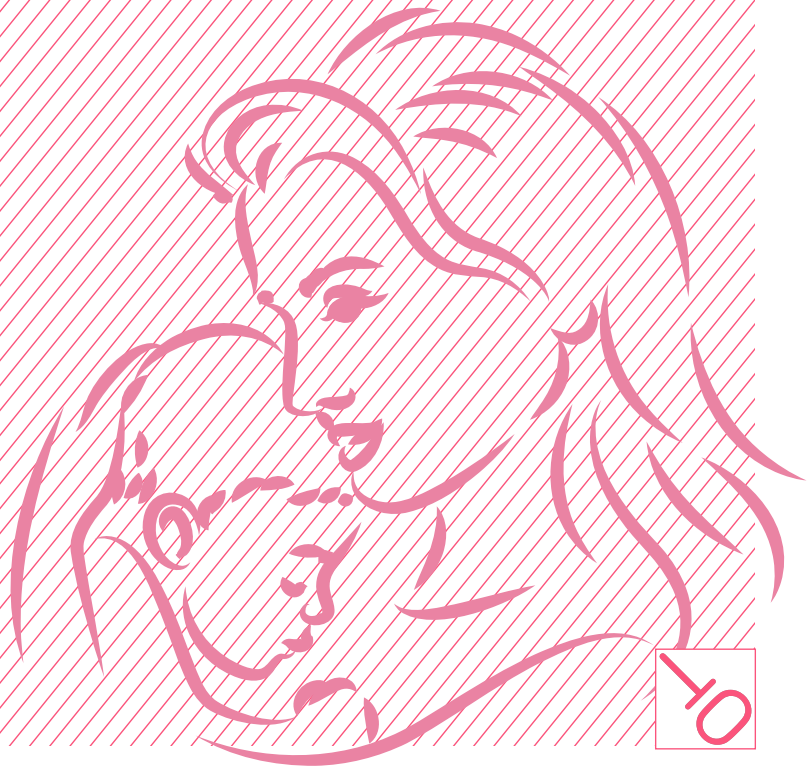
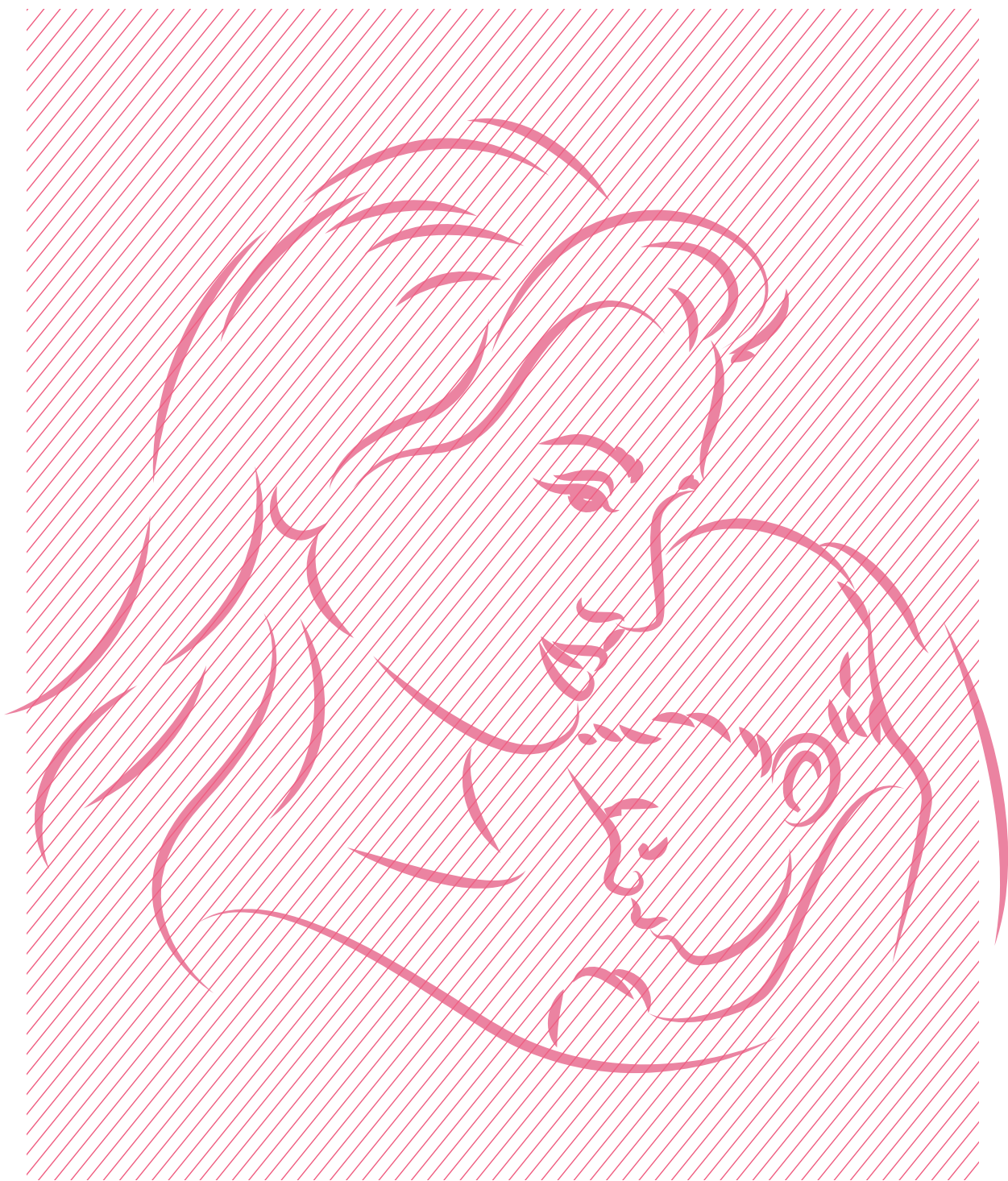


WHO CARES?

Advancing Maternal Mental Health
through Integrated, Multidimensional,
Systemic Interventions
- Position paper -





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Advancing Maternal Mental Health through Integrated, Multidimensional, Systemic Interventions - position paper

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Introduction

Common mental health issues like depression and anxiety are major contributors to global disease burden. Prior to the COVID-19 pandemic, studies estimated anxiety and depression prevalence at up to 20.8%, with anxiety alone reaching 28.8%. Research referenced in the UNICEF study on Mental health of adolescents and their caregivers during the pandemic indicates that **women tend to report higher rates of depression and anxiety compared to men**¹.

In 2022, **postpartum depression manifested in 27.6% of young mothers in North Macedonia, while 27.8% were affected by moderate to extreme anxiety**². Despite the recognized importance of maternal mental health, national policies in North Macedonia remain insufficient to address the widespread needs of mothers. With only one maternal mental health support group in the country, access to care is severely limited, particularly for women outside the capital¹. Additionally, there are no comprehensive parental leave policies that promote shared responsibility, further exacerbating the mental health burden on mothers. These gaps underline the urgent need for reforms to improve support structures for maternal mental health.

This paper advocates for a multidimensional approach that emphasizes the intersection of mental healthcare access, support systems for caregiving, and equitable parental leave policies. This framework recognizes the systemic barriers that women face in balancing caregiving and professional responsibilities and seeks to provide holistic support by addressing mental health needs, ensuring adequate caregiving resources, and promoting shared responsibility within families through equitable parental leave.

¹ According to the 2021 Census data, 71% of women in reproductive age live outside of Skopje, the capital of North Macedonia

Feminism, Childcare, and Shared Parental Leave: A Pathway to Healthy Motherhood

Maternal mental health issues, such as postpartum depression and anxiety, affect a significant proportion of new mothers. Despite the prevalence and impact of these issues, many women do not receive the support they need due to stigma and lack of access to appropriate services.

Existentialist and feminist-informed therapeutic approaches challenge the medical model that pathologizes perinatal distress. Existentialists argue that labeling these difficulties as pathological stigmatizes women, while feminist therapies view the distress as rooted in structural gender inequality and criticize the assumption that such issues can be “cured” with medication. Feminist approaches are particularly effective in addressing feelings of loneliness, shame, and guilt among new mothers by focusing on the broader political and social contexts of their lives.

Carol Gilligan’s theory of ethics of care³, though not specifically focused on mothers, is highly relevant in this context. Gilligan’s emphasis on care, relationships, and empathy aligns with the experiences of mothers, underscoring the emotional labor mothers perform and the strain it can place on their mental health, particularly without adequate support. Regular and thorough screenings for mental health issues during the early postpartum period are essential for identifying and addressing conditions such as postpartum depression and anxiety. These evaluations are crucial for early detection and intervention, ensuring that mothers receive the support they need to manage their mental health effectively. Access to support should not be contingent upon a mother’s financial situation; therefore, affordable and accessible humanistic psychotherapy is crucial for individuals facing mental health challenges.

Improved access to mental health care alone isn’t enough; mothers also need time and resources to seek treatment. Childcare stress is a key predictor of postpartum depression, defined as the stress mothers experience from the demands of caring for their baby. This includes physical, emotional, and psychological challenges like feeding, sleep disturbances, and adjusting to motherhood. Beck highlights that the overwhelming nature of infant care, especially without support, can lead to or worsen postpartum depression⁴.

The responsibility for home and childcare disproportionately falls on women, contributing to their exclusion from the labor market. Studies confirm the link between access to quality and affordable early care and education and the economic empowerment and improved employment opportunities for women. More specifically, in municipalities with state-

funded kindergartens, the female employment rate is 34.6%, compared to 21.3% in areas without them, demonstrating the significant role that childcare access plays in women's workforce participation.⁵

In North Macedonia, 21 municipalities lack kindergartens, leaving parents of approximately 17,000 children aged six and under without access to affordable childcare services. In municipalities with kindergartens, only approximately 30% of eligible children are enrolled due to many facilities being at or beyond full capacity. This shortage forces parents to seek alternative childcare solutions, such as private kindergartens or nannies, which are often financially prohibitive for most families. Consequently, many mothers are compelled to withdraw from the labor market to provide childcare themselves, exacerbating their economic vulnerability and increasing the impact of childcare stress on their mental health. **Finally, it is important to note that including fathers in child-rearing through shared parental leave policies² has substantial benefits that can contribute to overall mental wellbeing of new mothers.** These include more equitable household responsibilities, shifts in gender norms, and increased women's workforce participation, which promotes economic growth and narrows gender wage and pension gaps while reducing discrimination against women⁶. In addition to that, it supports both parents in maintaining labor market attachment while fostering a better work-life balance, which can reduce stress⁷.

Moreover, fathers who take leave for two or more weeks immediately following the birth of a child are more likely to remain actively involved in childcare and household responsibilities afterward⁸⁹. One of the most immediate benefits of shared parental leave is the reduction of stress associated with the imbalance of household responsibilities. This shared responsibility allows mothers to recover physically and emotionally from childbirth, which is essential for preventing postpartum depression and other mental health issues. Shared parental leave also improves marital relationships, and allows time for self-care and personal pursuits, which are critical for maintaining mental health during the demanding early months of parenthood.

From a societal perspective, non-transferable shared parental leave shifts gender norms by involving men in caregiving, reducing the traditional view of mothers as primary caregivers. This normalization of paternal involvement helps reduce societal pressure on women and creates a more supportive environment for mothers. Additionally, in countries where paternity leave is common, there is a reduction in workplace discrimination against women and a narrowing of the gender pay gap. Research from Sweden shows that for every month of paternity leave taken, a woman's salary increases by 7%¹⁰.

2 The OECD defines parental leave as job-protected leave of absence for employed parents after childbirth to take care of their baby. On a European level, a recent directive from 2010 (Council Directive 2010/18/EU) mandates at least four months of non-transferable leave for each parent.

In North Macedonia, a proposed labor relations law that included shared, non-transferable parental leave was drafted with the intention of enhancing gender equality and supporting both parents in child-rearing responsibilities. However, the legislation faced significant resistance from the private sector and conservative forces opposed to gender equality, who sought to limit women's roles outside the household. As a result, the law was never brought to a vote and was returned to the working process.

Conclusions

Maternal mental health issues, including postpartum depression and anxiety, are common and have a profound impact on new mothers, yet stigma and limited access to services often prevent women from obtaining the necessary support. Regular and thorough screenings for mental health issues during the postpartum period are crucial for early detection and intervention. Access to affordable and accessible humanistic psychotherapy is essential for effective management of mental health challenges. Childcare stress is a significant predictor of postpartum depression, and the absence of adequate support systems can worsen mental health outcomes. Providing access to affordable childcare services alleviates this stress and improves maternal mental health. Furthermore, shared parental leave policies, particularly non-transferable leave, promote a more equitable distribution of household responsibilities, shift gender norms, increase women's participation in the workforce, and reduce mental health stress for mothers.

Policy Recommendations

Early Screening for Maternal Mental Health at First Check-up:

- Mandate mental health screenings as part of routine postpartum care during the first medical check-up after childbirth.
- Train healthcare providers to recognize signs of maternal mental health disorders and provide clear referral pathways to specialized humanistic mental health services.
- Develop and distribute educational materials for new mothers about the importance of mental health, normalizing conversations around postpartum depression and anxiety to reduce stigma.

Access to Affordable and Accessible Psychotherapy:

- Subsidize mental health services for mothers through public health insurance or social welfare programs to ensure that psychotherapy is available at low cost,

particularly for low-income families.

- Increase funding for community-based mental health services that offer maternal mental health support, including both individual therapy and group sessions.

Access to Both Traditional and Non-traditional, Context-dependent Childcare Systems:

- Expand public funding for childcare facilities such as kindergartens and daycare centers, ensuring that they are widely available and affordable in all municipalities.
- Support non-traditional childcare systems that are context-dependent, such as community-based, flexible, or home-based childcare options.
- Introduce financial subsidies for families utilizing private childcare options or nannies in regions with limited access to public childcare.

Shared Parental Leave:

- Implement non-transferable, shared parental leave policies that ensure both parents have guaranteed time off to care for their newborn.
- Provide financial incentives for companies to support shared parental leave, including subsidies or tax breaks for businesses that implement progressive parental leave policies.
- Enforce legal protections against workplace discrimination for both mothers and fathers who take parental leave, ensuring that career progression is not negatively impacted for those who take time off for caregiving.
- Launch public awareness campaigns to promote the benefits of shared parental leave for both parents and society, aiming to shift traditional gender norms around caregiving and household responsibilities.

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