



Maternity protection for working women in Argentina: legal and administrative aspects in the first half of the twentieth century

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Abstract

This article discusses the construction of social policies aimed at working women as mothers in Argentina. Thus, we examine the legal corpus, the scope of legislation, and the criticisms of its implementation coming from civil society and from medical, legal and political circles. We focus on the debate about the creation of the Caja de Maternidad (1934) and the shifts in the discussions regarding welfare policy for working women during Perón's first term in office. The methodology is based on a qualitative analysis of parliamentary debates, proposals for legislative reform and reactions in the press.

Keywords: social policies; maternal welfare; Caja de Maternidad; healthcare; Argentina.

Social protection of women's reproductive capacity has been a concern of the state in Argentina ever since the last decades of the nineteenth century. In effect, populationist proposals to reduce high infant mortality rates, prevent the 'degeneration of the race' or respond to the falling birth rate combined with other calls for social reform, improvement of working-class living conditions and the moral education of the population, leading to a growth of intervention by the State through policies designed to protect mothers, whether actual or potential.

There appear to be two privileged scenarios for this intervention. On the one hand, work was seen as a threat to women's reproductive capacities because it delayed development, deformed the body, and diminished a woman's capacity to conceive and bear a child. It also had a negative impact on infant mortality, since it prevented breastfeeding on demand and hindered mothers' ability to perform their naturalized role of socializing, teaching moral values and mediating conflict. Despite the widespread disapproval of female labor, which united a wide political and ideological spectrum, the inevitable increase of women entering the labor market generated consensus about the need to legislate and regulate salaried work by women in order for it to be compatible with motherhood. This vision combined, not always smoothly, with demands by different workers' organizations, some of which had branches for female members, regarding working conditions for women and the need to give them rights (Recalde, 1988; Lobato, 2004; Nari, 2004a; Ramacciotti, 2005).

The other area of state intervention lay in pregnancy, delivery and child rearing. Unlike countries such as Italy, France or Spain, which had pro-natalist legislation that included repressive measures such as the penalization of abortion or contraception, censorship of sex education, and a special tax for bachelors, as well as stimulus measures such as payments for marriages or births, loans and tax exemptions for large families, and family allowances (Grazia, 2000; Offen, 1991; Nash, 1991), in Argentina the policies implemented favored a pro-maternal model, which, in the middle of the twentieth century, shifted its focus to the care of 'children' at the expense of protecting mothers. In other words, neither contraception nor abortion were energetically penalized and, despite the existence of a strong pronatalist discourse, measures to stimulate the birth rate were not included in the legal corpus (Barrancos, 2002). Meanwhile, the 1920s and 1930s saw the growth of a series of ideas designed to protect the family and get women out of the labor market. Starting from different premises, socialists and Catholics presented numerous parliamentary bills aimed at reinforcing reproductive conditions for women, whom they saw as the 'fundamental pillar of society.' The most important of these involved the creation of a family salary that would allow men to support their wives and children and give women the option of leaving the workforce. This reinforced the husband's domination by linking the family allowance to the man's salary. At the same time, children were protected at the expense of their mothers, whether wage earners or not, by a broad range of factors like the organization of a national health and welfare system for mothers and children, the multiplication of institutions to control married people's health through pre-nuptial examinations, protecting single mothers and abandoned children and educating women in the 'art' of being mothers. Similarly, breastfeeding was praised over 'artificial' feeding (Nari, 2004b; Biernat, Ramacciotti, 2008).

In both cases of public intervention, populationist ideology operates as a framework for pressuring the State, developing debates about the best legislation and providing specialists to try and organize and implement the resulting policies. The debates take place in a broad variety of forums, including the press, specialized publications – whether of academic, professional, religious, administrative or charity organizations – parliamentary debates, opinion polls and conferences, all of which are marked by gender. Up to the early years of the twentieth century this current of thought relied on immigration from overseas to multiply the local population, but during the post World War One era, when it became clear that the influx of immigrants was dependent on exceptional world circumstances such as armed conflicts or economic crises and that the birth rate was progressively falling, there was growing pressure to reinforce endogenous factors ensuring demographic growth. The concern with numbers was accompanied by a concern for quality (Biernat, 2007). This relationship was not limited to Argentina. Some studies have shown how populationism, either linked to a eugenicist interest in racial perfectionism or to a concern with human economic efficiency in the case of Great Britain, Germany and the United States, or a combination of both in some Latin American countries, was the basis for health and welfare programs for mothers and children (Koven, Mitchel, 1980; Guy, 1998).

In any case, when describing social interventions by the state, the concern with quantitative and qualitative population growth is linked to other vectors that are no less important, such as the fear of growing social conflict, debates about inclusion, and the demands of sectors of the working class and others excluded from the system. It is the controversial articulation of these topics in the process of negotiation between the official sphere and demands by different political, social and academic groups and movements, which gives a particular slant to social welfare and healthcare policies for mothers and children in Argentina. Although international debates were referenced and used as a legitimizing framework, we seek to show the network of competing interests that shaped women's status and place in the hierarchy and their locations of social citizenship.

In this article, we will focus on on the creation of welfare policies for working women as mothers or future mothers during the first half of the twentieth century. First, we will explore the legal corpus that gave rise to these policies, the scope of legislation and the criticisms of its implementation coming from civil society and from medical, legal and political circles. Examining the distance between intentions and results is, according to Robert Castel (2008), a way of exploring the gap between a society's expectations about protection and its effective ability to put those expectations into practice.

Secondly, we will examine the debate about the creation of the Caja de Maternidad (1934; Maternity Fund), intended to give female workers paid leave during the last four weeks of pregnancy and the first six weeks after giving birth, and on the political limitations to its realization. Then we will analyze the shifts that took place in the debates about welfare policy for working mothers during Perón's first term in office, when their protection was subsumed in the debate over the healthcare system. Our interest in this set of measures lies in the way motherhood became the vehicle for women's incorporation into the modern political order and how, in that controversial process, their social rights were extended (Pateman, 1991).

It should be pointed out that in terms of the number of weeks of leave before and after childbirth and the stipulations about breaks for breastfeeding and childcare in the workplace, current legislation does not contain any significant changes. Also, despite various bills, permission to extend paternity leave (which in current legislation is two consecutive days) has yet to be legislated. Thus, while our focus is on the first half of the twentieth century, the topic transcends that time period and various threads of continuity can be traced to the present. This long continuity leads us to reflect on the timelines of social policies. While many of them are fueled or constrained by political processes, there are aspects that exceed contemporary politics and can only be explained in terms of the background of a past which, while it might appear remote, is more present than we might imagine.

The construction of the legal corpus

Welfare policies for working women as mothers or mothers-to-be constitute an important chapter in any analysis of the construction of social interventions by contemporary states. In these policies' design we see a combination of a plethora of judgments and justifications, with different nuances according to the legislation of each country, including the need to preserve the female workforce in times of industrial expansion, the usefulness of protecting women in their role of providing healthy and strong future citizens, the debate about women's social and political rights and the preservation of or resistance to current patriarchal models. In the resulting legislation we can also see each state's capacity for intervention, the results of negotiations between different projects and groups when the measures became law, the modifications made as a result of pressure from different interest groups when putting the rules into practice, and the extent of the demands by women beneficiaries of the policies.

Thus, for example, in Bismarck's Germany, where women's incorporation into the industrial workforce was considered one of the pillars of economic development, maternity leave was associated with inactivity due to illness. The illness insurance of 1883 included mothers affiliated with the system but benefits were minimal, non-compulsory and rarely paid. Until 1924 they were not paid to the non-salaried wives of insured males. In England, the antecedents for maternity protection date back to the beginnings of the nineteenth century, with charity organizations and working women's associations. Local welfare services for mothers and children around 1900, maternity allowances in 1911 and a 1913 rule that women could be the direct beneficiaries of allowances all arose as a consequence of organized pressure by women's groups. Deliberate efforts to raise the birth rate were less evident, thanks to the influence of eugenics, which advocated stringent selection of the future population. In France, the obsession with demographics generated a framework of greater pressure for policies to raise fertility and pro-maternity programs. Lastly, in fascist Italy and Francoist Spain, special laws were passed to make women return to the home and provide incentives for quantitative reproduction, with the stated goal of increasing human resources for the 'Fatherland,' promoting nationalist aims and favoring masculine domination, starting with keeping women in the home (Bock, Thane, 1991).

While in Europe, legislation to protect pregnant workers dated back to the nineteenth century, in Latin America this prerogative was only recognized from the 1920s on, at different times and to different practical extents. Bolivia seems to be the case where women's rights in general, and pregnant workers' rights in particular, were most invisible. According to the recommendations of the Inter-American Committee on Social Security held in Santiago, Chile, in 1942, maternity allowances were only foreseen for public administration employees if "financial conditions permit"¹ (Menchaca, 1944). This latitude in prescriptions caused a long delay before the allowances materialized. Only recently, in the 1990s, services for mothers were envisaged but not monetary allowances.

In contrast, Chile is a leader in terms of social security. In 1924 the *Caja de Seguro Obligatorio* (Obligatory Insurance Fund) was created to provide allowances and maternity leave six weeks before and four weeks after childbirth but, as in the German model, motherhood was included under allowances for sick pay. To deal with the needs of women and their children, a Mother and Child section was created in the national healthcare system. Its function was to extend preventive medical services to infants up to the age of two, to keep statistics on infant morbidity and mortality, to create clinical records summarizing each person's medical history, to organize a central filing system to facilitate future research, to provide prenatal care for all pregnant women, both in doctor's offices and in patients' homes, to provide neonatal care through home visits by pediatricians with nursing assistants in the week following delivery, and to supervise breastfeeding for infants (Zárate, 2007).

In Uruguay, maternity insurance passed into law at the end of 1937. The beneficiaries are entitled to a financial allowance and free medical and obstetric care and they are forbidden to work six weeks before and six weeks after delivery. Contributions to the fund are divided equally between the employer, female employees and the state (Lavrin, 2005). Meanwhile, Brazil had different legislative frameworks for different branches of production until, in 1943, the decree of consolidation of labor laws unified the rules. It established that a woman's contract could not be rescinded due to pregnancy and pregnant women were forbidden to work six weeks before and six weeks after delivery, during which time the employee is entitled to her full salary; two half-hour breaks were prescribed so that workers could nurse their children and the creation of rooms for breastfeeding in factories was encouraged. This last measure was resisted by employers, and the law attempted to mollify them by offering prizes and special distinctions to those who established breastfeeding rooms and on-site childcare facilities (Freire, 2009).

While we do not aim to perform a comparative study, these references are intended to stress that the legislative framework in Argentina is dependent on all these discussions and it influences other contexts. Broadly, we maintain that the organizing criterion of the Maternity Fund in Argentina differed from the German and Chilean cases in not classifying the allowance as sick pay, but it is linked to the Chilean and Brazilian models in attempting to protect infant health more than women's health. Similarly, the interchange of ideas between Argentina and Uruguay seems to have influenced Uruguay's legal framework, since it bears a great resemblance to Argentina's.

Thus, the first normative attempt to protect the reproductive capacity of female workers is seen in Law 5.291 (Argentina, 1907). This came out of a bill presented by socialist

Representative Alfredo Palacios. After intense debate in both houses of parliament, including lobbying and requests for modification by the Industrial Union, by textile manufacturers, by printing press owners, and by the National Department of Labor, it was approved in 1907. Its provisions limited the working day to a maximum of eight hours (48 per week) for children under 16; prohibited their employment in certain industries considered dangerous or unhealthy, as well as on night shifts; stipulated that establishments where women worked must have seats; allowed (but did not require) women to stop going to work up to four weeks before giving birth and gave them the right to return six weeks after delivery. Their employers had to keep their jobs open (but the women were not paid) and workers were allowed to breastfeed their children for 15 minutes every two hours. The law's radius of action was limited to Buenos Aires and the provinces and was reduced to urban industrial establishments.

The weightiest scientific arguments in favor of the law were those of French obstetrician Adolphe Pinard, who demonstrated the negative effects of maternal fatigue on infant vitality. These ideas dovetailed with those of Senator Alfredo Palacios, who in his doctoral thesis in Medicine, *La Fatiga* (1922), denounced the harmful effect of social and economic disparities on the physical and mental health of the working class. However, both these social engineering proposals essentially stressed health care for infants. Social protection and health care for women was only important to preserve their reproductive capacity and their ability to feed and care for their children (Marpons, 1935).

The regulations and the application of the law caused controversy. A set of regulations was proposed by the National Department of Labor, after consultation with the Argentine Industrial Union, and approved by decree of the National Executive in 1908. The National Department of Hygiene, the Mayor, the President of the National Education Council and the police were all listed as responsible for ensuring compliance with the law in factories and workshops in the capital. Anyone aware of an infraction could report it to the appropriate judicial authorities or to the police. The experience of subsequent years show that this multiplicity of oversight agencies, as well as who would penalize infractions and how, does not correspond to a firm political will to ensure application (Nari, 2004b, p.161-162).

Besides the criticisms of non-compliance with the law, dissatisfaction with the regulations centered on the failure to stipulate mandatory pre- and post-delivery leave, the maternity allowance and the installation of nurseries in the workplace. A number of bills were presented in Congress in the decade after 1910, all aimed at modifying these aspects not covered by Law 5.291. Finally, a legislative committee was charged with combining all these proposals, giving rise to Law 11.317, passed in September, 1924. It prohibited women from working for four weeks after delivery and authorized leave four weeks prior to delivery on presentation of a medical certificate. It also established that no woman could be dismissed for being pregnant and that women should be allowed to return to their jobs; it permitted mothers to breastfeed their children during two half-hour breaks and stated that establishments with more than fifty female workers must create day-nurseries for infants under two (Argentina, 1924). Modern-day legislation establishes the same aspects as those sanctioned in 1924.

However, the law did not make wage payment obligatory during periods of leave before and after delivery, nor did it provide for any type of compensation or benefit (financial or medical). It established an eight-hour working day for women over 18 and a six-hour day for women under 16; it prohibited them from working at night, except in nursing, domestic service or show business (providing they were over 18); it stipulated a mandatory two-hour break in the middle of the day and barred their employment in “dangerous or unhealthy” work without specifying which economic activities belonged in that category (Argentina, 1924, p.850-852).

Although this law eventually led to regulations only in the city of Buenos Aires and the National Territories, its principles were to be applied throughout the Republic. According to socialist Senator Juan B. Justo (in Nari, 2004b), guidelines were needed more in the interior of the country, since there “the working class is poorer in every sense, more ignorant, more incapable of organizing to resist the tyranny of management and more wretched physically.” Many legislators were becoming aware not only of the disparities in infant mortality rate, which were steadily increasing in the interior whilst dropping in the capital and in some coastal provinces, but also how this related to protecting women as mothers and the need to centralize regulations and oversight agencies for the rules to be effective. Aside from their local demands, a majority of senators were opposed to the defense of federalism in case it involved recognizing rights interpreted as universal (p.116-121).

As Marcela Nari has shown, the provisions of Law 11.317 were fairly difficult to implement. Many women tended not to take maternity leave because they could not do without their wages, and, after giving birth, they would take their children with them to work (Nari, 2004b, p.218-219). As for day-nurseries, no employer bothered to provide them and the National Department of Labor did not demand compliance with this provision. Even the state, which employed women, did not comply with the law. In this second regulatory framework the only aspect that was implemented was the obligation to keep a job open for mothers who had left work briefly to give birth (Marpons, 1935, p.30-31).

The dissatisfaction with the text, regulation and implementation of the law led, once again, to a cycle of petitions and bills for modification centered on prohibiting women from working four weeks before and six weeks after childbirth and the mandatory payment during that period of an allowance that would come from contributions by workers, employers and the state.

In the preamble to his bill, Socialist Senator Alfredo Palacios (24 ago. 1925) made two essential arguments for protecting women while they were pregnant and during the early stages of breastfeeding. Firstly, with the evident intention of persuading business owners, he insisted on the importance of caring for working women’s health in order to ensure the benefits of production. Secondly, he warned of the dangers for working women’s offspring and for society as a whole of working in the last stage of pregnancy. According to the senator, “women who work at the end of pregnancy produce weak, stunted, degenerate children, useless for service to the fatherland”.

Meanwhile, the radical Leopoldo Bard (13 oct. 1926) justified his bill by alluding to the need to protect the reproductive capacity of working women as a way of stimulating the birth rate in the country, fundamentally in less-advantaged sectors of society, which were

the ones that reproduced most, according to him, and also to avoid infant mortality due either to excessive fatigue or weakness on the part of the mother before delivery or to the mother's inability to boost her child's immune system by breastfeeding. In his bill, the 'vitality' of the offspring is the center of the technical arguments. Women's health is important so that their reproductive capacity will be maintained and not damaged. It is motherhood that gives women the right to take a period of leave.

Another point that these bills focused on was the mandatory payment of an allowance to working women during their maternity leave. Seeking to distance themselves from traditional concepts of charity, they insisted on the 'non-humiliating' form these allowances should take and on the effort women must make to ensure their own future and that of their children. Following the model of the German system of leave in cases of illness, accident or disability, the legislators proposed the creation of maternity allowances.

The funds destined for these allowances would come from minimal contributions by female workers, their employers and, in some cases, the state. For Senator Palacios (28 jun. 1933), this three-way participation would reduce the burden on all; it preserved the dignity of working-class mothers, by obliging them to contribute; and "lays down a responsibility of undeniably constructive values that constitute the entire terms of all economic problems". For his part, Representative Bard (8 jun. 1924) maintained that only employees and employers should contribute, likening maternity insurance to the allowances paid in other countries for 'minor accidents' over a short period of three or four weeks.

Lastly, socialist Representatives Enrique Dickmann and Antonio de Tomaso (11 nov. 1926) insisted on the three-way contribution of workers, employers and the state, arguing that employers should contribute because they would not dismiss women who became pregnant if every woman able to bear children paid into the fund, since the sum to pay the maternity allowance was already available.

Finally, in 1934, the regulations approved ten years earlier were modified. Law 11.932 granted mothers of infants two half-hour breaks to breastfeed their children during the working day. Meanwhile, law 11.933 of October 15, 1934, concerning mother and infant protection, set up Maternity Insurance. Its most important provisions were a ban on women working in any commercial or industrial establishment, whether rural or urban, public or private, for four weeks before delivery or six weeks afterwards, free access to a doctor or midwife, the payment of a maternity allowance equivalent to the woman's full wage, and the employee's right to return to her former job. This modification attempted to alleviate one of the major difficulties of working women: how to meet their own and their children's material needs if they were not receiving a wage. It was women's condition as wage earners that created a base of resources and guarantees under which working women could manage the present and control the future (Castel, 2008, p.43). Also, the law extended rights to women working in rural areas, who had not figured in earlier legislation.

These modifications attempted, after fourteen years, to bring local legislation in line with the conventions of the International Labor Conference, held in Washington in 1919, which Argentina endorsed at the time. On this point it is interesting to note that international conferences revealed tendencies on social policy issues, since they approached

problems of immediate interest to administrations and social security institutions. They also served to trigger debate and facilitated experience. After the First World War, the resolutions of the International Labor Organization highlighted the growing intervention of the state in regulating various spheres of social life; the growing acceptance among business owners of the need for such intervention; the discrediting of liberal policies; the gradual universalization of social security and the concern with the mental and physical deterioration of workers of both sexes, due to their financial situation, unhealthy conditions, excessive work and fatigue. The member states, by ratifying, officially pledged to carry out the provisions of the agreement they had signed, by both approving and implementing a law (Flier, 2006, p.200).

In order to pay the allowance, a fund was set up to which all women workers between 15 and 45 were obliged to contribute every three months, with a sum equivalent to one day's wage; the employer had to contribute an amount equal to that of the workers, and the state, the remaining third. Benefits were to begin being paid one year after promulgation of the law. This fund sought to base itself on principles of female solidarity. Working women of all descriptions, both married and single, were to contribute according to their virtually inevitable and natural future in society: marriage and motherhood (Krotschin, Ratti, 1956, p.555-558).

Two years later, on April 15, 1936, decree 80.229 was passed, which regulated law 11.933, creating the Maternity Fund. This body was charged with administering the obligatory maternity insurance and it was placed, like the Labor Accidents Fund (1915; *Caja de Accidentes de Trabajo*), under the jurisdiction of the *Caja Nacional de Pensiones y Jubilaciones* (National Pension and Retirement Fund). Benefits for members consisted of certification of pregnancy, prenatal care, home visits by social services, delivery in a maternity hospital, care of the newborn in mother and baby clinics and a cash allowance to support the mother and child, equivalent to two and a half months of wages. For the member to be entitled to the cash allowance, it was strictly required that she not work during the period of mandatory leave before and after delivery. If the woman performed any paid work, made an attempt on the life of her child, or abandoned it, her allowance was suspended. If she died, the allowance could be claimed by the institution or person in charge of the child (Krotschin, Ratti, 1956, p.558-572; Argentina, 1936, p.70-71). If there were no medical services in the area where the members lived, they were to be paid one hundred pesos to cover care by a doctor and midwife. In practice, given the scarcity of maternity hospitals, this was the normal way that women used the right granted them by law.

Law 12.339 of 1936 performed some modifications in the insurance. The main one exempted workers making less than 2.60 pesos a day or 65 pesos a month from contributing to the fund. In this case, employers were required to make a double contribution. This substantial modification was proposed by Palacios and backed by the Ministry of the Interior. The central argument was that many female workers were refusing to contribute to the Fund because their meager salaries were insufficient to meet their own needs. According to the socialist Senator, many employers were complying with the double contribution, but others were taking advantage to evade their duties, keeping their female

workers' membership of the Fund suspended despite complaints drawn up by public notaries and investigation requests by the competent authorities. This modification sought to change one of the aspects that, according to historian Donna Guy (2009), was the main reason that consensus was reached among employers to approve the 1934 law on the Maternity Fund. That is, that contributions should come fundamentally from the workers themselves (Argentina, 21 dic. 1936).

In 1938, law 12.568 provided for two reglamentary half-hour breaks for workers wishing to breastfeed their children, unless they presented a medical certificate advising a lesser interval. Despite these provisions, which were already stipulated in 1924, business owners resisted establishing suitable places for breastfeeding and nurseries. Although the regulation sought to cement one of the most problematic aspects, namely how to reconcile caring for children with women's work, there were no significant advances and critics began to argue that requiring business owners to provide breastfeeding rooms and/or nurseries tended to hamper the work and hiring of women with children (Argentina, 30 sep. 1938).

Scope and limits of the legislation

Around 1942, the Maternity Fund possessed 32,212 members, of whom 4,644 were office workers (15%) and 26,568 were factory workers (85.12%). Within this last category, 30% were in the textile industry and 18% in the meat-packing industry. Most of the women receiving benefits lived in the Buenos Aires area (53%). This last figure gives an utterly dire picture of the rest of the country, where women suffered from at least three types of problems (Menchaca, 1944, p.1253).

The first of these was the predominant issue in 'domestic work' and 'domestic service,' activities that easily eluded any type of inspection or legal regulation. With regards to domestic service, it is interesting to note the description of the situation of the *chinitas* in Santiago del Estero by the director of the Department of Labor of that province. According to his complaint, not only did these young women receive very low salaries for working long hours and performing multiple tasks, but they were subjected to sexual abuse by the 'boy' of the house (Olmos Castro, 1943). Faced with unwanted pregnancies, they were often dismissed and left outside the maternal insurance system, and their children bore the stigma attached to illegitimacy in that era. The difficulties in implementing compliance with the law compromised the creation of a national registry of members (Rodríguez, 1952, p.415).

The second drawback was of an administrative type, since women wishing to use their benefits had to lodge a request with the National Pension and Retirement Fund and the distances and extensive paperwork discouraged members. The delays in payment of allowances make many women go back to work before the stipulated time for fear of losing their jobs. To overcome these problems, the inspector of the Department of Labor of the province of Mendoza proposed that the insurance be administered locally, by provincial Funds (Escudero, 1942).

The third problem was the impossibility of granting efficient medical care given the precarious state of the network of maternity hospitals. In fact, one of Palacios' ideas to

modify the way the Fund worked was to create a network of maternity hospitals in the interior, financed by the surplus in the Fund in 1940. He also pointed to the need to create night clinics and to hire social workers.

Out of the total number of beneficiaries, 60% went to maternity hospitals to have their children. The others gave birth at home with the help of a midwife. Probably the inconveniences caused by the mothers being in hospital, especially if they had other young children, meant that home births continued to be a valid option. Also, after delivery, the majority of members (77%) took less than ten days off (Menchaca, 1944, p.1254).

Following delivery, only 35% of members continued to receive medical care, while the majority could not use this benefit. The same was not true of the children, since 70% of the women continued medical care for their children. On the most well-worn topic of the time, the need to raise the birth rate, sources registered an increase in the numbers of members (Menchaca, 1944, p.1254).

After the military coup of 1943, with the creation of the Dirección Nacional de Salud Pública y Asistencia Social (National Office for Public Health and Social Welfare), various medical voices proposed reforming the Maternity Fund. Thus, Francisco Menchaca (1944, p.1245), head of the Children's Clinic in Santa Fe, called on "pediatricians, child health specialists and obstetricians" to join in studying the maternity insurance. He formulated a plan for extending benefits (both economic and medical) to any mother whose household income fell below a certain threshold. Also, he considered it necessary to extend assistance prior to delivery. His proposal favored moving up the date of declaration and making visits to the doctor mandatory, since this would avoid the consequences of certain ailments (he refers in particular to venereal diseases) which could seriously harm the life of the newborn. On the subject of a rest period before giving birth, he argued that it should not be of the same length in all cases, but that it should be left partly up to the employee and partly to medical opinion. That is, activities that demanded more physical exertion would have a longer leave period, while office workers could work for longer before delivery, in other words they would have less leave prior to childbirth. This difference in time allocation related to the work activity of the woman was detrimental to office workers, since the unused time was not added to the period of leave they were allowed after delivery.

Menchaca believed that the benefits of the system needed to be advertized among working women and that there was no oversight of children's care nor any encouragement of hygienic practices before and after birth. So, in order to publicize the advantages of maternity insurance, he proposed the creation of Oficinas del Seguro de Maternidad (Maternity Insurance Offices). Social workers or home health visitors would encourage hygienic childcare practices and would advise on the "best ways to spend the maternity allowance" (Menchaca, 1944, p.1245). This interest in using the allowance rationally was linked to a proposal to demand a certificate of expenses from women who lived in remote areas and did not have maternity hospitals nearby (p.1244-1245). On the "irrational use of money," some took an even stricter line, considering that the allowance should be granted directly to the hospitals, so as to improve professional care and avoid women who "foiled the aims of social foresight". This argument, which centered on the supposed irrationality of women in the use of money, was connected to the belief that women

should be guided by men or by the state on 'important' issues (Pastor, 1945). Also, it introduced one of the longest-running debates in terms of social welfare benefits. That is, the dilemma about whether the social security system should be based on care services or material benefits. Fundamentally this debate was about, on the one hand, prejudices regarding people's irrational use of the funds contributed to by many, and on the other, the state's inability to offer care services, a drawback temporarily overcome by granting an allowance.

The crux of Menchaca's proposal was post-delivery care for both mothers and babies. This care was to take place in special centers financed by contributions to the Fund, so as not to overload the mother and child centers which met the needs of women with no coverage. Similarly, he proposed including other questions on file, to which women had to respond. The inclusion of "Was your labor normal?" "What problems did you have?" and "When and why did your child die?" could be related to the interest in incorporating doctors in both the design and the analysis of statistics (Menchaca, 1944, p.1245). However, a knowledge of mathematical tools was essential to be able to interpret statistical records and, as Claudia Daniel (2010) has shown so well, it would seem that physicians resisted incorporating them into their training practice.

Menchaca also proposed to promote breastfeeding. It was well-known that many women's need to go back to work obliged them to give up nursing. Therefore, he suggested awarding a prize to those who continued breastfeeding after their leave was over and they had to go back to work, a measure that was to be complemented by creating infant nurseries and childcare facilities in factories, an idea that had already been supported, since the beginning of the twentieth century, by socialists and feminists. Along these same lines, in 1933 Germinal Rodríguez, who was then a doctor and member of the Argentine Social Museum and city counselor for the Independent Socialist Party, proposed the services of "municipal social servants," to help sick people and new mothers in their homes (Rodríguez, 1933).

In the early 1940s, Doctor Mercedes Rodríguez de Ginocchio, sister of Germinal Rodríguez, argued the need to create a special allowance to cover the expenses of women who became ill during pregnancy. She did not mention women with pre-existing conditions that worsened after delivery, who therefore needed more time off than the period stipulated by the law. In other words, gestation of healthy children was prioritized and women's health was left marginalized. Rodríguez de Ginocchio considered that women's natural place was in the home and that work damaged their reproductive functions. This concern, shared by a wide range of political and social commentators, led her to reflect on female workers' health by affirming that there were unhealthy occupations and working conditions that limited and diminished women's ability to reproduce. The so-called female 'technopathies' must therefore be regulated and prevented in industry so as to protect the family (Rodríguez de Ginocchio, Pérez, 1940; Rodríguez de Ginocchio, Bernaldo de Quirós, 1941).

Along these same lines, Amelia Sastre Tallaferro, director of courses for union leaders at the Federation of Catholic Associations of the state and vicepresident of the Centro de Asistentes Sociales Acción (Social Workers' Center Acción), maintained that it was vital to seek protection for working women since factory work damaged the pelvic organs. She

stressed that garment workers, who represented 42% of female factory workers in the city of Buenos Aires, were the most harmed since their pelvic organs tended to be damaged more easily because they had to sit for too many hours. Among the illnesses listed, according to a report by the Charité Universität in Berlin, were inflammatory diseases of the pelvic attachments, deviations of the uterus and miscarriages. Just as sedentary posture complicated the reproductive health of the garment workers, prolonged standing among ironers, winders and spinners could lead to abnormal births. Sastre Tallaferró (1945) also stressed that a high percentage of women suffered poisoning.

Female illnesses, always exclusively linked to women's reproductive and maternal role, supposedly increased with the entry of women into the workforce. Among the most commonly stressed with fibroids, endometriosis, leucorrea, ectopic pregnancy, genital prolapse, uterine cancer, amenorrhea and dysmenorrhea, yeast infections, vulvar itching, sterility and frigidity. To avoid that wide range of ailments, there was a proposal to incorporate gynecological offices in the factories both for the prevention and cure of illness and to promote better feminine hygiene and teach parenting skills. Also, these doctor's offices would be useful for proper professional orientation using the parameters of biotypology. This was understood as the 'science' that scientifically organized and selected individuals according to personal type and biology (Di Fonzo, 1948).

The eugenicist Doctor Donato Boccia took up the principles of Pende's biotypology in his much reprinted book *Medicina del trabajo* (Occupational Medicine). In it he stated that adult women's characteristics in the working environment must be determined so as to guide their choice of profession and not damage their own physical and emotional femininity; to avoid damage to their own health, thought of only in terms of their reproductive apparatus, and improve their productivity in the workplace. Like his mentor, he argued that women were born to be fertile and therefore, motherhood and physical labor were incompatible. Along these lines he writes that "as long as woman's work is ruled, like a tutelary column, by the child, as long as she remains focused on him, as long as her work develops in his shade, it is dignified and full of beauty" (Boccia, 1952, p.235).

However, given the inexorable reality that women were present in the working world, Boccia proposed a bipolar, hierarchical and deeply misogynistic scheme for achieving a better work choice and caring for the female reproductive function. In it, the theory of separate spheres continues to operate but with a new biologist justification that reproduces ancient stereotypes. He stated that women were more sensitive, more timid, more sentimental and less logical. From this characterization, which he considered scientific, he advised that female professions should be divided into three main classes: manual, artistic and intellectual. The first two categories are the ones that were best adapted to women's physical and psychic structure. Especially jobs related to needlework, which included embroiderers, dress-makers, artificial flower and feather decorators and doll-makers. According to Boccia, another area in which women could be successful was as saleswomen in shops. On the other hand, work in factories and workshops was seen with a number of reservations and fears. Thus, femininity and aptitude for motherhood were harmed by work in mines, quarries, iron and steel factories. The tobacco industry caused miscarriages and sterility. Jobs as drivers, tram conductors, messengers and cafe waitresses were bad for

femininity. These activities, which required staying upright for prolonged periods, congested the pelvic organs and exacerbated hemorrhaging. This last was seen as a problem, from his subjective male viewpoint, because it was detrimental to hygiene in the workplace.

As to the third category, the liberal professions, Boccia (1952, p.233) drew a distinction based on ethnic origin: "Mediterranean women, being more sentimental and intuitive, failed; on the other hand, the most suitable are women of Nordic and Slavic origin, since they have a less sentimental and more realistic nature." After an analysis that mixed ethnicity with supposedly constitutional characteristics, he concluded that the most appropriate and suitable profession was that of primary school teacher. The 'natural' gifts of love, kindness, patience, understanding and critical observation made women more adaptable to this kind of work. Within intellectual work he included employees in public or private offices where the "work is almost automatic, without any effort of reasoning or attention" (Boccia, 1935, p.234). Needless to say, the large amount of classified advertisements featuring women in search of better work opportunities demonstrate that many of them did aspire to new professional horizons and probably a change in their work routine (Queirolo, 2008).

This description fixed women in the domestic environment and in assistant jobs and the only interest lay in their responsibility as breeders and carers for the health of the nation. Nothing was said of how many of the same activities damaged male reproductive health, causing sterility, or of how fathers could feed, care for and educate their children. The responsibility for reproduction and childcare was women's and social legislation should protect that citizen's responsibility. This marked interest in safeguarding women's function as mothers gave rise to certain laws to protect them, especially in factory environments. Thus, in 1943, the Provincial Department of Buenos Aires excluded women and children from carding work. The particles of cotton released by the spinning machines produced air contamination that was considered harmful to the health of women and children. In contrast, men's work was merely reduced to six hours (Motiva..., 1943).

This concern with women as potential mothers lost steam in the debates about the creation of social security in Perón's first term in office. Those debates centered on the prevention of certain diseases liable to limit the productivity of the 'working-class population,' thus referring mainly to the health of the 'workers' and the particular references to the health of women in the workplace became diluted in the design of regulations.

Between the Maternity Fund and Social Security

After the Second World War, proposals for organizing social security systems crisscrossed the public arena on both a national and an international level. That is, people's protection, both biologically and in the workplace, should be ruled by principles of social solidarity.

The Secretaría de Salud Pública (Public Health Office), which replaced the Dirección Nacional de Salud Pública (National Public Health Board) in 1946, established as one of its priorities the creation of 'social insurance.' But both in the ideas as well as in the connection between legislation and implementation, the discussion about protecting working women

as future mothers was diluted (Ramacciotti, 2009). As we showed earlier, during the 1940s the arguments for reforms including maternity insurance maintained women in a subordinate role and tied to the home, but they pointed to certain problems exclusive and particular to women's work and reinforced the need to give mothers a financial allowance. These particularities were buried and hidden in the debates during Perón's administration. While there was an appeal to a universal group, 'important' aspects were prioritized that affected the ability to work (work-related illnesses, tuberculosis, cardiovascular problems, syphilis, rheumatism, leprosy, trachoma, malaria and hookworm) and in a second phase 'other topics' would be covered (Work Accidents Insurance and Maternal Insurance). Thus we find neither suggestions nor actual measures that would protect job safety and security for women (Rodríguez, 1946).

In 1944, as part of the first steps toward the long-desired project of 'social insurance,' the Instituto Nacional de Previsión Social (National Institute for Social Security) was created by decree. It was placed under the aegis of the Secretaría de Trabajo y Previsión (Office of Labor and Social Security) and the Decree-law of Preventive and Curative Medicine (Law 30.656) was passed. The Institute centralized all the various welfare programs, which lost administrative authority but retained their funds; it was intended to achieve administrative unification, better distribution and application of benefits, systematization of procedures and a financial study of the different welfare programs. It was destined to lead to the consolidation of a centralized, uniform system that would overcome the variety of situations existing at the time, homogenizing requirements to access benefits and extending coverage to those parts of the population that were not included.

The Decree-law of Preventive and Curative Medicine was strengthened in the middle of 1946 by the creation of a Mixed Commission on Preventive and Curative Medicine between the Institute and the Office of Public Health. The National Institute of Social Security would provide the necessary funds for the Office of Public Health to be able to guarantee preventive and curative medical care for its members. Finally, decree no. 16.200 resolved that prophylaxis and treatment of social diseases were the responsibility of the Office of Public Health. This delegation of administrative and technical roles to the public health system can be understood as a function of the attempt to centralize national health care and to avoid replicating functions and services. Also, the centralization of healthcare for working-class families can be interpreted as an attempt by physicians to ensure spaces of relative technical autonomy (Remorino, 1954).

The aim of coverage was to control certain risks that compromised individuals' ability to ensure their own independence and affected their ability to work, such as tuberculosis, cardiovascular disease, syphilis, rheumatism, work-related illnesses, goiter, malaria, and hookworm; and the detection of illnesses of a clinical nature that could prove incapacitating in the future (dental caries, septic foci, gastric infections, obesity, and diabetes). In that restrictive enunciation, maternity was left in a sort of legal limbo. Germinal Rodríguez made this point clearly in 1949, in an assessment of the Preventive Medicine Law: "the law is *enumerative* and *restrictive* since it not only enumerates the illnesses it targets, but it also *limits* care... and the intent of the law, as penned by its creators, was not by any means to provide general medical care without limits, which might provide medical care to a patient

with no chance of recovery. The care of these humanitarian cases corresponds to other organizations” (Rodríguez, 1949; original emphasis).

After this administrative reorganization, the Maternity Fund, which had 400,000 female members (1/7 the total number of members), was overseen by two bodies (Argentina, 1947, p.651). On the one hand, it was under the Maternity and Infancy Board. On the other, by depending on the Instituto Nacional de Previsión Social (National Institute for Social Security), it was also under the administrative aegis of the Preventive Medicine Board.

This double administrative dependence was not free of technical and political differences within the administrative team of the Office of Public Health. According to the director of Preventive Medicine, the creation of a maternity hospital was only justifiable in the metropolitan area of Buenos Aires and in Rosario, since that was where the largest number of members lived. In his view, there ought to be a maternity institute with 400 beds destined for female workers and employees belonging to the National Institute for Social Security. In the remaining areas, he recommended adding beds to existing healthcare facilities. According to him, the advantage of adding beds to polyclinics was functional, since all the family could be seen at the same healthcare facility. To resolve the issue of childcare while women were hospitalized, he proposed creating kindergartens annexed to the hospitals. We should remember that Rodríguez visited Germany in 1933 and during that opportunity suggested the implementation of ‘social servants’ but, once he went into public administration, he recognized the drawbacks of the system and decided to rule it out. On the contrary, while the system of ‘social servants’ was designed to help women as they carried out their work obligations, the inclusion of kindergartens in hospitals was only designed for and justified by the absence of the mother to have another child (Rodríguez, 1947a).

Another topic related to maternity insurance is who it was supposed to protect. It was felt that the greatest possible number of women should be included. Rodríguez was convinced that the wives of workers who were members of the National Institute for Social Security should be entitled to maternity benefits. Obstetrician David Berdeal Ávila (1948), member of the Board of Maternity and Infancy, proposed in the First National Congress on Hygiene and Social Medicine that Law 11.933 should be “improved and perfected” to achieve a “positive improvement of the race.” Its benefits should be extended to “any woman who works for someone else and to the wife of a man who works,” since he believed that while women who worked in the home were not paying into the system directly, their contribution was being paid by single men and a portion of the workers in general. This proposal was taken up again in the voting at the First National Congress on Hygiene and Social Medicine (1948) but it underwent some modifications, since it mentions the necessity to extend maternity benefits to any pregnant women who “gave the Fatherland a legitimate son” (Rodríguez, 1948). In other words, for medical discourse of the era, the family constructed on indissoluble marriage and legitimate relationship was the necessary condition for receiving social benefits. In the same way, it tended to accentuate women’s dependence on their husbands, since it was the men who received the allowance, which increased women’s dependence on men’s role as providers. In other words, for medical

discourse of the era, the family constructed on indissoluble marriage through which legitimate relationship was the necessary condition for receiving social benefits. In the same way, it tended to accentuate women's dependence on their husbands, since it was the men who received the allowance, which increased women's dependence on the males' role as providers.

Although there was recognition of the need to extend coverage to a larger number of married women, there were economic obstacles that limited this discursive aspiration. At the end of 1948, the Maternity and Infancy Board drew up a report about the need not only to give money to pregnant women, who, according to the report, "use it for other ends not foreseen by the law," but also to increase medical care by the state (Rodríguez, 1952, p.416). Along this same line counterposing the rationality of regulations to the supposed irrationality of practice among women, an editorial published in the *Archives of Public Health* questioned: "can it be affirmed that all the mothers who have received benefits have used the money for the noble ends the law intended? It is hard to believe" (Rodríguez, 1950). To modify this 'irrational' practice of mothers, the writer proposed reversing the criterion for benefits and privileging medical care over a financial allowance. There were also denunciations of employers who did not contribute to the Maternity Fund or did not give women adequate leave prior to or following childbirth.

This wish to make changes to maternity insurance on the part of the technical and political elite was also present in other sectors of civil society. In August 1952, the General Confederation of Labor presented a new bill on maternity leave to Congress. Among the proposed reforms were extension of the period of leave, full payment of wages and the inclusion of all women who worked for someone else as well as the wives of male members. But the most polemical aspect of this bill was the issue of funding, since it suggested a monthly increase of 1% on the salaries of men and women who were members of the National Institute of Social Security (Comentarios..., 1952).

This last idea led to criticism from the communists. Irma Othar, a worker at the meat-packing plant La Negra, claimed that this increase was impossible for working-class families due to the negative effects of inflation and wage-freezes. In open opposition to the proposition, the procommunist groups Union of Argentine Women and the Pro-Democratization and Union Independence Movement came up with another bill in 1953. This one restated old demands such as expanding maternity leave to 45 days before and 45 days after delivery; extending the benefits of the law to all working women, including domestic workers; mandating the installation of infant nurseries and kindergartens in all businesses; providing free medical care to both mother and child; and full payment of wages rather than a salary percentage. The aspect most out of keeping with the General Confederation of Labor's bill as well as that of the medical elite of the health care system was the elimination of the female employees' contribution – making the state and the employer meet the costs – and full payment of wages. Along these lines, the workers of the Swift meat-packing plants in La Plata lobbied the president for payment of three months of their current salary and not merely two, as the law stipulated (Iniciativa..., 1951a).

The medical authorities referred to above focused on extending health care benefits, whereas the communists and Representative Ángel Siri argued the need to increase the

financial allowance. However, the arguments for these last two proposals were substantially different. While the communist women were primarily interested in mitigating the effects of the economic crisis on working women's lives, Representative Siri argued that a financial increase would help multiply demographic indices. His proposal, dependent on populationist notions, was motivated by the need to "populate Argentine territory with a healthy, strong race," as well as realizing Alberdi's ideal of "keeping women at home' since they were the ones who organized the family, formed citizens and laid down the bases of the State." According to his bill, the Prenuptial Aid Fund and the Birth Insurance should be financed by a tax on gambling. Every legitimate child would receive one thousand pesos, which would be granted, with interest, once they reached adulthood. The benefit would be withheld by the State in proven cases of vagrancy, prostitution or theft (Iniciativa..., 1951b).

In parliamentary debates over law 14.236 (Argentina, 1953), radical Congressman Teodoro Marcó (1953) also recalled neither the executive nor the legislative branch and paid any attention to the law of work-related accidents and maternity insurance. He complained that medical and midwife services had yet to be organized and that women only received a fixed amount for their maternity allowance.

As we can see, there was support for considering possible modification of maternity insurance, but it did not cohere into a political space to reach the necessary consensus. None of the bills presented were passed. The creation of a Maternity Institute to cover the health care needs of women members did not take place either. A harsh editorial in the daily newspaper *La Prensa* stated that "the Institute can boast of having raised its capital from 40 million pesos in 1941 to 68,558,152 in the middle of 1953. But it cannot take pride in having helped solve the many economic and family problems faced by a working woman who carries out her mission of becoming a mother" (Amparo..., 14 sep. 1953).

Thus, there were interferences, replication of services and lack of coordination between the Office of Public Health and union welfare programs. For the government, supporting union health care initiatives consolidated one of its strongest pillars of support: union workers. From the perspective of the Office of Public Health, the governmental prerogatives that had been granted to some unions limited the extent of application of the law of preventive medicine. It believed that except in large cities there was no sense in creating union hospitals with few beds. According to Rodríguez (1949, p.127), this would give rise to an "administrative monstrosity for the ludicrous reason of having a union shield on that medical center... To speak of building separate facilities in cities of less than 150,000 inhabitants is to lose track of the future and fall into what we have rather impolitely called 'cottage hospitals'".

The Mixed Commission on Preventive Medicine's inability and lack of autonomy to manage the funds contributed by members limited the possibility of carrying out public works and gave rise to a hybrid organization. It should be pointed out that from 1947-1949 there was a certain level of activity – especially in terms of medical checkups in Buenos Aires and the interior – but because it had only medical and administrative oversight and could not manage its funds independently, around 1950 the organization declined by 50% in the capital and 87% in the interior (Argentina, 1952, p.79).

In 1949, the Ministerio de Trabajo y Previsión (Ministry of Labor and Social Security) attempted to resolve this unsatisfactory situation through new regulations that assigned 30% of the fund's income to maintaining public or private maternity hospitals. These were supposed to provide free care for female members. As we see, the creation of hospitals specifically for working women was now a distant prospect.

The project of unification and coordination of provisional welfare funds was cut short by law 14.236 of 1953. The National Institute of Social Security permanently lost its powers, being subsumed under the General Board of Social Security, accountable to the Ministry of Labor and Social Security, although the different funds regained their organic and functional individuality, legal status and administrative and financial independence. The Maternity Fund and the Caja de Accidentes de Trabajo (Work Accidents Fund) came under the jurisdiction of the Ministry of Labor and Social Security, thus losing any input from the Health Ministry.

In effect, the Health Ministry's power of intervention in the health of working women was now limited. This loss of authority was accompanied by a budget cut that transferred the so-called special account, containing funds generated by a tax on casinos and gambling, to the Eva Perón Foundation (1949).

However, it has to be asked what women's role was in the perspective of the national health care organism. It was felt that wives should be kept out of factories since "a woman taking care of her home and having children contributes more to society than the economic sums she could make in a workshop" (Rodríguez, 1947b). This confinement of women to their reproductive, maternal and domestic role ignored the presence of women in factories. The only measure to protect working women was the creation of the Board of Biotypology of Working Women (Boletín..., 19 nov. 1950, p.1231). The guiding impulse behind the creation of this board was the idea that the 'destiny of motherhood' could be damaged by the presence of women in the workforce. In this measure, we hear echoes of the earlier concern of Alfredo Palacios and Mercedes Rodríguez Ginocchio about the detrimental effects of the workplace on women's health.

In both the written messages and the images in the "Health and Work" cards, the only protagonists were men and there were no references to the risks that women faced daily in the work environment. Given the sketchy medical attention paid to working women's health, there were many measures to promote 'rational and scientific' care that women were supposed to devote to safeguarding the health of their children. An example of this were popular healthcare books such as the *Almanaque de la salud* (1948; Almanac of Health) and the *Libro de la salud* (1952; Book of Health); the gift of a free layette to babies born in the maternal and infant health centers and units, the information cards that the Health Ministry gave women who delivered, with advice on hygiene to achieve 'better child-rearing,' and radio programs (Argentina, s.f., p.5).

In summary, in the legal and health care proposals analyzed, the protection of working women lost specificity and became subsumed in discussions about the protection from certain 'universal' ailments, discussions in which, as we have seen, motherhood was not considered one of the 'important' issues.

Final considerations

The passage of laws protecting working-class women shows there was relative consensus about the need for the state to implement a legislative corpus and an institutional network to mitigate the harmful effects of work on their reproductive capacity. The approval of this set of measures during the early decades of the twentieth century meant, on the one hand, recognition that women were a significant part of the labor market and, on the other hand, that motherhood could not be considered an illness, as it was elsewhere, and therefore needed its own legal framework. The principal justification for these policies lies in the recognition that motherhood is a fundamental part of the life cycle that transforms women into irreplaceable political actors. This implies that legal and institutional means to generate agencies of collective responsibility must be created. This is the relevance of studying welfare policies for working mothers and their institutional realization through the Maternity Fund, which offered them economic protection.

This administrative scaffolding, while reflecting and dialoguing with experiences in other countries, showed limitations that, shortly after implementation, became the object of criticism: regional disparities, the failure to pay allowances, the lack of adequate health care facilities, women's fear of using their rights for lack of information about them and the absence of provincial laws complementing national legislation.

Thus, while in the 1930s there was consensus regarding the creation of legislation for the protection of working women's health, this did not automatically translate into application of the law. The different interests at stake of employers, female employees, and provincial governments, and the inefficiency of the agencies in charge of management and oversight prevented the regulations from being properly carried out. On this matter, we agree with Luciano Andrenacci, who argues that each expansion of political capacity, just like each neutralization of socioeconomic disparities, is the result of a conflict that legislation does not entirely bring to a close (Andrenacci, 2003).

The topic of protection for working women was watered down in debates about the implementation of social security during the early years of the Perón administration. The supposed 'universalization' of social and medical benefits for all workers diluted the health protections for female workers stipulated in regulations approved earlier. Both voices from civil society – briefly covered here in the demands of different groups – and those of governmental officials and professionals specializing in these issues were ignored and buried.

Recent academic literature has shown an interest in the issue of the scope and limits of the application of social security in Argentina during the postwar period and points to the tendency toward a "democratization of welfare" (Torre, Pastoriza, 2002). This attitude, which relates the consolidation of European welfare states to the extension of social services in Argentina during the Perón years, does not account for the different gendered time frames and also makes it difficult to visualize how the same phenomenon operates differently in another context and historical time. Exploring the gender impact of the presence (or absence) of a social policy contradicts the traditional viewpoint that interpreted Peronism as inaugurating 'universal' social citizenship.

As we have seen, maternity insurance was not modified under Perón. While there were political and economic obstacles that limited the scope of 'social security,' we saw how, in State planning, the health of working women, even just their reproductive health, was relegated to second place and subsumed in general debates. Also, despite the existence of different voices arguing the need to modernize and extend coverage, the necessary consensus to reform the Maternity Insurance did not exist. It is probable that the difficulties in reaching an agreement were partly related to who should be in charge of financing and increasing the cash allowance: the State and/or employers or female employees. The resolution of this Gordian knot gambled on the support of many working women who were part of the government's political base after women were granted the right to vote.

However, in order to go deeper into this topic in future research, we need to ask what the new millennium has brought. In October 2009, the government of Cristina Fernández de Kirchner passed a key measure for the social protection system. Decree no. 1602 of October 2009 instituted a Universal Assignment per child for Social Protection. Starting with this decree, close to five million children and adolescents under 18 receive a monetary allowance. This measure was extended in 2011 to pregnant women (Golbert, 2011, p.153). As Robert Castel (2008, p.44) has shown, in modern societies "security is never given or even conquered because the wish for protection moves like a cursor and leads to new demands as its former goals are met." It is doubtful whether the measures launched in 2009 can close up this long delay and move the 'cursor' as regards maternal protection.

NOTES

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¹ In this and other citations of texts from Spanish, a free translation has been provided.

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