

CARING FOR MOTHERS: A LOOK AT INDIA'S MATERNITY SUPPORT SYSTEM

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ABSTRACT

The Maternity Benefit Act, 1961, and its related programs play a crucial role in protecting the health and rights of working women in India, especially during pregnancy and postnatal periods. This article evaluates the impact of the Act and schemes like Janani Suraksha Yojana (JSY) and Maternity Benefit Programme (MBP), which aim to reduce maternal mortality and financial burden. Despite various efforts, gaps remain in coverage, particularly for women in the informal sector. International examples show that paid maternity leave and cash benefits can improve child health, reduce maternal stress, and promote breastfeeding. However, India's approach often limits benefits to certain births or conditions, affecting the most vulnerable. The article examines legislative provisions, implementation issues, and the outcomes of maternity benefit programs on maternal health, gender equality, and labour force participation. It argues that maternity benefits should be universal, unconditional, and treated as a human right and public investment in human capital.

Keywords: Maternity Benefit Act, reproductive rights, informal sector, gender equality, cash transfer schemes.

INTRODUCTION

Maternity benefits are an important part of women's rights and health in any society. In India, where a large number of women are part of the workforce—especially in the informal sector—ensuring proper support during pregnancy and after childbirth is essential. The Maternity Benefit Act, 1961, was passed to give working women paid leave and job protection during their maternity period. It aims to help women recover from childbirth, care for their new-borns, and return to work without losing their income or jobs. Over the years, India has introduced several schemes to support pregnant women. Some of the most well-known are the Janani Suraksha Yojana (JSY) and the Maternity Benefit Programme (MBP). These schemes offer cash support to reduce the financial burden of childbirth. However, many women—especially those in unorganized jobs or rural areas—still do not get these benefits.

Globally, countries with strong maternity laws and paid leave have seen better health outcomes for mothers and children. Paid maternity leave helps improve breastfeeding rates, reduces stress, and leads to better mental health for women. It also helps reduce maternal and infant mortality rates. But India still faces challenges. While laws like the Maternity Benefit Act exist, most working women in India are not covered, mainly because they work in informal jobs. Also, schemes like the MBP apply only to the first child, which limits their usefulness. Many women, especially from marginalized communities, are left out of the system.

This article explores the goals of the Maternity Benefit Act and related schemes. It examines how they have worked so far, their impact on women's health and financial well-being, and what more needs to be done. By looking at both laws and real-world outcomes, this article aims to show why maternity benefits are not just

support for women—they are an investment in a healthier, stronger society.

BACKGROUND AND EVOLUTION OF THE MATERNITY BENEFIT ACT

The journey of maternity protection in India began even before independence. The Bombay Maternity Benefit Act of 1929⁶⁵⁴ was one of the earliest efforts to support working women during pregnancy. After independence, the need for a nationwide policy became stronger, and in 1961, the Maternity Benefit Act⁶⁵⁵ was passed by Parliament. The law aimed to regulate the employment of women before and after childbirth and to ensure they received maternity leave, medical bonuses, and other benefits. The Act was based on the idea that motherhood should not be a barrier to employment. It provides up to 26 weeks of paid leave (after the 2017 amendment) for women in the formal sector, along with protection from job loss during this period⁶⁵⁶. The law also gives women the right to nursing breaks and requires employers to avoid discrimination against pregnant workers. Despite the progressive nature of the Act, it only covers women working in establishments with 10 or more employees, leaving out a large part of the female workforce. More than 90% of women in India work in the informal sector, such as domestic work, small shops, farms, or self-employment, and they do not get the benefits promised under the Act. To support these women, the Indian government launched conditional cash transfer (CCT) schemes, like the Janani Suraksha Yojana (JSY) in 2005 under the National Rural Health Mission. JSY offers cash incentives for women who give birth in public health facilities, aiming to promote safe institutional deliveries. While it has increased hospital births, studies have shown that out-of-pocket expenses still remain high and many women receive only partial financial relief. In 2013, the National Food Security Act (NFSA) gave a legal right to maternity benefits

of at least ₹6,000 for all pregnant and nursing women, except those already covered by other laws. However, in 2017, the Maternity Benefit Programme (MBP) replaced this with a restricted version that applies only to the first birth, limiting its reach and defeating the spirit of NFSA. Over time, although there have been efforts to improve maternity benefits in India, gaps remain between law and implementation. The systems in place still fail to protect the majority of Indian women, especially those from poor, rural, and socially marginalized communities.

PROVISIONS AND IMPLEMENTATION OF MATERNITY SCHEMES IN INDIA

India has multiple laws and schemes that deal with maternity benefits. The most well-known is the **Maternity Benefit Act, 1961**, which ensures that women in the formal sector get up to 26 weeks of paid leave, job protection, nursing breaks, and a medical bonus. However, it applies only to establishments with 10 or more employees, and only to women working in registered organizations. This means that the vast majority of working women—those in the informal sector—are left out. To fill this gap, the government has introduced schemes like:

Janani Suraksha Yojana (JSY)

Launched in 2005, JSY is a conditional cash transfer scheme under the National Rural Health Mission. It gives ₹1,400 to ₹1,750 to women who deliver in government health facilities, with extra support for women below the poverty line or from Scheduled Castes and Tribes. The aim is to promote institutional deliveries and reduce maternal and infant deaths. However, it also has certain drawbacks such as only part of the total maternity expenses are covered, Indirect costs like travel, special food, and wage loss are not reimbursed. JSY helped only 8% of households avoid catastrophic expenditure due to childbirth.

⁶⁵⁴ The Bombay Maternity Benefit Act, 1929

⁶⁵⁵ The Maternity Benefit Act, 1961

⁶⁵⁶ Section 5- Right to payment of maternity Benefit, The maternity Benefit Act, 1961

Maternity Benefit Programme (MBP) / Pradhan Mantri Matru Vandana Yojana (PMMVY)

Started in 2017, this scheme provides ₹5,000 in three instalments to women for the first live birth, linked with conditions like early registration of pregnancy, institutional delivery, and immunization of the child. Though meant to compensate for wage loss, the amount equals barely five weeks of minimum wage, far less than the six months of paid leave in the formal sector.⁶⁵⁷

Employee's State Insurance (ESI) Act, 1948

For women covered under the ESI scheme (those working in certain registered sectors), maternity benefits include paid leave, medical care, and job protection. However, it's available only to salaried women earning less than ₹21,000/month in specific industries.⁶⁵⁸

Despite these laws, the actual implementation is weak. It is because of lack of awareness among women about these schemes, complicated paperwork and delays in payments, Discrimination by employers, some avoid hiring women to escape maternity-related costs, even if maternity benefits are provided there are a lot of inadequate childcare facilities, despite legal mandates. Moreover, the entire burden of funding maternity leave in private companies lies with the employer. This discourages many employers from complying fully. Experts suggest the need for a social insurance fund, where the cost is shared between government, employers, and society.

Dr. Muthulakshmi Reddy Maternity Benefit Scheme (MRMBS), 2018

The Dr. Muthulakshmi Reddy Maternity Benefit Scheme (MRMBS) is a welfare program launched by the Tamil Nadu government in 1987 to support pregnant women, especially those from low-income families. The scheme provides financial assistance of ₹18,000, given in installments during and after pregnancy, to

help cover wage loss and promote institutional deliveries. In addition to cash support, it offers nutrition kits containing items like health mix powder, iron and folic acid tablets, dates, protein biscuits, ghee, deworming tablets, and a towel, all aimed at improving maternal health. Women aged 19 and above, up to their second delivery, are eligible, provided they register their pregnancy within 12 weeks at government health facilities. This scheme has played a key role in improving maternal and child health, encouraging safe deliveries, and offering much-needed financial relief to expecting mothers in the state.⁶⁵⁹

OUTCOMES OF MATERNITY BENEFIT PROGRAMS

Maternity benefit programs have a direct impact on the health, economic security, and well-being of women and their children. When properly implemented, these benefits can result in significant positive outcomes. However, in India, the results have been mixed. There have been some successes, but also many challenges.

Health Outcomes- Studies show that access to maternity benefits significantly improves maternal and child health. Better nutrition and regular check-ups during pregnancy help reduce the risk of low birth weight, maternal death, and infant mortality. Paid maternity leave allows women the time to physically recover from childbirth and take care of their new-borns. Women who receive support are more likely to attend antenatal check-ups, receive vaccinations, and maintain better hygiene after delivery, all of which contribute to improved health outcomes for both mothers and their children.

Breastfeeding and Child Development- Paid leave plays a crucial role in enabling mothers to practice exclusive breastfeeding, which is vital for the child's immune system and cognitive development. According to the World Health Organization (WHO), exclusive breastfeeding for the first six months lowers the chances of

⁶⁵⁷ Von Haaren, P., & Klonner, S. (2020). "Maternal cash for better child health? The impacts of India's IGLSY/PMMVY maternity benefit scheme (No. 689)."

⁶⁵⁸ Section 50- Maternity Benefit, Employee's State Insurance (ESI) Act, 1948

⁶⁵⁹ State Government of Tamil Nadu, Health and Family welfare Department (2018). Dr. Muthulakshmi Reddy Maternity Benefit Scheme. 2018

infection and malnutrition in infants. Children raised in households with maternity support tend to show better social, emotional, and educational development later in life. Longer breastfeeding, facilitated by time off work, also reduces the risk of childhood obesity, diarrhoea, and chronic illnesses⁶⁶⁰.

Economic Outcomes- Maternity benefits offer essential financial relief, particularly for poor families. However, the low amounts provided under schemes like JSY and MBP often fail to cover total maternity-related expenses. Indirect costs such as lost wages, transport, food, and caregiver absence, etc. are not covered and push many families into debt, especially in rural areas. Furthermore, the financial support under these programs is regressive, meaning poorer families spend a larger share of their income on maternity care than wealthier families, exacerbating existing financial disparities.⁶⁶¹

Workforce Participation and Gender Equality- Maternity benefits play a significant role in helping women stay in the workforce by preventing job loss during pregnancy, particularly in the formal sector. However, the lack of benefits for informal workers forces many women to quit work permanently after childbirth. Employers sometimes view maternity costs as a burden, leading to discrimination in hiring or firing during pregnancy, which undermines the intent of the law. Additionally, the absence of affordable childcare and crèches discourages many women from returning to work, further hindering their career progression and economic participation.

Social Impact- Women who receive proper maternity benefits gain greater self-confidence and a stronger sense of financial security. Social protection through these benefits also leads to greater respect and recognition for women's reproductive work, which has traditionally been

undervalued in society. However, deep inequalities persist, as the benefits are often skewed toward urban, upper-caste, or formally employed women, leaving tribal, Dalit, migrant, and rural women marginalized and underserved by the system.

Implementation Bottlenecks- Despite the potential benefits, multiple studies, including government reviews, have highlighted that the intended impact of maternity benefit programs is often diluted by poor delivery systems. A key issue is the conditional nature of benefits, such as the Pradhan Mantri Matru Vandana Yojana (PMMVY), which requires early registration, institutional delivery, and vaccinations. These conditions can exclude women who do not meet all the criteria, particularly those in remote or underserved areas, preventing them from accessing the support they need.

Crèche Facility- The crèche facility provision under the Maternity Benefit (Amendment) Act, 2017 aimed to support working mothers by ensuring childcare at the workplace. However, implementation has been poor due to lack of clarity, enforcement, and employer resistance. Most establishments have not set up functional crèches. As a result, many women struggle to return to work after maternity leave. The intended benefit remains largely unrealized in practice.⁶⁶²

INTERNATIONAL COMPARISONS AND BEST PRACTICES

Across the world, many countries have shown how strong and inclusive maternity benefit programs can lead to healthier societies and more gender-equal workplaces. Comparing India's maternity framework to global practices helps us understand where India stands and what can be done better.

The International Labour Organization (ILO) sets global standards for maternity benefits, recommending at least 14 weeks of paid maternity leave with cash benefits equal to two-thirds of a woman's previous earnings,

⁶⁶⁰ World Health Organization. (2018). Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: the revised baby-friendly hospital initiative.

⁶⁶¹ Planning Commission of India, *Evaluation Study on Janani Suraksha Yojana (JSY)* (2011).

⁶⁶² Section 11A- Crèche facility, the maternity benefit act, 1961.

along with employment protection during maternity, access to healthcare (including pre- and postnatal services), and support for breastfeeding mothers, such as nursing breaks and workplace accommodations.⁶⁶³ India's Maternity Benefit Act (MBA), following the 2017 amendment, meets the ILO's standard for leave duration by offering 26 weeks of paid maternity leave. However, it falls short in providing universal coverage and wage protection, particularly for informal workers. Several countries offer successful maternity benefit models that India could learn from. For example, Sweden provides 480 days of paid parental leave, which can be shared between both parents, promoting work-life balance and gender equality. Canada offers up to 18 months of parental leave with income support through public insurance, with near-universal coverage. Brazil offers 120 days of fully paid maternity leave, funded through the social security system, and encourages private companies to extend the leave with tax benefits. Bangladesh has introduced a voucher-based maternal health program for poor women, covering healthcare and transportation costs, while Nepal offers free childbirth services and maternity incentives under its Safe Motherhood Program, especially in remote areas. All these successful models include universal access, regardless of income or job type; public funding through social insurance or general taxes, rather than relying solely on employers; clear legal protections for working mothers; childcare support such as crèches and breastfeeding facilities at work; and efforts to involve fathers through paternity leave. To improve its maternity protection system, India should shift from fragmented, condition-based cash transfers to universal maternity protection, targeting all pregnant women, especially those in vulnerable sectors, and not just those with formal jobs or the first child. Additionally, India would benefit from establishing a public maternity fund, jointly managed by the state

and employers, to share the cost of maternity leave and benefits. Promoting men's participation through paternity leave could also ease the burden on women and encourage shared parenting responsibilities.

POLICY GAPS AND CHALLENGES

Even though India has legal provisions and maternity schemes in place, several critical gaps prevent these programs from delivering full benefits to the majority of women. One of the most significant issues is limited coverage. The Maternity Benefit Act applies only to the formal sector, which covers less than 10% of working women. The remaining 90%, employed in informal settings like farms, homes, or small shops, often remain unprotected. Additionally, the Pradhan Mantri Matru Vandana Yojana (PMMVY) restricts cash support to the first live birth only, which is unrealistic in a country where many women have more than one child. This exclusion leaves a large section of women without essential maternity support during subsequent pregnancies. Another major concern is the low value of financial benefits provided by government schemes. While women in the formal sector receive full paid leave for 26 weeks, informal workers under schemes like JSY and PMMVY receive only a fraction of their wage loss; these are often not enough to cover even basic nutrition, medical needs, or rest.⁶⁶⁴ This unequal treatment increases the gap between formal and informal sector workers and undermines the purpose of equitable support for all mothers. Access to these benefits is also often conditional, which adds to the problem. To qualify for financial aid under schemes like PMMVY, women must register their pregnancy early, give birth in a health institution, and ensure their child receives all vaccinations. While these conditions promote better health outcomes, they can become barriers for poor women, especially those in remote areas without hospitals or

⁶⁶³ International Labour Organization, *Maternity and Paternity at Work: Law and Practice Across the World* (2d ed. 2014).

⁶⁶⁴ Priya Nanda et al., *Addressing the Reproductive Health Needs of Women in India's Informal Sector: A Review of Maternity Protection Policies and Practices*, 25 INT'L J. SOC. WELFARE S62 (2016).

regular healthcare access. Many of them lack the documents needed or face language and cultural barriers in accessing such services.

Implementation on the ground is another major roadblock. Awareness about maternity schemes remains low in rural and tribal areas. Many women are unaware that such benefits even exist. For those who try to apply, long delays, online registration issues, and complex paperwork often discourage them. In some cases, government officials or healthcare workers have been reported to demand bribes, making access even harder for vulnerable women. Private employers also struggle with the maternity law due to the full cost of paid leave being their responsibility. As a result, some employers hesitate to hire women of childbearing age or force them to resign during pregnancy. Such practices, though illegal, are hard to track and stop due to weak monitoring. Small businesses, in particular, often avoid complying with maternity laws, fearing financial strain. Additionally, most workplaces fail to provide the necessary infrastructure to support new mothers. Although the law mandates crèche facilities and nursing breaks in establishments with more than 50 employees, few employers implement this rule. As a result, women find it hard to return to work after childbirth, especially when childcare support is missing. Lastly, the most marginalized women those from Scheduled Castes, Scheduled Tribes, religious minorities, and migrant groups are frequently excluded from maternity schemes altogether. They often lack identification documents, face systemic discrimination, or struggle with poor access to healthcare services, pushing them further into cycles of poverty and ill health.

CONCLUSION

The Maternity Benefit Act and related programs like the Janani Suraksha Yojana were created to improve the health and welfare of working women and their children. While these laws and schemes have made progress—such as encouraging more institutional births and

increasing awareness about maternity rights—they still face many limitations in practice. One of the biggest challenges is that most working women in India are in the informal sector, where the Act is rarely followed. Even in the formal sector, employers often see maternity benefits as a financial burden, especially after the 2017 amendment that extended leave to 26 weeks. This can lead to discrimination against women during hiring. Although the law introduced crèche facilities and better leave policies, many workplaces have not implemented them properly.

Schemes like JSY have increased hospital births, but studies show that the quality of care in many public health centers is still poor. Payments under these schemes are often delayed, and women face difficulties in claiming their benefits due to lack of awareness or complicated paperwork. At the same time, there is no strong system to monitor or report violations of the law. Looking at global practices, countries that share the cost of maternity leave between the state and employers show better outcomes for women's participation in the workforce. India can learn from this by introducing supportive funding, spreading awareness, and improving monitoring. To truly support working mothers, India must go beyond just making laws. There must be clear efforts to implement and enforce these protections, especially for women in informal work. Employers should be encouraged to follow the law through subsidies or tax benefits. Also, the quality of maternal healthcare and access to information must improve. Only then can these maternity benefits create real and lasting change for women and their children across the country.

CASE LAWS

1. **Municipal Corporation of Delhi v. Female Workers (Muster Roll)**⁶⁶⁵ AIR 2000 SC 1274—Whether women employed on a casual or daily wage basis are entitled to maternity benefits.

⁶⁶⁵ AIR 2000 SC 1274

The Supreme Court ruled in favour of the female workers, stating that denying maternity benefits to women merely because they were on muster roll violates their right to equality and dignity under Articles 14 and 21 and extended maternity benefit protection beyond regular employees to daily wage and casual workers.

2. **B. Shah v. Presiding Officer, Labour Court, Coimbatore**⁶⁶⁶—Whether maternity benefits include payment for weekly holidays falling during maternity leave. The Court held that maternity benefits must include payment for the entire period of absence due to maternity, including weekly off days and established a liberal interpretation of the Act to ensure full financial protection for expectant mothers.
3. **Shah v. Presiding Officer, Labour Court**⁶⁶⁷—The justifiability of denying maternity benefits due to employment nature. The Court emphasized humane working conditions and the interpretation of labour welfare legislation in a beneficial manner. Reinforced that maternity benefit laws are a matter of human rights and social justice.
4. **Air India v. Nergesh Meerza**⁶⁶⁸—Validity of Air India regulations terminating services of air hostesses upon first pregnancy. The Court struck down the rule as arbitrary and unconstitutional under Article 14 (Right to Equality). Asserted that employment conditions must not discriminate against women on the basis of pregnancy.
5. **Neera Mathur v. LIC of India**⁶⁶⁹—LIC rejected a woman's appointment after learning of her pregnancy, post-

interview. The Court held LIC's action was unjust, stating that pregnancy cannot be a ground for denial of employment and protected women's right to work and upheld their dignity in workplace decisions.

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⁶⁶⁶ (1977) 4 S.C.C. 384

⁶⁶⁷ (1977) 4 SCC 384

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⁶⁶⁹ (1992) Supp (1) SCC 286

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