



TOGETHER
for a sustainable future

OCCASION

This publication has been made available to the public on the occasion of the 50th anniversary of the United Nations Industrial Development Organisation.



TOGETHER
for a sustainable future

DISCLAIMER

This document has been produced without formal United Nations editing. The designations employed and the presentation of the material in this document do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations Industrial Development Organization (UNIDO) concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries, or its economic system or degree of development. Designations such as “developed”, “industrialized” and “developing” are intended for statistical convenience and do not necessarily express a judgment about the stage reached by a particular country or area in the development process. Mention of firm names or commercial products does not constitute an endorsement by UNIDO.

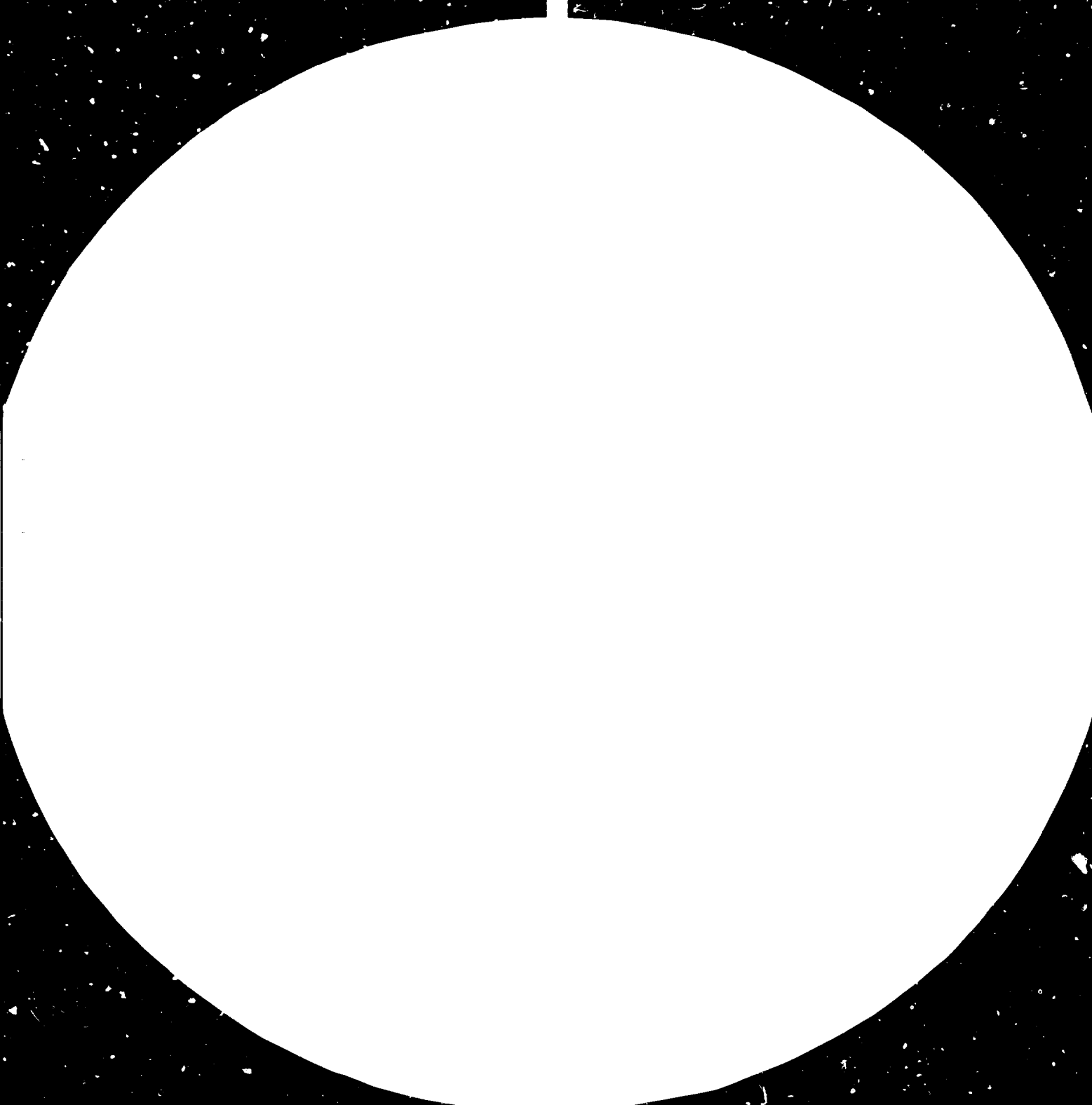
FAIR USE POLICY

Any part of this publication may be quoted and referenced for educational and research purposes without additional permission from UNIDO. However, those who make use of quoting and referencing this publication are requested to follow the Fair Use Policy of giving due credit to UNIDO.

CONTACT

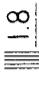
Please contact publications@unido.org for further information concerning UNIDO publications.

For more information about UNIDO, please visit us at www.unido.org





2.5





1.25

A resolution test chart element consisting of a central numerical label '1.25' flanked by two groups of five horizontal black bars of equal length. The bars are evenly spaced and decrease in length from the center outwards.



1.4

A resolution test chart element consisting of a central numerical label '1.4' flanked by two groups of five horizontal black bars of equal length. The bars are evenly spaced and decrease in length from the center outwards.



1.6

A resolution test chart element consisting of a central numerical label '1.6' flanked by two groups of five horizontal black bars of equal length. The bars are evenly spaced and decrease in length from the center outwards.



10807 - E



Distr.
LIMITED
ID/WG.351/6
1 October 1981
ENGLISH

United Nations Industrial Development Organization

Seminar on the Role of Women
in the Development of Industrial Branches
Traditionally Employing Female Labour*
Sofia, Bulgaria, 15 - 18 October 1981

**MEDICAL AND SOCIAL CARE FOR THE WOMAN-MOTHER
AND THE GROWING GENERATION IN THE PEOPLE'S REPUBLIC OF BULGARIA****

* organized by the United Nations Industrial Development Organization (UNIDO) in co-operation with the Government of the People's Republic of Bulgaria.

** This document has been reproduced without formal editing.

V.81-30395

Social Protection of the Woman as Worker and Mother

The problems having bearing on the health protection and social security of working women - mothers and expectant mothers - stand high on the list of activities devoted to the social protection of women, regulated by the legislation of this country, along with the specific requirements and trends towards suitable vocational selection, labour safety, choice of rational regime of labour and rest, etc.

The active participation of the Bulgarian woman in production and in the social and political life, brought about a change in her position in the family. New problems arose related to the necessity of providing her with conditions which would enable her to fulfill her functions as a mother and instructor of her children and, at the same time, to progress as a thorough worker and creator of material and spiritual wealth.

"Motherhood is a social and biological function of the woman which with regard to its vital significance for society tops all her other functions."¹

The above formulation manifests the great value the Party and Government place on women's supreme duty; it also determines the country's social policy in this important sphere.

Mothers, as well as expectant mothers, enjoy a special protection by the law. It is strictly forbidden to refuse an expectant mother to sign on if she wants to work. Future mothers who work under conditions harmful to their health are subject to labour readjustment from the moment they find out that they are with a child; and have their average gross monthly pay of the last twelve months kept intact.

All working women in this country, as well as all those studying at the universities, higher institutes, colleges and technical schools (after finishing the compulsory secondary education) are entitled to the right of a maternity leave until their children grow up to the age of three. This period is regarded as length of service at pensioning off and the mothers retain their position at work. Part of the maternity leave is paid and the other part is unpaid.

1 Resolution of the Politburo of the CC of the BCP of March 6, 1973, p. 25.

Paid leaves differ according to which turn the child is born, as follows: for the first born, the fourth and every subsequent child, the mother obtains 120 calendar-day long leaves during which she receives her full salary plus an additional six month-long paid leave during which she is paid an indemnity of 100 levs, the minimum salary of the country. For the second child, the fully paid leave extends to 150 calendar days, whereas the additional paid leave extends to 7 months; and for the third child, 180 calendar days plus 8 months additional leave.

Nursing mothers are allowed to quit their jobs for two (for three if the children are twins) hours everyday to nurse their babies preserving their full pay.

The mother's length of service has no effect whatsoever on either the maternity leave length or on the amount of the cash indemnity. If the mother goes back to work before her additional maternity leave has expired, then besides her regular monthly labour remuneration, she is granted a cash aid to the tune of a half a minimum salary.

At childbirth, every Bulgarian mother regardless of whether she works or not has the right of a single grant amounting to 100 levs for the first born, the fourth and every subsequent child; 250 levs for the second child and 500 levs for the third child.

The monthly children's allowances are another form of social support rendered to families for the upbringing of their children. They are also differentiated according to the sequence of the child and figure out at 15 levs, 25 levs and 45 levs respectively.

Those women whose husbands are doing their conscription or are full-time students at the higher institutes and colleges are granted a thirty-lev-monthly payment for bringing up their children.

Plenty of mothers in this country are provided with adaptable time-tables of work: half-day, half-week or every-other-day-work, enjoying in full all social rights and privileges.

The enterprises are forbidden to dismiss with or without advance notice nor change the terms of the labour agreement with working women expecting a child after the pregnancy has been established as well as with mothers whose children are not yet eight months old. Those women taken on a temporary contract have the right of a paid maternity leave amounting to the minimum salary. There is a ban, regulated by the legislation ban on overtime and night work, on sending such women on business trips without their approval, etc. Unmarried mothers enjoy a special protection. If such a mother is prevented from going to work, her additional paid leave is prolonged until her child becomes two years old.

The working mother is granted a compensation also in cases where she is looking after a sick child up to the age of 16. This right of compensation holds good for sixty calendar days per year. This period does not include the time for taking care of chronically sick children or of children sent for medical treatment abroad, etc.

In cases of sickness, labour accident or professional disease, the working woman is entitled to a cash indemnity amounting to 70-100% of her labour remuneration depending on the nature of the risk, the length of her temporary disability as well as on her length of service.

The privileges working women enjoy at pensioning off add up to their social benefits. Bulgarian women may retire from the age of 45 to 55, depending on the category of labour they have practised, and with a length of service from 15 to 20 years. Those women who have given birth and brought up five or more children up to the age of eight enjoy special privileges at pensioning off.

All this comes to show that a number of social gains for the woman, bearing on her function as a mother, are already quite well warranted. This does not mean, however, that all problems have been solved. Now, measures are being taken in the country children's establishments to cover all three to six-year old children who need to attend such. Funds attuned to the country's possibilities will be allocated to provide mothers with material means for bringing up their children up to the age of three with a view to encourage births. "Society will gradually take over bigger and still bigger share of the support of the growing generation and will set up the pre-requisites for a perfect combination of motherhood with women's active participation in labour

and social activities'.² At least 400 thousand flats and other dwelling places will be built during the eighth five-year plan and the newly established families will be given a marked preference partaking in their distribution. Public services will undergo substantial development. Comprehensive care shall be taken for the improvement of home environment and the general living standards of the people.

Mothers' and children's Health Services

The public health activities are an essential component of the social security system.

The public health sector for the protection of motherhood and childhood is granted actual priority. One of the first laws passed by the Government of the People's Power (1946) was the "Law for Motherhood and Childhood Protection". The task that stood before it was to do away with the strong need for medical care inherited from capitalism and fascism. Medical treatment of pregnant women, lying-in women and children was free of charge five years before initiating (1951) free medical aid for the whole population. Every municipality was duty-bound to spare up to 3% out of its budget for setting up and running maintenance of a maternity hospital, a nursery home, a welfare (health) centre for children and women, etc. Quite a number of mothers' and children's health establishments were built up, especially in the villages, under the supervision of the Fatherland Front, the Bulgarian "Red Cross", the women associations (women especially were very active), the working people from towns and villages. Already in the first years after the socialist revolution, an infra-structure of health services was set up with the active support of the people who practically extended help to all those in need of medical care. The number of women's and children's welfare centres, for instance, grew up to 2,872 in 1979 as against 360 in 1944. The nursery homes, then 7 with 70 beds now number 1,152 with 76,235 places; the number of beds at the "Mother and Child" homes has increased more than twenty times having 4,820 places available at present. The beds at the maternity hospitals from 150 in 1944 now number over 7,500.

2 Todor Zhivkov, Report of the Central Committee of the Bulgarian Communist Party at the XIIth Congress and the Party's Immediate Tasks, Sofia, 1981. p. 66.

During the first years after the revolution, there was a pressing need of maternity homes in the villages. The towns did not dispose of enough maternity wards to take in all women in child-birth coming from the villages. Roads were bad and transport facilities were very limited. At present, the situation has changed: the Bulgarian woman's medical knowledge has broadened to such a level that she would always prefer to deliver a child at a bigger maternity hospital provided with all conveniences to ensure high quality and specialized medical treatment. Moreover, transport facilities between villages and towns nowadays are fast and comfortable.

Training of national pediatric and obstetric-gynaecology cadres made possible the development of mothers' and children's public health services. There are now 1,300 obstetricians, nearly 2,500 pediatres and 7,300 midwives employed in them.

The research institutes of pediatrics, obstetrics and gynaecology train cadres and render highly qualified assistance to those in need of such. The research workers and lecturers help the local public health bodies and establishments in their strivings for unceasing improvement of their activities.

At present the nurseries take in over 20 per cent of the children while 74.8 per cent of the three to six-year old children attend kindergartens.

The major sections to provide women and children with preventive as well as diagnostic and curative treatment are the women's and children's welfare (health) centres. The children's health centres popularize and apply in practice the purely scientific methods of prophylaxis and child upbringing and through systematic medical control promote children's normal physical and nerve-mental development, contribute for strengthening of their health and reducing children's sick-rate and infant mortality.

The school health services take charge of pupils' health. They are concerned mainly with preventive treatment. Students go through a general medical check-up annually and in addition at the age of three and six, they are given a thorough prophylactic examination with a view to find out on time any possible disturbances of health. Ill pupils receive specialized medical treatment.

Preventive as well as diagnostic and curative obstetric-gynaecologic help for women is offered at the women's welfare (health) centres. The latter reckon as their basic tasks: to file on time and to secure regular observation of expectant mothers, mothers in child-birth and newly born children. In 1980 they covered over 90 per cent of all pregnant women with the average of 14 visits per woman. Since 1957, mass medical gynaecologic check up of all women has been introduced.

Women's welfare centres render also social and legal assistance to expectant mothers and to women - mothers and workers simultaneously.

Furthermore, they may offer a more specialised assistance as well, at the consultation offices attached to district and national health bodies, where people can get advice on marriage and family problems.

Women welfare centres make every effort to trace down as well as to organize systematic observation and treatment of needy women. They study carefully the labour conditions and mode of living of expectant mothers, of working women, of women suffering from gynaecological diseases, etc. Various undertakings are being carried out to optimize the latter through raising the sanitary and hygienic standards of families and labour teams and through extension of their knowledge on sanitary and medical matters.

Medical Care for the Working Women

At every enterprise, modern health services have been set-up for the workers. All working women are specially ensured with obstetric-gynaecologic aid at their working places.

The raising of the living standard and the goal-oriented medical and social care contributed for the sick-rate of the temporary disabled to drop by 6 per cent during the period of the eighth five-year plan while that of those with impaired capacity for work (invalids), by 6.4 per cent.

Needless to say, there still are and will be many problems in this sensitive sphere of public health that remain to be solved. The Institute of Hygiene and Professional Diseases is conducting a systematic investigation of the labour of women working in the light industry. Vocational charts (professiongrams - i.e. charts of the basic factors characterizing

a given profession) have been worked out for 26 major professions (women-knitters, ironers, seamstresses, shuttle-threaders - i.e. those who thread the shuttles of weaving looms, carpet weavers, weavers, spinners, some professions of the shoe industry, women dyers, etc.) Regulations have been elaborated to secure the labour safety of women, expedient schedules have been proposed to bring about reduction of night shifts, measures for ensuring an optimum work-load of working women to conform with their age characteristics have been put forward. For those over fifty years old, an individual approach is applied in setting work-load rates; another illustration of the latter is the opportunity offered to them to choose a working shift, the extra rest time they can avail of, etc.

The investigation of the conditions for labour readjustment for reasons of health of expectant mothers was carried out in eighteen big enterprises in Sofia, Plovdiv, Varna, Stara, Zagora and Russe. It pointed out the need of setting up in some enterprises subsidiary workshops for consumer goods, mixed working places, etc., with a view to get closer to the optimum percentage of expectant mothers rightly transferred to a more appropriate job.

Maternity leaves, leaves obtained to take care of a sick member of the family, etc. take up around half of the working days lost by working women. Women, however, are ill more often and the days they lose because of temporary disability outnumber by far those lost by men.

The high scope of feminization in the light industry and the significant number of hazardous factors present, call for still more vigorous steps to be taken in the direction of safeguarding their health and efficiency as workers.

The National Survey of Labour Safety, held in 1949, revealed a number of unsolved problems having bearing on the medical and social care for women employed in the feminized branches of industry. The mechanization and automation of the heavy and labour-consuming production processes and pilot activities still fall short of the demands of practice, nationwide paletization is still not carried into effect, the adopted regulation patterns of work and rest are not strictly observed either.

There is still much left to do with regard to the ergonomic requirements towards the working environment.

The light, chemical and building industries, as well as some others take active steps with a view to eliminate completely the toxic substances, vibrations and noise in the working environment, the harmful effect of static electricity and forced (unchanged) position of the worker.

Workers' health services on their part are also being optimized to meet the ever increasing demands of the working class in the developed socialist society.

Health prevention activities are enhanced.

In the spirit of the decision made at the XIIth congress of the BCP³ the special problems of working women such as protection of women's labour, of motherhood, as well as those related to women's health services will get a still more comprehensive solution.

LITERATURE:

1. The Children of Bulgaria, Sofia, 1979, pp. 57-83.
2. KESSI, Ministry of Public Health, "Public Health" - Statistic Annual.
3. Stoimenov, G., Modern Women's Health Centres, Sofia, MF, 1979.



³ Theses of the XIIth Congress of the Bulgarian Communist Party, Sofia, 1981, pp. 56-57.

