



The long-run effect of maternity leave benefits on mental health: Evidence from European countries



Mauricio Avendano^{a, b, c, *}, Lisa F. Berkman^{b, c}, Agar Brugiavini^d, Giacomo Pasini^{d, e}

^a London School of Economics and Political Science, Department of Social Policy, LSE Health and Social Care, Houghton Street, London, United Kingdom

^b Harvard School of Public Health, Department of Social and Behavioral Sciences, 677 Huntington Avenue, Boston, MA 02115, United States

^c Center for Population and Development Studies, Harvard School of Public Health, 9 Bow Street, Cambridge, USA

^d Ca' Foscari University of Venice, Department of Economics, Venezia, Italy

^e Network for Studies on Pensions, Aging and Retirement, Tilburg, The Netherlands

ARTICLE INFO

Article history:

Available online 25 February 2015

Keywords:

Europe
Maternity leave
Depression
Social policy
Aging
Mental health
International

ABSTRACT

This paper examines whether maternity leave policies have an effect on women's mental health in older age. We link data for women aged 50 years and above from countries in the Survey of Health, Ageing and Retirement in Europe (SHARE) to data on maternity leave legislation from 1960 onwards. We use a difference-in-differences approach that exploits changes over time within countries in the duration and compensation of maternity leave benefits, linked to the year women were giving birth to their first child at age 16 to 25. We compare late-life depressive symptom scores (measured with a 12-item version of the Euro-D scale) of mothers who were in employment in the period around the birth of their first child to depression scores of mothers who were not in employment in the period surrounding the birth of a first child, and therefore did not benefit directly from maternity leave benefits. Our findings suggest that a more generous maternity leave during the birth of a first child is associated with a reduced score of 0.38 points in the Euro-D depressive symptom scale in old age.

Crown Copyright © 2015 Published by Elsevier Ltd. All rights reserved.

1. Introduction

Social policies can have unanticipated health consequences. Studies on the earned income tax credit, the US welfare reform and the food stamp programme show that although these policies were not motivated by health concerns, they have both negative and positive health externalities (Almond et al., 2011; Bitler et al., 2005; Schmeiser, 2009; Snyder and Evans, 2006). During the second half of the 20th Century, most high-income countries enacted comprehensive maternity leave legislation that provides women the right to a period of job-protected leave around childbirth (Ruhm and Teague, 1998). An extensive literature has examined impacts of these policies on labor market (Dahl et al., 2013; Rossin-Slater et al., 2013; Ruhm, 1998, 2011) and child outcomes (Baker and Milligan, 2008; Berger et al., 2005; Rossin, 2011; Ruhm, 2000, 2011; Staehelin et al., 2007; Tanaka, 2005). However, few studies have examined the impact of maternity leave policies on women's

health, with existing studies focusing on health around childbirth (Dagher et al., 2014; Ruhm, 2011; Staehelin et al., 2007).

Maternity leave policies may have long-term effects on mother's health by preventing or reducing the stress around childbirth. New mothers are at increased risk for a range of psychiatric disorders including depression, posttraumatic stress disorder, anxiety and postpartum psychosis (Brockington, 2004). 10%–15% of mothers experience depression in the postpartum period (Hasin et al., 2005; Wisner et al., 2002, 2009), which may increase vulnerability to subsequent episodes of major depression and other psychiatric disorders in older age (Hammen, 2003; Kessler, 1997). Late life depression is a growing public concern: The Global Burden of Disease report ranks major depressive disorders as the second leading cause of disability (Ferrari et al., 2013). In the United States alone, depression costs \$83.1 billion in economic costs (Greenberg et al., 2003). The prevalence of late life depressive symptoms among European women ranges from 18% to 37% (Castro-Costa et al., 2007). Depression leads to impairments in social functioning, quality of life, and increased risk of health problems (McCall and Kintziger, 2013).

Our study examines whether maternity leave benefits lead to enduring benefits in long-term mental health. Initially motivated

* Corresponding author. Cowdray House, London School of Economics and Political Science, Houghton Street, London WC2A 2AE, United Kingdom.

E-mail address: M.Avendano-Pabon@lse.ac.uk (M. Avendano).

by concerns for the health of mothers and children, maternity leave policies were first introduced as a prohibition to employers to employ women during pregnancy, but provided no income or job protection (Ruhm and Teague, 1998). Since the 1960's, maternity leave policies evolved from prohibitions to a time-off work to care for children, combined with job protection for parents. The long-term impact of these policies on women's well-being, however, is poorly understood. We use data from the Survey of Health, Ageing and Retirement in Europe (SHARE) linked to the 'Comparative Maternity, Parental and Childcare Leave and Benefits Database' (Gauthier, 2011). Our identification strategy exploits variation over time across European countries in the enactment of legislation on maternity leave benefits (Gornick and Meyers, 2003). Based on a difference-in-difference approach, results provide evidence of the impact of paid maternity leave around the birth of a first child on late-life depression.

2. Background

2.1. Maternity leave and maternal outcomes

A growing literature examines the impact of maternity leave on labor market outcomes, documenting effects on job continuity, wage level and growth, labor market attachment and employability (Brugiavini et al., 2012; Dahl et al., 2013; Klerman and Leibowitz, 2000, 1999; Rossin-Slater et al., 2013). Studies have also examined impacts of maternity leave policies on mother's health around childbirth. In a systematic review (Staehelin et al., 2007), four of six studies reported positive associations between length of maternity leave and post-partum mental health. Recent studies use variation in policies to study the health effects of maternity leave. Exploiting cross-sectional variation in policies across US states, Chatterji & Markowitz find that longer leave is associated with reductions in depressive symptoms (Chatterji and Markowitz, 2005, 2012). Dagher & McGovern exploit variation in employer policies and find that increases in leave duration are associated with decreased depressive symptoms until six months after childbirth (Dagher et al., 2014). On the other hand, Baker & Milligan find no effect of extensions of paid maternity leave in Canada on maternal or child health (Baker and Milligan, 2008). Two of these studies focus on the United States, where rights to maternity leave are short and unpaid, and all three studies examine relatively short-term effects. The large expansion in paid maternity leave benefits in Europe during previous decades offers a unique source of variation to explore the long-run impact of maternity leave on mothers' mental health.

2.2. Maternity leave and late life mental health

Two theories from psychology provide the basis to link women's mental health to their employment and fertility decisions (Marshall and Barnett, 1993). The 'scarcity hypothesis' (Coser, 1974; Goede, 1960; Slater, 1963) postulates that the competing demands from work and family lead to role overload, which may give rise to additional stressors and generated a process of 'stress proliferation' (Frone et al., 1997; Mullen et al., 2008; Pearlin et al., 2005). Maternity leave may relieve the stress from role overload during childbirth, but leave entitlements may also incentivize mothers to maintain multiple roles, thus increasing the potential for stress. Alternatively, the 'expansion' or 'enhancement' hypothesis (Marks, 1977; Sieber, 1974) posits that multiple roles enhance well-being by increasing sources of identity, self-esteem and resources to cope with multiple demands. These benefits from work may offset the stress associated with combining family and work roles (Grzywacz and Bass, 2003). Increasing research supports the notion that participation in multiple work and family roles has positive effects

on mental health (Mullen et al., 2008).

Maternity leave policies may also have indirect effects on mother's mental health. A period of leave shortly after birth may improve mother-child relationships and reduce the risk of later disorders in children (Brockington, 2004), which may in turn improve maternal well-being in older age. Women with a prior episode of depression are more likely to experience divorce and marital difficulties, and to have a spouse with psychiatric disorders (Hammen, 2003). Maternity leave benefits may also influence employment and lifetime earnings, which may generate positive externalities on late-life mental health.

3. Data and methods

SHARE is a cross-national panel survey designed to provide comparable information on the health, employment and social conditions of a representative sample of the European population aged 50+. Samples were drawn in Northern Europe (Sweden and Denmark), Western Europe (Austria, France, Germany, Switzerland, Belgium, and the Netherlands), Southern Europe (Spain, Italy and Greece) and Eastern/Central Europe (Poland and Czech Republic) (Borsch-Supan et al., 2013). Our analysis focuses on Western European countries. We excluded Poland, Czech Republic and women living in East Germany before 1989: women in these countries were exposed to a system of full, but not freely chosen, employment (Gal and Kligman, 2000), so that maternity leave decisions were not comparable to those of women in Western countries. Sample size, response rates and attrition rates are summarized in Appendix Table A1. Response rates for the first interview in 2004/5 were 62% on average, although there were differences between countries. Individual retention rates for wave 2 in 2006/7 were 73%, while retention rates were 77% for wave 3 in 2008/9 (Borsch-Supan et al., 2013; Borsch-Supan and Jürges, 2005; Schröder, 2011).

Our measure of depressive symptoms is based on the EURO-Depression (Euro-D) scale, a standardized measure designed for international comparisons of depressive symptoms in Europe. Participants are asked whether during the past month they have experienced any of a list of 12 symptoms: depression, pessimism, death wish, guilt, sleep, interest, irritability, appetite, fatigue, concentration, enjoyment and tearfulness (Prince et al., 1999). The score ranges from zero to 12, with higher scores indicating higher levels of depressive symptoms. A score higher than three is suggested as a predictor of depression caseness (Castro-Costa et al., 2007; Prince et al., 1999). Participants were assigned as outcome the Euro-D score in the first wave they were interviewed in SHARE (either 2004/5 or 2005/6).

Data on maternity episodes came from the 2008/09 life history retrospective assessments (Brugiavini A et al., 2013; Schröder, 2011). Using the life-grid History Event Calendar, SHARE participants were asked to report each paid job that lasted for 6 months or more since leaving full-time education (or since the first job for those without any schooling). Participants could report up to 20 job episodes, for each of which they reported several details including the year the job started and ended; occupation and industry; whether job was part- or full-time; and the reasons and duration of any gaps between jobs. As part of the fertility life-history assessment, participants were also asked to report details of each natural child including date of birth, gender and year of death if child had deceased. Subsequently, participants were asked whether and for how long they had stopped working when each child was born. We then derived a panel of maternity leave and job episodes for each respondent. As expected, labor market participation around childbirth was heterogeneous across countries, ranging from around 60% to less than 40% in countries such as Italy and Spain (Fig. 1).

Download English Version:

<https://daneshyari.com/en/article/7332676>

Download Persian Version:

<https://daneshyari.com/article/7332676>

[Daneshyari.com](https://daneshyari.com)