International Journal of Medical Sciences And Clinical Research

VOLUME Vol.06 Issue05 2026
PAGE NO. 17-23
DOI 10.37547/ijmscr/Volume06Issue05-03

Social Protection of Motherhood and Childhood in Foreign Countries

Mukhamedova Nigora Saydimuxtarovna
Tashkent State Medical University, Uzbekistan

Makhmatkulov Shokhrux Bakhridinovich
Tashkent State Medical University, Uzbekistan

Nodirkhonova Rukhsora Bakhramovna
Nursing Academy, Uzbekistan

Received: 24 March 2026; **Accepted:** 20 April 2026; **Published:** 08 May 2026

Abstract: Social protection of motherhood and childhood represents one of the most important directions of state social policy. Governments implement various programs to support families, ensure maternal health, and improve the well-being of children. These policies include maternity leave, parental benefits, child allowances, childcare services, and healthcare programs. This article provides a global overview of the organization of maternity cash benefits and maternity care in 188 countries; analyses trends and recent policies, e.g. extension of maternity protection coverage in a large number of low- and middle-income countries; describes the negative impacts of fiscal consolidation and adjustment measures in a number of higher-income economies; presents the costs of a universal benefit to all pregnant women in 57 low and middle income countries; and calls for the expansion of maternity protection to accelerate progress on women's rights and enhancing the well-being of new mothers, promoting inclusive development and social justice.

Keywords: Women's rights, maternity benefits, maternal health, social security, cash benefits for childbirth, social protection, motherhood protection, child welfare, maternity leave, parental policy, family policy, childcare services, ILO (International Labor Office).

Introduction: Protection of motherhood and childhood is one of the most important responsibilities of modern welfare states. Social protection policies aim to reduce economic risks for families and ensure healthy development for children.

Family policy includes measures such as maternity leave, financial assistance, childcare services, and employment protection for parents. These measures help families balance professional and family responsibilities. According to research, parental leave policies significantly influence child development and family well-being.

Many countries have developed different models of family policy depending on their economic, cultural, and demographic conditions. Scandinavian countries are often considered leaders in social protection policies due to their comprehensive welfare systems.

Maternity protection has long been regarded by the international community as an essential prerequisite for the achievement of women's rights and gender equality. Women's right to maternity protection is enshrined in a number of major human rights instruments. The Universal Declaration of Human Rights, 1948, notably states that motherhood and childhood are entitled to special care and assistance, as well as to social security. The International Covenant on Economic, Social and Cultural Rights, 1966, establishes the right of mothers to special protection during a reasonable period before and after childbirth, including

paid leave or leave with adequate social security benefits. The Convention for the Elimination of All Forms of Discrimination Against Women, 1979, recommends that special measures be taken to ensure maternity protection, proclaimed as an essential right permeating all areas of the Convention.

The ILO has led the establishment of international standards on maternity protection, adopting the first international standard on this subject in the very year of its foundation: the Maternity Protection Convention, 1919. Since then, a number of more progressive instruments have been adopted in line with the steady increase in women's participation in the labour market in most countries worldwide. The current ILO maternity protection standards provide detailed guidance for national policy-making and action to enable women to successfully combine their reproductive and productive roles. To this end, the standards aim to ensure that women benefit from adequate maternity leave, income and health protection measures, that they do not suffer discrimination on maternity-related grounds, that they enjoy the right to nursing breaks and that they are not required to perform work prejudicial to their health or that of their child. In order to protect the situation of women in the labour market, 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. At the same time, the relevant standards aim at ensuring that women have access to adequate maternal health care and services during pregnancy and childbirth, and beyond.

Convention No. 102 sets minimum standards as to the population coverage of maternity protection schemes and for the provision of cash benefits during maternity leave, to address the suspension of earnings during this time. The Convention also defines the medical care that must be provided free of charge at all stages of maternity, as required to maintain, restore or improve the health of the women protected and their ability to work, and to attend their personal needs. Maternal health care must be available not only to the women participating in a maternity protection scheme, but also to the wives of men covered by such schemes, at no cost to either.

The Maternity Protection Convention, 2000, and its accompanying Recommendation, are the most up-to-date ILO standards on maternity protection. They set higher and more comprehensive standards on population coverage, health protection, maternity leave and leave in case of illness or complications, cash benefits, employment protection and non-discrimination, as well as breastfeeding.

Recommendation No. 202 calls for such benefits to be provided as part of the basic social security guarantees that make up social protection floors. These include access to essential health care, including maternity care, comprising a set of necessary goods and services, and basic income security for persons of active age who are unable to earn sufficient income due, inter alia, to maternity. Maternity medical care should meet criteria of availability, accessibility, acceptability and quality (United Nations, 2000); it should be free for the most vulnerable; and conditions of access should not be such as to create hardship or increase the risk of poverty for people in need of health care. Cash benefits should be sufficient to allow women and their children a life in dignity, out of poverty. Maternity benefits should be granted at least to all residents, with the objective of achieving universal protection; a variety of schemes can be used to achieve such coverage, including universal schemes, social insurance, social assistance and other social transfers, providing benefits in cash or in kind.

MATERNITY PROTECTION: COLLECTIVELY FINANCED SCHEMES VS EMPLOYER'S LIABILITY PROVISIONS.

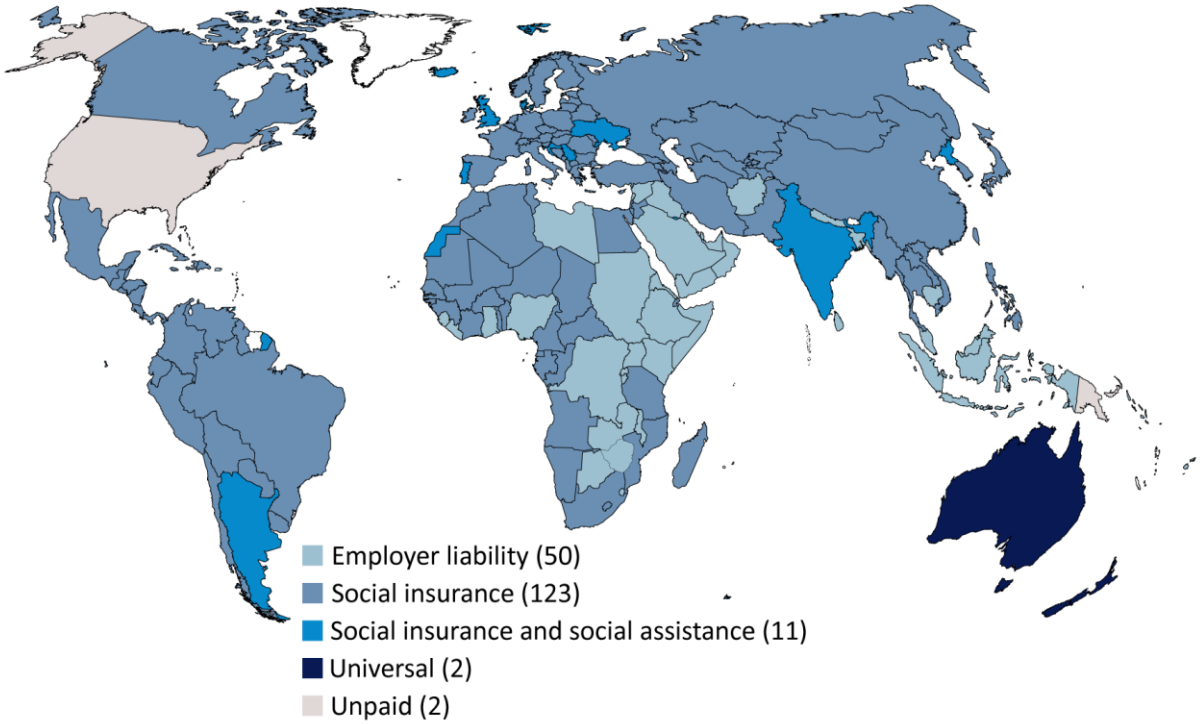
1. Types of maternity protection schemes

Maternity cash benefits are provided through schemes anchored in national social security legislation in 136 out of the 188 countries reviewed. A further two countries allow women to take maternity leave by law, but make no legal provision for the provision of income replacement benefits. Of those 188, 50 countries – 38 of them in Africa or Asia – have provisions in their labour legislation setting out a mandatory period of maternity leave and establishing the employer's liability for the payment of the woman's salary (or a percentage thereof) during that period

Maternity cash benefits can be provided by different types of schemes: contributory (e.g. social insurance), non-contributory, usually tax-financed (e.g. social assistance and universal schemes) and employer's liability provisions. Collectively financed schemes, funded from insurance contributions, taxation or both, are based on the principles of solidarity and risk-pooling, and therefore ensure a fairer distribution of the costs and responsibility of reproduction. Employer's liability provisions, on the other hand, oblige employers to bear the economic costs of maternity directly, which often results in a double burden (payment of both women's wages during maternity leave and costs of their replacement), although employers may be able to obtain commercial insurance to cover their liabilities. While some individual workers may obtain appropriate

compensation under such provisions, employers may be tempted to adopt practices that deny women the income security to which they should be entitled in order to avoid the related costs and the financial hardship that they may entail for small businesses or in times of instability. Discrimination against women of childbearing age in hiring and in employment, and non-payment of due compensation by the employer, are more commonly evident in the absence of collective mechanisms to finance maternity protection. Pressure on women to resume work to the detriment of their health or that of their child may also be more prevalent where employers have to bear the costs of maternity leave. In order to protect the situation of women in the labour market, Convention No. 183 states a preference for compulsory social insurance or publicly funded programmes as the vehicles for provision of cash benefits to women during maternity leave, confining individual employers' liability for the direct costs of benefits to a limited range of cases.a Where women do not meet qualifying conditions for entitlement to maternity cash benefits, Convention No. 183 requires the provision of adequate benefits financed by social assistance funds, on a means-tested basis. Maternity cash benefits financed collectively have proved the more effective means of securing an income to women during maternity leave. In recent years, several countries have shifted from employer's liability provisions to collectively financed maternity benefits, a trend that represents an advance for the promotion of equal treatment for men and women in the labour market. a According to Art. 6, para. 8, of Convention No. 183: "An employer shall not be individually liable for the direct cost of any such monetary benefit to a woman employed by him or her without that employer's specific agreement except where: (a) such is provided for in national law or practice in a member State prior to the date of adoption of this Convention by the International Labour Conference; or (b) it is subsequently agreed at the national level by the government and the representative organizations of employers and workers."

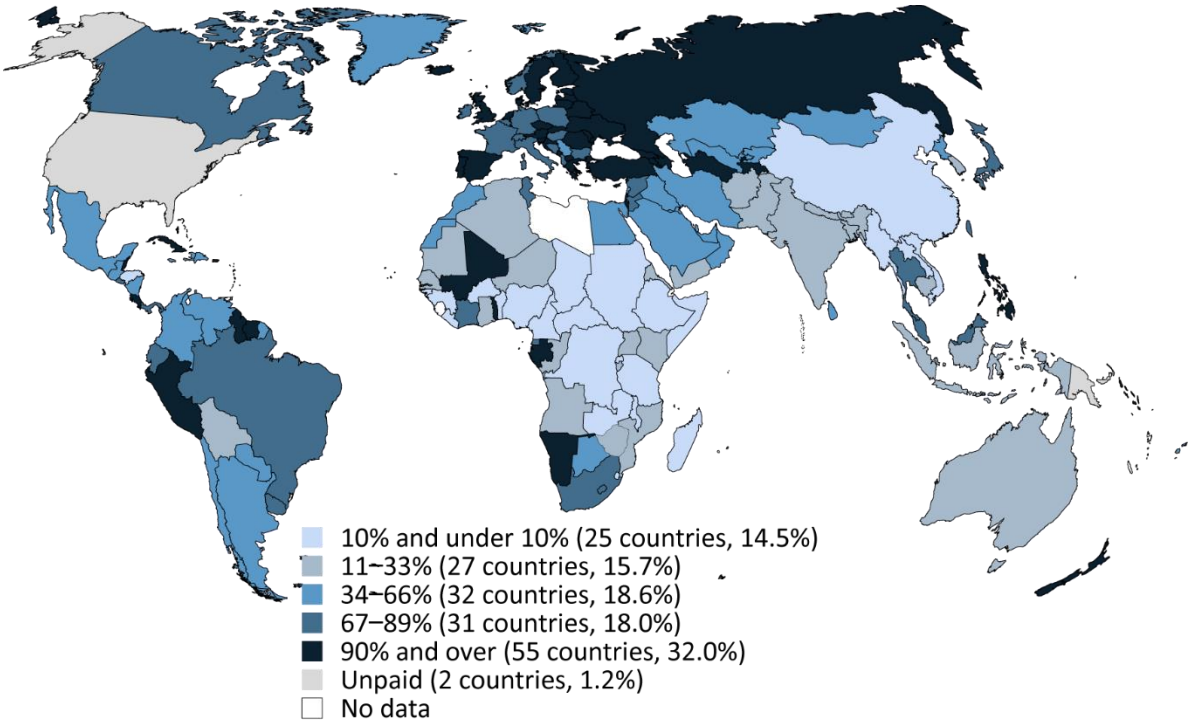
Figure1. Maternity cash benefits anchored in national legislation: Types of schemes, 2013



2. Extent of legal coverage

Worldwide, the vast majority of women in employment are still not protected against loss of income in the event of maternity. Only 35.3 per cent of employed women benefit from mandatory coverage by law and thus are legally entitled to periodic cash benefits as income replacement during their maternity leave.3 In 55 countries (67 countries when voluntary coverage is included), more than 90 per cent of women in employment enjoy a legal right to cash maternity benefits on a mandatory basis (see figure 2). At the other end of the spectrum, in 25 countries,4 most of them in sub-Saharan Africa, under 10 per cent of women in employment are entitled to cash maternity benefits.

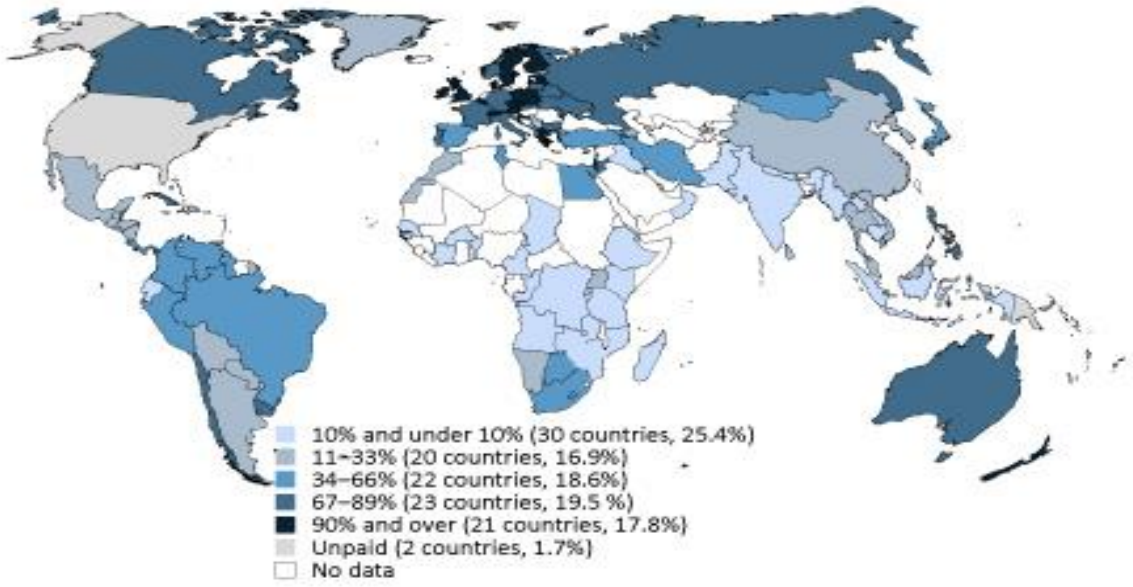
Figure 2. Legal (mandatory) coverage for maternity cash benefits: Women in employment protected by law for loss of income during maternity (percentages)



3. Extent of effective coverage

Irrespective of legal requirements, there may be obstacles that prevent women from receiving the benefits to which they are entitled. In fact, just above one-quarter (28.4 per cent) of employed women worldwide are effectively protected in maternity through contributory or non-contributory cash benefits. In much of Africa and South Asia, a small minority of women in employment (less than 10 per cent) are effectively protected through contributory or non-contributory forms of cash maternity benefits (figure 3). It is in many of these countries that employer's liability provisions (see figure 1) prevail, informal employment plays a prominent role in the economy, and maternal mortality ratios are still very high. Coverage of more than 90 per cent of employed women is reached in only 21 countries, most of them in Europe.

Figure 3. Effective coverage for maternity cash benefits: Women in employment contributing to maternity cash benefits schemes or otherwise entitled to such benefits (percentages)



ACCESS TO MATERNAL HEALTH CARE

Access to free, affordable and appropriate antenatal and post-natal health care and services for pregnant women and mothers with newborns is an essential component of maternity protection.

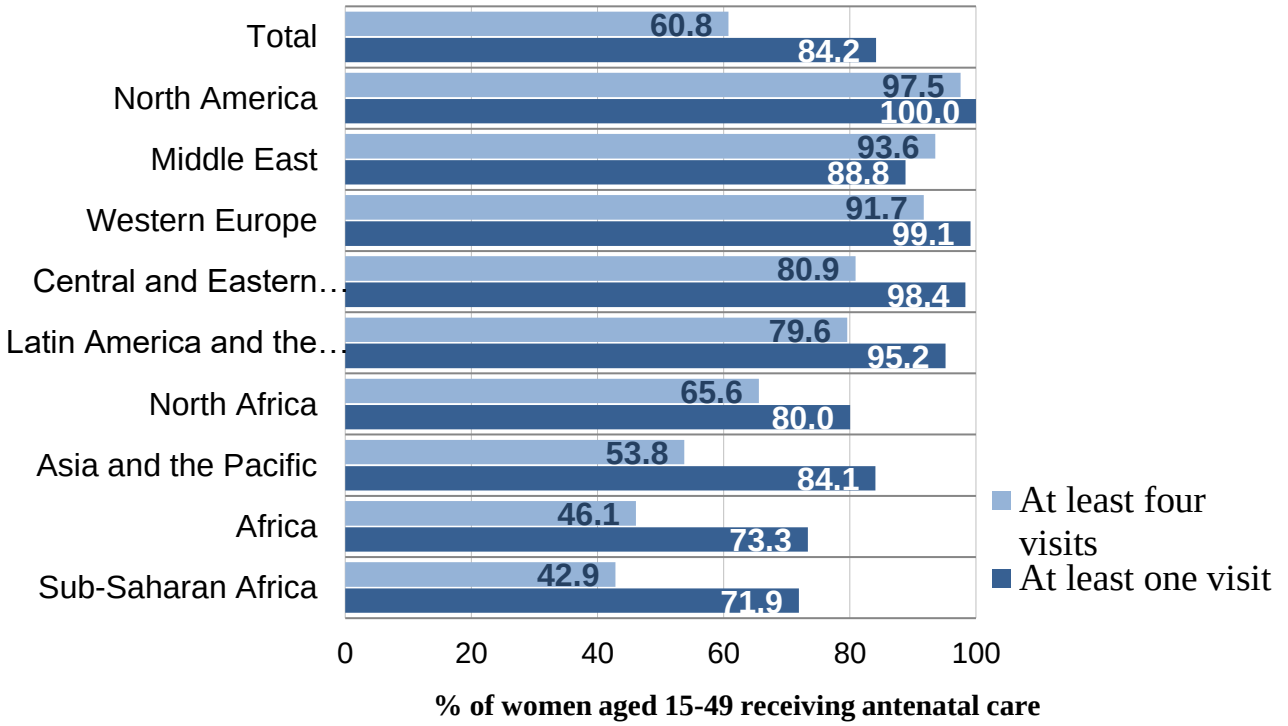
The importance of guaranteed access to maternal health care in safeguarding maternal and infant health is highlighted in the Millennium Development Goals, particularly MDG5 on improving maternal health and MDG3 on reducing child mortality. While remarkable progress has been achieved in many countries in reducing maternal and child mortality, some countries are still facing major challenges in this regard (UN, 2013). In 2013, 289,000 women died due to complications of pregnancy or childbirth, close to 800 per day, most of them in sub-Saharan Africa. The risk of a woman in a developing country dying from a maternal-related cause during her lifetime is about 23 times higher compared to a woman living in a developed country (WHO et al., 2014).

It is widely recognized that one of the key enabling factors for maternal and child health is access to antenatal care, which is still uneven and far from universal in many regions (see figure 4). According to the latest available data, while 84.2 per cent of childbearing women receive antenatal care provided by skilled personnel during at least one visit to a health facility, only 60.8 per cent of them were monitored during at least four visits. In sub-Saharan Africa, more than a quarter of childbearing women did not receive any ante-natal care provided by skilled health personnel; the same is true for one in five women in North Africa, and one in six women in Asia and the Pacific.

In many parts of the world, access to maternal health care is uneven and subject to significant disparities between urban and rural areas, and between poorer and more affluent groups of the population (see, e.g., Nawal, Sekher and Goli, 2013). In many developing countries, such disparities are closely associated with a lack of universal access to available and affordable health-care services of adequate quality, but the lack of financial protection that would allow women to benefit from existing services is also an important factor.

Inequalities in access to maternal health services (both antenatal care and medical care during and after childbirth) jeopardize further progress with respect to maternal and child health in both middle- and low-income countries. In most of these countries we observe significant levels of inequity in access to maternal health care across regions, and between residents of urban and rural areas, with urban populations tending to have better access to maternal health services. While inequalities are observed between urban and rural areas in countries in all parts of the world, the differential is much larger in Africa and in Asia and the Pacific than in other regions. These differentials are often associated with a lower density of health-care services in rural areas.

Figure 4. Antenatal care coverage by region, latest available year (percentage of live births)



CONCLUSION

The analysis of international experience in the field of social protection of motherhood and childhood demonstrates that family-oriented social policies play a crucial role in improving the well-being of society and ensuring sustainable demographic development. Governments around the world recognize that investing in maternal and child welfare not only improves social justice but also contributes to long-term economic growth and social stability.

The comparative analysis of different models of social protection shows that countries with comprehensive and integrated family policies achieve better social outcomes. Scandinavian countries represent one of the most successful examples of such systems. Their policies combine generous parental leave, universal childcare services, and significant financial support for families. These measures promote gender equality, increase female participation in the labor market, and ensure better developmental opportunities for children.

In continental European countries, family policy is often based on a combination of social insurance mechanisms and direct financial benefits. Programs such as parental allowances and child benefits provide important economic support to families during the early stages of child development. These policies help reduce child poverty and provide families with greater financial stability.

Asian countries, particularly Japan and South Korea, have recently expanded their family support programs in response to declining birth rates and aging populations. Although these policies include childcare subsidies and parental leave programs, research indicates that financial incentives alone may not be sufficient to significantly increase fertility rates. Social factors such as work culture, gender roles, and housing conditions also strongly influence family decisions regarding childbirth.

The study shows that effective social protection of motherhood and childhood requires a comprehensive and multidimensional approach. Policies must address not only financial assistance but also access to quality healthcare, childcare services, and employment protection for parents. Ensuring work–life balance is particularly important for modern families, as increasing numbers of women participate in the labor market while maintaining family responsibilities.

Furthermore, early childhood support programs play an essential role in promoting child development and reducing social inequality. Access to quality healthcare, education, and childcare services during the early years of life significantly influences children's cognitive, emotional, and social development. Therefore, investments in early childhood programs are considered one of the most effective forms of social policy.

In conclusion, the experience of foreign countries demonstrates that strong and well-designed social protection systems for motherhood and childhood are essential for achieving social welfare and sustainable development. Governments should continue to improve family policies by expanding childcare infrastructure, increasing financial support for families, and promoting equal participation of both parents in childcare. Comprehensive social protection policies not only improve the quality of life for families but also contribute to long-term economic growth, demographic stability, and social cohesion.

Future research in this field should focus on evaluating the effectiveness of different policy models and identifying innovative strategies that can adapt to the changing social and economic conditions of modern societies. International cooperation and exchange of best practices will play an important role in developing more effective systems of social protection for mothers and children worldwide.

REFERENCES

1. Esping-Andersen, G. (1999). Social Foundations of Postindustrial Economies. Oxford University Press.
2. Gauthier, A. (2010). The Impact of Family Policies on Fertility in Industrialized Countries. Population Research and Policy Review, 29(3), 387–416.
3. Kamerman, S., & Moss, P. (2009). The Politics of Parental Leave Policies: Children, Parenting, Gender and the Labour Market. Policy Press.
4. Daly, M. (2011). What Adult Worker Model? A Critical Look at Recent Social Policy Reform in Europe from a Gender and Family Perspective. Social Politics, 18(1), 1–23.
5. Saraceno, C., & Keck, W. (2011). Towards an Integrated Approach for the Analysis of Gender Equity in Policies Supporting Paid Work and Care Responsibilities. Demographic Research, 25, 371–406.
6. Thévenon, O. (2011). Family Policies in OECD Countries: A Comparative Analysis. Population and Development Review, 37(1), 57–87.
7. Waldfogel, J. (2006). What Children Need. Harvard University Press.
8. Lewis, J. (2009). Work–Family Balance, Gender and Policy. Cheltenham: Edward Elgar Publishing.
9. Korpi, W. (2000). Faces of Inequality: Gender, Class,

and Patterns of Inequalities in Different Types of Welfare States. Social Politics, 7(2), 127–191.

10. Ferragina, E., & Seeleib-Kaiser, M. (2019). Welfare Regimes and Social Investment: A Review of the Debate. Social Policy & Administration, 53(2), 175–196.
11. Gornick, J., & Meyers, M. (2017). Families That Work: Policies for Reconciling Parenthood and Employment. Russell Sage Foundation.
12. Moss, P., & Deven, F. (2015). Leave Policies and Research: A Cross-National Overview. Community, Work & Family, 18(3), 349–359.
13. World Bank. (2020). World Development Report: Social Protection and Jobs. World Bank Publications.
14. International Labour Organization. (2019). Maternity and Paternity at Work: Law and Practice Across the World. Geneva: ILO.
15. International Labour Organization. (2021). World Social Protection Report 2020–2022. Geneva: ILO.
16. UNICEF. (2019). Family-Friendly Policies Handbook. United Nations Children's Fund.
17. OECD. (2022). OECD Family Database. Organisation for Economic Co-operation and Development.
18. N.S.Mukhamedova, N.F.Rasulova, Osnovi okhrani materinstva i detstva v Respublike Uzbekistan, Bioetika i pravo: materialy mejdunarodnoy nauchno-prakticheskoy konferentsii, (2022), 123-127.
19. G.A.Djalilova, N.F.Rasulova, N.S.Mukhamedova, Okhrana materinstva i detstva v respublike Uzbekistan, Science and innovation 2 (Special Issue 8), (2023)1971-1974.