



PUBLIC HEALTH ASSOCIATION
of Australia Inc

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 OECD nations without a maternity benefit scheme, and international instruments, such as 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 than the average male salary (84.5%) (Measuring Australia's Economy 2003 (Section 6: Prices and Income) in Australia Now. Australian Bureau of Statistics
3. Latest statistics show that Australian women have on average 1.75 babies, which is below the population replacement figure of 2.1.¹
4. Latest statistics show that 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).²
5. 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.
6. Women of childbearing age 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.
7. Studies suggest a link between return to work and cessation of breastfeeding. WHO recommends that all babies be breastfed for six months. PML can facilitate mother-child bonding and enable sufficient time for breastfeeding to become well established.

The Public Health Association of Australia affirms the following principles:

8. ILO maternity protection convention 183 provides a basis for a national PML scheme.
9. PML should include a minimum of 14 weeks.

10. Payment should be a cash benefit, equivalent to income replacement for women on low incomes, capped at average weekly earnings.
11. Funds should be derived from consolidated government revenue.
12. PML should include the right to breast-feed or express milk on return to paid work.
13. 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 baby.

The Public Health Association of Australia therefore recommends that the Board and Executive write to the government asking:

14. The Australian federal government to implement the recommendations arising from 'Support Valuing Parenthood: Options for paid maternity leave interim paper 2002' proposed by the Australian Sex Discrimination Commissioner.
15. That a review period of 12-24 months examines the effectiveness of the PML implementation.

References:

1. <http://www.abs.gov.au/ausstats/abs@.nsf/94713ad445ff1425ca25682000192af2/677e8471440b9117ca25703b0080ccb4!OpenDocument>
2. <http://www.abs.gov.au/ausstats/abs@.nsf/94713ad445ff1425ca25682000192af2/277de45665c11900ca256cbf0017219d!OpenDocument>
3. Maternity Protection Convention, 2000 – ILO Convention concerning the revision of the Maternity Protection Convention (Revised), 1952. Entered into force in 2002.
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

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