



**Public Health Association**  
AUSTRALIA

November 2008

**SUMMARY OF KEY POINTS:  
Productivity Commission Hearing on the Draft Inquiry Report on Paid Parental Leave**

The Public Health Association of Australia (PHAA) welcomes the opportunity to provide input on the draft inquiry report and thanks Commissioners for the opportunity to appear at the Canberra hearing on Tuesday 18 November 2008.

PHAA would particularly like to acknowledge some of the key points listed on the first page of the draft report's section on child and maternal welfare:

- There is compelling evidence of child and maternal health and welfare benefits from a period of absence from work for the primary caregiver of around six months and a reasonable prospect that longer periods (nine to twelve months) are beneficial.
- Maternal recovery can be prolonged and an early return to work may have negative impacts on maternal physical and/or emotional wellbeing. The optimal length of absence from work on maternal recovery grounds should be no less than 12 weeks and potentially up to six months, with wellbeing after that time dependent more on women's preferences than recovery.
- The biomedical literature suggests there are benefits from breastfeeding for infants and children (particularly if exclusively breastfed for six months) and mothers. The evidence also suggests a positive association between paid parental leave and the duration of breastfeeding. Paid parental leave, together with enhanced support for breastfeeding beyond the initiation phase, has the potential to improve breastfeeding rates.
- The evidence is most compelling that six months exclusive parental care fosters improved developmental outcomes. Evidence of problems is strongest where nonparental care is initiated early (three to six months), where childcare hours are extensive and care is of low quality.

PHAA advocates the following basic principles in relation to paid parental leave:

- International Labour Organisation (ILO) maternity protection convention 183 provides a basis for a national paid maternity leave (PML) scheme.
- PML should include a minimum of 26 weeks for mothers, capped at average weekly earnings, with a minimum of 4 weeks earnings replacement for fathers/same sex partners, also capped at average weekly earnings.
- Payment should be a cash benefit, equivalent to income replacement for women on low incomes, capped at average weekly earnings.
- Funds should be derived from consolidated government revenue.
- PML should include the right to breast-feed or express milk on return to paid work.
- PML should include an option for the principal carer to access paid leave, and an option for paternal leave to allow the father/same sex partner to spend time with the baby.

Additionally, PHAA asks that a review period of 12-24 months also examines the effectiveness of any PML implementation.

PHAA's revised policy on Maternity Leave, Equity and Women's and Children's Health, which was endorsed at the Annual General Meeting in October 2008, is attached for information (Attachment A).

***PHAA attendees at the public hearing in Canberra on Tuesday 18 November 2008 will be: Michael Moore, Chief Executive Officer; and Melanie Walker, Health Policy Officer.***



## MATERNITY LEAVE, EQUITY AND WOMEN'S AND CHILDREN'S HEALTH

### *The Public Health Association of Australia notes that:*

1. Australia and the US are the only countries among the Organisation for Economic Cooperation and Development (OECD) nations without a maternity benefit scheme, and international instruments, such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and International Labour Organization (ILO) maternity protection convention 183,(1) recognise Paid Maternity Leave (PML) as a measure fulfilling the state's obligations to provide women with equal employment rights. The great majority of signatories to CEDAW, unlike Australia, provide some form of PML.
2. Women in the Australian workforce earn less (84.5%) than the average male salary (Measuring Australia's Economy 2003, Section 6: Prices and Income, in Australia Now. Australian Bureau of Statistics).
3. Australian women have on average 1.75 babies, which is below the population replacement figure of 2.1 (Australian Social Trends 2005 in Australia Now).<sup>2</sup>
4. Around 30% of women are eligible for paid maternity leave directly payable by employers, including public sector employees and those in more privileged white collar employment.
5. International Labour Organisation (ILO) Convention C183 (to which Australia is not a signatory) has a principle that women on maternity leave be paid two thirds of former earnings or two thirds of average women's earnings through compulsory social insurance or through public funds.
6. Leaving PML to the market and obliging employers to cover the cost makes women less attractive to employ and this creates a barrier to female employment and may influence women's reproductive decisions.
7. Women are having children at older ages. This may be in order to establish a position in the workforce and greater material security. This may not reflect choice, but the concern of women to maintain their own and their family's income.
8. Studies suggest a link between return to work and cessation of breastfeeding<sup>6</sup> - see also PHAA's Breastfeeding Policy. The World Health Organisation (WHO) recommends that all babies be exclusively breastfed for six months. PML can facilitate mother-child bonding and enable sufficient time for breastfeeding to become well established and for women to breastfeed exclusively for longer.
9. In September 2008, the Productivity Commission recommended the government adopt an 18 week taxpayer funded scheme, at a cost of \$450 million a year. The Commission will seek public consultations on the proposed model and hand down a final report to the Federal Government in February 2009<sup>6</sup>.

***The Public Health Association of Australia affirms the following principles:***

10. ILO maternity protection convention 183 provides a basis for a national PML scheme.
11. PML should include a minimum of 26 weeks for mothers, capped at average weekly earnings, with a minimum of 4 weeks earnings replacement for fathers/same sex partners, also capped at average weekly earnings.
12. Payment should be a cash benefit, equivalent to income replacement for women on low incomes, capped at average weekly earnings.
13. Funds should be derived from consolidated government revenue.
14. PML should include the right to breast-feed or express milk on return to paid work.
15. PML should include an option for the principal carer to access paid leave, and an option for paternal leave to allow the father/same sex partner to spend time with the baby.

***The Public Health Association of Australia therefore recommends that the Board and Executive write to the Australian Government, advising of the above-mentioned principles and asking:***

16. That a review period of 12-24 months also examines the effectiveness of any PML implementation.

***References:***

1. <http://www.abs.gov.au/ausstats/abs@.nsf/94713ad445ff1425ca25682000192af2/677e8471440b9117ca25703b0080ccb4!OpenDocument> (accessed 21 Sep 2008)
2. <http://www.abs.gov.au/ausstats/abs@.nsf/94713ad445ff1425ca25682000192af2/277de45665c11900ca256cbf0017219d!OpenDocument> (accessed 21 Sep 2008)
3. Maternity Protection Convention, 2000 – ILO Convention concerning the revision of the Maternity Protection Convention (Revised), 1952. Entered into force in 2002. available at: <http://www.ispesl.it/laborbase/Data/2000ILOc183e.htm> (accessed 21 Sep 2008)
4. Noble, S, ALSPAC Study Team. Maternal employment and the initiation of breastfeeding. *Acta Paediatr* 2001; 90: 423-28.
5. WHO/UNICEF Joint Statement. Protecting, promoting and supporting breastfeeding: the special role of maternity services. Geneva: WHO, 1989
6. Productivity Commission 2008, *Paid Parental Leave: Support for Parents with Newborn Children*, Draft Inquiry Report, Canberra.

**ADOPTED 2002, REVISED AND RE-ENDORSED IN 2005 AND 2008**

***First adopted at the 2002 Annual General Meeting (AGM) of the Public Health Association of Australia (PHAA) and revised and at the PHAA AGM held on 28 September 2005 in Perth. Most recently revised and re-endorsed as part of the 2008 policy review process.***