

Towards Universal Maternity Protection in Viet Nam - The Case of Multi-tiered Maternity Benefits

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Abstract: Maternity protection is a key labour right of working women. International Labour standards are key references points in efforts to gradually expand maternity protection, which includes income security (through cash benefits), leave policies and effective access to good-quality maternal healthcare for pregnant women and mothers of newborns. Viet Nam's maternity benefits are among the region's most generous system in terms of duration and replacement rate. However, the main drawback of the maternity system in Viet Nam is its low coverage. Only workers in the compulsory social insurance system have access to maternity benefits. Lack of income security during the final stages of pregnancy and after childbirth forces many women, especially those in the informal economy, to keep working into the very late stages of pregnancy and/or to return to work prematurely, thereby exposing themselves and their children to significant health risks. In light of the coverage gaps and demographic projections, and as part of the country's overall efforts to extend social protection, Viet Nam has committed to improving maternity protection for all working women. This paper aims to assess the current situation of maternity benefits in Viet Nam and the negative impacts of lack of income security during maternity benefits for women in the country, using the findings from the recent survey by the International Labour Organization (ILO) in collaboration with Viet Nam's Women union. This paper proposes the development of a multi-tiered maternity benefits system, which is a combination of social insurance and non-contributory benefits, as the potential solutions to expand access to maternity benefits in Viet Nam.

Keywords: Social security; Social protection; Social insurance; Social assistance; Maternity protection; Multi-tiered social security; Women rights.

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1. International Labour Standards for maternity protection

Global policy norms, namely the ILO's Maternity Protection Convention, 2000 (C. 183) and ILO Social Security (Minimum Standards) Convention, 1952 (C. 102), are key reference points in efforts to gradually expand maternity protection (see Annex 1 for a summarize of the ILO social security standards on maternity protection).

The Convention C, 102, Part VIII, sets minimum standards as to the population coverage of maternity protection schemes, including cash benefits during maternity leave, to address the temporary suspension of earnings¹.

The Convention C.183, and its accompanying Recommendation (R.191) provide detailed guidance for national policymaking and action aiming to ensure that women:

- are granted at least 14 weeks of maternity leave paid at a rate of at least two thirds of previous earnings (C.183) or up to 18 weeks at 100 per cent (R.191);
- have employment protection during pregnancy, maternity leave and the right to return to the same or an equivalent position;
- enjoy the right to one or more daily nursing breaks or a daily reduction of hours of work to breastfeed their children; and
- are not required to perform work prejudicial to their health or that of their children.

In order to protect women's rights in the labour market and prevent discrimination by employers, ILO maternity protection standards specifically require that cash benefits be provided through schemes based on solidarity and risk-pooling, such as compulsory social insurance or public funds, while strictly circumscribing the potential liability of employers for the direct cost of benefits.

In 143 out of the 195 countries and territories for which information was available, periodic maternity cash benefits are anchored in national social security legislation and provided through collectively financed mechanisms:

¹ Although Viet Nam has not ratified either of the conventions as of 2023, Convention 102 is one of the conventions included in a Memorandum of Understanding signed between the Government of the Viet Nam and the ILO in 2021 listing a series of ILO Conventions which ratification would be considered in the period between 2021 and 2030.

either social insurance that fully or partially replaces women’s earnings during the final stages of pregnancy and after childbirth, or non-contributory schemes that provide at least a basic level of income (ILO, 2020).

However, these provisions usually only apply to women employed in the formal economy. Access to maternity benefits remains limited or unavailable for many low-income women, who are often informal economy workers. In 2020, only 44.9% of employed women expected to receive maternity cash benefits (ILO, 2020).

Often, women do not enjoy protection and adequate benefits, even where provisions exist in statutory social insurance schemes, because they are clustered in workplaces that are not, or not fully, covered (e.g. because of limited working hours, low pay, or other contractual arrangements like self-employment). Also, women typically do a lot of unpaid work which does not qualify for maternity protection in social insurance schemes.

2. Viet Nam maternity protection system

2.1. The current regulations

The Constitution of the Socialist Republic of Viet Nam (2013) stipulates that “Citizens have the right to social security”. The key legal documents which define the architecture and design of maternity protection in Viet Nam are the Labour Code (2019), Social Insurance Law (2014), Decree 39/2015/ND-CP on cash benefits for Ethnic Minority women, along with a system of other sub-law documents.

Maternity protection for workers is regulated in the Labour Code 2019 and guiding documents for specific rights groups. The Labour Code sets out specific regulations to ensure gender equality, maternity protection and prohibits discriminatory actions against women.

Maternity protection in the Social Insurance Law (2014) offers benefits for six types of workers². The maternity benefits covered by the Social Insurance

² They are: Pregnant female employees; Female employees giving birth to children; Female employees as surrogate mothers and intended mothers; Employees adopting under-6-month children; Female employees having intrauterine devices or employees taking sterilization measures; Male employees currently paying social insurance premiums whose wives give birth to.

Law (2014) include: prenatal checks-up³, contraceptive measures⁴, and cash benefits for six months and equal 100% of the average of salaries of six months preceding the leave on which social insurance premiums are based. Female employees are entitled to a 6-month leave before and after childbirth under the maternity benefits. For a female employee who gives birth to twins or more infants, she is entitled to an additional leave of one month for each infant from the second. Male employees whose wives give birth to children are entitled to a maternity leave of 05-14 days depending on types of delivery and the number of new-borns. Additionally, female employees giving birth or employees adopting an under-6-month child are entitled to a lump-sum allowance⁵ equalling two times the base salary (statutory pay rate) for each child in the month of childbirth or child adoption. In case the mother gives birth to a child but only the father is covered by social insurance, the father is entitled to a lump-sum allowance equalling two times the base salary for each child in the month of childbirth.

In addition to the provisions to ensure maternity rights for employees and maternity benefits in the social insurance system mentioned above, a number of policies have been developed and implemented to protect and support specific groups of women. The Government issued Decree 39/2015/ND-CP stipulating policies to support poor women from ethnic minorities when giving birth. Accordingly, women from poor households from ethnic minorities when giving birth and “in compliance with the Government population policy” are supported by 2 million VND/person from the first month after giving birth. This is the only non-contributory maternity cash benefit policy in Viet Nam, funded by the Government budget. The policy has received special attention from poor ethnic minority women and has had a great impact on beneficiaries. This funded through local budgets to pay, and not all localities can fully guarantee its funding, leading to many limitations in terms of effective coverage.

³ Article 32 of Social Insurance Law (2014).

⁴ Article 37 of Social Insurance Law (2014).

⁵ Article 38 of Social Insurance Law (2014).

2.2. Assessment of the maternity benefits system in Viet Nam

This section evaluates the current status of regulations related to maternity protection in general in Viet Nam and focuses on the cash maternity benefits stipulated in the Social Insurance Law (2014) and the Decree 39/2015/ND-CP.

Methods and Data

This study applied the combination method, including quantitative and qualitative studies. The quantitative analysis used to assess the coverage of maternity benefits in Viet Nam. The coverage is measured as follows:

Coverage

$$= \frac{\text{Recipients of contributory benefits} + \text{Recipients of noncontributory benefits}}{\text{Total women giving birth}}$$

The number of women receiving contributory maternity benefits, disaggregated by provinces and regions, were taken from Viet Nam Social Security (VSS)’s 2021 data. The number of women receiving non-contributory benefits were taken from 2021 data provided by the General Office for Population and Family Planning.

As there is no statistic on the number of women giving birth each year in Viet Nam, the study used the data of number of new-borns children in Viet Nam in 2021 provided by the General Statistics Office of Viet Nam. This has a limitation of taking into account the cases of mother gives birth to two or more babies.

Table 1. Information of respondents in the survey

Survey method	Target group	Centra l level	Provincial level	Commune level	Total people
In-depth interview	Women/men		48		48
	Staff from Government ministries and organizations...	6			6
Focused group discussion	Women of reproductive age			32	32
	Husbands of women of reproductive age			32	32
Consultation	Representative of local authorities, organizations, and stakeholders ...		180		180
Total					298

Sources: ILO and VWU, Forthcoming.

The qualitative methods are used to analyse the impacts of not receiving maternity cash benefits on women and their families. These analyses are based on a qualitative survey conducted by the Viet Nam Women's Union in collaboration with the International Labour Organization in 2023 in four provinces and cities across the country, namely Thanh Hoa, Da Nang, Ho Chi Minh City and Can Tho. 298 respondents were surveyed, through three types of interventions: in-depth interviews, focused group discussion and consultation workshops (see Table 1).

2.2.1. The benefits adequacy and duration

Contributory maternity benefits in Viet Nam comply with ILO C.102 which suggests periodic cash benefits for 12 weeks at 45% of the reference wage; with the C.183 which suggests a paid leave of 14 weeks of at two thirds of previous earnings; and with the R.191, which suggests a paid leave of 18 weeks at 100% of previous earnings.

Viet Nam's contributory maternity benefits have some of the longer duration and higher replacement rates in the region. This is somewhat contrasted by the frequent underreporting of insurable earnings, leading to benefit levels that are mostly in line with the region's average.

For non-contributory maternity benefits paid by the government budget as prescribed in Decree 39/2015/ND-CP, in contrast to the benefits paid under the Social Insurance Law, beneficiaries received a lump sum benefit of VND 2 million, paid in the first month after giving birth. This lump sum payment does not comply with international social security standards, which require maternity benefits to be paid periodically. Furthermore, compared to the C102's regulations on the minimum duration of 12 weeks, this benefit level is only equivalent to 670,000 VND/month. Compared with the reference salary according to the provisions of C.102, which is the monthly salary of unskilled male workers, it only reaches about 10%⁶, much lower than the minimum standard of 45%. Despite of its failure to meet the minimum requirement by international social security standards, we cannot deny the

⁶ According to the 2022 Labour and Employment Survey of the General Statistics Office, the average monthly income of salaried male workers without technical qualifications is 6.8 million VND.

importance of the non-contributory maternity benefits under the Decree 39/2015/ND-CP in contributing to improving the lives and health of ethnic minority women, as the majority of them are living in poor and remote areas and are facing many difficulties when giving birth, especially in terms of income security.

Table 2. Paid leave entitlements available to mothers in percentage of earnings and weeks, selected countries, 2018

Country	Paid maternity leave			Paid parental and home care leave available to mothers			Total paid leave available to mothers		
	Length (week)	Benefit (%)	Full-rate equivalent	Length (week)	Benefit (%)	Full-rate equivalent	Length (week)	Benefit (%)	Full-rate equivalent
	(1)	(2)	(3)	(4)	(5)	(6)	(7) = (1) + (4)	(8)	(9)
Australia	18.0	42.9	7.7	0.0	0.0	0.0	18.0	42.9	7.7
China	14.0	100.0	14.0	0.0	0.0	0.0	14.0	100.0	14.0
Indonesia	13.0	100.0	13.0	0.0	0.0	0.0	13.0	100.0	13.0
Japan	14.0	67.0	9.4	44.0	59.9	26.4	58.0	61.6	35.8
Korea	12.9	80.2	10.3	52.0	28.5	14.8	64.9	38.8	25.1
New Zealand	18.0	46.8	8.4	0.0	0.0	0.0	18.0	46.8	8.4
Singapore	16.0	100.0	16.0	0.0	0.0	0.0	16.0	100.0	16.0
Thailand	12.9	100.0	12.9	0.0	0.0	0.0	12.9	100.0	12.9
Viet Nam	26.0	100.0	26.0	0.0	0.0	0.0	26.0	100.0	26.0
OECD average	18.1	n/a	n/a	35.8	n/a	n/a	53.9	n/a	n/a

Sources: ILO, Betina Ramírez López and Camila Arza, 2021.

2.2.2. The coverage and gap

Maternity benefit coverage is calculated based on the calculation using data from the General Statistics Office and the Viet Nam Social Insurance, in 2021, only 39.68% of the more than 1.5 million Vietnamese women who gave birth were entitled to maternity benefits.

Given the large differences across Vietnamese regions at multiple levels (socio economic, demographic, labour market, etc.), focusing solely on national level data can only provide an overall notion of what the situation in the country is. Therefore, this section looks at the breakdown of maternity benefit coverage and beneficiaries across regions and provinces.

Table 3. Effective coverage of cash maternity benefits in Viet Nam in 2021

Region	Estimated number of women giving birth	Number of women received cash maternity benefits			Effective coverage (%)
		Decree 39	SI Law	Total	
Region 1: Northern Midland and Mountains	218,567	9,199	59,087	68,286	31.24
Region 2: Red River Delta	393,156	78	214,530	214,608	54.59
Region 3: North Central and South Central Coast	331,594	3,431	95,965	99,396	29.98
Region 4: Central Highlands	104,607	1,537	13,759	15,296	14.62
Region 5: South East	289,873	93	168,056	168,149	58.01
Region 6: Mekong River Delta	213,336	417	49,281	49,698	23.30
COUNTRY TOTAL	1,551,133	14,755	600,678	615,433	39.68

Sources: ILO and VWU, Forthcoming.

The effective coverage of maternity benefits in Viet Nam varies across six economic regions across the country. The Red River Delta region has the highest actual coverage, with more than half of the nearly 400,000 women giving birth in 2021 receiving at least one cash maternity benefit. The Central Highlands region has the least actual coverage, with less than 15% of women in the Central Highlands receiving cash maternity benefits when giving birth.

Most of the region with high actual coverage are economically developed areas, with many industrial zones attracting a large labour force. For example, Ha Noi and Ho Chi Minh City are the capitals and major economic centres of the country, while other provinces such as Binh Duong, Dong Nai, Bac Ninh and Vinh Phuc are provinces with a large number of industrial zones and processing zones, attracting a large number of migrant workers to work, which means a high rate of participation in social insurance.

However, the study does not have data on the number of women who migrated to work in one province but return home after giving birth, province level data must be analysed with caution.

The coverage gap is still significant. According to calculations, in 2021, in Viet Nam, there were more than 935 thousand women giving birth or adopting children who are not entitled to maternity benefits, accounting for 60.3% of all women giving birth in the year.

The three regions with the highest proportion of women giving birth without maternity benefits are the Central Highlands (85.4%), the Mekong River Delta (76.7%) and the North Central and Central Coast (70%).

Among the six economic regions across the country, the number of women giving birth without maternity benefits in the North Central and Central Coast regions accounts for nearly one fourth of the number of women giving birth without the national maternity allowance, followed by the Red River Delta, and the Mekong River Delta, respectively, accounting for 19% and 17.5% of women giving birth and adopting children who are not entitled to maternity benefits nationwide.

Coverage gap is most significant in regions with limited industrial development and therefore low social insurance coverage. It is also possible that many of these localities are emigration zones, meaning that many people migrate out of the province/region, resulting in limited registration and entitlement to maternity benefits.

Table 4. Number of women giving birth/adopt children do not received cash maternity benefits in 2021

Region	Estimated number of women giving birth	Women did not receive cash maternity benefits	Coverage gap (%)
ALL COUNTRY	1,551,133	935,700	60.3
Region 1: Northern Midland and Mountains	218,567	150,281	68.8
Region 2: Red River Delta	393,156	178,548	45.4
Region 3: North Central and South Central Coast	331,594	232,198	70.0
Region 4: Highland	104,607	89,311	85.4
Region 5: South East	289,873	121,724	42.0
Region 6: Mekong River Delta	213,336	163,638	76.7

Sources: ILO and VWU, Forthcoming.

Large coverage gap also appears in many rural and mountainous provinces, with a large concentration of workers in the informal sector. In addition, Viet Nam is a country with a large informal economy and workers in this sector

are not covered by compulsory social insurance (ILO, 2021a). The data show that, female workers in rural areas and in informal employment are not entitled to maternity benefits or maternity-related benefits. Meanwhile, workers in informal sector accounts for a high proportion of the labour force in Viet Nam. The overview report on informal employment in Viet Nam in 2021 shows that 97.8% of informal workers do not participate in any type of insurance. This may be because employees are not aware of the importance of social insurance as well as the benefits are not attractive (GSO, 2022). Not participating in compulsory social insurance leads to gaps in coverage of the current maternity benefit given the limited scope of existing non-contributory benefits.

3. Negative impacts of maternity protection gaps

The survey conducted by the Viet Nam Women's Union in collaboration with the ILO in 2023 shows that the general trend is very clear about the impact of childbirth on the life and work of women without maternity benefits. This impact can be framed around five key messages:

First, women who do not receive maternity benefits have higher income insecurity before and after birth

Women who are not registered in the social insurance compulsory system (which as of 2022 covered only around 38% of the working age population), have no support from public policies when it comes to ensuring their income security. Therefore, they are forced to rely on excessive workloads during pregnancy and after birth, on their savings, and the support from their husbands and extended families.

“Compared to giving birth to my first and second baby, my family is completely different. For the first delivery, I received maternity benefits paid by the social insurance. But for the second delivery, I left the system thus received nothing, creating family income shortages. Sometimes I had to borrow from friends”
(Nguyen D. H., Female, 36 years old, Ho Chi Minh city).

But, even for women registered in social insurance, the lack of additional support (such as the limited access to child care and the absence of child/family benefits in the social insurance system), forces many of them to exit their formal employment arrangements, and taking a lump-sum payment from social

insurance, foregoing all the protection that the social insurance system allows them.

It is clear that many people, even when concerned with the need to save for old age, may still be forced to use "savings" from social insurance as a source of liquidity in times of need. For example, women withdraw their money during maternity leave, pointing to the fact that current maternity benefits do not meet all of their needs. Maybe, after six months of maternity leave, there is no one to take care of their children, so they decide to quit their jobs and live on the lump-sum withdrawal of social insurance until their children reaches suitable age for enrolling in kindergarten (ILO and World Bank, Nguyen Hai Dat, Andre Gama, 2021). This promotes informalization, further contributing for a larger lack of protection of women against several risks during their lifecycle, including maternity.

“When my wife withdrew social insurance, LS she was advised to continue paying, but because of difficult circumstances and no income, she has no other choice” (Huynh Truong Đ., Male, 32 years old, Binh Thuy, Can Tho).

Furthermore, research by Le Thi Que shows that because women are associated with childbirth and child care works, after giving birth, the chances of finding a job are often lower due to barriers in terms of age, qualifications and education. Therefore, after losing a job, women are forced to sacrifice their long-term goals to fill the immediate gap in childcare support and most tend to think about withdrawing the amount of contribution in social insurance (Le, 2020).

Second, women who receive maternity benefits are more likely to be adequately followed by the health system during pregnancy

Although access to adequate healthcare is available to every woman in the country, regardless of their entitlement to maternity benefits, the reality seems to be that women who do not receive maternity benefits tend to be less likely to follow guidelines with regards to pre natal check-ups, and other pre partum recommended procedures. This is reported by women of in most cases to be a result of the fact that, given their employment nature (informal in the majority of cases), a trip to a health centre during workers leads to a reduction in their income, which tends to be already lower and less stable than those of insured women.

“During my second pregnancy, I worked full time in the salt production fields. I did not take any antenatal check. So, when I was due, the hospital surprisingly recognized that I had no record for antenatal check as well as necessary vaccination. Going to antenatal check meant skipping one working days. Not only me, my council or sisters had same behaviours” (Bui Thi Ng., Female, 32 years old, Salt trader, Hau Loc, Thanh Hoa).

Third, most women who do not receive maternity benefits return to work too early after childbirth

Due again to the lack of income security, many women who do not receive maternity benefits tend to work until very late in their pregnancies, even in cases when their health and the fetus is at risk.

“Even when I was close to delivery, I still bicycled to the market for salt trade, sometimes 100 km per day. In the 8th month of pregnancy, my husband forced me to stop. But the income dropped immediately. Luckily, I could still borrow” (Bui Thi Ch., Female, Salt trader, Hau Loc, Thanh Hoa).

A study conducted by the Viet Nam Women's Union in 2017 with 600 women in three provinces of Hung Yen, Quang Tri showed that nearly 50% of rural women had to return to work soon after giving birth, leading. This limited conditions for convalescence, postpartum care and mother breastfeeding (Viet Nam Women's Union, 2017). Rural women's early productive work after giving birth is for the purpose of earning for living and reducing dependence on their husbands and family members.

“The fact that myself as well as my friend - who are self-employed, getting backed to work just one month after delivery was normal. We have to find a way to work anyway; because of income lost” (Nguyen Thi K. T., 35 years old, Self-employed, Da Nang).

Fourth, mothers face higher health risks when they do not receive maternity benefits

Women who do not receive maternity benefits end up making decisions that can compromise their health at multiple levels. The lower access to prenatal care, combined with the excessive working periods both before and after childbirth, has a negative impact on women physical and mental health. In particular, women report often severely negative impacts on their reproductive health,

meaning that not only does the lack of access to maternity benefits increases the risks associated with their pregnancies in the present, but it also can have long-term negative impacts in their reproductive health.

Box 1. Lack of maternity benefits results in many consequences

Pham Thi H., 36 years old, lives in Phu Son, Thanh Hoa City. She and her husband have a small grocery store that sells convenience goods, along with a profession that specializes in delivering wholesale ice cream to other retail stores in Thanh Hoa province.

In 2012, the couple gave birth to their first child, a boy. She only took a break for about a month and returned to normal work from the second month. The daily work was quite heavy, when she had to wake up at 6:30 am, locked herself in a minus 20-degree cold storage to take out the ice cream and arrange it in foam boxes, then her husband used a truck to deliver it to 8 agents in the districts. During the day, she continued to sell groceries while doing the family house works. Everyday two days, the ice cream truck arrived at night and she helped her husband to unload and put ice cream in cold storage.

She said, "my mother told me to rest more, otherwise my health would be very poor if I keep working live this".

H. knew that going to work would affect her health, but she had no other choice. She said "Back then, I had a cousin who worked in the garment factory and gave birth to a child, but she still got paid maternity leave. But for me my break means hungry for my son".

After one year, she began to suffer from sinus and allergies, sneezing and runny nose continuously. That is the result of two-hour standing in cold storage every day just one month after her delivery. Worse still, she then suffered five miscarriages until 2018 after expensive treatment, when she gave birth to her second child.

Fifth, children whose mothers do not receive maternity benefits are exposed to higher health risks

Due to the lack of maternity protection, most mothers have to return to work early, affecting the comprehensive development of children - affecting the quality of the working population in the future (due to not being exclusively breastfed for the 6 first month as recommended). Many women also report having to take their new-born children with them to work shortly after birth, for lack of access to child care combined with a need to increase their income to cope with the costs related with having one more child in the family.

“Because I went to work early in the cold windy season, the quality of breast milk was not good. My child was frequently fed with cold breast milk, results

in high diarrhoea for long time. His health was negatively impacted. (...) After one year, I carried my son to the (salt field). He often lied on a raincoat when I was working” (Bui Thi Ch., Female, 40 years old, Salt producer, Thanh Hoa).

Modern medicine has confirmed that the first 1,000 days of life is the golden period for the child’s development. During this period, nutrition has the greatest impact on future health and potential. Without maternity benefits, women are at risk of income loss during the maternity break and potentially falling into poverty. Besides, the status of women may be reduced due to lack of income, having to depend on husband and family members. This can lead to women being “afraid” to have children or delay having children due to the lack of appropriate maternity protection regimes.

4. Expansion of maternity benefits coverage in Viet Nam

4.1. The directions of Party and State

Maternity benefits have an important position in each country's social security system, because it affects a large segment of workers in society and the future of a country. The 2030 Sustainable Development Goals (SDGs) advocate for maternity protection and paternity support for all through Goal 1.3 on social protection systems and Goal 5.4 on gender equality and non-discrimination.

Expanding the coverage of maternity benefits in Viet Nam is therefore very consistent with the Party and State's guiding views on many aspects, from improving population quality, expanding social security, and promoting gender equality and protection of mothers and children.

The Resolution of the 13th National Party Congress endorsed the 10-year Socio-Economic Development Strategy 2021-2030, which sets out directions, tasks, and solutions for socio-economic development, with “...focus on maternal health care; ensure reasonable nutrition, quickly reduce the rate of malnourished children” (Communist Party of Viet Nam, 2021).

The Politburo’s Resolution 11-NQ/TW on women's work in the period of accelerating industrialization and modernization of the country has set the task of “building, amending, supplementing and improving the policies and legal system to promote women's legitimate rights, especially in the fields of protecting mothers and children” (Resolution 11-NQ/TW, 2007).

The 2006 Gender Equality Law also defines the State's policy on gender equality as protecting and supporting mothers during pregnancy, childbirth and raising children (Law on Gender Equality, 2006).

With Viet Nam's strong commitments to implementing the SDGs by 2030, ensuring no one is left behind, the proposal to expand maternity benefits in the current period is appropriate and consistent with the policies of the Party and State as well as the socio-economic development context in Viet Nam.

4.2. The need to expand maternity benefit beyond social insurance

Adequate maternity protection is a vital component of a social protection floor. Yet the current system in Viet Nam only provides maternity protection for those in the compulsory social insurance system. Given the limited percentage covered by social insurance in Viet Nam, most women today have to rely on income pooling in the family to cope with the income loss that is a result of them withdrawing from the labour force to give birth, recover and take care of a newborn baby.

The Social Insurance Law (amended) being discussed has many proposed adjustments and supplements to overcome the limitations of the past time, and at the same time, legalizes a number of guiding contents of Resolution 28 -NQ/TW. Introducing maternity benefits in voluntary social insurance is one of the issues being discussed and consulted. The inclusion of maternity benefits in the voluntary social insurance program can be an immediate intervention solution to expand coverage. However, there should be specific calculations and grounds for the subsidy level proposed in the draft law. Furthermore, given the low coverage of the voluntary social insurance system, and its limited impact for further growth, this measure will only address the needs of a small share of the total number of mothers in Viet Nam. Furthermore, ILO research has suggested that adding a maternity benefit to the voluntary scheme is unlikely to be sufficient to overcome the obstacles currently facing uninsured wage-earners to join and contribute (ILO, McClanahan, Gelders and Ramírez López, 2019).

Therefore, under the constraints of limited growth from the contributory side of social protection - due to the still limited coverage of both contributory and non-contributory schemes - it is important to consider the other pillar of the Social

Protection system in order to address the needs of more than half of the working age women in Viet Nam: Social assistance.

A potential introduction of non-contributory maternity benefits would complement the existing maternity benefits of the compulsory social insurance system, and the intended introduction of maternity benefits to the contributory voluntary system, and could, if designed and implemented in alignment and coordinated, create a true multi-tiered maternity benefit system in Viet Nam. This would ensure the reduction of coverage gaps, while following the key guidance of Party Resolution 28, as well as international labour standards.

4.3. Building a multi-tiered maternity benefit in Viet Nam

4.3.1. A proposed multi-tiered maternity benefit system for Viet Nam

Resolution 28-NQ/TW defines the goal as "gradually and firmly expanding social insurance coverage, towards the goal of universal social insurance coverage", in which, the important content is building a multi-tiered social insurance system.

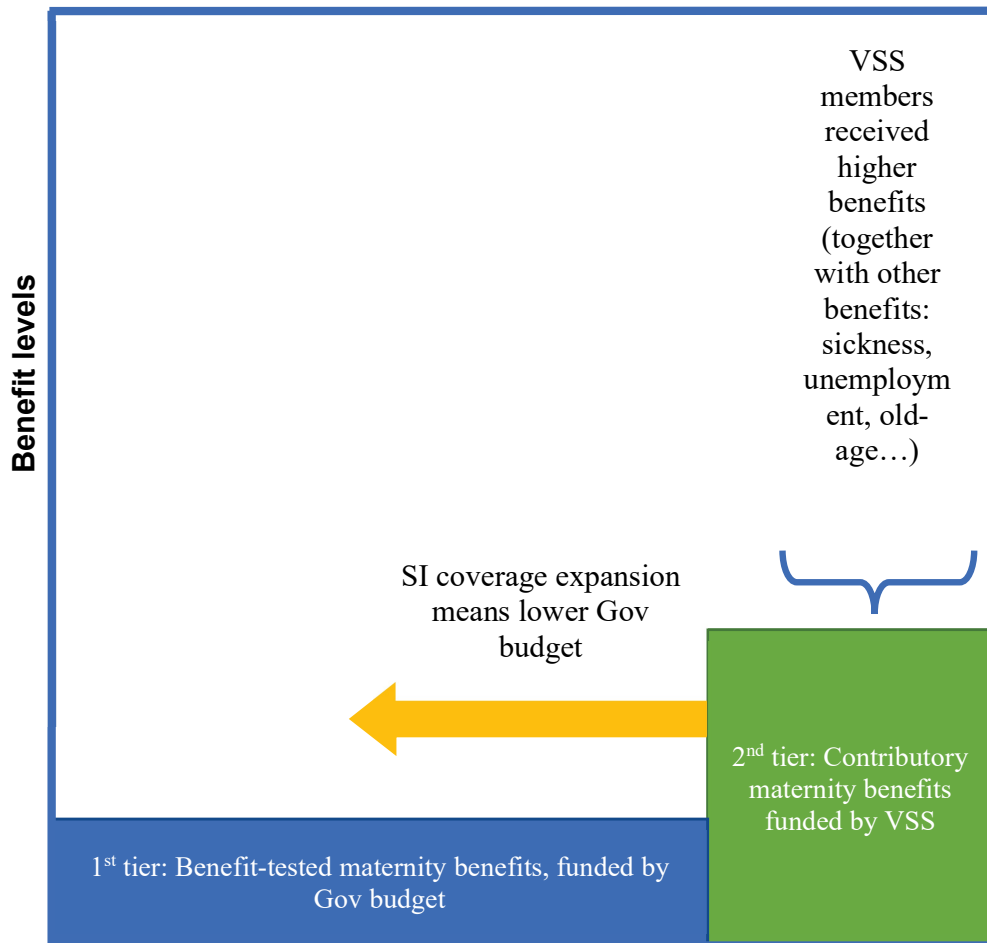
The question here is, how to expand and move towards universal social insurance coverage? And to "build a multi-tiered social insurance system" - that is, to combine both budget and contributions while contributions are still limited, how much is the gap that enquired the government budget subsidy and how the road map should be?

Currently, the draft Social Insurance Law (amended) has proposed building a multi-tiered pension system by including the non-contributory social pension (funded by the government budget) in the Law along with the contributory tier funded by social insurance. Expanding maternity coverage in Viet Nam today also needs to follow similar approaches - building a multi-tiered maternity benefit system.

A multi-tiered maternity benefit is the system provide maternity benefits to all mothers of new-borns through different tiers/policy. In the proposed design, the tier 1 guaranteed benefit financed from Government budget could be benefit-tested, that is, available to all mothers of new born who are not

contributing to the social insurance. The higher-rate tier-2 benefit paid to VSS members would be financed entirely from members' contributions (see Figure 1).

Figure 1. Proposed multi-tiered maternity benefits



A multi-tiered maternity benefit would make maternity protection a right for all women (and their children) in Viet Nam, regardless of their employment status. The 2nd tier - contributory benefit would replace lost income for new parents enrolled in compulsory and voluntary social insurance who would be able to maintain their standard of living during the six months following childbirth/adoption. While for workers in informal employment, the 2nd tier - a non-contributory maternity benefit, although cannot guarantee employment stability after the leave period (as maternity regulations do for workers in formal

employment), can at least provide a basic level of economic security in the first few months after childbirth.

4.3.2. Design of the 1st tier maternity benefit

The 1st tier maternity benefit funded by the government budget needs to be carefully designed to ensure harmony between the goal of maternity protection and the goal of social security coverage expansion. Among the policy parameters, there are three factors that need to be considered carefully:

First, adequacy and level of benefits. When designing the levels of both benefits, it is important as well to ensure that contributory benefits are high enough to imply that any woman is better off, upon maternity, to be registered in Social Insurance than if she weren't, in order to contribute to the ongoing efforts in Viet Nam to promote formalization and expand social insurance coverage in line with Party Resolution 28 targets.

There are different policy targets. If the target is to ensure that no woman in Viet Nam who gives birth or adopts a child would fall into poverty as a result of having a child, the benefit level is set at or above the poverty line, either urban or rural line, subject to fiscal space.

Second, the duration should set minimum at 12 weeks, as recommended by C.102, with potential to longer period as 14 weeks (C.183) or 18 weeks (R.191).

Third, benefits should be provided periodically rather than lump sum. The benefit level should be regularly adjusted.

4.3.3. Cost and benefits of the 1st tier

Cost

If the monthly maternity benefit equal poverty line, to achieve the goal of universal coverage for all new-born mothers in Viet Nam, it is estimated that an investment of about 4,900 billion VND/year, equivalent to 0.05% of the country's GDP, is required.

The investment can be disaggregated by regions in the following table:

Table 5. Estimating the cost of maternity extension using the Social Assistance Policy

Unit: VND billions

ALL COUNTRY	4,912
Region 1: Northern Midland and Mountains	789
Region 2: Red River Delta	937
Region 3: North Central and South Central Coast	1,219
Region 4: Highland	469
Region 5: South East	639
Region 6: Mekong River Delta	859

Sources: ILO and VWU, Forthcoming.

The estimation is close to other costings, including (ILO, McClanahan, Gelders and Ramírez López, 2019) which shows that the cost of the maternity benefit for uninsured women in Viet Nam is less than 0.04% of GDP in 2020, declining to 0.02% of GDP in 2030.

Benefits

Expanding maternity benefits to uninsured women can considerably improve the protection of women at a crucial stage in the life course at a relatively affordable cost. It can incorporate a large share of women, including the most vulnerable women working in the informal economy, protecting them and their new-born babies, for half or less than half the cost of the current maternity system that benefits a smaller number of women.

Furthermore, this cost would be to an extent offset by the improvement in health outcomes for both mothers and children, which would then require less support from the national health system. At the same time, it would also increase family's consumption during the period, thus boosting aggregate demand, which continues to become a more and more important driver of economic growth in Viet Nam as its internal market continues to grow and develop.

4.3.4. Prioritized actions

Advocacy towards expansion of maternity benefits should focus on introduction of a non-contributory maternity benefit tier. In the context of reforming the social security system in Viet Nam, opportunities for advocacy include:

- Based on the experience of implementing Decree 39/2015/ND-CP, it is necessary to review and summarize the implementation experience and propose necessary amendments to further expand the beneficiaries of maternity benefits.
- Under the context of the ongoing revision Decree 20/2021/ND-CP on Social Assistance it is important to identify how social assistance policies can be strengthened and expanded to provide further support to families before and after childbirth. With Decree 20/2021/ND-CP unique feature which allows sub-national levels to be proactive in budget and expand social assistance policies, this can help to increase additional fiscal space dedicated for maternity protection in Viet Nam.
- In medium-term, the development of a national social protection floor is under discussion. Advocacy for maternity benefits becoming a component of national SPF is crucial in the pathway towards universal maternity benefits system in Viet Nam.

4.4. Other issues

Beyond the specific social security design features discussed above, it must be noted that gender equality in socio-economic protection and well-being requires policies that go beyond social insurance and offer an integrated response to the multiple needs and risks faced by women over the life course. This includes not only gender-sensitive social security systems, but also labour market policies, high quality public services and policies to better reconcile paid work and care, including public childcare systems.

It is particularly important that the collective responsibility for maternity protection is advanced against arguments that consider maternity an individual risk. The link between maternity benefits and poverty reduction, as well as maternal and child health needs, to be emphasized, as well as the relevance of childbearing and childcare for development and for the sustainability of social insurance systems.

Maternity protection needs to be linked to policy debates about social protection, and to the larger context of gender equality. Maternity protection is a core component of women's economic empowerment and a precondition to a shift in the unequal intra-household division of labour and of power. Policy discourses

about improved maternity protection should aim to counter stereotypical gender roles that portray women mainly as mothers and caretakers.

In order to reorient the maternity system from an almost exclusive focus on mothers, Viet Nam may also consider implementing broader parental leave to encourage fathers to get involved in childcare and promote a more balanced distribution of childcare duties between men and women⁷.

Another policy for further study in Viet Nam is the introduction of care credits. These would compensate women (and men) for periods spent caring for young children (or in some instances, older persons or persons with disabilities). Thus, they can be an incentive for women to remain in formal employment⁸.

5. Conclusion

Maternity protection is a key labour right of working women. It is important for enhancing the wellbeing, health, and nutrition of mothers and children, and for ensuring women's equal opportunity and treatment in the world of work.

Ensuring maternity protection for women outside the social insurance system must remain the priority to guarantee that no woman in Viet Nam is trapped into poverty because they are having another child. This article estimates that such protection could be provided in an affordable way, and would be coherent both with the long-term goals of the country with respects to social protection, as well as already existing policies.

Each of these policies can help meet specific needs, reinforce each other and bring additional gains for social protection outcomes and for the well-being of women in the multiple roles they play over life - as mothers and wives, as workers and as a contributing members of society, and so many others.

⁷ The specific design of such a policy must be analysed further when the time is right in Viet Nam, considering costs and priorities. In the case of Viet Nam, a possible first step could be to increase paternity leave from 5 to 10 days, so as to signal a way towards the modification of deeply rooted gender roles in childcare.

⁸ According to ILO estimates, care credits can have multiple designs: a simulated example for Viet Nam has shown that on average, a care credit of 18 months based on the reference salary could increase the value of women's pensions by 8.3% and reduce the gender gap to just 1.5% (from the current gap of 20%) (ILO, 2022).

Appendix 1. International Labour Standards on Maternity Protection

	ILO Convention C.102 Minimum standards	ILO Convention No.183 and Recommendation No.191 Advanced standards	ILO Recommendation No.202 Basic protection
What should be covered?	Medical care required by pregnancy, confinement and their consequences; resulting lost wages	C.183: Medical care required by pregnancy, child birth and their consequences; resulting lost wages. R.191: Same as C.183	Essential maternity health care At least basic income security for those who are unable to earn a sufficient income due to maternity.
What should the benefit be?	Medical benefits: At least: - prenatal, confinement and post-natal care by qualified practitioners; - hospitalization if necessary. With a view to maintaining, restoring or improving the health of the woman protected and her ability to work and to attend to her personal needs. Cash benefits: Periodic payment: At least 45% of the reference wage.	C.183: Medical benefits: At least prenatal, childbirth and post-natal care; hospitalization if necessary. Daily remunerated breaks or reduced hours for breastfeeding. Cash benefits: At least 66.67% of previous earnings; should maintain mother and child in proper conditions of health and a suitable standard of living. Appropriateness to increase the levels of cash benefits must be examined periodically. R.191: Medical benefits: Medical maternity care should also comprise pharmaceutical and medical supplies, medically prescribed	Medical benefits: Goods and services constituting essential maternity healthcare meeting criteria of availability, accessibility, acceptability and quality; free prenatal and post-natal medical care should be considered for the most vulnerable. Benefits in cash or in kind: should ensure at least basic income security, so as to secure effective access to necessary goods and services, and be at a level that prevents or alleviates poverty, vulnerability and social exclusion and

		tests as well as dental and surgical care. Cash benefits: Should be raised to the full amount of the woman's previous earnings.	enables life in dignity. Levels should be regularly reviewed.
What should the benefit duration be?	Medical benefits: Throughout the contingency Cash benefits: At least 12 weeks for cash benefits.	C.183: 14 weeks' maternity leave, including 6 weeks' compulsory leave after childbirth; additional leave before or after maternity leave in case of illness, complications or risk of complications arising from pregnancy or childbirth. R.191: At least 18 weeks' maternity leave. Extension of the maternity leave in the event of multiple births.	As long as the incapacity to earn a sufficient income remains.

Sources: ILO, 2021.

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