in 2008, states that ASEAN shall provide its people with social welfare to enhance their wellbeing and livelihood. Likewise, the ASEAN Socio-Cultural Community Blueprint (2009) charts social welfare and protection as one of its priorities. Furthermore, the ASEAN Labour Ministers' Work Programme 2010-2015 strategies on how to extend social security to the informal sector and to strengthen social protection for women at the workplace. The ASEAN Senior Labour

Officials Meeting (SLOM) and the ASEAN Committee on Women (ACW) have committed to strengthen cross-ministry cooperation related to maternity protection for the period 2011-2015.

Despite the various commitments made by the ASEAN Member States in enhancing social security, problems of vulnerable employment, especially among the group of female workers are still prevalent. The majority of working-age women in Southeast Asia are lower than that of men and women are usually lower paid. Furthermore, women face higher barriers to enter the workforce for example after spending time for giving the birth, caring little child or doing non paid homework. This leads to the difficulty for women to join social security benefits.

Not only women in the nation have to face up with difficulties but migrant worker also have to. Therefore, ASEAN countries need to pursue additional strategies to strengthen social protection of (female) migrant workers by promoting agreements between ASEAN countries with the aim at ensuring that migrant workers and their families will have access to the programmes of the countries in which they have worked and are able to transfer their entitlements.

In terms of maternity protection at the workplace, there is a particular need for effective actions through coherent and collaborative approaches at both regional and national levels to ensure elementary rights such as maternity leave, cash benefits, medical care, and protection from workplace risks, protection from discrimination and dismissal...

Against this background, the Ministry of Labour, Invalids and Social Affairs of Vietnam (MoLISA) and the Friedrich-Ebert-Stiftung (FES) are jointly organising Regional Workshop on Social Security and Maternity Protection for Female Workers:

Laws and Practices in ASEAN. This activity is a merger of 2 initiatives in under SLOM and the ACW Work Plan 2011-2015 that are both coordinated by Viet Nam.

I do hope that this workshop will be a good opportunity for all participants, experts to discuss and exchange views on gender-responsiveness of current national and regional social security frameworks in ASEAN countries, to share good practices related to gender – responsive policies and measures to ensure equal social security. These results will be reported by Viet Nam to The Senior Officer Meetings and The Ministerial Meeting of 2 sectoral bodies in ASEAN.

On behalf of the Ministry of Labor, Invalids and Social Affairs, I would like to highly appreciate the support of FES in terms of technical and finance for ASEAN activities in general as well as for MOLISA and this workshop in particular. Thank you ASEC for assisting Viet Nam and FES to host this event.

I would like to declare opening the regional workshop on Social Security and Maternity Protection for Female Workers: Laws and Practices in ASEAN.

Wishing you good health, happiness and a fruitful workshop.

Thank you for your attention ./.



National Profile

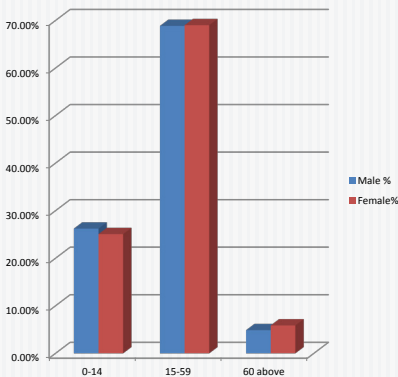
- Brunei Darussalam
- Location: Borneo Island
- Land area: 5765 sq km (75.0% rainforest)
- Climate: Tropical Equatorial
- Capital: Bandar Seri Begawan, located in Brunei-Muara District

Brunei Darussalam comprises of four districts:

- Brunei-Muara
- Tutong
- Belait
- Temburong



Gender and Age composition



	Male	Female
0-14	26.24%	25.09%
15-59	68.87%	69.02%
60 above	4.88%	5.89%

Source: Brunei Darussalam Statistical Yearbook 2010

Legal Protection

- Women and Girls Protection Act (Cap. 120)
- Women and Girls Protection (Place of Safety) Rules 2001
- Married Women Act (Cap. 190)
- Islamic Family Law Order 2000
- Children and Young Persons Order 2006
- Penal Code (Cap. 22)
- Compulsory Religious Education Order
- Compulsory Education Order 2007
- Criminal Procedure Code (Cap. 7)
- Prison's Rules (under section 62 of the Prisons Act (Cap. 51)
- Chinese Marriages Act (Cap. 126)
- Employment Order 2009
- Trafficking and Smuggling of Persons Order 2004
- Unlawful Carnal Knowledge Act (Cap. 29)
- Old Age and Disability Pensions Act (Cap. 18)
- The draft Disability Order

International Commitments

Brunei Darussalam acceded to CEDAW on 24th May 2006.

Other regional/international commitments with regards to gender-related issues:

- ASEAN Declaration on the Advancement of Women in the ASEAN Region (1988)
- ASEAN Declaration on the Commitments for Children in ASEAN (2001)
- ASEAN Declaration on the Elimination of Violence against Women in the ASEAN region(2004)
- ASEAN Declaration against Trafficking in Persons particularly Women and Children (2004)
- ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers (2007)
- ASEAN Intergovernmental Commission on Human Rights (AICHR) (2009)

- ASEAN Commission on the Promotion and Protection of the Rights of Women (ACWC) (2010)
- Convention on the Rights of the Child (CRC) (1995)
- Beijing Declaration and Platform of Action (1995)
- Nairobi Forward Looking Strategies for the Advancement of Women (1985)
- Commonwealth Plan of Action on Women and Development (1987)
- Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography (2006)
- Convention on the Rights of Persons with Disabilities (2007)
- Commonwealth Plan of Action for Gender Equality (2005)

Overview of cedaw implementation

With focus on four main areas:

- political and public life (art.7)
- nationality (art. 9)
- employment (art. 11)
- economic and social benefits (art. 13)

Article 7: political and public life

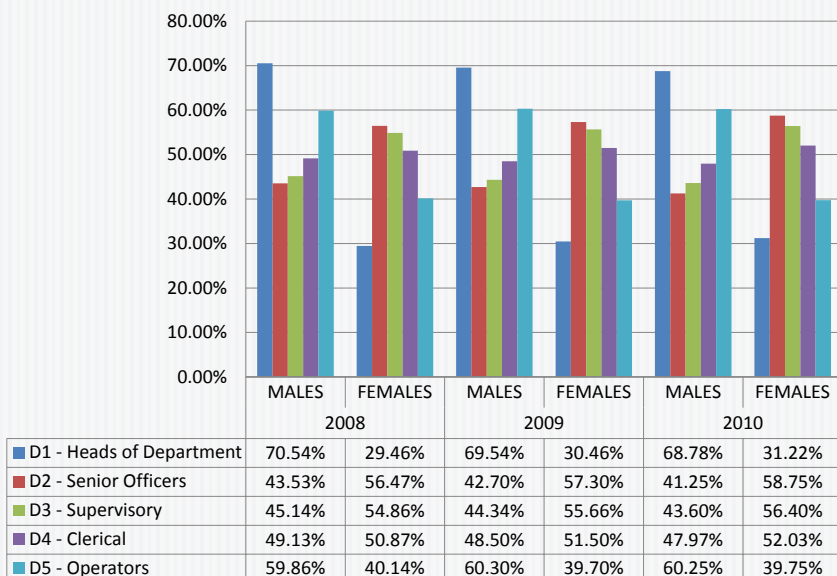
- The Brunei National Development Plan 2007-2012 stresses the need to enhance a more active participation of women in national development by providing them opportunity to hold higher positions in the public and private sectors including at the level of policy makers and legislators

Women in the government sector

Government employees by gender 2003-2010



Government employees by division and gender 2008-2010



1. As of April 2011, women constitute to about 50.4% (24,710) of civil service force, out of which 30.7% occupy Division 1 posts.
2. For the first time in Brunei Darussalam, there are currently two women in the ministerial level (Attorney General and Deputy Minister). As well as two women in the State Legislative Council
3. Women have also contributed actively in decision-making processes and are able to attain lead positions.
4. Women have been and continue to be appointed as Permanent Secretaries, Deputy Permanent Secretaries, Directors-General, Directors and Deputy Directors throughout Civil Service.
5. Women are given all opportunities to participate in nation building. They have voting rights as do men in the election of village leaders.
6. Civil Society participation in decision making is through the participation of the Council of Women Brunei Darussalam.

Article 9: nationality

Women

1. Women have equal rights to citizenship.
2. Marriage to one of another nationality does not automatically affect the nationality of the woman.
3. Change in the husband's nationality also does not affect the nationality of the wife, render her stateless or force upon her the nationality of the husband.

Children

1. Brunei Darussalam places reservation on this article as it has a policy of single nationality and does not recognise dual nationality.
2. Children of women citizens married to foreign nationals maybe accorded Brunei citizenship upon application.
3. Children of women citizens may either be registered as Brunei nationals OR the nationality as that of the father.

Article 11: employment

- Steady increase of women entering male-dominated fields
- Not subject to sex discrimination – equal working opportunities, pay and hours
- In 2009, the government had effaced the month-to-month policy on employment of women. Women are now employed on a permanent basis, which means female employees have job security and are entitled to civil service benefits such as leave passage allowances and education allowances

Brunei Darussalam National Development

- Plan 2007-2012
- Equal opportunities for women to hold higher positions in both public and private sector
- Need to provide child care facilities at the work place
- Calls for the provision of a special fund to enhance the development of women in business needs

Maternity

- Capt. 93 of the Employment Order 2009 – offers women's right to maternity leave, and is entitled to rest, pay and protection against termination during maternity leave
- Maternity Leave Regulation 2011 – measure towards coordinating the pre- and post-natal needs and health interest of mothers
- Maternity leave entitlement increased from 56 days to 105 days
- Maternity leave Regulation will also be extended to the private sector

Article 13: economic and social benefits

Women in Business

- Women in Brunei Darussalam have traditionally been active in business

- Responded positively to the Government's call to develop SMEs
- The government provides supportive measures such as: financial assistance schemes, access to info-communication technology, business counseling and training (seminars and workshops)
- The Brunei Women Business Council (WBC) established in 2000, to oversee the economic activities and promote business development of Bruneian women

Access/Ownership to Property

- No restriction for women in gaining ownership right to land and housing.
- National policy to provide all citizens with house ownership
- For the landless, all citizens regardless of gender are entitled to:
 - 1.National Housing Scheme (RPN)
 - 2.Landless Indigenous Citizen Housing Scheme (STKRJ)
 - 3.Land Entitlement and Infill Scheme (LEIS)
- Govt provides accommodation to its employees at low monthly rental. Encourages employees to buy/build own houses through the provision of interest-free housing loans

Social Benefits

Equal access to social and welfare benefits

- 1.Brunei Islamic Religious Council (MUIB) – monthly welfare benefits in cash for the poorest households
- 2.Sultan Haji Hassanah Bolkiah Foundation – a special aid scheme to help poor school children and orphans
- 3.Department of Community Development (DCD) – monthly welfare benefits in cash for the poorest households
- 4.Old Age Pensions – monthly welfare benefits in cash for the elderly, regardless of gender and means
- 5.Tabung Amanah Pekerja (TAP) or Employees Trust Fund – compulsory retirement saving scheme
- 6.Supplemental Contributory Pension Scheme (SCP) – employees and employers required to save a minimum of 3.5% of their salaries for retirement

Challenges/Suggestions

- The need for more sex-disaggregated data/The need for technical support in engendering statistical system
- The need to further enhance capacity building in gender mainstreaming, such as gender responsive budget, gender responsive policy analysis and advocacy/The need for technical support from relevant bodies
- The need to further educate women on their rights with regard to domestic violence especially on accessibility to counselling and other forms of assistance to enhance public awareness and unacceptability of such act/The need to increase awareness

Conclusion

- Women in Brunei Darussalam have achieved progress in the past few decades
- Women have proven by their abilities to permeate into various fields in life, with the continuous support from the government and NGOs
- Brunei Darussalam also views that the role of women is vital in nation building
- These achievements also reflect the capabilities of our women which have been proven by their ability to participate in the national, regional and international levels



Cambodia is one of the developing countries in South-East Asia, which have the total population about 13,395,682 according to Census 2008, and about 51.4% of the total populations are women.

Implementation/Best Practices

- Based on the Cambodian law and policy statement (Constitution law, Labor law, Civil Servant Policy, and safe motherhood policy), governmental and non-governmental institution including private sector improved the maternity protection in Cambodia.
 - Related to Maternity leave, women have the right to take maternity leave with full pay and with no loss of seniority or other social benefits for a period of 90 days. Female civil servants on maternity leave received 600,000 Riel each.
 - For one year from the date of child delivery, mothers who breast-feed their children are entitled to one hour per day during working hours to breast-feed their children. This hour may be divided into two periods of thirty minutes each, one during the morning shift and the other during the afternoon shift.
- The Royal Government of Cambodia gives high priority to safe motherhood and views the policy directives as the main approach to the reduction of maternal and perinatal mortality and morbidity and improvement in women's health.
- Maternity care services has been expanded and improved at all levels:
 - Provide Antenatal care to pregnant women- at least four antenatal care visits during pregnancy including risk screening/ early detection of danger signs and appropriate treatment and referral; tetanus toxoid immunization (2), anaemia prophylaxis

(90 iron/folate tablets for each pregnant woman); diagnosis and treatment of anaemia; syndromic treatment of STDs; health education on danger signs, nutrition and harmful traditional practices, place of delivery with transport problems activity, breast feeding and birth spacing counseling.

- Provide safe labour and delivery care - labour management with a partograph, safe/clean labour and delivery including detection of fetal and maternal complications with appropriate referral; control of bleeding in the third stage; resuscitation, thermal control; early breast feeding of the newborn and obstetric first aid.
- Provide Emergency Obstetric and Newborn Care for complicated cases.
- Provide Post-natal care: once within 24 hours of delivery and again during the first week; early detection and treatment of complications of mother and newborn; advises on breastfeeding, thermal control, immunization, nutrition and hygiene.
- Birth Spacing - counseling and post-partum/post-abortion care, birth spacing services including appropriate temporary (Short-term methods: pills, condom and long-term methods: injectable, IUD, Implants) and permanent methods are provided.
- Quality services for termination of unwanted or high risk pregnancy to reduce unsafe abortion practices and complications from pregnancy, are provided following the Cambodian abortion law.
- Settle equipment, drugs and other supplies for antenatal, labour/delivery and postnatal care, birth spacing and STD/HIV/AIDS care, including basic and comprehensive essential obstetric care at all levels.
- Moreover, government provides the incentives for live birth at public health facilities.
- Health Equity Funds are provided to poor women (ANC, Delivery, PNC, Safe abortion and Family Planning).

- Some NGOs partners are working to promote maternity status by providing education and supporting to refer pregnant women for ANC, safe delivery, PNC.
- Provide awareness raising to women in reproductive age by multi-sectoral institution in order to promote the accessibility of maternity service through trainings, education, referral system, IEC material including mass media.



List of national policies, plans, strategies and bills on social security (including baby-delivery assistance, pension, and working safety and death insurances) and gender equality

National Policies

- 1945 Constitution chapter 27 (1) stating that every person is equal before law
- Bill No. 7/1984 on the Ratification of CEDAW
- Bill No. 80/1957 on the Ratification of ILO Convention No. 100 on equal salary for equal job between men and women
- Bill No. 21/1999 on the ratification of ILO Convention No. 111 on the discrimination in job and position
- Bill No. 13/2003 chapter 5 stating that every person has equal opportunity to have job without any discrimination; chapter 6 stating that every worker has equal rights to be equally treated from his/her employer without any discrimination
- Government Regulation No. 8/1981 on Wage Protection. Employer must give equal wage for equal job and must not practice any gender-based discrimination on the issue.

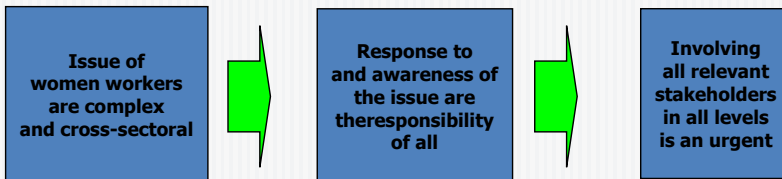
Section 1

Plans and Strategies

- Protection on women workers is designed to ensure their reproductive nature works well, to improve their welfare, to combat discrimination against them, and to improve their professionalism in the workplace. The design is customized based on their functional roles as wife, housewife, women workers and community member. In addition, it proportionally adjusted in order not to reduce their bargaining position in the workplace.

- Plans
 1. Ensuring both employers' and employees' understanding on labor-related regulations especially on the respective norms on women workers
 2. Imposing affirmative actions to reduce violations on the norms

Implementation Strategies



3. Ensuring law enforcement of the above-said regulations
4. Involving relevant stakeholders to advocate those regulations and monitor the enforcement

Strategies

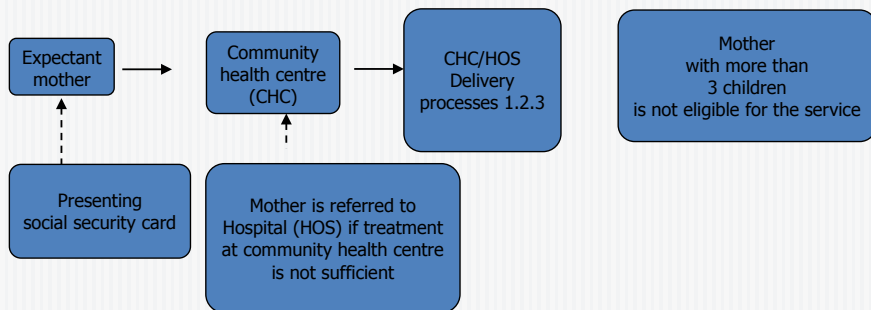
The following strategies are invented to ensure the protection of women workers

- Advocacy to relevant stakeholders to accelerate their participations
- Improving the capacity of both family and community to accelerate their awareness and participation on women worker protection issues

Current challenges

1. Discrimination practice is violating equal wage for equal job principle
2. Discrimination practice is violating equal opportunity for training and promotion principle; men tend to have wider opportunity to undertake training and promotions
3. Discrimination practice on the issue of age of retirement; men have longer age to retire than that of women

4. Discrimination practice on the issue of social security especially in health
5. Discrimination practice on the issue of employment termination; women are subject for termination due to their productive nature such as pregnancy and delivering baby



6. Current absence of standardized interpretation on the off day given to women for reasons related to their productive health such as menstruation, pregnancy, delivering baby and breast feeding

Bill No.3/1982 on Labour Social Security Guarantee

A cash transfer will be given as a replacement for either reduced or missing income due to workers' inability to work caused by, for example, work accident, sickness, pregnancy, retiring or death.

The guarantees are the following

1. Financial guarantee due to work accident
2. Financial guarantee due to death
3. Financial guarantee for retiring workers
4. Financial guarantee for maintaining workers' health

Health assistance for expectant mother is included in the financial guarantee for maintaining workers' health. Chapter 16 verse 2 (d) affirms that the guarantee covers pregnancy medical check-up and baby delivery (normal/abnormal/miscarages)

Security assistance for work accidents

1. Bill No. 3/1992 chapter 8 (1) any worker experiencing work accident has to receive financial assistance
2. The assistance includes transportation, medical check-up, medical treatment, rehabilitation and cash transfer covering temporary missing incomes, compensation for disabilities caused both mental and physical and death
3. Government Regulation No. 53/2012 of the 8th change to Regulation No. 14/1993 on social security assistance for labours
 - a. The amount of the assistance is, based on types of the companies as defined in annex 1, as the following
 - + Group 1 : 0,24% of monthly wage;
 - + Group 2: 0,54% of monthly wage;
 - + Group 3: 0,89% of monthly wage;
 - + Group 4: 1,27% of monthly wage;
 - + Group 5 : 1,74% of monthly wage.
 - b. The whole social security assistances are the full responsibility of employers

Security assistance for work-related disease

- It is included in the security assistance for work accident
- Ministry of Man Power and Transmigration Regulation No. 1/ Men/1981 on work-related disease
- President Decree No. 22/1993 on work-caused disease
- The same rights is applied as those in social security for work accidents

Retirement social security assistance

- It is included in the retirement scheme as regulated by Government Regulation No. 53/2012 on the 8th change of Regulation No. 14/1993. The scheme requires 5.70% of the total monthly wage to be assigned as retirement social security assistance. The percentage is the sum of 3.70% as employer responsibility and 2% of employee responsibility drawn each month during the work commencement.

Death social security assistance

- Bill No. 3/1992 chapter 12 on death social security assistance affirms that any worker dies not because of work accident is entitled death social security assistance in the form of cash transfer to his/her beneficiary. The assistance covers burial cost and other cash transfer which amounts of .30% of total his/her total monthly wage. The assistance is a full responsibility of employer

Gender equality

- Constitution 1945 chapter 27:
 - 1.every citizen has equal rights and position before law and governance
 - 2.every citizen has equal rights for proper works and living
- Bill No. 13/2003 on labours chapter 5 and 6
- Bill No. 7/1984 on the Ratification of CEDAW
- Bill No. 39/1999 on Human Rights chapter 49
 - 1.Women has equal rights to choose, be chosen, be promoted and chose their desired profession
 - 2.Women has full rights to special protection in their workplace from any treats endangering their reproductive health
 - 3.Women special reproductive health is fully protected and guaranteed by law
- Government Regulation No. 8/1981 on wage protection
- President Instruction No. 9/2000 on gender mainstreaming in national development in which issues of women labour is included
- Bill No. 80/1957 on ratification of ILO Convention No. 1000 concerning the equal remuneration for equal job

Section 2

National policies/ strategic plan/ bills on pregnancy protection and gender equality (including benefits of pregnancy leave, sick leave, income guarantee, health guarantee, child guarantee and work guarantee)

The nature of women workers' protection policy

- Protective :
Policies to address and protect women reproductive issues in the work place
- Corrective :
Policies to improve women position in the workplace
- Non Discriminative :
Policies to address equal rights and responsibility in the workplace

Protective policies cover

1. Protection in the menstruation period
 - Women workers can take sick leave in the first and second day of their menstruation period with the conditions of
 - experience sickness
 - inform their employer
 - sick leave is regulated by PK, PP, PKB.
2. Protection before and after delivery
 - women workers are entitled 1.5 month off days before delivery and 1.5 month off day after delivery (subject to providing doctor certificate)
3. Protection after miscarriage
 - Women workers are entitled 1.5 month off day after miscarriage (subject to providing doctor certificate)
4. Opportunity for breastfeeding
 - If needed, women workers are entitled special times to breastfeeding if the activity must be undertaken during work time
5. Prohibition for pregnant workers to work overnight
 - Pregnant women workers are prohibited to work between 23.00pm to 07.00am, subject to doctor advice or certificate

Corrective policies cover

1. Prohibition for employers to fire women workers due to marriage, pregnancy or delivering baby (Minister of Man Power and Transmigration Regulation No. 3/1989)

2. Protection to work overnight

- Employers who employ women workers at night are responsible to
 - a. Provide nutritious food and drink (1,400 calorie)
 - b. Ensure decency and safety environment for women workers
 - c. Provide transportation from and to work place
 - d. Minimum age of women workers to be employed are 18 years old

3. Protection for women migrant workers working in the foreign country (protection from trafficking practice)

Non discriminative cover

1. Equal opportunity and treatment to find job without any discrimination (Chapter 5 and 6 Bill No. 13/2013)
2. Equal pay for equal job (ILO Convention No. 100 – Bill. No. 80/1957)
3. Equal opportunity for type of job and job promotion regardless race, skin colour, sex, religion, and political affiliation (ILO Convention No. 111/ Bill No. 21/1999)

Section 3

Major achievement during the advocacy process and its result in the last year of the enforcement of social security and gender equality policies

Section 4

Current obstacles

Protection for women workers still faces following obstacles

1. There is still persistent gender-based discrimination on the principle of equal pay for equal job
2. There is still persistent gender-based discrimination on the opportunity for training and promotion; men are given wider opportunity to undertake training and be promoted to higher job position

3. There is still persistent gender-based discrimination on social security programs especially on the issue of health security
4. There is still persistent gender-based discrimination practice of firing women workers due to marriage, pregnancy and baby delivery
5. Common practice of different interpretation of women workers' rights on off day due to menstruation, pregnancy, baby delivery and breast feeding opportunity

Reasons for the problems

- Lack of employers' understanding on work regulations concerning women workers issues
- Proposed solution
 - a. Advocating employers on women worker issues and regulation concerning the issues
 - b. Ensuring the enforcement of the regulations
 - c. Giving technical advice to relevant stakeholders (either employers and women workers) on such regulations to avoid violation on the regulation
 - d. Involving concerned shareholders on the monitoring of such regulations
 - e. Advocating either shareholders and stakeholders on the issues, regulations and law enforcement of the regulation.



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General Information

A little more than half of the total population in Lao PDR is women (3,123,700 of 6,230,200 total populations). Maternity leave is granted on the basis of the 1994 Labour Act (Decree No. 24/PR of the President of the Republic) and the 1999 Social Security Decree. All pregnant women working in the public and the private sectors are eligible to maternity leave. The duration of maternity leave is 3 months. This period shall include post-maternity leave of at least 42 days. After 3 months, if the mother wants to prolong the maternity leave, she will not be paid or it will depend on the health situation of the mother and baby (based on the Lao labour law). In the event of illness, women workers shall be entitled to a supplementary leave of at least 30 days. If a worker is insured by social security and contributions have been fully paid, the cash benefits are paid by social security; if not, they are paid by the employer. As to the payment of cash benefits, the Labour Act and the Social Security Decree differ to some extent. According to the Labour Act, women workers shall be entitled to at least 90 days of maternity leave with their normal pay from their employers or from the social security fund. In the event of illness the workers concerned shall be allowed to take a supplementary leave of at least 30 days at 50% of their normal pay. According to the Social Security Decree, an insured person shall receive child birth benefits equal to 70% of the insured earnings, for a maximum duration of three months. If the concerned person cannot return to work after three months due

to medical reasons, that person shall be entitled to receive sickness benefits at a rate of 60 % of the insured income. Right to nursing breaks or to daily reduction of hours of work: During the 12-month period following confinement, women workers shall have the right to a daily break of one hour to nurse or take care of their child if they place their child in a nursery or bring the child to the workplace.

Lao government pay attention on gender equality in access to health care services as the priority term to assure that women can observe quality services during pregnancy, giving birth and after giving birth services as well as grantee that mother and child get enough nutrition. Government also considers the maternity protection when preparing national regulation, laws and policies in order to increase quality and quantity of health care services over the country as well as promoting healthy, disease prevention, and good living condition.

Mother and child have the right to get good care from their families, authorities, and societies. Breast feeding is very necessity for new born baby otherwise mothers have to be very healthy to take care of their children. It is necessary to have doctors or traditional nurses when giving birth. It is prohibitive when person or authority forcing someone to give birth alone in the forest, assault mother and child for religious believe reason and other causes. Husband has the right to take leave when his wife is giving birth to take care his wife and baby.

Maternity protection information

Last 10 – 15 years, the mother and child death rate decrease over the country, underweight children also decrease while the number of disease prevention and population is increased. However the mother and child death rate consider as high in the region because of the city different between cities and rural areas especially the remote areas which is far away from the city. The opportunity for local people is limited to access to education and health care services.

The maternity mortality decreased from 530 deaths per 1000 live births in 2000 to 405 in 2005. The differences between maternity mortality in rural and city are 170 and 580 cases. Mostly people in remote areas are giving birth in their houses without helping from doctor or nurse therefore it is the cause of high maternity death rate in those areas. The mothers in rural areas are around 90% giving birth at home while mothers in the city are only 25%. The popular of giving birth at home is people living in high mountain areas.

Since 2001, the network of health care services has been improved and enlarged. Recently there are 4 main hospitals and 5 main centers in the capital city, 16 provincial hospitals, 126 district hospitals, and 775 local health care centers. The health care networks cover 96% of the nation. The health care committee consists of 14,077 volunteers, 5,034 traditional doctors, 502 village doctors, and 636 herb doctors. The role and responsibility of the committee is providing good health care to all Lao people.

Over last 5 years, the death rate for children under a year decreased from 104 deaths per 1000 live births in 1995 to 70 in 2005. The death rate for children less than 5 years also decreased from 142 deaths per 1000 live births in 1995 to 98 in 2005. The growth-up rate in the country decreased from 6.7 in 1993 to 4.5 in 2005 and the average of family planning rate is 40% in 2005. Nowadays, the married age is between 15-24 years old. This is very important information to measure growth-up rate, death rate, and duration of planning family.

Lao government had experience in implementing many projects to limit mother and child death rate and encouraged men to involve in family planning. In order to protect women's life, government come up with program which is included safety mother project, child are project, and family planning project. The research from Ministry of Health showed that 80% of Lao women access to family planning and birth control in 2002.

Location data of giving birth in Lao PDR 2005

No.	Description	Amount
1	Women gave birth in hospitals	41,521
2	Women gave birth at home with helping from local doctors	36,066
3	Women gave birth at home without helping from local doctors	36,578
	Total:	114,165

Challenges

There are various causes for high mother and child death rate in Laos especially local areas, the main causes are divided into 4 reasons. First, geography of the nation is the problem for transportation. People who live in remote or high mountain areas found difficulty to go hospital because it takes time to reach cities.

Second reason is poverty. When people travel from remote areas to a city, there cease money for transportation and health care services. For people who have less income, they disagree to see doctors because they worry about payment.

Other reason is traditional believe. Laos consists of 49 ethnic groups and each group has different culture and believes. Some ethnic group, women prefer to give birth in the forest because this action is usually done for them.

The last reason is communication. Different group of people have different languages, so it is the problem for doctor to communicate with patient in local areas. The caring will not be effective without any description of sickness.

Suggestion

Government takes priority to education and health care for development. So it is very important to deal with challenges above. The strategic plan for health care from now to 2020 included:

- Enlarge health care network over the country and ensure that every one access to the services.
- Develop health care services in term of technical and technology.
- Provide basic health care for local areas and promote self health care.
- Increase quality and quality of health care staff especially ethnic group staff.

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Private Sector

Maternity protection for private sector female employees in Malaysia is governed by the **Employment Act 1955 (Act 265)**, **Labour Ordinance (Sabah Cap. 67) 1950** and **Labour Ordinance (Sarawak Cap. 76) 1952**. The Employment Act 1955 is only applicable to employees in Peninsular Malaysia whereas the Labour Ordinances are applicable to the states of Sabah and Sarawak respectively.

A. Employment Act 1955 (Act 265)

The Employment Act 1955 (Act 265) was amended and passed by the parliament on 22 December 2011 and enforced with effect from **1 April 2012**, with key improvements on matters related to protection of women. These improvements, among others, include extending maternity leave benefits for all women employees irrespective of wages. The amendments made are shown below:

SECTION	BEFORE AMENDMENTS	AFTER AMENDMENTS
<p>2(1) Definition of “confinement”</p>	<p>“confinement” means parturition resulting after at least twenty-eight weeks of pregnancy in the issue of a child or children, whether alive or dead, and shall for the purpose of this Act commence and end on the actual day of birth and where two or more children are born at one confinement shall commence and end on the day of the birth of the last-born of such children, and the word “confined” shall be construed accordingly;</p>	<p>“confinement” means parturition resulting after at least twenty-two weeks of pregnancy in the issue of a child or children, whether alive or dead, and shall for the purpose of this Act commence and end on the actual day of birth and where two or more children are born at one confinement shall commence and end on the day of the birth of the last-born of such children, and the word “confined” shall be construed accordingly;</p>
<p>37 Length of eligible period and entitlement to maternity allowance</p>	<p>1. ... 2. ... 3. ... 4. No provision</p>	<p>5. Remained 6. Remained 7. Remained 8. Any employer who terminates the service of a female employee during the period in which she is entitled to maternity leave commits an offence: Provided that for the purpose of this section, such termination shall not include termination on the ground of retirement, resignation tendered by such or on the ground of closure of the employer’s business.</p>

SECTION	BEFORE AMENDMENTS	AFTER AMENDMENTS
81G Application of this Part irrespective of wages of employee	No provision	Notwithstanding the provisions of this Act, the provisions of this Part extend to every employee employed under a contract of service irrespective of the wages of the employee.

The Employment Act (amendment) also secures the right of a woman employee to have not less than 60 consecutive days of fully paid maternity leave in respect of each confinement for up to five surviving children.

B. Labour Ordinance (Sabah Cap. 67) 1950 and Labour Ordinance (Sarawak Cap. 76) 1952

The Labour Ordinances are applicable to all employees whose wages are RM2,500 and below and all manual labourers irrespective of wages. Section 83 and Section 84 of the respective ordinances stipulate that female employees are eligible for maternity leave of not less than 60 consecutive days of fully paid maternity leave in respect of each confinement for up to five surviving children.

Currently, the Government of Malaysia is reviewing the maternity benefits under these Ordinances to streamline it with the provisions of the Employment Act 1955.

Public Sector

In the public service, maternity benefits have improved over the years to provide better benefits to civil servants. Benefits were initially governed by General Orders, Chapter C, enacted in 1957. Paid maternity leave of 42 days were provided for female officers in the public sector under Sections 25 and 26 of the General Orders. A major improvement was made in the 1990s due to the government's aim of creating a caring society. Maternity leave was extended from 42 days

to 60 days through the Public Service Circular 2/1998 on Maternity Leave Benefits for Officers with effect from 1 May 1998.

Currently, maternity benefits are governed by the **Public Service Circular on Maternity Leave Benefits** which was enforced on **15 October 2010**. The circular underlines that a female employee is entitled to fully Paid Maternity Leave of maximum 300 days throughout her service in which the employee is given the flexibility to determine the period of maternity leave between 60 days to 90 days for each confinement. The employee is also entitled up to 1,825 days (5 years) of childcare unpaid leave throughout her service under the **Public Service Circular on Childcare Leave** with effect from **3 September 2007**.

Taking the cue from the government, several private companies such as local and foreign banks through a collective agreement with the National Union of Bank Employees (NUBE) extended their fully Paid Maternity Leave from 60 days to 90 days effective from 10 August 2010. NUBE represents 30,000 bank workers in the country.



“Philippine Machinery for the Advancement of Women”

Maternity Protection: In Law and Practice

With the alarming rate of maternal and child mortality rates, Philippines has taken premium efforts on protecting its mothers and child through continues issuance of policies and development and upgrading of maternity programs. These policies and programs have taken into account the different concerns of working and non-working women and their children. Employers in the private and public sector have also taken their own respective initiatives to promote maternal protection in the workplace.

1. Labor Code of the Philippines

The law guarantees any pregnant woman employee maternity leave of at least two (2) prior weeks prior to the expected date of delivery and another four (4) weeks after normal delivery or miscarriage with full pay based on her regular or average weekly wage. Only those who have rendered an aggregate service of at least six (6) months for the last twelve (12) months can avail of this leave. The leave may also be extended in case an illness arises out of the pregnancy, delivery, abortion or miscarriage, which renders the woman unfit for work. This extension is however without pay, but may be charged against any unused leave credits. The maternity leave may be availed for the first four (4) deliveries of the woman employee.

2. Magna Carta of Women of 2009 (Republic Act 9710)

This newly signed law provides for 60-day paid special leave benefits for women workers who have undergone gynecological surgery. It also mandates both employers in the public and private sectors to

provide services in support to balancing family obligations and work responsibilities. These include family health services but not limited to day care and child minding centers, breastfeeding or lactation stations with appropriate facilities and corresponding nursing/lactation breaks, health education, counseling on breastfeeding, seminars on responsible parenthood and family planning, non-sexist child-rearing, shared parenting and family responsibility, annual family day, flexible work arrangements, and anti-sexual harassment initiatives.

3. Expanded Breastfeeding Promotion Act of 2009 (Republic Act 10028)

Mandates all health and non-health facilities, establishments or institutions to establish lactation stations that are adequately provided with the necessary equipment such as lavatory for hand washing, refrigeration or appropriate cooling facilities for storing breast milk, electrical outlets for breast pumps, a small table; comfortable seats and other items in accordance with standards defined by the Department of Health.

The expenses incurred by a private health and non-health facility, establishment or institution in complying with the new law shall be deductible expenses for income tax purposes up to twice the actual amount incurred. These facilities, establishments or institutions shall secure first a “Working Mother- Baby-Friendly Certificate” from the DOH to be filed with the Bureau of Internal Revenue (BIR) before they can avail of the tax incentive.

Government agencies complying with the new law shall receive an additional appropriation or budget equivalent to the savings they may derive as a result of complying with the law. The additional appropriation shall be included in their budget for the next fiscal year.

The same law, however, also provides for “exemptions” from compliance “where the establishment of lactation stations is not

feasible or necessary due to peculiar circumstances of the workplace or public place taking into consideration, among others, the number of women employees, physical size of the establishment and the average number of women who visit.”

RA 10028 also mandates “lactation periods” for nursing employees who are granted break intervals in addition to the regular time-off for meals to “express milk” or the act of extracting human milk from the breast by hand or by pump. Provided such period shall not be less than a total of 40 minutes for every eight-hour working period.

Health institutions are likewise encouraged to set up milk banks for storage of breast milk donated by mothers and which have undergone pasteurization. The stored breast milk will be given to children in the neo-natal intensive care unit whose own mothers are seriously ill.

The new law encourages the promotion of breastfeeding by integrating in curriculum in relevant subjects in schools under the Department of Education, Commission on Higher Education and the Technical Education and Skills Development Authority.

To further promote the importance and raise awareness of breastfeeding, the new law likewise sets every August of each year as Breastfeeding Awareness Month throughout the Philippines.

4. Act Allowing the Employment of Night Workers (Republic Act 10151)

This newly signed amendment in the Labor Code totally lifted the prohibition on night work for women as stated in Articles 130-131. This repeal was made in consonance with the Convention on the Elimination of All Forms of Discrimination Against Women and the Magna Carta of Women (RA 9710).

The law provides that pregnant women and nursing mothers may be allowed to work at night only if a competent physician, other than the

company physician, shall certify their fitness to render night work which include transfer to day work before and after childbirth for a period of at least sixteen (16) weeks which shall be divided before the time and after childbirth. It also ensures that women employee shall not be dismissed for reasons of pregnancy, childbirth and childcare responsibilities and that no diminution of maternity leaves benefits she is entitled under existing laws.

5. The Solo Parent's Welfare Act of 2000 (Republic Act 8972)

This law provides for benefits and privileges to solo parents and their children, appropriating funds therefor and for other purposes. The Act aims to develop a comprehensive package of social development and welfare services to solo parents and their children to be carried out by the Department of Social Welfare and Development (lead agency), various government agencies and other related NGOs. The comprehensive package of programs/services for solo parents includes livelihood, self-employment and skills development, employment-related benefits, psychosocial, educational, health and housing services.

6. Paternity Leave Act of 1996 (Republic Act 8187)

In support to women who has just given birth, paternity leave of seven (7) days are granted to all married male employees in the private and public sectors for the first four (4) deliveries of the legitimate spouse with whom he is cohabiting.

7. Day Care Law (Republic Act 6972)

Establishes day-care centers in every barangay in the country to provide care for children of working mothers during the day and children up to six (6) years of age when mothers are working at night.

8. Act increasing maternity benefits for women workers in the private sector (Republic Act 7322)

This law ensures that any female employee in the private sector who has paid at least three monthly maternity contributions in the twelve-month period preceding the semester of her childbirth, abortion or miscarriage and who is currently employed shall be paid a daily maternity benefit equivalent to one hundred percent (100%) of her present basic salary, allowances and other benefits or the cash equivalent of such benefits for sixty (60) days.

9. Social Security System Act 1997 (Republic Act 8282)

The Social Security System guarantees meaningful protection to members and their beneficiaries against hazards of disability, sickness, maternity, old age, death and other contingencies resulting in loss of income or financial burden.

The Maternity Leave Benefit is a daily cash allowance granted to a female member who was not able to work due to childbirth or miscarriage. Female members who have made at least three (3) monthly contributions in the twelve-month period immediately preceding the semester of her childbirth or miscarriage are eligible of this benefit. She shall be paid a daily maternity benefit equivalent to one hundred percent (100%) of her average daily salary credit for sixty (60) days or seventy-eight (78) days in case of caesarean delivery.

10. Philippine Health Insurance Corporation Maternity Benefit Package

The Philippine Health Insurance Corporation (PHIC) is mandated to provide social health insurance coverage to all Filipinos. The case rate packages available for mother and child have been upgraded over the years. To date, members are entitled to a cost benefit of P8,000 for Maternity Care Package (MCP) in non-hospital facilities which includes

health centers, lying-in clinics, birthing homes or midwife-managed clinics and in Level 1-classified hospitals.

Under the Normal Spontaneous Delivery (NSD), hospitals, members are entitled to a cost benefit of P6,500 when admitted in accredited Levels 2 to 4 hospitals; while coverage for Caesarian Section (CS) delivery in said facilities and performed by accredited health professionals is P19,000.

Babies of members are also assured of the Newborn Care Package (NCP) provided for in accredited hospitals and lying-in clinics for a cost benefit of P1,750, which would include physical examination, eye prophylaxis, Vitamin K administration, BCG vaccination, first dose of Hepatitis B immunization, newborn screening tests, and breastfeeding advice.

In addition, members under the Sponsored Program, including those employed, individual paying and overseas workers are assured of the “No Balance Billing” (NBB) policy applies where no other fees or expenses shall be charged to or paid for by the patient-member above and beyond the package rate for maternity care when admitted in government hospitals, maternity clinics and birthing homes accredited by PHIC to provide such service.

11. Maternity-related Programs

The Department of Labor and Empowerment has institutionalized programs that promote maternity protection in the private sector.

- The Family Welfare Program (FWP) and Women Workers Welfare Advocacy Program are family centered approach advocacy program in the workplace of the Philippine government. This draws corporate support in promoting welfare of workers and their families as a key to workplace productivity and improved worker-management relations.
- The Program aims to (1) Promote company initiatives to contribute to the goals of the Philippine Population Management

Program (PPMP); (2) Instill family planning/family welfare consciousness among labor and management as a key in promoting workplace productivity and improved worker-management relations; and (3) Establish the family welfare component as a major issue of concern and action of the Family Welfare Committee such as establishment of Lactation stations and provision of lactation breaks.

- This program advocates for the integration of the following 10 dimensions: (1) Reproductive Health and Responsible Parenthood; (2) Education/Gender Equality; (3) Spirituality or Value Formation; (4) Income Generation/Livelihood/Cooperative; (5) Medical Health Care; (6) Nutrition; (7) Environment Protection, hygiene and Sanitation; (8) Sports and Leisure; (9) Housing; and (10) Transportation into the welfare programs of private companies.
- The program is being implemented by the Department of Labor and Employment. An annual search for the best Family Welfare Program practices that meets the 10 dimensions is being recognized and awarded.
- A total of 62,584 women workers benefited from the services under this program which include technical, referral and other services for the promotion of family planning among workers, such as the maintenance of free clinics in business establishments.
- For example, in the 2010 Search for the best FPW practices, Fuji Electric Philippines, Inc. was cited for its FWP projects—a room for lactating female workers, an education program on child care and nutrition, and a workers' fruits and vegetable garden—which effectively reduced absenteeism from 6.69 percent in 2006 to only 3.75 percent in 2009. Fuji Electric has a female-dominated workforce, and its FWP projects had also reduced pregnancy from 18 percent in 2006 to only eight percent in 2009.

- The Philippine Associated Smelting and Refining (PASAR) Corporation which owns and operates the only copper smelter and refinery in the Philippines had best FWP in the area of reproductive health and responsible parenthood; spirituality and value formation; education (scholarship grants); livelihood and additional income generation; and sports and leisure, all of which have been observed to have positively impacted on a sustained industrial peace and harmony, lowered absenteeism, and higher productivity.
- At Holcim Philippines, its FWPs on medical health care; spirituality and value formation; and livelihood and additional income generation have also resulted in reduced absenteeism and healthcare costs, increased employee retention, productivity, and satisfaction.
- For example, Holcim prides itself of giving out P50,000 or \$1,136.36 (1USD = 44 Php) per illness per annum to its workers with up to a maximum of five dependents. Its FWPs have been incorporated in its collective bargaining agreements since 1988 with a funding support of P3.8 million or \$86,363.63 annually.
- With the aim of refining targeted social protection programs addressing Millennium Development Goals 1, 3 and 5, the Department of Social Welfare and Development (DSWD) designed and launched a conditional cash transfer (CCT) program in 2008 otherwise known as “Pantawid Pamilyang Pilipino Program (4Ps)”.
- The program goal is to empower poor women to support their families and encourage investments in human capital of children aged 0-14 from the poorest families which in turn reduce the risk of poverty. Pantawid Pamilya gives cash grants to poor families to ensure their education, health and nutritional needs linked with five conditions: (1) pregnant women must receive pre and post-natal care beginning in the 1st trimester of pregnancy, and the birth must be attended by a skilled health professional; (2) parents must attend parent effectiveness service classes; (3) children aged 0-5 must receive regular preventive health

check-ups and vaccines; (4) children aged 3-5 must attend daycare or preschool programs; and (5) children aged 6-14 are enrolled in school. As of December 26, 2012, Pantawid Pamilya has 3,121,530 household-beneficiaries from 1,410 cities and municipalities in 79 provinces nationwide.



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Section 1: Overview of Singapore's Social Security System

1. Singapore is a small, open economy with no natural resources or hinterland. We are sensitive to the fluctuations of the global economy. To ensure that our social security system remains sustainable, Singapore invests heavily in education as a social mobility driver, and relies on compulsory savings to finance healthcare and home ownership needs. These are targeted universally at a broad base of Singaporeans, and are underpinned by the principle of imbuing self reliance amongst individuals. For the few who require additional assistance, targeted assistance is available to help them level up with the rest of the population.
2. Singapore's social security system is guided by three fundamental principles: (i) building resilience; (ii) family as one of the pillars of support; and (iii) fostering a caring community.
3. Our goal is to create a social security system that is sustainable in the long-run. The Government will provide assistance if individuals and families are unable to help themselves, or tap on their family and community for assistance. Efforts are taken to discourage the growth of an entitlement mentality, and the development of an unconditional welfare system.
4. Singapore's social security system consists of five key pillars, namely, Education, Compulsory Savings, Public Housing, Healthcare and Workfare. The Community Care Endowment Fund, also known as ComCare, serves as the final safety net for low-income Singaporeans.

5. Singapore's broad strategies to ensure a comprehensive and sustainable social security system are outlined below.
- a. Education. Education is a strategic investment. The Singapore education system is built on meritocracy, and is designed to provide each child, regardless of gender and socio-economic status, with a good head start in life. Access to primary school is guaranteed for all Singaporeans, and today, enrolment is almost universal. The Government makes sure that opportunities and assistance are available for children from low-income families so that they are not trapped in a vicious cycle of poverty. To this end, we invest and make available preschool fee subsidies for these children. Other forms of assistance such as free-textbooks, bursaries and scholarships are available from primary to tertiary levels.
 - b. Compulsory Savings. Singapore recognises the value of helping its people save for their own needs and old age. The Central Provident Fund (CPF) is a compulsory retirement savings plan to help Singaporeans finance their retirement and housing needs. CPF enables Singaporeans to save for retirement, and to meet their medical needs after retirement¹.
 - c. Home Ownership through Public Housing. The policy to allow Singaporeans to tap on their CPF for housing has enable most Singaporeans to own their own homes. The home ownership rate in Singapore remains high at 90.1% in 2012. Today, more than 80% of Singaporeans stay in public housing managed by the Government's Housing and Development Board (HDB). For the small minority of Singaporeans who cannot afford to purchase their own homes, there are public rental schemes administered by the HDB.
 - d. Healthcare. Subsidised public hospitals and clinics ensure that all Singaporeans have access to basic, affordable healthcare.

¹ Working Singaporeans and their employers make monthly contributions to the CPF accounts of members. These contributions go into three accounts:

- (i) Ordinary Account – for housing, insurance, investment and education
- (ii) Special Account – for investment in retirement-related financial products
- (iii) Medisave Account – for hospitalisation and approved medical insurance

Additionally, the 3Ms framework of Medisave, MediShield and Medifund provide Singaporeans with multiple layers of protection. Medisave is a compulsory savings scheme to help Singaporeans meet their future personal or immediate family's hospitalisation, day surgery and certain outpatient expenses. To give Singaporeans better protection against major illnesses or severe disability, MediShield² and Eldershield³ are insurance schemes designed to help Singaporeans through such circumstances. Finally, the Medifund endowment fund helps the needy who are unable to afford their medical expenses, even after the provision of the abovementioned subsidised healthcare.

- e. Workfare. For older low-wage workers, the Workfare Income Supplement Scheme (WIS) encourages them to remain employed by supplementing their income and retirement savings. The Workfare Training Scheme (WTS) complements the WIS by helping such workers to upgrade their skills through training.
- f. ComCare. We recognise that there are some who are unable to work and have little family support. The Community Care Endowment Fund (ComCare) with different assistance schemes tailored to the needs of different groups of low-income families, serves as a key social safety net for the needy in Singapore.

Additional Assistance for Families

6. Every citizen, irrespective of gender, enjoys equal opportunities and equal access to the social security system. For those who have accumulated little formal retirement savings in the CPF, it is important for the family to play its role as a key pillar of support. Intra-family transfers remain an important source of retirement income.
7. The Government provides additional support to Singaporeans who wish to set aside retirement savings for their loved ones by offering tax relief for CPF top-ups. This scheme is the Minimum Sum Topping-Up Scheme.

² MediShield is a low-cost medical insurance scheme to assist Singapore citizens and their dependants to meet the costs of treatment for serious illnesses or prolonged hospitalisation.

³ Eldershield, a severe disability insurance scheme, provides financial protection to elderly Singapore citizens who require long-term care. It offers a monthly cash payout for a limited period to help pay out-of-pocket expenses for the care of severely disabled persons.

8. For women who co-own a home with their spouse or who own their own home, the Government provides options to help them supplement their retirement income by monetising the value of their home if they choose to. There are schemes catering to those who wish to add to their retirement income by moving to a smaller home, or selling the tail end of the lease of their flat back to the Government.
9. The Singapore Government makes top-ups to CPF accounts from time to time, with higher top-ups for those who are older and lower-income. Since 2006, the Government has made more than S\$1.6 billion in CPF top-ups.

Section 2: Maternity Protection and Gender Equality

10. The Singapore Government upholds the right of men and women to equal remuneration and equal treatment in respect of work of equal value. We ratified the International Labour Organisation Convention No. 100 on Equal Remuneration in May 2002, and this has served as our reference in the formulation and review of labour-related policies.
11. Our Employment Act protects the economic security and rights of individual employees. It specifies the terms and conditions of employment, including maternity and sick leave, and the rights and responsibilities of employers and employees under a contract of service.
12. We adopt a two-pronged strategy on maternity protection, which involves both regulation of unfair dismissals and promotion of fair employment practices.
13. The provisions for maternity leave are covered under two pieces of legislations – the **Employment Act** and the **Child Development Co-Savings Act**.

Marriage and Parenthood Package

14. Under our enhanced Marriage and Parenthood Package⁴, parents receive a cash gift of S\$6,000 each for their 1st and 2nd child, and S\$8,000 each for their 3rd and 4th child. Savings to a child's **Child Development Account (CDA)** are matched dollar-for-dollar by the Government for up to S\$6,000 each for the 1st and 2nd child,

- up to S\$12,000 each for the 3rd and 4th child, and up to S\$18,000 each from the 5th child onwards.
15. Each citizen newborn will have a **CPF Medisave account** opened for him/her, with a Medisave grant of S\$3,000 deposited. Newborns are covered under **MediShield** from birth without having to be assessed for pre-existing conditions, including for congenital and neonatal conditions, so long as their parents do not opt them out.
 16. Parents can claim **tax rebate** of S\$5,000 for their 1st child, S\$10,000 for their 2nd child, and S\$20,000 each for all subsequent children. They can also claim S\$4,000 per child under Qualifying Child Relief, or S\$5,500 per child under Handicapped Child Relief.
 17. To encourage more mothers to enter the workforce, working mothers can claim the **tax relief** at 15% of earned income for their 1st child, 20% for the 2nd, and 25% per child for all subsequent children. They can also claim **Grandparent Caregiver Relief** of S\$3,000 if their children aged 12 years and below are cared for by the child's grandparents.
 18. Parents enjoy **foreign domestic worker levy concession** of S\$145 if they have a young child aged below 12, an elderly family member, or a family member with disabilities staying in the same household.
 19. With effect from 1 May 2013, to encourage shared parental responsibility, working fathers, including those who are self-employed, are entitled to a week of Government-paid **paternity leave**. In addition, they are entitled to one week of Government-paid shared parental leave.
 20. In order to allow working parents to spend more quality time with their children, we have various leave schemes for parents. For example, those with at least one child who is a Singapore citizen under the age of 7 are entitled to 6 days of paid **child care leave** every year.

Women Returning to Work

21. Recognising that women who quit their jobs owing to care-giving responsibilities may have difficulty returning to the workforce, the Government partnered the labour movement to introduce a programme called “**Back2Work With U**”, which seeks to:
 - (i) Assist women to enter or re-enter the workforce through recruitment events such as job fairs;
 - (ii) Enhance the employability of women by offering training opportunities; and
 - (iii) Help women to remain in the workforce by promoting work-life integration.
22. The programme has helped over 12,000 women job-seekers since its inception in 2007.

Tripartite Alliance for Fair Employment Practices

23. To further promote the adoption of fair, responsible and merit-based employment practices in Singapore, a Tripartite Alliance for Fair Employment Practices (or TAFEP in short) was set up in 2006. Members of TAFEP are drawn from employers, workers/ unions and the Government. Together, TAFEP **promotes and facilitates the adoption of non-discriminatory employment practices across industries. Organisations** that have effectively implemented fair employment practices are officially recognised at the biennial “Exemplary Employer Award” ceremony.

Section 3: Achievements

24. The UN’s 2013 Human Development Report⁵, ranked Singapore 13th out of 148 countries for the Gender Inequality Index, and ranked Singapore as a country with the highest level of gender equality in the Asia Pacific region. This reflects the progress Singapore women have made in areas such as educational attainment, economic and political participation, as well as life expectancy.
25. The labour force participation rate for females of prime-working age of 25-54 years old has improved from 65.2% in

2002 to 76.6% in 2012. The increase is due to a combination of factors, including the improved educational profile of women in Singapore, as well as Government's efforts in providing a supportive infrastructure to facilitate the entry and re-entry of women into the workforce. More women have also become employers as compared to a decade ago⁶.

26. Our female representation in the Singapore Parliament has also increased. The proportion of women in Parliament rose from 22.3% (or 21 out of 94 seats) in 2011 to 25.3% (or 25 out of 99 seats) today. The current proportion of women in the Singapore Parliament has exceeded the Inter-Parliamentary Union's world average of 20.4%⁷.

Section 4: Summary

27. Today, with higher education and better jobs, women's expectations of their life partners have changed. Women are not marrying or marrying later and having fewer children. With women joining the workforce, work-life harmony is another challenge for us. Coupled with rapid ageing where one in five Singaporeans will become an elderly by 2030, we recognize that an increasing number of elderly women and men, especially those without families or who are low-income, would require more care and support.
28. Employment remains the best form of income security in old age. We are therefore focused on creating jobs and ensuring that workers are well-skilled to remain employable, even as they age. In particular, we have programmes that help the economically inactive, including women, who have been out of the workforce, to return back to work. Working longer not only helps Singaporeans build their retirement savings, it also allows them to tap on those savings at a later point.
29. The Government not only helps Singaporeans accumulate more savings but make these savings last longer. For this, we introduced an annuity scheme known as CPF LIFE in 2009. CPF members can join the Scheme as soon as they turn aged 55, and

6 27.3% of employers in 2012 (compared to 19.4% in 2002) were women. Source: Table 45 (Employed Residents Aged Fifteen Years and over by Employment Status and Sex, 2002 - 2012), Report on Labour Force in Singapore 2012, Ministry of Manpower.

7 Both houses combined as at 1 February 2013 (<http://www.ipu.org/wmn-e/world.htm>).

enjoy monthly payouts for as long as the member lives, from the sum that they have saved in their CPF accounts.

30. The challenges outlined above are not unique to Singapore. We have much to learn from ASEAN member countries on how they overcome some of these challenges.



Maternity Protection is one of women's rights that Thailand has placed an important on. Progress has been implemented as follows:

Maternity Protection

Thailand ratified ILO Declaration on Fundamental Principles and Rights at Work and many other ILO conventions, including ILO Convention 127 concerning the Maximum Permissible Weight to Be Carried by One Worker; Convention 29 concerning Forced or Compulsory Labour; Convention 138 concerning Minimum Age for Admission to Employment; and Convention 100 on Equal Remuneration. These international commitments form a framework for improvement of Thailand's domestic laws to provide better protection to workers, improve their quality of life and raise wage levels on an equal, fair and non-discriminatory basis.

The Labour Protection Act of 1998 and its Amendment of 2008 were enacted to provide better protection to women, especially maternity protection. For example, defining the maximum working hours, revising categories of inappropriate works to allow women to perform such works if not harmful to their health, prohibiting pregnant workers to work in a night shift (during 22:00-06:00 hours), working during weekends and public holidays, with exception to female workers holding executive, academic, administrative and accounting positions where such works do not impact on their health and with consent from pregnant workers.

Maternity Benefit

Under the Social Security Act of 1990, the Act provides benefit for maternity by granting a lump sum, 13,000 baht cash for each

delivery, and cash benefits, 50% of wages for 90 days with maximum 2 confinements. Female insured persons under the Act are entitled to receive both lump sum and cash benefits while the wives of insured persons shall receive only a lump sum for each delivery. Meanwhile, under the universal health coverage scheme, all people are entitled to access free medical services, including antenatal care.

Maternity Welfare

Besides the legislation, Thailand realizes that double burden hinder women to access the market; therefore, specific policy guidance has been launched to establish women's friendly environment at micro level or in workplaces to support women into the market, for example, promoting the establishment of daycare centers in workplaces and industrial estates to share child care responsibility so that women can fully enter to the market.

Though, in Thailand parental leave haven't been formulated, Thailand has an attempt to promote equal sharing responsibilities by raising an awareness through public campaigns and cultivate equal sharing responsibility attitude, especially in young generations and new couples. Also, the government has approved the policy to promote male government officials to share family burdens, for example, a short leave for taking care of wives and children during and after child birth.

In addition, Thai Labour Standard System (TLS 8001-2003) was developed to encourage corporate social responsibility. The standard also includes promoting equality in workplace and improves quality of life of employees. This raises awareness business sectors to improve their policies to respond to the standard which foster the establishment of women's friendly environment at workplaces, for example, breed feeding corners and day care centers.



I. Maternity leave policy for female workers in the Labor Code of Vietnam

In comparison with many other countries in the world, Viet Nam has a system of fairly progressive laws and policies in terms of gender equality. In 2006, the Gender Equality Law was adopted by the National Assembly of Viet Nam. Viet Nam has ratified most of the international conventions relating to gender equality and women's rights, and the most important of which is the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). In the legal system, under the Constitution and other legal documents, the issues of equality, non-discrimination between men and women, and gender equality are addressed directly or indirectly. The objectives of these policies are to create opportunity for both women and men to participate in and enjoy social- economic development achievements.

The Labour Code stipulates that the Government is responsible for building the social insurance policy in order to gradually expand and enhance the physical care, rehabilitation and contribute to a stable life for employees and their family in the case of illness, maternity, end of working age, death, employment accidents, occupational diseases, unemployment, risk or other problems. As such, under the provisions of the Labour Code, male workers and female workers are entitled to participate and benefit the same social insurance. In addition, female employees are entitled to maternity scheme.

Before that, in 2006, the Social Insurance Law has many advanced provisions related to gender equality. It has taken into consideration the care and protection of men and women's rights in all of the articles. Related to *maternity scheme*, the Social Insurance Law regulates conditions for maternity benefits for both male and female workers

in case: female workers get pregnant; female workers have baby; workers adopt children under 4 month; workers use Intra-uterine device or implement sterilization methods. In case the male or female workers adopt children under 4 months, he/she will have maternity leave until the child reach full four months. Both male and female workers implementing sterilization methods will have 15-days-leave. In the *sickness scheme*, the *Social Insurance Law* stipulates that both mother and father shall have the right to take a leave to take care of the sick child if the child is under seven years old (if they participate in social insurance).

The revised Labor Code in 2012 has introduced many advanced regulations to protect the health and mothers and children according to CEDAW principles. This is not considered as priorities for female workers as compared to male workers. Instead, they are measures to protect the reproductive health for women, mother and children and at the same time create opportunities for breastfeeding during the six first months of the baby.

Stipulations for female workers and the maternity scheme in the Labour Code include:

1. Maternity leave (Article 157)

The Labour Code stipulates that female workers can take a total 6 month leave before and after having baby. In case the female worker has a twin or more babies at once, she shall have an extra of one month leave for each baby. The maximum days for maternity leave prior to the delivery of baby do not exceed 2 months. During the maternity leave, female workers shall receive maternity benefits according to the Social insurance law and regulations.

The revised Labor Code also stipulates two following cases:

1. Before the end of 6 month leave, the female workers may extend their leave without salary according the agreement with their employers.

2. Prior to the end of 6 month leave according to the labor code, if female workers wish to return to work, they may come back to work when they have finished at least 4 month leave if they have:
(i) the certificate from hospital or health care center saying that their early resuming work does not influence their health (ii) the agreement with employer.

In this case, in addition to the salary paid by employers, the female worker shall continue to receive maternity benefit according to the Social Insurance law and regulations

2. Ensure employment for female workers who are on maternity leave (Article 158)

The previous job of female workers must be secured so that they can come back and take that job after the maternity leave according to the Labor Code. In case the previous job is not available, employer must provide another job for female workers with the salary not lower than before their maternity leave. This is an advanced article as compared to the 1995 Labour Code. Article 117 of the Labour Code in 1995 only stipulates that “at the end of the maternity leave according to the law and during the time of extra leave without salary, the female worker’s jobs are still secured”. However, it did not clearly state about the detail of the job or whether the benefit and interest of female workers are maintained or not.

3. Leave for caring sick children, prenatal checkup or birth control implementation (Article 159)

During the leave due to prenatal checkup, miscarriage, abortion, early death of the fetus, caring sick child under 7 years old, taking care baby under 6 months, female workers shall be provided with social insurance according to Social Insurance Law and regulations

4. Prenatal care for female workers (Article 155)

Employers are not allowed to ask female workers to work at night, overtime and on long trip missions in the following cases:

- a) Female workers who are from the 7th month of their pregnancy or 6th month if the work in the mountainous, remote, border or island areas;*
- b) Taking care of under 12- months- child.*

In addition, female workers doing heavy jobs shall be moved to more gentle work or reduced 1 working hour from the 7th month of their pregnancy with full payment of salary.

The Labor Code strictly prohibits: *“employers to dismiss or terminate the labour contract with female workers due to their marriage, pregnancy, maternity leave, taking care of under 12-months children except for cases in which employer is: an individual who died; lost civil action capacity according to the Court statement; is missing or is not the one who deliberately terminates the labour contract”*

During their pregnancy or maternity leave according to the Social Insurance law and taking care of children less than 12 months, female workers are not supposed to have labour discipline punishment.

During their time of taking care children under 12 months, female workers can take 60 minute break during working hour with full payment of salary as in the labour contract.

5. The right to terminate, temporary suspend the labour contract of pregnant female workers (Article 156)

The pregnant female worker has the right to terminate or temporary suspend the labour contract if she has the certificate from health care agencies saying that working will badly affect the baby. The duration for female workers to give prior notice to employers depends on the duration advised by the authorized health agencies.

II. Reaching international labour standards

During recent years, Vietnam always attaches importance to the harmonization of domestic law and international standards, particularly in labour sector. Prenatal protection is also within this trend.

The Convention 183 on Prenatal Protection (Công ước 183 về Bảo vệ Thai sản (revised and named as the Convention on Prenatal Protection in 1952) was approved during the 88th Meeting of the ILO on 15/6/2000 and came into effect on 7/2/2002. So far, 27 countries have ratified this Convention (no countries in ASEAN ratify this Convention).

The Convention on Prenatal Protection, 2000 (No.183) is accompanied with the Recommendation on Prenatal Protection, 2000 (191). The Convention is a new progress in terms of coverage and new protection measures. The Convention 183 expands the coverage to all women, despite their jobs and types of business. It includes dependent jobs and expands the duration of maternity leave to 14 months. Convention 183 is an important document to protect the health and happiness of a huge number of female workers and their children in the world.

Although Vietnam has not ratified Convention 183, domestic laws have reached and met almost all the requirements of the Convention.

Content	Convention183	Vietnam regulations
In terms of scope of application:	All women who are hired, including those in non-typical form of independent jobs	All workers who have contributed social insurance from 6 months within 12 months before their delivery of baby or adoption

Content	Convention183	Vietnam regulations
Maternity leave	<p>No less than 14 weeks (<i>note:</i> Recommendation 191 of ILO suggests 18 weeks)</p> <p>6 week compulsory leave after giving birth</p>	<p>6 month prior and after giving birth.</p> <p>In case having a twin or more, an additional 30 days leave is given for each additional.</p> <p>Prior leave before giving birth not to exceed 2 months</p>
Benefit rate	<p>Two thirds of the income before giving birth</p> <p>Paid by the social insurance fund or regulated in the national law</p>	<p>Paid 100% by the Social Insurance Fund.</p> <p>In case female workers get back to work before the end of their maternity leave, they will still receive the maternity benefit together with the salary paid for their working days.</p>
Care prior to, during and after giving birth and hospitalized when needed	Care before during and after giving birth and hospitalized if needed	<p>For Vietnam: Female workers receive social insurance allowance if they take a leave for prenatal checkup; experience miscarriage, abortion, death of the baby fetus; implement birth control method; and take care of sick children under 7 years old or adopt baby under 6 months</p>

Content	Convention183	Vietnam regulations
Health protection	Women who are pregnant or deliver baby will not have to perform jobs which are considered as dangerous for mother and the child	<p>Female workers who are from the 7th month of their pregnancy or taking care of under 12 months baby is prohibited to work at night or to be on long-distant mission</p> <p>Female workers doing heavy work will be referred to more gentle work or reduced working hour (1 hour) from the 7th month of their pregnancy and receive 100% of their salary</p>

Content	Convention183	Vietnam regulations
<p>Job security and discrimination</p>	<p>It is illegal if an employer terminates contract with a women during her pregnancy or maternity leave, except for non-prenatal/maternal related reasons and the impacts of giving birth and taking care of children. Ensure the right to resume previous job or a similar job with the same payment until the end of maternity leave.</p> <p>Protect workers against discrimination in employment due to maternal reasons</p> <p>Prohibit the request for pregnancy test or a certificate of pregnancy test result when a women apply for job</p>	<p>Employers are prohibited to dismiss or terminate the labour contract with female workers due to their marriage, pregnancy, maternity leave or taking care of under 12 months children.</p> <p>Female workers are secured to resume work after maternity leave. If the previous job is not available, employer has to provide new jobs with the salary no less than the previous job</p>

Content	Convention183	Vietnam regulations
Leave for breastfeeding, taking care of baby	<p>Has the right to take one or two breaks in a day for breastfeeding</p> <p>Has reduced working hours for breastfeeding</p> <p>Being paid during their leave for breastfeeding or reduced working hours</p>	Female workers taking care of children less than 12 months can take 1 hour break per day for breast feeding and still receive 100% of their salary as in the labour contract.

III. The implementation of maternity protection in Vietnam- bet practice in Thua Thien Hue province

There are around 8,722 workers in different industrial zones in Thua Thien Hue provinces, in which 6,939 people are female (79,55%). In some places, the rate of female workers reaches 95% of the total worker. Therefore, in their activities, trade unions always attach importance to the protection of legitimate rights and interest for female members. These include good family planning methods; collaboration with enterprises to enhance the quality of reproductive health care for workers. The care for good family planning and reproductive care is a good condition for employers to enhance their health. It also helps couples to decide on the number of children and the duration between each time of birth, to prevent reproductive related diseases, STDs including HIV/AIDS.

During the past years, thanks to the kind support and responsibility of the Provincial Trade Union Confederation, the province Population and Family planning and other relevant agencies, the grass root

trade unions in many industrial zones have conducted direct communication campaign and advisory for nearly 150 female workers about reproductive healthcare. Local trade union have conducted 18 sessions of communication and exchange on the implementation of population/family planning as well as reproductive healthcare with the participation of 3,420 people.

In Hue, many local trade unions have collaborated with enterprises to effectively implement maternity related policies in order to improve reproductive health care for workers. For example, pregnant workers are facilitated to have five times of prenatal check-up during their pregnancy. They are given more gentle work and have their working duration reduced by 1 hour per day. At the same time, no over working time or night shift is assigned for workers at their 7th month of pregnancy or taking care of children less than 12 months. Most enterprises have paid attention to maintain and create good conditions for workers to have annual health check-up; to work in green, clean and hygiene environment to ensure their personal hygiene in the safest way. The temperature inside room and in the production workshop is always kept at 26 degree Celsius. These factors have contributed considerably to enhance the quality of reproductive healthcare in enterprises. Best practices can be found in SCAVI Hue Company, HbI company, Tokyo Style Vietnam, Hue.

IV. Conclusion

Women are workers, citizens and at the same mothers as well as the first teacher in the life of each person. Therefore, the capability, working condition, qualification and professional knowledge as well as the social status, material and physical life of women will affect the development of the next generation.

Accounting for 48% of the total workforce, women participate in almost all production sectors. They work largely in the garment, textile, footwear, seafood processing, electronics, handy craft and food

processing. The separate stipulations for female workers in the revised labour code, including specific articles on maternity policy, maternity leave are very important. Reasonable maternity schemes for female workers are important factors to promote economic development, to protect women's health as well as the next generation's health.

