



The Introduction of Maternity Insurance in Spain

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The ratification by Spain of the Washington Convention concerning the employment of women before and after child-birth was registered on 4 July 1923. Owing to economic difficulties it was not possible to give full effect to the Convention at once, and as a provisional measure, and pending the preparation of a complete scheme of maternity insurance, a system of maternity relief, providing for the payment by the State of an allowance during a compulsory rest period, was instituted in 1923. The necessary studies and other preliminary work have since been carried out, and a Legislative Decree to give effect to the Convention was promulgated on 22 March 1929. The essential features of the scheme, and the considerations on which some of its provisions are based, are described below.

HISTORICAL SURVEY

BY A Legislative Decree of 22 March 1929, Spain has introduced a system of compulsory maternity insurance. The scheme was drafted by the National Provident Institute, the official body responsible for the administration of social insurance, after it had held a special national conference, which was attended by technical experts, representatives of employers and workers, and the various persons or bodies that would be called on to take any part in the work, such as the local health departments and corporations. Before framing its scheme, the Institute had made a general public enquiry to determine the principles of the system, and as soon as these had been worked out, it sought for collaboration in an even wider field. It advised the Government to grant maternity allowances before the introduction of the system; this advice was acted on and served to prepare the women workers for the future insurance system, while providing the Institute with useful experience.

All these preliminaries completed, the scheme was drawn up in its final form and was submitted with a full explanatory memorandum to the Ministry of Labour and Social Welfare, which referred it first to its Labour Council, and then to the National Assembly.

This maternity insurance system was introduced to give effect to the ratification of the Washington Draft Convention concerning the employment of women before and after childbirth. In 1919, the representatives of Spain had voted for the Convention ; in 1922 the Spanish Parliament ratified it ; and in 1923, with the granting of maternity allowances, the first step was taken to give it practical effect. Now, the introduction of maternity insurance has completed the reform.

The principal reason for the introduction of the system was the urgent need for it created by the demographical conditions of Spain. The Spanish birth rate is one of the highest in Europe, and yet Spain is among the countries that grow most slowly. The cause lies in her excessive mortality. The birth rate in 1927 was 28.6, but the death rate was 18.9. In the five-year period 1921-1925, the death rate was 20.4, or nearly double the Swiss figure (12.4) and much more than double that of the Netherlands (8).

Furthermore, this 20.4 is the general death rate for Spain as a whole, and not for the working women who are to be covered by the system of maternity insurance ; among them the rate is much higher. An enquiry made by the writer into the average mortality, natality, and fertility of various social classes in Madrid led to the following results. Assuming that the mortality index in Spain is 100, the mortality of the nobility in Madrid was 53.17, that of the very rich upper classes was 69.04, that of the intellectual middle classes 87.30, and that of the industrial and commercial middle classes and independent small producers 107.93.

These statistics leave out of account the poorest classes who depend entirely or principally on public assistance, and also the largest class of all, that of the workers. In these two groups, the mortality would be represented by 182.56. If this relative mortality figure applied to the whole of Spain, the death rate in these two classes, in which working-class families are in a majority, would thus be 82.56 per cent. above that for the whole population. And among the women of working-class families,

the mortality of those who are themselves in employment is even higher.

But these figures show the harvest of death among all ages and conditions. If, instead, the mortality of mothers and children before, during, and after childbirth is examined, the need to be met by maternity insurance will be even more clearly seen. The statistics have revealed that childbirth leads to the loss of thousands of human lives. In Spain, the number of mothers who died from this cause from 1906 to 1925 averaged 3,305 a year; the average number of still births was approximately 17,000 a year; the average number of children who died in their first year, most of them in the first month, was 97,275 a year, and of those who died before the age of five years, over 170,000.

The experts point out that these figures illustrate the visible ravages and give the number of those killed in action, so to speak, but that to them should be added the injured, the sick, and the disabled: mothers whose health has been affected and reproductive capacity lowered or weakened; children who emerge from this ordeal with so poor a physique that they succumb to the least breath of illness, and never know the joy of a healthy life. The experts also maintain that one of the chief factors that blindly contribute to this scourge is employment immediately before and after childbirth. All these considerations have acted as an unrelenting spur to the Spanish Government to fight against this mortality and protect these workers. Since the beginning of the century it has succeeded in reducing the death rate from 28.9 in 1900 to 18.9 in 1927. In 20 years, from 1906 to 1925, the death rate of women in childbirth has been reduced by 33.55 per cent., that of children under one year by 22.31 per cent., and that of children under five years by 41.06 per cent. Well before public opinion had been roused, in 1891, the public authorities began to display an interest in protecting women workers before and after childbirth. Social phenomena are more clearly understood in the light of their genesis and evolution; and for this reason, and not with any intention of holding it up as an example, a brief history of the movement may be given here.

The question of the protection of women's work was raised as a problem of international policy at the Berlin Conference in 1890. It was decided "that women should not be allowed to work during the four weeks following confinement". A few months later, in April 1891, the Spanish Committee of Social

Reform — of which Cánovas del Castillo, leader of the Conservative Party, was Chairman, and Azcarate, who died while President of the Institute of Social Reforms, Secretary — proposed to the Government that “mothers should not be admitted to industrial or commercial establishments until four weeks after their confinement”. On 25 May of the same year, Cánovas introduced in the Senate a Bill, section 3 of which ran : “The employment of women during the days immediately after childbirth shall be prohibited in the case of work notoriously injurious to their health.”

The instability of successive Governments prevented this Bill from becoming law until 1900, and by that time several important changes had been made in the text. Dato, who reintroduced the Bill and countersigned the Act, revised the section in question as follows : “The employment of women during the three weeks following confinement shall be prohibited.” Only a few years later this seemed too little. A more general recognition of the sentiment of social solidarity, the pressure of the workers’ organisations, the example of other countries, and above all, the vigilance of the Institute of Social Reforms, which had been in existence for a few years, inspired Count Romanones — then Minister of the Interior — in 1907 to amend the Act by lengthening the compulsory rest period after childbirth, and giving the mother a right to two months’ rest before the birth of the child. On this point, the old Act ran as follows :

The employment of women during a period of four to six weeks after childbirth shall be prohibited. In no case may this period be less than four weeks ; it shall be five or six weeks if it is shown by a medical certificate that the woman cannot resume her work without injury to her health.

The employer shall keep the woman’s post open during this period.

A woman who has entered the eighth month of her pregnancy may ask to stop work, which shall be allowed if the medical report is favourable, in which case she shall have the right to have her post kept open for her.

Thus Spain obtained legislation to protect the work of women before and after childbirth. For was not this work a terrible source of sickness and death, a slaughterer of the innocents ? But though in principle it was now prohibited, the Act remained a dead letter ; it was not applied, and indeed could not be applied. The right to rest that it gave the working mother was in fact the right to starve. Nor did the labour inspection authorities dare to insist on the observance of the compulsory rest

period. The legislator had forgotten that the working woman works because she needs her wages, and that to impose a rest period on her is to deprive her of her wages and to bring the menace of want to her home. A rest period alone, even if compensation is paid, cannot remove the risks this work entails for the woman worker. She may give birth to the child in a lamentable state of distress, having surrendered herself to inexperienced or over-bold hands, without any medical aid, and thus run the risk of pathological disturbances that may endanger her health and her life. The Act, in short, remained a dead letter because it had considered only the question of the rest period and not that of compensation for the wages lost, nor of the necessary medical attendance. As a matter of fact, what happened in Spain also happened in other countries.

By the time the Washington Conference was held considerable experience had been gained. The Conference therefore did not merely agree that there should be laws to protect this employment — most countries already had such legislation — but it insisted mainly that this legislation should be made effective. For this reason it included in the Convention two compulsory forms of benefit, compensation for the rest period, and medical assistance. The Spanish delegates did not merely vote for the Convention; they have tried, and successfully, to extend its field of application. The particulars already given concerning the demographical conditions of Spain and the reaction to them explain the sympathetic attitude of the Spanish Government and its representatives, both in 1919 at the Washington Conference, and in 1927 at the Geneva Conference which discussed the Draft Convention on sickness insurance.

The problem of applying the Convention raised two points. How was the grant of benefits to be organised, as a system of State relief or of insurance? Was the system to be isolated and independent, or combined with that of sickness insurance?

The Parliament and the Government rejected the idea of relief, and decided in favour of contributory insurance. This had always been the opinion of the National Provident Institute. Not long ago, Mr. Jimenez, speaking in the name of the Institute, said: "Social policy should aim at strengthening character, at bringing about a constant realisation by the will of what might be called the training of the sense of responsibility in all domains." This can be achieved with a system of insurance, not with one of relief. A Relief Act would not be a measure of

labour legislation, for it would have to cover all similar cases of need. Furthermore, how is the state of need to be tested? On the grounds of poverty and good conduct? The administrative authorities were not in a position to make the first of these tests, and the women workers themselves would have rejected the second. No State can have as its ideal to turn itself into a large alms-giving institution, and its population into an army of abject beggars. If the mother had merely to beg, the sympathy with which she and her children are regarded in her trouble would be lost in exchange for the spoliation of public funds; anything would seem permissible.

"Whenever possible," said Professor Fuster at the Insurance Conference at The Hague, "insurance should take the place of relief. However much improved, the latter should play only a secondary part." At the same Conference, the German Professor von Mayer said: "Where insurance has been introduced, there is no reason to make use of relief, which is an inferior system." Experience also led to the same conclusion.

In addition to these considerations, the Parliament had to take into account the highly critical state of the national finances at the time (1923); and it decided in favour of insurance.

The next question was how to organise the system, whether distinct from or combined with sickness insurance. The National Provident Institute recommended the introduction of sickness insurance and proposed that childbirth should be regarded simply as a form of sickness. It produced several reasons in support of this recommendation. It had just held a National Social Insurance Conference at Barcelona, which had unanimously reached this among other conclusions, after a full discussion in which several women with an expert knowledge of the question took part. The same conclusion had been reached by a similar meeting held the previous year at Trieste. The large majority of the States that had already introduced maternity insurance had made it part of the scheme of sickness insurance. If Italy had not done so, this was due not to a belief that an independent system was better, but to the fact that a system of sickness insurance was beyond her economic resources, which were still depleted by the war.

Maternity insurance has two serious drawbacks. The first is psychological. It arises out of the necessity of including single women and widows with married women, and the increased opposition to which this may lead. If they are insured only

against the risk of maternity a widespread and arduous propaganda campaign must be carried on among them if they are not to resist the payment of contributions, since they will at once object that they are paying for an insurance by which they do not benefit.

The second drawback is economic. The percentage of working women, even including single women and widows, is very small in Spain. The proportion of women in employment is not so high as in most other European countries. Roughly speaking, it is estimated that there are five million men and women in employment, among whom the proportion of women is only 10 or 12 per cent. If maternity insurance is organised independently of sickness insurance, its cost must be spread over a little more than half a million persons, whereas the cost of the other forms of insurance could be spread over five millions. It is therefore a much heavier charge.

These two difficulties disappear if the two systems are combined. The single woman worker will realise that she is insured against sickness, just as is the married women; if the latter is liable to an additional kind of sickness, that of childbirth, the former may contract others. The equality of risks is a fiction in all forms of insurance. In sickness insurance, the risks are not the same for the agricultural worker and the man who handles white lead, nor for the wood worker and the miner, nor for the bricklayer and the seaman, nor for the old man and the young man. Even in maternity insurance the risk varies greatly, being smaller for single women, and among married women varying according to age and to biological, pathological, and psychological factors that are difficult to determine. Any attempt to fix a contribution mathematically proportional to the risk would make social insurance impossible and would also run counter to the principles of solidarity and mutual aid that are fundamental to it.

In addition, when maternity insurance is combined with sickness insurance, the burden to be borne by mothers is much reduced, for it can be spread, not only over the women workers and their employers, but also over the men workers and theirs.

Maternity is not a pathological phenomenon nor a sickness, but in actual fact it is often accompanied by morbid symptoms. Spanish medical experts have calculated that the number of cases of difficult labour is approximately 5 per cent. of the total, that 20 per cent. of all pregnant women require medical

attendance, and that in 4 per cent. of the cases the mother needs such attendance after her confinement as well. There are therefore more pathological cases connected with childbirth than is generally believed.

In spite of these and other considerations, the State decided in favour of independent insurance. No doubt it recognised that the system recommended by the Institute was better, but it was also more complicated and costly. If the adequate preparation of a system of sickness insurance demands much time, it would evidently take much longer if it had to include maternity insurance as well. Economic possibilities had to be taken into account, and to organise both systems at once would cost more than one only; moreover, sickness insurance was much more costly than maternity insurance. Finally, the State had ratified the Washington Convention, and had undertaken to introduce the latter, but not the former system. The Institute was asked to draft a scheme for maternity insurance only, although with the possibility of its future amalgamation with sickness insurance in view.

These events took place in 1923. It was at this point that the Government adopted the suggestion of initiating this new form of protection for working mothers by giving them an allowance of 50 pesetas for each confinement on condition that they refrained from working for fifteen days before and after the event. This system remained in force until the introduction of the maternity insurance scheme that has just been brought into operation.

THE SPANISH MATERNITY INSURANCE SYSTEM AND THE WASHINGTON CONVENTION

The Spanish Government has loyally fulfilled the obligation assumed when it ratified the Washington Convention. The insurance system covers all women, irrespective of age, nationality, and marital condition, who are employed in industrial and commercial establishments or their dependent undertakings.

The insured woman is bound to rest for six weeks after her confinement, and she has the right to rest for an equal period before. During these rest periods she receives insurance benefit at a rate considered sufficient for her maintenance. According to the Convention, the benefits may be provided either out of public funds or by means of a system of insurance; the Spanish

Government has chosen the latter. The insured woman is entitled to attendance by a doctor or a midwife, and to the other privileges specified in the Convention. If she nurses her child herself, she is entitled to a break of half an hour twice a day for this purpose. Finally, the law makes it illegal for her employer to dismiss her during the periods prescribed by the Convention.

General health considerations, however, definitely induced the Government to make improvements on the Convention. The scheme may be described as follows.

Field of Application

This has been extended to cover three groups of paid workers not included in the Washington Convention : women workers in agriculture, in home work, and in public or private salaried employment. The Government has further undertaken at the end of three years to study the means of extending the scheme at least to independent women workers and working men's wives.

The Government did not consider that there were adequate grounds for excluding the first three groups enumerated above. In its opinion there was no reason to protect the mother and child in industry and commerce and not in agriculture. The agricultural woman worker is also a Spanish citizen, and to refuse her the protection of this insurance is to reduce her status, contrary to the principle of equality before the law and to distributive justice. Her fertility and her value to the nation are not less great, and it is therefore harmful to the community as a whole to neglect her. If protective labour laws are not extended to agriculture, it will suffer, for it will be deserted by the workers' families, and the already formidable exodus to the towns will increase in volume. Maternity insurance fulfils the demands of justice and is a herald of peace, and peace and justice are not least wanted in the countryside. The Spanish Government has already extended the benefits of old-age insurance to agriculture ; it is easier and not less just to extend to it the benefits of maternity insurance, for the bodies responsible for its administration, being necessarily local, are closer to the insured woman and able to display more vigilance and diligence. Finally, this would meet a demand of the workers, founded on strict justice, which was unanimously approved by the Barcelona Conference.

There are also powerful motives of justice for including women home workers. The insurance is intended to protect labour and should preferably benefit the weakest, the women who most need protection. Everyone knows that this is the position of women home workers. They are the least esteemed, have the most wretched wages and the hardest work ; their temptation to work in the days before and after childbirth is the greatest ; many of them are ashamed of their poverty and hide their distress from private charity and public relief. To leave them outside the insurance scheme is to exclude a large number of mothers worn out by work from its benefits. There are not many men home workers, but there are thousands and thousands of women home workers.

What reasons are there for excluding salaried employees ? They are paid workers ; and their economic position does not make them any the less entitled to State protection or any the less in need of it.

With regard to the last two groups mentioned — independent women workers and working men's wives — the Assembly yielded to the demands of public opinion, though fully aware of the heavy charge involved by their inclusion and the difficulties in the way of this course. Either of the two groups alone will mean a much greater number of insurable persons than the number that will actually be insured during this first stage.

The first of these two groups, that of independent women workers, includes a large proportion of the mothers in families working on their own account on other people's land — families of tenant farmers and share farmers, cultivators holding various forms of long-term leases (*foreros*, *censatarios*, *rabasseros*), and settlers in general. It is estimated that in Spain they form about half the total number of cultivators, or more than half a million families. To this figure should be added the wives of small landowners, who are very numerous, except in the twelve provinces where rural property is concentrated in a few hands. The group also includes the whole artisan class and women in small retail trade.

The second group, that of working men's wives, will in many cases also include their mothers, daughters, and sisters, who live with and are dependent on them. Not all workers are married, but for every working woman there seem to be approximately nine working men, which suggests that this additional group of

women will bring into the insurance system an incomparably larger number of risks than are now covered.

Yet justice and the interests of Spain demanded their inclusion. Is not work before and after childbirth a scourge for mothers and their children? Independent women workers, too, are exposed to this risk. Do not childbirth and the attendant circumstances lead to economic disturbances in the worker's family? Has the work of the woman who looks after her home and brings up and educates her children no value for the community, and does it deserve no consideration? The principal reason, however, for enlarging the field of application so widely was the consideration for health. It was necessary to take vigorous action against the forces of death and sickness, and it is a well-known fact that in all these classes their ravages are felt most severely.

One of the points that encountered most serious opposition was the inclusion of single women and widows in this insurance. For some the objection was that these women will be compelled to contribute. Since they do not run the risk of maternity, or at least the risk is infinitely smaller for them than for married women, why should they be compelled to insure? Their contribution is not an insurance premium, but a payment for the benefit of married women. Others contended that they should not have the same right to benefit as legitimate mothers. Unmarried mothers and widows should be provided for by charity and not by the law. This would be an offence to the institution of the family and a premium on debauchery and immorality.

The National Provident Institute and the public authorities have firmly resisted these views — and rightly so, in the writer's opinion. By the introduction of this scheme the State fulfils the engagement entered into at Washington. It is a fundamental provision of the Convention that all women should be included. To demand that some should be excluded was equivalent to asking it not to honour its signature. If only married women had to pay for the insurance, the burden would have been crushing and the insurance would have become unpopular and undesirable. Employers would have given the preference to single women and widows, and thus a system of insurance that was intended to protect mothers would have become a weapon of persecution, because it would deprive them of their work and

their livelihood, or else drive them to the anti-social practices of birth control.

Again, if only married women were to pay, they alone ought to be beneficiaries, and the neglect of single women or widows who became mothers would justly result in an outcry. It is a mistake to think that this risk is fictitious and remote for single women and widows. It is true that out of every 100 children born in the period 1915-1925, only 5.79 on an average were illegitimate; but if only women workers are considered, this coefficient is unexpectedly much higher. Although there are no special statistics on this point, the application of the general coefficient of illegitimacy to women workers — the large majority of whom are single or widows — gives a figure of over 19 per cent.: i.e. of every five children born to working women, one will be the child of a single woman or widow.

After all, why draw a hard-and-fast line between married women on the one hand and single women and widows on the other? To-day the single women come to the help of the married; to-morrow they will themselves be helped by other single women.

There seems as little support for the view of those who are shocked at the inclusion of unmarried and widowed mothers among the beneficiaries. Apart from the fact that the State had undertaken to do this, there are other considerations.

It is not easy to understand why there should be protest against this legal provision granting one right to unmarried mothers, and none against other laws that grant them or guarantee them other and no less important rights, in cases of less critical necessity. Logically, those who hold this view ought to demand that all men and women workers should be given a weekly rest day, but that unmarried mothers should be chained to their work even on Sundays. They should demand, for instance, that out of consideration for the physical and moral welfare of women workers, their employment at night should be prohibited, but that this special protection should not be granted to unmarried mothers. Would this be Christian charity or the reverse?

To deprive these mothers of the benefits of insurance would be cruel, for they are often more sinned against than sinning. It seems to be simple charity to find out whether they are in need rather than whether they are sinners. If the State were to

recognise the rights only of the guiltless, how many would be deprived of them ? And who would wish to entrust the State with this most difficult and invidious task ? "To whom should we do good ?" asks Luis Vives. "To all, for Christ sacrificed himself for all ; and lest the unworthiness of the poor should slacken our ardour or discourage us, we have an infinitely merciful God, who is the first to heap benefits on us, in spite of our unworthiness."

Even supposing that the mother were guilty, what fault has the child ? And it must be remembered that the insurance is for the child too, not only for the mother. Without it the mother would work during the days immediately before and after her confinement, which the science of medicine has shown means death to many children and condemns others to a life of ill health. Would it be contrary to Christian morality to save an innocent child from this misfortune ?

Maternity insurance is a means of social self-defence. To abandon the mother when she gives the community the children that perpetuate it is an act not only of ingratitude, but contrary to the instinct of self-preservation. It is not a matter of indifference to the community to have healthy mothers and children. If the work of the mother is an obstacle to this, the community must prevent it. This is the object of maternity insurance. Now, unmarried mothers and the children they bear form part of the community. A private association could no doubt close its doors to them, but can it be asked in the name of justice and morality that the State too should reject them ? And if it cannot reject them, it is a matter of prudence and general interest to watch over their physical health.

It is true that there are mutual benefit societies that do not admit unmarried mothers ; but the reason is that in these bodies the members are associated on the basis of common principles, and that the society itself, even more than Christian charity, objects to women of austere and normal life having to associate with those whose way of living is irregular. A system of maternity insurance, on the other hand, does not impose these common principles, this solidarity and dangerous transmission of example. Thus, what may be justifiable in a mutual benefit society has no justification in an official system, which compels no one to associate with persons who may be distasteful to them.

Benefits

This preoccupation with the health aspect of the problem is displayed even more clearly by the improvements introduced with respect to benefits.

Under the Washington Convention the State was to undertake to provide "free attendance by a doctor or certified midwife". The Spanish maternity insurance scheme provides for the following :

(a) If the confinement is normal, attendance by a midwife. The latter will, as a rule, be the health visitor (*visitadora*), who counsels and guides the mother and instructs her in the rules of hygiene. With this in view the Government is anxious to improve the professional status of midwives, raise the level of their skill, and insist on a minimum moral standard.

(b) In cases of difficult labour and for any pathological complications during pregnancy or after confinement, attendance by a doctor.

(c) Before confinement, in order to reduce the number and gravity of difficult cases and their consequences, the examination of the pregnant woman by the midwife or doctor as she prefers.

(d) A complete pharmaceutical outfit, the composition of which will be determined by an association or committee of experts, and the necessary drugs as prescribed by the doctor.

(e) For mothers who nurse their children, a small allowance, which to begin with will amount to 52.50 pesetas, spread over the first ten weeks.

(f) The establishment of a fund for granting special benefits to cover special risks, such as the birth of twins, inability of the mother to return to work within the normal period after her confinement, prolonged sickness of the infant, and any surgical operations needed by the mother.

(g) The establishment of another fund for the organisation of maternity and infant welfare institutions. Some of these are to eradicate the ignorance and foolish traditions that are largely responsible for the misfortunes deplored ; they will teach the mothers how to carry out their maternal duties properly and to follow the rules of hygiene. Such are the infant care schools, maternity centres, consulting rooms and dispensaries. Others, such as the refectories for nursing mothers, milk centres for

babies, homes for convalescent mothers, crèches, etc., will aim at relieving the distressing conditions due to poverty. Others, finally, such as hospitals, maternity wards, maternity homes, and the like, will deal with the difficult situation arising in serious cases, or due to bad housing conditions or the desertion of the mother.

The State does not propose to create all these institutions at once. It is well aware that in actual fact a selection must be made among the various kinds of institution in each locality, and that these require much time, perseverance, and money. But it will not delay in setting to work. The cost of insurance has been calculated so as to provide a surplus ; 30 per cent. of this surplus at the start, and 50 per cent. after some years, will be devoted to these institutions. In order to accelerate the provision of these benefits the municipal councils and provincial assemblies must allow insured women to have recourse to any institutions they already have or may in the future set up. The insurance institutions will found them with the help of the community, or else will give technical advice and financial subsidies to private bodies that found them for charitable or philanthropic reasons.

(h) A qualifying period to prevent fraud involving a process of selection that would invalidate the actuarial calculations. But this qualifying period is not required for medical attendance, nor for the utilisation of maternity and infant welfare institutions.

(i) Finally, priority for health benefits. The insurance contributions received will be used to pay for these first of all, and what is left will be spent on cash benefits.

Health considerations clearly predominate in all these improvements and precautions. The measure is more than a labour law, it is a law for the preservation of the race ; it protects the woman worker, but less as a worker than as a mother, and in the near future it will protect all mothers, whether workers or not.

For the better safeguarding of these benefits, a system of medical inspectors and health visitors is established. For the safeguarding of the contributions out of which the insurance is paid, the social insurance inspection authorities are given power to intervene. Penalties are fixed for contraventions, and special courts are set up to deal with appeals.

The law declares that the maternity benefit is inalienable and not liable to distraint. In order that the beneficiaries may

receive it at the time and to the amount it is needed, and also to ensure the adequacy of the health services, use is made of the network of all existing institutions that aim in any way at protecting mothers or children, such as mutual benefit societies, societies for the protection of young children, public health committees, local elementary education committees, labour delegations, the branches of the insurance institutions, and, where none of these bodies exist, the employers themselves.

If the child dies, the mother retains the benefit. If the mother dies, it goes to the person or body who looks after the child. If the mother loses her rights because her employer has not had her registered or has failed to pay the contributions, the employer becomes liable to a fine of 500 pesetas and must moreover pay the woman a lump sum equal in value to the benefits she might have received.

Furthermore, both women workers and their employers will be represented on the councils for administering the insurance, the local committees that supervise the payment of benefits, and the special courts before which appeals may be taken by anyone who feels that she has been treated unjustly or has not had her full rights under the insurance scheme.

This in outline is the system of maternity insurance that has just been established. Brief though the account may be, it is sufficient to show the relation of the scheme to the Washington Convention.

Finance

When the scheme is working normally, it is proposed that the average sum spent per confinement shall be 220 pesetas, or 272 pesetas if the mother nurses her child. This is in addition to the free use of maternity and infant welfare institutions. It is estimated that the attendance by a midwife and doctor and the provision of drugs, etc., will cost 40 pesetas, which leaves 180 pesetas for the cash benefit, together with an allowance of 52.50 pesetas for mothers who nurse their children.

The studies made of women workers, their marital condition, age, and fertility, have led to the conclusion that there are seven births a year per 100 working women. As the State gives 50 pesetas, the insurance institution has only to find 180 pesetas for each confinement. This sum is provided by the employer's and workers' contributions. As the employer contributes, a relation had to be fixed between the time spent by the woman

in his employment and the amount of his contribution, and therefore also the amount of the benefit. The relation fixed is that 15 pesetas' benefit is due for each quarter's contribution paid. Thus the right to the full benefit of 180 pesetas is not acquired until after three years' employment and the payment of twelve quarterly contributions.

This raises the question of procedure during the initial period. The State might have said : "During this period I shall grant only two kinds of benefit, medical attendance and free use of the maternity and infant welfare institutions ; the full benefit will not begin until three years hence, or at such near date as the calculations shall show to be possible." This was not the plan adopted, however. It was thought more favourable to the insured woman to give her from the first the compensation for the rest period corresponding to the amount actually contributed.

In the first place, the women would think it much too hard to have to pay for months and months without receiving any cash benefit. Such a procedure would tend to increase the initial resistance that any system of contributory insurance tends to arouse, however small the contribution.

In the second place, facilities are granted to the women to supplement the cash benefit temporarily by voluntary insurance, either within the insurance scheme or in their mutual benefit societies. In many cases the workers' organisations, social and philanthropic institutions, and even the employers, will contribute to this. The experience recently gained from the payment of maternity allowances has drawn attention to a certain social phenomenon, namely, that the sight of a poor woman in suffering and perhaps in serious danger, or of an innocent and helpless child, will lead to a spontaneous and generous expression of the best and noblest sentiments of mankind.

The State is setting an example. It is probable that during this first transition period it will grant the working mother a further 50 pesetas for each confinement, to increase her benefit. Until an extensive and persevering educational campaign has been conducted among working women, it is not to be expected that in general they will be prepared to take a rest period of much more than seven weeks, i.e. to lose more than forty-two days' wages. Even the most improvident, even those least assisted by the community, can obtain, after the second half-year, a cash benefit of nearly 2 pesetas a day — in Spain women's wages are generally low — together with full medical

attendance, a nursing allowance, and the right to assistance by the welfare institutions. Every quarter, too, the amount of cash benefit they are entitled to will increase. As to the women entitled to municipal relief, since the municipal council pays for their medical treatment, the cost of this, or about 40 pesetas more, will be added to their insurance at once.

In this way, the difficulties that almost inevitably arise during the initial period of a system of social insurance have been overcome.

The next question to be asked is who pays for all this. The answer is the State, the municipal councils, the provincial assemblies, the women workers, and their employers.

The State grants 50 pesetas for each confinement, 52 pesetas as a nursing allowance, and a certain percentage of the surplus for founding welfare institutions. It may be added that it has estimated for large enough surpluses to make this last a valuable form of benefit, equivalent in all likelihood to an additional 50 pesetas for each case during the initial period.

To mothers who are registered with the municipal relief office, and who because they are employed come under the insurance scheme, the municipal councils will grant medical benefits at least equal to those for other insured women, together with free examination during pregnancy by a municipal doctor or midwife, and the use of their clinics, hospitals, maternity wards for difficult cases, and any other institutions for the protection of motherhood that they may have organised.

Similar action is demanded of the provincial assemblies, which since they were last reformed have devoted considerable sums to health measures.

Finally, the employer and the woman worker pay a quarterly contribution of 3.75 pesetas, divided equally between them.

There has been much discussion during the last few years in Spain on the question whether the cost of social insurance should be defrayed solely by the State or should be on a contributory basis. The representatives of the mutual benefit societies began by saying that the women workers alone should pay, as they did to these societies. The workers' and employers' representatives began by saying that the State alone should pay. And between these two extremes, a wide and curiously varied range of theories was advocated. The wealth of ideas put forward in these discussions would provide material for a long article; but this, interesting though it might be, would have little novelty for

experts and for regular readers of this *Review*. The important point is that mutual benefit societies, workers (including the Socialists), employers, experts, and public authorities alike came to the conclusion that the system of maternity insurance should be contributory.

The State will contribute the largest share. It has made the system compulsory in fulfilment of an obligation, and this act of authority involves a certain responsibility. By this insurance it proposes to protect a service rendered to the whole community, and it is logical that the whole community should contribute through the medium of the State. The object of the scheme is to increase the vigour of the race, protect childhood, dry up sources of general distress, reduce suffering, and stimulate sources of national wealth, none of which is richer than the lives and health of the citizens it saves. This is of interest to all, and all should therefore assist financially through the medium of their lawful representative, which is the State. The more accentuated the social aspects of an insurance system, the better will it protect the community, and the more useful will it be; consequently, also, the greater the justification for expecting the community to contribute to its cost. And maternity insurance is the most social of all forms of insurance, that which protects the community against the greatest risk, since this risk threatens the race itself in the person of both mother and child.

Then there are the local authorities, to whom it is of more importance than to anyone else that the race should be ever more richly endowed with health, for it is the health of the race that determines their wealth and their future. They are the first to have to cope with the distress produced by the risks of childbirth; they will be the first to pay the consequences if a mother dies because she has not received the necessary attendance or has had to work before or after her confinement, or if she becomes an invalid and her physique is weakened; or if her children die in early infancy or have to struggle through life with an organic weakness caused by the neglect of their mother. Their growth will be checked and their store of energy will be diminished in quantity and quality. They have therefore an interest in maternity insurance, and it is just that they should contribute to it.

As a matter of fact, the constitution of both the municipal councils and the provincial assemblies imposes this collaboration on them. One of its articles prescribes that they "shall facilitate

the introduction of insurance against sickness, invalidity, and maternity, either by financial assistance or through the health organisations dependent on them."

The principle of employers' and workers' contributions has already been justified on many occasions. That of the worker has most justification in such forms of insurance as maternity and sickness insurance, because there are already large numbers of workers who are accustomed to contribute to mutual benefit societies, and because there are thousands and thousands of insured persons who pay contributions to the commercial bodies known as "medical and pharmaceutical" societies, which have done so much harm to working-class families. A further reason is that insurance guarantees that, in addition to the cash benefit, the insured will receive social assistance and medical benefit that mothers of the middle classes may envy them, and that it gives them access to hospitals, sanatoria, surgical operations, and other services that so far have been denied them; in a word, a body of women who have hitherto been more or less dependent on charity will in future be entitled to the advantages of insurance.

In this form of insurance the employer's contribution is even more justified, and for abundant reasons. In particular, it is not right that employers should make their women workers go on working until the last moment, and again immediately after confinement. The more fully the terrible effects of this work on mothers and children are known, the more inhuman it appears. "Why did this woman die? Why did these children die? Why have they been cut off in the flower of life?" And more and more often will the reply be possible: "Because their employers forced them, or at least allowed them to work when work for them meant sickness or death." And this practice is not in the interest of the employer, especially in view of the fact that during these weeks the woman cannot reach her normal level of output. It is to his advantage to avoid this responsibility, which he can do by means of a system of maternity insurance. This is a further argument justifying the employer's contribution in his eyes.

And he will not be paying for an advantage that does not concern him, or for a worker who begins to benefit by it when he has no more to do with her, or when she works for other employers; he will be paying for it for his own employees, who will return soon after to the same workshop or factory, if not

grateful, at least stronger and in better health. His contribution will be very small, much lower than that of the State ; in fact, he will regard it as part of the cost of production, which, since insurance is compulsory and has been or is being established in all civilised nations, he can without risk incorporate in his selling prices.

The financial system adopted is the distribution of costs, guaranteed by an adequate reserve. To form the reserve fund, 40 per cent. of the surplus will be set aside until the sum so obtained equals half the average annual amount paid in cash benefits during the three-year period.

The contribution and the benefits will be the same for all. The insured woman is regarded less as a worker than as a mother, and less as a wage earner who loses her livelihood than as a person whose life and health is imperilled. All being mothers alike, the State cannot pay more attention to the life and health of some than of others.

It is estimated that attendance by a midwife will cost on an average 20 pesetas, and in cases of difficult labour 100 pesetas. If in the latter case the woman worker had to meet this cost out of the sum insured, there would be nothing left, or very little, as compensation for the rest period. The problem has been solved on mutual aid principles. All mothers are exposed to the risk, and it is known that only about 5 per cent. of them actually suffer. If these alone were to bear the burden, it would be crushing ; spread over all it becomes light. To meet this special risk a sufficient percentage is taken from the general resources.

The scheme will be administered by the National Provident Institute and its ancillary funds, which are, so to speak, its local branches, and have a considerable measure of autonomy. It is natural, however, that the mutual benefit societies should be given a large share in the administration, and the law makes due provision for this, leaving the details to be settled in administrative regulations. The proportion of the insurance money provisionally set aside for administrative expenses is 5 per cent., and a further 5 per cent. will be used to pay for medical inspection, the staff of health visitors, and the promotion and supervision of maternity and infant welfare institutions. The insurance institutions must submit a five-yearly balance sheet to a technical committee of inspection appointed by the Government.

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Such in brief is the maternity insurance system now established in Spain. It was not possible to build on the experience of other independent systems of maternity insurance, distinct from sickness insurance ; no reliable statistics for estimating the risk were available. The time is soon coming when the State will approve, organise, and establish a system of sickness insurance. For all these reasons the present law is definitely provisional. At the end of three years it is to be amended on the basis of the experience gained. "If by that date a sickness insurance scheme has been prepared, which is to include the largest possible number of beneficiaries, there will be no need to reform maternity insurance, which will be incorporated in sickness insurance."

With these words, which sum up the good will of the Spanish State with regard to the noble and humanitarian task of the International Labour Conference, the text of the social reform here outlined concludes.