

The Case for a Maternity Protection Social Insurance Scheme in Zimbabwe: A Theoretical Consideration

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Abstract - Maternity protection has gained salience in the last few decades as women of child-bearing age are increasingly joining the labour market. Policies that ensure maternity protection schemes that include paid maternity leave are important in safeguarding the health and livelihood of women and children. Research-based evidence generally suggests that maternity protection is associated with higher rates of breastfeeding and vaccinations in low and middle income countries. Longer paid maternity leave may reduce infant and maternal mortality. With more and more women of child-bearing age entering the workforce, governments it is incumbent for governments to adapt policies that guarantee that employed mothers and their families are able to provide essential care during pregnancy, delivery and lactation, without losing income and employment opportunities. Inadequate maternity protection undermines maternal and infant health care, thereby forcing families into catastrophic and impoverishing healthcare expenditure. Manifestly, more effort is needed to bridge the gap between international aspirations for maternity protection, as reflected in the United Nations Sustainable Development Goals and the International Labour Organisation's Decent Work Agenda and the poignant realities in low income countries. Zimbabwe, like most developing countries does not have a maternity protection social insurance scheme for working women, in spite of its critical importance to the well-being of women and children as well as to social and economic development. This paper, thus, endeavours to present robust arguments for the development and introduction of a maternity protection scheme in Zimbabwe, while acknowledging that currently the country offers substantial maternity protection through constitutional and legislative provisions that enjoin the state and employers to ensure that there is a considerable measure of maternity protection. Although the constitutional and legislative provisions provide a significant foundation for maternity protection policies and programmes, they are not adequate as they do not sufficiently address the issue address of maternal and child healthcare and cash benefits to cater the costs attendant to maternity.

Key terms: maternity protection, maternity protection scheme, social security, social protection, Zimbabwe

I. INTRODUCTION

Maternity protection is widely regarded as part of the core values of societies. However, many women, both in the formal and informal economies, continue to face maternity-related threats to their health and economic security. Many women lack access to a period of paid leave before and after childbirth, and many others continue to face dismissal and discrimination at work because they are or may become pregnant. Working conditions, and biological, physical, and

chemical agents associated with productive work can potentially pose risks to reproduction in the absence of information, monitoring and evaluation. The ability of new mothers to breastfeed their children according to international health recommendations may be interrupted by productive work when breastfeeding support is lacking. The absence of any form of maternity protection deprives women of appropriate maternal and infant health care, thus forcing some of them into catastrophic health expenditures and poverty. Clearly, more action is needed to bridge the gap between international aspirations for maternity protection, as reflected in the Sustainable Development Goals and the Decent Work Agenda, and the realities. Maternity protection important in ensuring women's and children's wellbeing. It helps to minimize the difficulties that working women face because of giving birth and to protect the health of mothers and their babies. Zimbabwe, like most developing countries does not have a maternity protection social insurance scheme for working women, in spite of its critical importance to the well-being of women and children as well as to social and economic development.

II. BACKGROUND TO THE PAPER

Over the years, the International Labour Organisation (ILO) has adopted three conventions on maternity protection (No. 3, 1919; No.103, 1952; No. 183, 2000). These conventions, along with their corresponding recommendations (No. 95, 1952; No. 191, 2000), have gradually broadened the maternity protection scope and entitlements at workplaces, providing in depth guidance for national policy and action (ILO, 2017). The main thrust has been to enable women to successfully combine their reproductive and productive roles, and to prevent unequal treatment in the workplace on the basis of women's reproductive role (ILO, 2017). Standards for the financing, and management of social security programmes are clearly spelt out in the conventions. Most importantly, Social Security Minimum Standards Convention, Number 102 of 1952, which brings together nine branches of social security, including maternity and sets a basic standard in social security provision that is meant to be achievable by all ILO member countries.

Over the course of history, maternity protection schemes have been gaining salience, particularly after the setting of the Millennium Development Goals (MDG's) in 2000. Undoubtedly, maternity protection schemes contributed to progress towards the realisation of the MDGs, in particular

to MDG 1 on eradicating extreme poverty and hunger, MDG 3 on promoting gender equality and empowering women, MDG 4 on reducing child mortality, MDG 5 on improving maternal health and MDG 6 on combating HIV/AIDS, malaria and other diseases. MDGs have since been succeeded by Sustainable Development Goals (SDGs), which also dovetail with the goals of maternity protection, particularly, Goal 3 of ensuring healthy lives and promoting well-being for all at all ages; Goal 5 of achieving gender equality and empowering all women and girls; Goal 8 of promoting sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all (ILO, 2016).

Maternity protection programmes are also acclaimed as the answer to rising levels of maternal mortality, especially in less developed countries like Zimbabwe. The upsurge in maternal mortality in most developing countries has been attributed to high levels of poverty, which undermine access to medical facilities during pregnancy, childbirth and lactation.

In Zimbabwe, although considerable maternity protection is guaranteed through the labour Act Chapter 28: of 2005, there is no maternity protection scheme, which ensures broader workplace protection and cash benefits to cater for the added health care and other costs associated with pregnancy and childbirth. It is, for that reason, apposite to introduce a maternity protection scheme.

III. CONCEPTUAL ANALYSIS

A. Social Welfare

As Spicker (1988), posit, the idea of 'social welfare' appears, in form, to refer to the 'common good', improvements that benefit almost everyone in society, a ground for consensus. Broadly, this paper is situated in the domain of social welfare. Primarily, it is the responsibility of the state to ensure the social welfare of its citizens, although other players, such as employers, employees and the donor community can also play a part. Specifically, the study falls within the domain of social security, which is an aspect of social welfare. In fact, social security systems are means of ensuring that the welfare of citizens is addressed.

B. Social Security/Social Protection

According to ILO (2014) social security covers all publicly mandated measures providing benefits, whether in cash or in kind, to secure protection, inter alia, from the lack of work-related income caused by sickness, disability, maternity, employment injury, unemployment, old age, or death of a family member, lack of access or unaffordable access to health care insufficient family support, particularly for children and adult dependants and general poverty and social exclusion. Social security schemes can be of a contributory (social insurance, paid by earmarked contributions) or non-contributory nature (financed by general taxes). The ILO further explains that social security refers security, which society provides to its members through a number of welfare measures against the economic and social problems that are

usually caused by the stoppage or substantial reduction in earnings due to unemployment, sickness, maternity, injury, invalidity, old age and death; the provision of medical care; and the provision of subsidies for families with children. The term social security is sometimes used interchangeably with the term 'social protection' although some make distinction between the two.

For Luttrell and Moser (2004), social protection is an approach towards thinking about the processes, policies and interventions which respond to the economic, social, political and security risks and constraints poor and vulnerable people face, and which makes them less insecure and less poor, and more able to participate in economic growth. He further posits that it denotes a set of policies that governments institute in order to provide protection both to the 'active poor', enabling them to participate more productively in economic activity, and to the less active poor, with considerable benefits for society as a whole.

ILO (2014) asserts that the term "social protection" is used to mean protection provided by social security systems in the case of social risks and needs. It further submits that social protection is often interpreted as having a broader character than social security, although it is also used in some contexts with a narrower meaning than social security (understood as comprising only measures addressed to the poorest, most vulnerable or excluded members of society).

C. Social Assistance

As Norton, Conway and Foster (2001) assert, social assistance covers tax-financed benefits, in cash or kind, which are funded out of the state budget (national or local), without the requirement for prior contribution from the beneficiary. Instead, eligibility is usually (though not always) determined by some means test. Assistance is provided to certain categories considered in need of social protection. For example, the disabled, pregnant women or families with young children, who cannot be reached through labour or other market instruments, and who are unable to purchase insurance, or for whom insurance benefits will not be adequate. Social assistance is facet or a component of social security or social protection.

This paper does not intend to be pedantic and hair-splitting relative to insignificant conceptual distinctions. Thus, social protection and social security will herein be taken as interchangeable terms as there is no clear distinction between the two. In fact, some of the distinctions that have been attempted appear to diametrically contradict each other. For instance, some take social protection as broader than social security, while for some it is vice versa.

It suffices to state that this paper is squarely situated in the social security/social protection domain as it is dealing with maternity protection, which is clearly a social security contingency provided for by the ILO, the major international custodian of social security, through a plethora of

conventions. The several conventions and recommendations of the ILO relative to social security provide the theoretical underpinning of the paper. Nonetheless, since maternity is women's affair, feminist theories and theories relative to gender and the status of women may also come into play in conceptualising issues pertinent to this paper.

D. Maternity Protection Defined

Harrooni, Petitat-Côté, Arendt and de Maza (2014) opine that maternity protection at the workplace is a legal and social recognition of the contribution that women make by giving birth while in employment. It is meant to protect the health of the pregnant and working mother and of her baby. As such, it enables women to combine both their productive reproductive roles successfully, at the workplace as well as at home. Women's reproductive role is directly related to pregnancy, confinement and to breastfeeding, while their productive role relates to work for pay in either the formal or the informal sectors of the economy.

As Cameron (2014) pertinently points out, pregnancy and motherhood lead to job insecurity, as employers are often reluctant to hire women of child-bearing age because of the maternity-related costs they may incur and the possibility of work disruption due to childbirth and child-rearing. Furthermore, she points out that flexible arrangements to allow women to manage family responsibilities and work are generally rare. There is, therefore, need for maternity protection insurance schemes to ensure that women are not disadvantaged in the labour market. Maternity protection entails defending women's rights to work and it connotes working in dignity and benefiting from conditions that preclude discrimination and discriminatory practices based on sex and reproductive roles. Maternity protection also ensures that mothers and babies are entitled to safety at work and to healthy surroundings at the workplace. It allows new mothers to take a paid maternity leave from work that is long enough to ensure their own health and rest as well as the health of the child. It also ensures that the replacement pay is high enough to ensure a decent standard of living, besides guaranteeing working environments that facilitate breastfeeding as spelt out in ILO Recommendation 191.

IV. WHY MATERNITY PROTECTION IS IMPORTANT

Upon its constitution in 1919, the ILO immediately recognized maternity as the social responsibility of society as a whole, as well as the need to draft provisions to protect individual working women in their maternity roles. According to ILO (2007) the provision of maternity protection has been associated with a number of positive outcomes for the mother, her child, the economy, communities and society in general (ILO, 2016). The importance of maternity protection is discussed in the ensuing sections, with an eye to demonstrating the dire need for maternity protection scheme in Zimbabwe.

A. Fundamental human right

As ILO (2014) asserts, maternity protection is a fundamental human right, as the rights to live free of discrimination and harassment and to work in dignity and safety under decent working conditions are human rights. Relatedly, Snehal and Sharma (2017) also point out that maternity protection is recognized as a fundamental human right and an indispensable component of wide-ranging work-family policies. Crucially, maternity protection openly provides for the right of all women of reproductive age to take part in paid work without threat of discrimination and the right of women to work in conditions of equal opportunity and economic security, as well as to benefit from decent working environments. It is, thus, a human right, which helps to prevent maternal mortality and morbidity (ILO, 2007).

B. Maternity Protection as a Component of Gender Equality

Maternity protection systems enable women to perform the biological role of bearing and breastfeeding children without being marginalized or disadvantaged in the labour market (ILO, 2016). Marginalisation threatens their productive role in employment along with their economic well-being. In this regard, O'Connor and Wright (2013) maintain that for women to achieve their full potential, organisational and national policies need to recognise and support gender equality in the workplace as well as in the home. Furthermore, the two authors contend that by doing so, the burden of care giving on women is reduced and they are enabled to reach senior levels in organisations. In the context of this study gender equality denotes a situation where women have the same opportunities in life as men, including the ability to participate in the public sphere (Reeves and Baden, 2000). Relatedly but distinctly, gender equity denotes equivalence in life outcomes for women and men, recognising their different needs and interests, and requiring a redistribution of power and resources (Reeves and Baden, 2000). Women have great potential as economic agents in reducing poverty, strengthening economies, contributing to businesses and transforming societies, which can be substantially enhanced through apposite maternity protection programmes.

C. Maternal and Child Health

ILO (2014) posits that maternity protection guards against maternity-related threats to women's health through various mechanisms. Maternity leave is intended to safeguard the health of a woman and that of her child during the prenatal and postnatal periods. Njoroge (2014) maintains that maternity leave is an important mechanism for supporting the integration of work and family obligations for working mothers of childbearing age, noting that such leave is critical for protecting the health and well-being of both the mother and child. Further, she argues that maternity leave is a means through which women can successfully combine productive and reproductive roles. It is a health and welfare measure meant to protect the mother and new born child just before, during and immediately after childbirth. Longer maternity

leave is linked to longer duration of breastfeeding, which improves child health. In this regard, Rogers (1999) points out that lengthened maternity leaves can facilitate the realization of wider social objectives, particularly, babies during the crucial early months. Children derive valuable health benefits from frequent and extended breast-feeding. Longer maternity leave is associated with fewer premature births, less depression among mothers and lower prenatal, infant and child mortality. Extended maternal leave can also enhance the ability of mothers to monitor their infants more closely, while limiting the need for outside childcare, which tends to expose infants to illnesses (Rogers, 1999).

Maternity protection also provides for health protection, by protecting women workers from health risks and hazardous working conditions as well as supporting the healthy physical and psychological development of mother and child during pregnancy, after birth and during breastfeeding. Maternity protection enables women to continue breastfeeding after returning to work, which brings major health benefits for the mother and her child (ILO, 2007). Butikofer, Riise and Meghan (2018) observe that the introduction of paid maternity leave has crucial medium and long-term health benefits, adding that increased maternity leave generates improvements in metabolic health and the overall health of eligible mothers.

Maternity cash benefits are intended to replace a part of the income lost due to the interruption of the woman's economic activities. Without income replacement, the woman's absence during leave and the increased expenditures due to pregnancy and childbirth can create financial problems for families. In the Zimbabwean context there is no maternity protection scheme, which guarantees cash benefits to cater for the increased costs attendant to pregnancy, childbirth and lactation. There is, thus, scope and rationale for the introduction of a maternity protection social insurance scheme to bridge this yawning lacuna.

D. Economic Growth and Poverty Reduction

Maternity protection systems help to ensure that women continue to contribute to economic growth, in the face of maternity (ILO, 2016). It also helps to maintain their health and that of their children, with benefits accruing to individuals, families, businesses and societies, thus contributing to the attainment of the Sustainable Development Goals (SDGs), particularly, Goal 3 of ensuring healthy lives and promoting well-being for all at all ages; Goal 5 of achieving gender equality and empowering all women and girls; Goal 8 of promoting sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all (ILO, 2016). Maternity protection strengthens women's economic roles and labour force attachment. Fallon, Mazar and Swiss (2017) submit several studies have indicated that good maternity leave policies increase fertility, improve infant health and increase women's labour force participation. Providing maternity leave and other elements of maternity protection is also a way of

encouraging women of reproductive age, without children, to join the labour market, besides being a good incentive for young mothers to maintain attachment to the labour market and return to work at the end of maternity leave. In the absence of maternity leave, women may not have any choice saving withdrawal from the labour market after childbirth.

Additionally, maternity protection promotes breastfeeding, which ensures a nutritionally perfect, sustainable and environmentally friendly supply of nourishment for children. Lengthening breastfeeding duration aids mothers to reduce the use and expense of breast milk substitutes. Pertinently, the ILO (2007) submits that maternity protection is a key tool for promoting savings and engendering poverty reduction as it supports the continuation of breastfeeding after returning to work (ILO, 2007).

V. THE DECENT WORK AGENDA FRAMEWORK

Maternity protection dovetails with the ILO Decent Work Agenda, which seeks to promote economic growth with equity through a sound combination of economic and social goals (ILO, 2016). Decent was defined by the ILO in 1999 as the sum of people's aspirations for income and opportunity; rights, recognition and voice; personal development and family stability; gender equality and fairness. The ILO Decent Work Agenda has four key objectives, which cohere maternity protection tenets, namely, employment, rights, social protection and social dialogue. The freedom extended by maternity protection to work without discrimination and in decent working conditions is central to rights as well as access to employment. Through the Decent Work Agenda, a fundamental component of which is maternity protection, the ILO seeks to ensure that women benefit equally from employment, rights, social protection and dialogue so as to make decent work a reality for all workers. As ILO (2017) asserts, a comprehensive framework for the harmonization of work and family roles and an end to discrimination at work are critical to advancing women's empowerment. It further submits that central components of such a framework are maternity protection, robust social security systems, a basic infrastructure, maternity leave and quality early childhood health care and education.

VI. ILO FRAMEWORK ON MATERNITY PROTECTION

A. The Maternity Protection Convention Number 3 (1919)

This was the first ILO standard pertaining to the employment of women during pregnancy and after childbirth (ILO, 2007). The convention was limited to women working in public or private industrial or commercial undertakings. It outlined the basic principles of maternity protection, namely, maternity leave, medical benefits, income replacement during leave and breastfeeding (ILO, 2007). It reinforced the right to maternity leave through the prohibition of dismissal during maternity leave. This indicates that employment protection was seen as a basic facet of maternity protection from the beginning.

B. The Maternity Protection Convention Number 103

This Convention, which was adopted in 1952, extended the scope of protection to a broader number of worker categories to include women employed in industrial undertakings and non-industrial and agricultural occupations, including domestic work for wages in private households (ILO, 2014). It broadened protection by extending leave entitlement to cover illness resulting from pregnancy or confinement, and increasing medical benefits. It also established a minimum level of cash benefits.

C. The Maternity Protection Convention Number 183

The Maternity Protection Convention (No. 183), which was adopted in Geneva in 2000, aims at promoting the equality of women in the labour force as well as the health and safety of the mother and the child. It is latest maternity protection convention adopted by the ILO (ILO, 2015), and is accompanied by the Maternity Protection Recommendation, 2000 (No. 191). Its major provisions include 14 weeks of maternity leave, including six weeks of compulsory postnatal leave, additional leave in case of illness, complications or risk of complications arising out of pregnancy or childbirth and cash benefits during leave of at least two-thirds of previous or insured earnings. It also includes access to medical care, including prenatal, childbirth and postnatal care, as well as hospitalization when necessary, protection at the workplace, a minimum of one daily break for breastfeeding, and employment protection and non-discrimination.

Convention No. 183 and Recommendation No. 191 marked significant advances in protection from earlier standards on maternity protection (ILO, 2014). For instance Convention No. 183 expanded the scope of maternity protection to cover all employed women, including those in atypical forms of dependent work in the informal economy. It also extended the minimum leave period from 12 weeks in earlier Conventions to 14 weeks (ILO, 2007). However, Recommendation No. 191 suggests a minimum of 18 weeks leave period. Convention No. 183 also provides stronger employment protection, requires measures to ensure that maternity does not prompt discrimination, including in access to employment, and explicitly prohibits pregnancy tests as part of candidate selection procedures, except in limited special circumstances. In addition, Recommendation No. 191 encourages the establishment of breastfeeding facilities at workplaces (ILO, 2007).

VII. SOME EMPIRICS ON MATERNITY PROTECTION

A. Maternity Protection in the Global Context

According to the United Nations (2013) an estimated 3000 women die every year in Zimbabwe during child birth and at least 1.23% of Gross Domestic Product GDP is lost yearly due to maternal complications. Maternal mortality has worsened by 28% from 1990 to 2010 (UN, 2013). The United Nations (2013) underlined the need to progressively broaden

the scope and entitlements of maternity protection and provide perspectives for policy and action.

Taking into cognisance the prevailing economic situation in Zimbabwe, broadening the scope of maternity protection would in entail introducing a social insurance scheme to which employers and workers contribute, since the government cannot single-handedly finance it owing to constrained fiscal space.

ILO (2014) points out that maternity protection is a fundamental labour right enshrined in key universal human rights instruments, further noting that maternity protection and work-family measures are essential to promoting the health and well-being of mothers and their children, achieving gender equality at work and advancing decent work for workers irrespective of sex. Twenty eight (28) ILO member States have ratified Convention No. 183, which promotes maternity protection (ILO, 2014). In addition, several countries respect key aspects of Convention No. 183 even when they have not formally ratified it. For instance, 98 countries (53%) provide a statutory minimum of 14 weeks of maternity leave, and 42 of those countries meet or exceed the 18 weeks of leave proposed in ILO Recommendation No. 191. A total of 58% (107 countries) provide for cash benefits during maternity leave through national social security programmes (ILO, 2014).

ILO (2015) submits that from a social protection perspective, maternity protection includes protection against suspension or loss of income during maternity leave, and access to maternal health care. It further notes that maternity leave supported with cash benefits to fully or partially replace women's earnings during the final stages of pregnancy and after childbirth is critical for the well-being of pregnant women, new mothers and their families. Income security during maternity leave is crucial for the economic protection of women, in addition to contributing to the substantive equality of women in the labour market (ILO, 2015). However, ILO (2015) notes that in spite of improvements globally, less than 40% of women in employment worldwide are covered by law under mandatory maternity cash benefits schemes. Against this backdrop, maternity protection social insurance schemes could help to bridge this yawning lacuna, particularly in developing countries like Zimbabwe where there is limited fiscal space for government financed maternity protection systems.

B. The Zimbabwean Context

1). Maternal and Infant Mortality in Zimbabwe:

Zimbabwe has a total fertility rate of 4.3 births per woman (ZIMSTAT, 2015), which is relatively high in comparison with the global average of 2.5 births per woman. As well, according to the ZIMSTAT 2014 Multiple Indicator Cluster Survey, Zimbabwe has a maternal mortality ratio of 614 deaths per 100 000 live births (ZIMSTAT, 2015). As noted in *The National Health Strategy for Zimbabwe 2016-2020*, this

is excessively high in comparison with the sub-Saharan regional average of 510 and falls short of the Zimbabwean MDG target of 174. According to the World Health Organization Global Health Data, as cited in *The National Health Strategy for Zimbabwe 2016-2020*, 2,100 maternal deaths reported in Zimbabwe in 2013 were due to causes that are known, preventable and treatable. Infant mortality rate is also pretty high at 55 deaths per 1,000 live births (ZIMSTAT, 2015), falling short of the 2015 MDG target for Zimbabwe of 25. In view of the high total fertility rate as well as high maternal and infant mortality rates in Zimbabwe, there is a compelling need for the introduction of a maternity protection scheme. However, such a development requires complementary broad-based development of the whole healthcare delivery system.

2). *The Zimbabwean Economic Context:*

National Health Strategy for Zimbabwe 2016-2020 indicates that there are prospects that economy will remain sluggish in the short to medium term, and total tax revenues will generally remain at about 27% of GDP. This macro-economic trend shows that the government's capacity to allocate financial resources to the health sector is severely curtailed. There is need for innovation and effective partnerships between government and other stakeholders in both financing and provisioning healthcare services. Against this backdrop, the introduction of maternity protection scheme could contribute, albeit in a small measure, to financing healthcare delivery.

3). *Constitutional and Legislative Framework for Maternity Protection in Zimbabwe:*

Constitution of Zimbabwe (2013)

Maternity protection is enshrined in the Zimbabwe Constitution of 2013 under Section 65 on Labour Rights. Section 65(7) stipulates that women employees have a right to fully paid maternity leave for a period of at least three months. The constitutionalisation of maternity protection is important in that provides the legal framework for the institution of maternity protection programmes and for the protection of maternity at the workplace.

Zimbabwe Labour Relations Act Chapter 28:01 of 2005

In Zimbabwe, maternity protection is provided for under Section 18 of the Zimbabwe Labour Relations Act Chapter 28:01 of 2005. Section 18(1) provides for the granting of maternity leave for a period of ninety-eight days on full pay to a female employee who has served for at least one year. Importantly, Section 18(7) provides that during the period when a female employee is on maternity leave her normal benefits and entitlements, including her rights to seniority or advancement and the accumulation of pension rights, shall continue uninterrupted in the manner in which they would have continued had she not gone on such leave, and her period of service shall not be considered as having been interrupted, reduced or broken by the exercise of her

right to maternity leave. Clearly, this is in step with ILO conventional provisions, which preclude discrimination at the workplace on the basis of maternity (ILO, 2014). Furthermore, Section 18(8) of The Labour Relations Act 28:01 provides for a mother of a suckling child to be granted at least one hour or two half-hour periods during normal working hours, for the purpose of nursing her child.

It evident from these provisions that the Labour Relations Act Chapter 28:01 of 2005 provides for considerable maternity protection, in keeping with international standards. Nevertheless, maternity entails additional medical, nutritional and other expenses so it is not sufficient to guarantee women their full salaries during pregnancy. In this regard, a maternity protection social insurance scheme could help to cater for the additional costs associated with maternity through cash benefits as well as medical care benefits.

IX. FINANCING OF THE MATERNITY PROTECTION SCHEME

The Maternity Protection Schemes usually take the form of a social insurance arrangement (ILO, 2007). Social insurance provides healthcare and replacement wages for income lost due to childbearing. In most countries, social insurance benefits are financed by worker and employer contributions, sometimes with a government subsidy (ILO, 2015). Maternity benefits are often provided together with, or as component of, another social security scheme, such as health insurance, sickness, unemployment compensation, or employment injury and disease benefits, taking into account the principle of solidarity in funding maternity benefits. In Zimbabwe, a maternity scheme would be ideally financed primarily from compulsory monthly contributions by female employees and their employers, as the government lacks fiscal space to finance such schemes. This financing model is feasible since in Zimbabwe women constitute 62% of the economically active population (ZIMSTAT, 2015).

X. BENEFIT TYPES

A. Maternity Leave

Maternity leave should constitute one of the basic provisions of a maternity protection scheme. As ILO (2007) puts it, leave provisions make up the core of maternity protection as well as work-family policies. The ILO Maternity Protection Convention, 2000 (No. 183) affords mothers the right to a period of rest in relation to childbirth, along with cash and medical benefits, employment security and non-discrimination, health protection and the right to breastfeed. The length of maternity leave stipulated in this convention is 14 weeks, although ILO Recommendation No. 191 suggests 18 weeks (ILO, 2015).

In tandem with ILO conventions maternity leave should cover the periods before, during and after childbirth for the purpose of safeguarding the health of women and their children during the prenatal period, in view of the

psychological and physiological demands attendant to pregnancy and childbirth. Additionally, as submitted by Strang and Broeks (2011), protections should be put in place to ensure that the career progression of women is not negatively impacted by maternity leave. Career progression is critical for sustenance of the worker and her family.

B. Cash and Medical Benefits

As ILO (2007) points out, the need for cash benefits during maternity leave and medical care throughout maternity has been recognized in all ILO maternity protection conventions and in conventions regarding social security and medical care. Cash benefits are intended to replace a portion of the income lost due to the interruption of the woman's economic activities, giving practical effect to the provision for maternity leave. Without income replacement, the woman's absence during leave and the increased expenditures due to pregnancy and childbirth can present financial challenges to families. Faced with financial distress or poverty, women may feel compelled to return to work earlier after childbirth. ILO Convention number 183 also guarantees appropriate healthcare services for women throughout maternity, calling for medical benefits, comprising pre-natal, delivery and post-natal care, in addition to hospitalization, when necessary as a way of ensuring protection of the health of the mother and the infant (ILO, 2015).

C. Health Protection at the Workplace

Maternity protection within the workplace is based on a legal and social recognition of the contribution that women make through their reproductive function. Workplace health protection for women during maternity is covered by ILO standards. The general principles in the Maternity Protection Convention number 183 of 2000 are that pregnant or breastfeeding women should not be compelled to perform work that is prejudicial to or poses considerable risk to their health and safety or that of their children. Additionally, women should be provided with additional leave for pregnancy-related illness or complications, and should be provided with paid breaks for breastfeeding (ILO, 2005). Relatedly, Maternity Protection Recommendation, 1952 (No. 95) asserts that night work and overtime work should be prohibited for pregnant and breastfeeding women. According to this recommendation, during pregnancy and up to at least three months after childbirth, women should not work in conditions that could harm their health or that of the child. Particularly, the employment of pregnant and nursing women should be prohibited with regard to any hard labour involving pulling, pushing or undue physical strain, lifting heavy weights, including prolonged standing; work involving use of vibrating machines, and work requiring special balance (ILO, 2014). Recommendation No. 191 provides detailed direction and recommends measures that employers should take to ensure that the health of the pregnant or breastfeeding women is not prejudiced by their working conditions.

D. Employment Protection and Non-Discrimination

Employment protection ensures that a female worker does not lose her job during pregnancy or maternity leave as well as during the period following her return to work (ILO, 2007). Women who take maternity leave or medical leave for reasons related to pregnancy should not be placed at a disadvantage in relation to any other workers. Protection against discrimination gives all women the right not to be treated fairly in a work situation. Specifically, it is critical to ensure that women are not denied access to employment because of their sex or due to circumstances engendered by their reproductive function.

E. Breastfeeding Arrangements at Work

Opportunities for breastfeeding should be provided at work, since breastfeeding is a matchless way of providing perfect food for the healthy growth and physical and psychological development of babies (ILO, 2014). It is also an integral part of the reproductive process with central implications for the health of mothers. Failure to breastfeed poses risks to mothers and their children. Exclusive breastfeeding from birth is generally recommended except in the case of some medical conditions. In the Zimbabwean context, the development of a maternity protection could help to strengthen these arrangements for the benefits of breastfeeding workers and their infants.

XI. CONCLUSIONS

The foregoing discussion has amply shown that maternity protection is a multidimensional phenomenon, encompassing different elements that are critically important, including income security, employment protection and health. Maternity protection is very crucial as it reduces maternal mortality and child mortality, while improving maternal health and child. In addition, maternity protection promotes decent work, improves breast feeding, and promotes gender equality and career progression, and the social economic wellbeing of women. Ultimately, maternity protection engenders overall human development and national socioeconomic development. Maternity protection is also consonant with the United Nations' Sustainable Developments Goals. More importantly, maternity protection is a vital aspect of social security, which is a human right, supported through several ILO conventions and recommendations.

It is evident that Zimbabwe has a reasonable maternity protection system, which is provided for through a comprehensive legislative framework, in line with ILO conventions and recommendations. In particular, the Labour Relations Act Chapter 28:01 of 2005, provides for maternity protection by stipulating the minimum leave period, outlawing discrimination, ensuring women are paid while on maternity leave and providing for breast feeding during working hours. However, it is pertinent to note that the maternity protection offered by Zimbabwe falls short of the standards set by the ILO. For instance, while the ILO sets 14

weeks as the minimum length of maternity leave the Labour Relations Act sets it at 12 weeks. Besides, although the Labour Relations Act guarantees a full salary for a woman on maternity leave, it does not sufficiently cater for the additional expenses attendant to maternity. It is, therefore, apparent that there is a compelling need for the development and introduction of a maternity protection social insurance scheme, which guarantees broader maternity protection at the work place as well as medical care and cash benefits. However, inclusive stakeholder engagement and a comprehensive feasibility study would need to be conducted before such a scheme is instituted, to ensure that maternity protection is fully accepted and acknowledged by all the key stakeholders as a vital component of national strategies to promote gender equality, human development and inclusive growth.

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