Parliamentary Assembly
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COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Resolution 1310 (2002)[1]

Maternity in Europe: improving social and health conditions

Parliamentary Assembly

1. Under the European Social Charter, employed women have the right to maternity protection. They are entitled to maternity leave before and after childbirth, may not be dismissed, are entitled to time off for breast-feeding, and may not be employed to do dangerous, unhealthy or arduous work.

2. Similarly, the International Labour Organisation (ILO) Maternity Protection Conventions adopted in 1919 (No. 3), in 1952 (No. 103, now closed to ratification) and in 2000 (No. 183), as well as ILO Maternity Protection Recommendations Nos. 95 (1952) and 191 (2000), invite states to adopt progressive measures in this area.

3. However, thousands of women in Europe do not yet enjoy this basic protection as the legislation of several countries offers only partial and limited guarantees. The 1919, 1952 and 2000 ILO Conventions have been ratified by only 14, 17 and 3 Council of Europe member states, respectively.

4. In fact, much remains to be done to further the rights of working mothers, particularly as regards maternity leave, continued payment of salaries, protection from dismissal during the course of their leave, authorised absences for medical follow-up or for breast-feeding purposes, adjustment of working hours, etc. In the working environment, pregnant women and young mothers may come up against many obstacles and may sometimes be faced with psychological pressure exerted by their employers, giving them a feeling of exclusion.

5. In terms of health care, the situation of pregnant women and young mothers varies widely in Europe. There has been an overall improvement in the rates of infant and maternal mortality in Europe, but they are still too high in several member states and are subject to wide variation.

6. According to the Council of Europe's demographic statistics, the infant mortality rate in member states ranged in 2000 from 35.3‰ in Turkey to 3‰ in Iceland, with the central and eastern European countries varying between 18.6‰ in Romania and 4.1‰ in the Czech Republic. It is in eastern Europe that rates are generally above the European average of 9‰.

7. The Parliamentary Assembly is concerned to ensure that health and nutrition conditions for expectant and young mothers and their babies should be improved, including vaccination coverage. Preventive policies should also be stepped up to combat alcoholism and drug abuse.

8. From a social and legal point of view, some significant developments with regard to the maternity conditions in Europe warrant particular attention and call for legislative changes: these include an increase in the number of children born out of wedlock throughout Europe, and an increase in the number of very young mothers.

9. Maternity raises the issue of family policy and the reconciliation of family and working life. Consideration needs to be given to ways of establishing a balance in the roles of the two parents, particularly in order to enhance the father's parental role. The European Social Charter provides for a right of workers with family responsibilities to equality of opportunity and treatment, but further efforts are required to promote its practical application.

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1. Text adopted by the Standing Committee, acting on behalf of the Assembly, on 18 November 2002 (see Doc. 9566, report of the Social, Health and Family Affairs Committee, rapporteur: Mme Belohorská).

10. Therefore, the Assembly calls on the member states of the Council of Europe:

to continue to build family policies upon the social traditions of Europe with a view to raising the standards of maternity and parental leave to the highest possible extent and ensuring that the level of benefits and parental-leave schemes such as flexible and reduced-hour employment do not result in poverty;

to fund maternity benefits through state social insurance funds, as these mechanisms minimise the risk that employers will discriminate against potential leave takers who might otherwise be seen as unusually expensive employees;

to improve, where necessary, access to affordable, high quality substitute child care such as childcare centres and kindergartens with pre-primary programmes within the educational system;

to resolve the tension between work and family by promoting gender equality, address the issue of fathers on parental leave and introduce incentives that encourage men to assume a larger share of care-giving work in the home;

to defend family values against the corrosive effects of self-interest;

to aim for a kinder and wiser form of economic development by supporting the social fabric in which individual families exist, seeking to resolve the conflict between the "invisible hand" of the market place characterised by competition and individual achievement, and the "invisible heart" which emphasises obligation, reciprocity, and caring for others;

to step up their efforts to combat poverty, social exclusion and unemployment, which often lead to a worsening of relationships in families as characterised by the rise in divorce, violent behaviour, irritation, aggression, egoism, alcoholism, consumption of drugs and lack of tolerance;

to ratify, if they have not yet done so, ILO Maternity Protection Convention No. 183 (2000) and Recommendation No. 191 (2000);

to ratify, if they have not yet done so, the European Social Charter of 1961 (ETS No.35) and the Revised Charter of 1996 (ETS No.163) and the European Code of Social Security of 1964 (ETS No.48), its Protocol (ETS No.48A) and the Revised Code of 1990 (ETS No.139), in particular in respect of maternity rights and benefits;

to implement World Health Organisation (WHO) guidelines on safe motherhood and pregnancy, including those on advancing safe motherhood through the application of human rights, and on the promotion of effective perinatal care;

to step up their support for the work of the United Nations Population Fund (UNFPA) and of organisations such as the International Planned Parenthood Federation (IPPF) in promoting sexual and reproductive health, following the regrettable decision of the United States Administration to cut funding to the UNFPA.