



Qualitative Exploration of Positive Effect of Paid Maternity Leave Reform in Iran

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Abstract

Objectives: Increased maternity leave is essential for the health of both the mother and the infant. Maternity leave in Iran was extended from six to nine months in July 2013, with the goal of encouraging and assisting working women to have more children. Whereas the effects of paid maternal leave on maternal health, family, and fertility rates are well documented in many countries, we still know little about its potential impacts in Iran. This paper aims to address this research gap by discovering the positive effect of the extension of paid maternity leave on maternal health and family well-being.

Materials and Method: The present research employed a qualitative approach. The sample included 25 employed women with maternity leave experience living in Tehran, who were determined through purposive sampling with high diversity based on theoretical saturation. The data were collected through in-depth interviews conducted in 2022, and the method of analysis was thematic analysis.

Results: From the data analysis process, the core category of “paid maternity leave as a mechanism for family well-being” was obtained. It was derived from 58 concepts, 10 sub-themes, and 3 main themes, including “maternity leave as an opportunity for a mother’s recovery,” “a newborn’s mental and physical development”, and “planning to resolve work-family conflict.” We found clear evidence of immediate changes in birth spacing, increased duration of breastfeeding, seeking child care options, and more communication between mother and child.

Conclusion: The benefits of paid maternity leave programs are positive due to increasing the length of the breastfeeding period, reducing the level of stress and depression of the mother, shorter birth intervals, and the desire of women to continue participating in the workforce. Our findings emphasize the positive contribution of increased paid maternal leave to family well-being, which is important both from the perspective of population and health policies.

Keywords: Paid maternity leave, Women’s health, Well-being, Working mothers, Fertility

Introduction

Following the rapid fertility decline and the change in the pattern of childbearing in Iran, Iranian politicians and policymakers are concerned about the long-term consequences of below-replacement fertility, such as population aging and a shortage of working-age population in the future. These concerns have led to a return to a pro-natalist population policy that the country experienced in the 1980s. In 2021, the new population policy in Iran became a law called “Rejuvenation of the Population and Support of Family Law” (RPSFL) (1). According to this law, the government provides married couples with incentives to promote higher fertility. One of the programs carried out to support working women and increase fertility in Iran was to increase the length of maternity leave from six months to nine months.

The issue of increasing maternity leave was originally raised in Iran in 2013. According to the family planning law amendment approved in 2013, maternity leave was increased from 6 months to 9 months with full salary and job-related benefits. However, due to an insufficient budget, the Social Security Organization refused to accept

requests for more than 6 months and pay its benefits unless it obtained an approval vote for a protest in the Administrative Court of Justice.

With the government’s approval of extending maternity leave for women covered by social security from 6 months to 9 months in 2021, the social security organization was obliged to accept the 9-month period and finance it. Currently, without the need to file a lawsuit in the Administrative Court of Justice, it is possible for women to enjoy its benefits. According to this law, they can receive two-thirds of their last salary every month.

In accordance with the change to the Population and Family Regulation Law and the approval of the Board of Ministers, a mandatory two-week paid leave has been provided to the husbands of employed women who have children. However, in March 2015, paternity leave was changed with the approval of the sixth development program. Thus, the period of two weeks was reduced to three days, and the scope of its target group increased from the husbands of working women to all working men in the government and non-government sectors. According to Article 17 of the RPSFL—approved in November 2021



Key Messages

- ▶ Increased paid maternity leave is essential for the health of both the mother and the infant. It can lead to an increase in duration of breastfeeding and may decrease mother's psychological stress and depression.
- ▶ Increasing paid maternity leave is essential to enhance family well-being by decreased work-family conflict. Changes in maternal leave regulations influence the timing and spacing of childbearing, so it may affect period total fertility rates and birth intervals in Iran.
- ▶ Increased duration of maternity leave immediate changes in birth spacing, increased duration of breastfeeding, seeking child care options, and more communication between mother and child.

—the duration of maternity leave is 9 months, which can be two months before the birth at the mother's request. For twin pregnancies and more, the period of maternity leave is 12 months. Furthermore, this law highlights that if maternity leave causes any disruption to the private sector workforce, and this is verified by the Ministry of Cooperatives, Labor, and Social Welfare, the government would provide compensation to cover the incurred expenses (1).

A wide range of studies have found that the introduction or increasing of paid maternity leave is essential to a new mother's health, newborns' health, and family well-being (2-8). Although the effects of paid maternal leave on maternal health and family are well documented in many countries, for Iran, we still know little about its potential impacts. An essential method for assessing the efficacy of this policy, identifying its deficiencies and obstacles, and developing approaches to enhance its execution is to gain insights from the target demographic, specifically employed mothers. The purpose of this paper is to address these gaps by identifying the positive effects of a paid maternal leave reform.

Review of Related Literature

Numerous studies have found important health benefits for women who enjoy paid parental leave. Paid leave enables women to physically recover from childbirth before returning to work (5,6). According to Galtry and Callister (3), the length of the physical recovery period for those women who had a cesarean section is longer than that for those who had a normal delivery. Moreover, women who had a long maternity leave between 12 and 20 weeks had better physical and mental conditions. Two other studies (9,10) also confirmed that mothers' vitality and physical health typically begin to improve after 12 weeks of postpartum leave.

In addition, paid maternal leave improves mothers' mental and emotional health (5,6,11,12), while returning to work too early after childbirth can further increase the intensity of postpartum depression (13). According to Pearlstein et al (9), postpartum depression affects 15–85%

of mothers, and its severity frequently correlates with the duration of maternity leave (10). Women who benefited from extended maternal leave policies were reported to experience lower levels of depressive symptoms. Courtin et al (7) assessed the impact of a 6-week extension of parental leave in Denmark on maternal mental health. They found that increasing the length of parental leave has a beneficial impact on women's mental health, particularly socially disadvantaged mothers. Maternity leave decreases the likelihood of developing psychiatric disorders in women with low levels of education, low income, and those who do not have a partner at the time of giving birth.

Apart from the important effects on a mother's recovery, paid postpartum leave has benefits for the health of infants. Several studies found that paid leave has been associated with lower infant mortality. Two of the mechanisms by which paid leave may lower mortality are the increased duration of breastfeeding and immunizations. Paid leave increases the duration of breastfeeding (2, 4) and rates of on-time immunizations (4,5). For example, a study by Ueda et al in Japan (14) found that children whose mothers took parental leave had a greater percentage of on-time immunizations at 36 months of age. While children who are kept in daycare from a young age have emotional and personality problems, mothers who respond to the baby's cries in the first trimester have an effective relationship with their babies (3). According to Heymann et al (8), paid parental leave may support improvements across a range of sustainable development goals (SDGs) relevant to maternal and child health.

Consistent employment and secure working environments are fundamental to family health (15). In fact, consistent employment with an adequate wage often provides the most sustainable pathway out of poverty and enables families to meet their basic needs. Paid maternal leave has important benefits for health and well-being; when women have their own earnings, investments in children's health and education increase (8,14,15).

Several studies have indicated that maternal leave affects family stability. Olafsson and Steingrimsdottir et al (16) showed that increasing of parental leave by three months for fathers decreased the risk of divorce within ten years after childbirth. Bitler et al (17) reported that the US welfare reform in 1996 reduced the probability of living with an unmarried parent. Some studies have also found a positive relationship between paid maternal leave and women's earnings and their long-term attachment to their jobs and work experience (18-20).

As the literature indicates, there are many studies that have examined the effects of increasing of maternity leave on family health and well-being; however, there is little or no research in Iran about its potential impacts on the continuation of women's participation in their jobs, the improvement of family members' health, and the development of the mothers' financial well-being. Therefore, this paper will outline the effects of maternity

leave on employed mothers and highlight the significance of how providing paid maternity leave will improve quality of life from the perspective of working mothers, who are the target group of this policy.

Methods

Considering that the main goal of the current research is to identify women's understanding of the positive effects of increasing of maternity leave, it is important to understand the deep layers of meaning of people's lived experiences about a concept or phenomenon. Therefore, the approach of this research is qualitative, which is a naturalistic approach. The selection criteria for participants included (a) prior experience of working for the public or private sector before giving birth; (b) having at least one child and having taken maternity leave; (c) residency in Tehran, the capital of Iran; and (d) being of reproductive age.

The number of interviewed women, or, in other words, the sample size, depended on the theoretical saturation of the investigated questions. The sample size in this sampling method is not known and cannot be estimated in advance. In this way, the interview with the target population will continue until the stage of data repetition and theoretical saturation. Besides targeted sampling, snowball sampling was also used. This means that in order to access the desired samples, the people who voluntarily participated in the interviews were asked to introduce working mothers who were recently on maternity leave. Interviews in this study were considered to have reached theoretical saturation when they repeated prior concepts without adding anything new. Therefore, a sample of 25 employed mothers was selected through purposive sampling with maximum variety in terms of age, number of children, job position, and type of contract. The samples were from both the public and private sectors. In the public sector, people were identified through letters of introduction and referrals to the recruitment departments. In the private sector, a sample of two companies—a hospital and a kindergarten—were selected. In terms of employment status, the participants were on temporary and permanent contracts. Permanent employees mainly worked for the public sector. One of the participants had the experience of giving birth to triplets, another had a child with a special disease. Two individuals were faculty members, two were kindergarten teachers, while others held positions as managers or supervisors.

The data was collected through an in-depth interview that was conducted in the fall and winter of 2022. This qualitative study was carried out during the COVID-19 pandemic, so it was likely that the situation affected both the way of collecting information and the duration of the research. Some interviews were conducted in person, and some by phone.

The method of analysis was thematic analysis, which is a suitable method for textual data. The stages of data analysis in the theme analysis method according to Braun

and Clarke (21) were performed as follows: 1) Familiarity with the data, 2) Creating initial codes, 3) Searching for themes, 4) Revision of themes, 5) Definition and naming, and 6) Evaluation and conclusion. The transcript of each interview was read several times, and notes were taken from the main propositions. The phrases and sentences were read, and key words were identified. In cases where more notes were necessary, the interview text was re-read, and meaning units were determined in the form of sentences or paragraphs, and primary codes or open codes were extracted.

The stage of reading the interviews was repeated several times. In the next step, concepts were selected based on differences and similarities in key words. Then, by applying the axial coding, the concepts were classified in a more abstract category under the title of sub-themes. The process of analysis was repeated by adding each interview, and codes and categories were modified. Finally, based on the relationship between the sub-themes and using selective coding, the main themes were extracted.

To ensure the accuracy and reliability of qualitative data, Lincoln and Guba (1985) criteria, including credibility, transferability, dependability, and confirmability, were used. To achieve reliability, the review of colleagues, including the research team and the scientific supervisor, as well as the approval of the participants have been used. Therefore, in the coding stage, propositions and concepts were reviewed in several stages, and concepts and sub-themes were edited several times. In this study, all concepts and categories were analyzed and interpreted using sufficient evidence from the text of the interviews. During the interview, the guide sheet, note-taking and list of interviewees were used. Since data collection and analysis were done simultaneously, concepts and expressions were given to some participants for review. In order to ensure the credibility of the research, accurate parallel information acquisition, member control techniques, and researcher self-review were used during the process of data collection and analysis. The methods of sufficient participation and interaction with participants, diversity of participants, data integration, and repeated review and revision of data were used to increase the validity of the data.

Results

Table 1 shows the demographic information of the participants. As can be seen, the average age of the participants was 37 years, the average duration of marriage was 12 years, and the average number of children was 1.47. In terms of employment status, 12 participants were on temporary contracts, and 13 were on permanent contracts. In terms of education level, 9 participants had bachelor's degrees, 13 had master's degrees, and three had PhD degrees.

Table 2 presents the concepts, sub-themes, and main themes related to the positive effects of increasing of

Table 1. The Demographic and Social Characteristics of the Participants

Code	Age	Duration of Marriage	Education Level	No. of Children	Age of Last Child	Duration of Employment	Employment Contract	Type of Enterprise
1	38	11	MA	1	3	15	Permanent	Public
2	35	12	MA	1	3	11	Temporary	Private
3	34	7	MA	1	2	10	Temporary	Private
4	36	8	MA	1	3	9	Temporary	Private
5	34	3	Bachelor	1	6m	8	Temporary	Private
6	33	6	MA	1	1.3	12	Temporary	Private
7	35	15	Bachelor	2	3.5	18	Permanent	Public
8	38	8	Bachelor	1	3m	14	Temporary	Private
9	37	8	MA	1	3.4	10	Temporary	Public
10	43	7	MA	2	1.7	14	Permanent	Public
11	36	2	MA	1	1.2	8	Permanent	Public
12	39	14	MA	1	1.9	16	Permanent	Public
13	41	15	Bachelor	2	2.8	18	Permanent	Public
14	40	14	PhD	1	2.5	17	Permanent	Public
15	40	10	MA	1	1.3	12	Permanent	Public
16	40	12	MA	4	2	15	Permanent	Public
17	37	9	Bachelor	2	1.5	12	Temporary	Private
18	33	8	Bachelor	1	4	9	Temporary	Public
19	39	10	MA	2	2	15	Permanent	Public
20	40	13	MA	2	8m	17	Permanent	Public
21	32	5	PhD	1	2	2	Permanent	Public
22	35	8	Bachelor	2	3	8	Temporary	Private
23	40	13	Bachelor	2	1.9	17	Temporary	Public
24	35	8	Bachelor	2	2	10	Temporary	Private
25	36	7	Bachelor	1	1.5	8	Temporary	Private

maternity leave. As can be seen, out of 58 concepts, 10 sub-themes, and 3 main themes, including “maternity leave as an opportunity for a mother’s recovery”, “newborn’s mental and physical development” and “planning to resolve work-family conflict”, the core category titled “paid maternity leave as a mechanism for family well-being” has been extracted. The table highlights the positive contribution of increased paid maternal leave to family well-being.

Maternity Leave as an Opportunity for Mothers’ Recovery

The theme “maternity leave as an opportunity for mothers’ recovery” refers to the positive effects of maternity leave on mothers’ health, showing that maternity leave and increasing its duration can have a good effect on women’s health. This theme is derived from the connection of two sub-themes, including “improving mothers’ health” and “mother’s mental rehabilitation”. The availability of maternity leave has made mothers feel better physically and psychologically when they return to work. The mothers who had a cesarean section stated that they needed a longer period of time to recover. The increasing of maternity leave provided them with a good opportunity to fully recover. Some mothers referred to lower abdominal pains, burning, and back pains after cesarean sections and considered maternity leave as an opportunity to heal

injuries and wounds. Some also talked of experiencing physical weakness due to childbirth and breastfeeding. A number of mothers (8 participants) stated that their babies were facing digestion and urination problems or stomach colic, and some were awake at night until morning. According to these mothers, maternity leave was an opportunity to compensate for both physical weakness and insomnia during the day.

“The interval between my two pregnancies was short; I developed adhesions, and that’s why, after the second delivery, I was very bothered. I was in pain for a long time, but only after five or six months, I did feel better and return to my normal life routine” (Participant 23).

In addition to the problem of being overweight after pregnancy, some women were also struggling with mood swings and postpartum depression. Four women, who’s families lived near them, were able to engage in recreational sports activities during their maternity leave after the child was 6 months old, when the baby gradually entered the stage of eating. According to their opinion, exercise is one of the most important ways to regain fitness and improve the mood of mothers. This important issue is addressed during maternity leave.

“My weight increased so much that I couldn’t do anything until my child was six months old, but after

Table 2. Concepts, Sub-themes, and Main Themes Related to Women's Experience of Maternity Leave

Concepts	Sub-Themes	Main Themes	Core Theme
Sufficient time to heal injuries; exercising to return to pre-natal weight; appropriate, timely, and regular nutrition; fast recovery from illness and injury	Improving Mother's health	An opportunity for mother's recovery	Paid Maternity leave as a mechanism for family well-being
More peace, coping with postpartum depression, decrease in postpartum depression, compensating for insomnia during the day, mental rehabilitation	Mother's mental rehabilitation,		
Facilitating the continuation of exclusive breastfeeding, sufficient opportunity for periodic medical examinations of the baby, and timely diagnosis and treatment of physical and mental problems of the child.	Improving the child's biological health	Newborn's mental and physical development	
Reduction of emotional distress among children, better baby sleep, better child nutrition, adequate growth of the baby, more time to bond with the baby, and the child's sense of security and peace	Newborn mental and emotional health		
Opportunity to organize life, organize children's affairs, find a nurse and kindergarten, get used to the new way of life and parenthood, support the working mother, promise a better future, have enough opportunity to change the place of residence and get closer to the parents	Home management strategies	Planning to resolve work-family conflict	
Restoring relationships with the spouse, restoring family relations, having more conversation and interaction with family members, recognizing and solving family problems, providing for family health needs, reducing family conflict, providing more happiness for family members, increasing the husband's satisfaction, being full-time at the disposal of the family, and increasing conversation opportunities	Strengthening family ties		
Creating additional incentives for earlier childbearing, acceleration in having children, fear of removing the law, rethinking the life plan, prevention of long delay, freedom from forced childlessness, and single child	Change in birth spacing		
Sufficient time for motherhood, good mothering, adequate knowledge of the child, more easily tolerating the child's fussiness, focusing on the child's needs,	High-quality performance of the role of mother		
Handling older children's homework, helping older children accept new siblings, having more communication with other children, and meeting the health needs of older children	Children's long-term educational outcomes		
Enjoying work activities, minimizing the risk of job loss with financial support during leave, attachment to the work environment, and access to financial resources during leave	Increase attachment to work		

that, I used to drop her off at my mother's house, or there was even a daycare near my mother's house. I would take her there and go to the gym myself" (Participant 14).

Three of the participants suffered from postpartum depression. Women who benefited from increased maternal leave policies reported lower levels of depressive symptoms. Participant 7 said:

"After giving birth, I got severe depression and cried for no reason for the first two months. I hated my baby and my husband. I said why I had a baby, and sometimes very dangerous thoughts came to my mind. This affected the growth and upbringing of my baby, but in the following months, I got better and had a chance to calm down" (Participant 7).

Mothers who experienced severe postpartum depression emphasized the need to continue the mental and physical care of mothers after giving birth in health centers, as well as extending maternity leave. In their opinion, health centers that pay attention to the follow-up of height, weight, growth, and vaccination of newborns should also include the care of mothers after childbirth in their care plans and not leave the mother alone.

Newborns' Mental and Physical Development

Maternity leave has provided an opportunity to improve the biological health and proper nutrition of babies, especially with adequate nutrition from breast milk.

"It is good for breastfeeding, but it is not enough because doctors recommend breastfeeding for two years, which is also recommended in Islam. But since he was eight months old, I breastfed the baby less and fed him more, I tried to get him used to it" (Participant 3).

In this regard, a number of working mothers (12 participants) wanted flexibility in maternity leave. According to them, if the last three or four months of maternity leave are flexible so that the mother can use at least one year of maternity leave, it will be possible for the mother to be with her child during vaccination or illness. Participant 7 mentioned the issue of the mother's lack of sleep in the first two years of the child's life and said:

"My baby was awake for a long time at night until the morning; as my mother said, she lost his day and night. She would sleep in the morning, and I would sleep next to him."

This respondent mentioned the importance of the mother's health and its effect on the child's peace. This

woman thought that her child was very calm and balanced during her maternity leave.

It seems that the maternal leave period has provided the opportunity for employed mothers to know more about the baby, to interact more with the child, and to find time to follow up and search for solutions. Participant 25, who worked for a private company, has two children with hearing problems. At the time of the birth of her first child, the duration of her maternity leave was forty days, and she quickly returned to work. But in the case of her second child, with the legalization of maternity leave for all public and private sector workers, she could benefit from more leave opportunities. She said:

"Both of my children have hearing problems; when my daughter was born, I didn't even think she had a problem. I could see that she was not paying attention, but I thought that she was still an infant and would get better when she grew up. But when I gave birth to my son, the length of leave was longer and mandatory. That's why I was by his side most of the time. My daughter's deafness experience helped me, so I soon realized my son's hearing loss problem, and my husband and I started to look for treatment from the first month of his birth. Certainly, since I was on maternity leave, I had the opportunity to find a doctor, wait in hospitals and health centers, or get various consultations without stress and worry about losing my job."

The above participant feels sad that she and her husband paid little attention to the problems of their first child. She considered herself responsible for her child's current problems. In general, the mothers who participated in this study reported that they could perform their maternal duties better and more efficiently when they had enough maternity leave.

Planning to Resolve Work-Family Conflict

Another positive aspect that mothers mentioned regarding maternity leave was planning to balance work and family. This theme is derived from the connection of five sub-themes, including "home management strategies", "strengthening family ties", "high-quality performance of the role of the mother", "children's long-term educational outcomes", "change in birth spacing", and "increasing attachment with work".

One of the positive effects of maternity leave is to strengthen family ties. This sub-theme includes concepts such as improving relations with the husband and his family, more interaction with family members, recognizing and solving family problems, meeting family health needs, reducing family conflict, more happiness for family members, the husband's satisfaction, being full-time at the disposal of the family, and increasing conversation opportunities. Normally, working mothers spend most of the day at work, and when they return home, they are busy with household chores such as cooking and cleaning, but the period of maternity leave

provides an opportunity to do housework and take care of their children. During maternity leave, they are personally responsible for managing the house and children, so all family members feel satisfied and happy because of the order and coherence in the house.

In addition, maternity leave is an opportunity to plan household chores for after the maternity leave and returning to the workplace. The concepts that formed this sub-theme include opportunity to organize children's affairs, opportunity to find a nurse and kindergarten, getting used to the new way of life and parenthood, and having enough opportunity to change the place of residence and getting closer to the parents. For example, participant No. 18 made a lot of effort to investigate and follow up on some issues and problems during her maternity leave so that she could face fewer challenges when she returned to work.

"The first year is really hard to get to know the needs and problems of parenting; it takes time. During this period, I tried to identify many problems and even find solutions. I saw several nurses, I tested their work, they came to our house, and I evaluated the way they interact with the child... I found out his family history because it was very important to me who I would entrust the child to... Until I'm going to work, I don't want to bother myself and my child too much".

Participant 5 pointed out the impact of maternity leave on improving relations with her husband's family and said:

"Before I went on maternity leave, I was either studying at university or at work; I wasn't very mixed with others, and my relationship with my husband's family was not very close. Because I didn't have time, I couldn't participate in parties or give parties like others. My relationships were very limited... but when I gave birth, many of my husband's relatives came to see me; they had a party, and I went too. During this time, I gave a few parties, and this made my relationships much better. Now I can go around more easily. I will leave the child with my mother-in-law, or they will take care of him."

Almost all participants had the opportunity to evaluate different child care options during their maternity leave and visited different kindergartens. They chose kindergarten so that their baby could get used to new environment. Some of them (Participants 8, 2, and 6) took their babies for two hours every day in the last month of maternity leave. Some days, they would stay for four hours. They would sit in the waiting room, and their baby were in the class with the teacher and other children.

Participants 21 and 25 also changed their residences during their maternity leave to be closer to their parents' house so that they could take their children to their parents after returning to work. Participant 7 considered the increase in maternity leave as a symbol of giving importance to the family and the role of working women in Iranian society. As we can see, the participants in this study believed that the increasing of maternal leave

programs was due to the change in the government's view of working mothers and the importance of supporting dual-earner families, and they considered this a positive step for the well-being of families and the development of the country.

One of the positive effects of maternity leave is "changes in birth spacing". Increased maternity leave, combined with a slight increase in the amount paid and changing the way of paying salaries without the need to complain and go to court, could have motivated some couples to have a child somewhat earlier. The participants of this study positively evaluated the impact of maternity leave on realizing their fertility decisions. They considered the short duration of leave and its non-compulsory nature in the past as the main factors causing delay in having children. However, it could provide an opportunity to have children earlier and prevent long delays these days. The average interval between marriage and the first birth among the women participating in the study was about 5 years. They had experienced a delay in the first birth due to the uncertainty of job stability as well as the concern of child care. Participant 5 said:

"As the duration of maternity leave increased, I decided to have a child. I wanted to have a child years ago, but the conditions were not suitable. After the nine-month maternity leave solution was approved, I acted quickly. If I delayed more, I might never be able to become a mother."

This respondent emphasizes the role of increasing maternity leave in realizing her fertility decision and continues:

"If it was six months or less, I would have hesitated for the baby, but now nine months is effective, although I returned after six months. But if the law had not changed, I should have returned after three months."

It seems that mothers working in the private sector and those who were recently employed faced restrictions from their employers to use the nine-month maternity leave, however, with the legalization of increasing women's leave, they could be on maternity leave for at least 6 months. Whereas in the past, when the maternity leave law was 6 months, they were on maternity leave for a maximum of two or three months, and this amount was very insufficient. In fact, maternity leave has provided conditions for mothers to establish a close relationship with their newborn and to have a break in their work after the birth of the child without terminating their employment contract or withdrawing from the intended parity.

Another benefit of maternity leave is women's attachment to work and the workplace. In this study, we have found that the increasing of maternity leave programs has increased the desire of working mothers to continue participating in the workforce during pregnancy and the early years of a child's life.

"Before this law, colleagues who gave birth had to

return to work after 40 days or two months at most, so I decided to take unpaid leave after giving birth or stop working altogether when I had a baby. Fortunately, maternity leave became mandatory and the private sector implemented it to some extent. Therefore, I continued my work, although the company only agreed on 7 months, and then I worked part-time and remotely for two other months." (Participant 8).

Another woman who was working in the public sector said:

"In the past years, many mothers quit their jobs because of the same issue of breastfeeding or the risk of the baby getting sick in the nursery. But now it is very good, we have nine months of paid maternity leave and we can take one year of unpaid leave. After that, the child has grown so much that we can safely leave him in the kindergarten."

The women who participated in the study stated that maternity leave for them and their families provides the possibility of saving their income during the time when they are not working. Nevertheless, this program is crucial for the health and welfare of families in the present economic conditions, when the cost of families has increased owing to the addition of a third family member and the expenses connected with it.

Discussion

Iran has adopted a maternity leave policy like many developed countries. A comparison of Iran's maternity leave policy with countries of the Organization for Economic Cooperation and Development (OECD) members shows that Iran is like 55% of developed countries that provide maternity leave above the average. Also, regarding pregnancy compensation, Iran is among the 50% of the countries that pay more than 70% of wages to mothers (22,23).

One of the essential ways to evaluate this policy's success, recognize its challenges, and provide strategies to improve its implementation is to understand the experiences of working mothers about maternity leave. Through a qualitative approach and in-depth interviews with working mothers, the experiences of working mothers with maternity leave were analyzed, and the positive effects of this policy were identified.

The findings of this study can help understand the effects of this policy from the perspective of working mothers who are the policy's target group. The results confirmed the reduction of job inequalities in the public and private sectors, the continuation of women's participation in the labor market, the improvement of the health of family members, the development of family financial well-being, the satisfaction of working mothers, and the reduction of work-family conflict after the approval of the new maternity leave law.

The International Labor Organization (ILO) Maternity Protection Convention (2000) established a minimum

global standard of 14 weeks of paid maternal leave for working mothers (24). In its supplemental Maternity Protection Recommendation, the ILO recommended a minimum of 18 weeks (25). In addition, WHO breastfeeding guidelines recommend 26 weeks for breastfeeding (26). Labor market policies, including paid maternal leaves, facilitate breastfeeding. As mentioned earlier, Iran's maternity leave policy is both longer than the duration recommended by the ILO and significantly longer than the duration recommended by WHO for exclusive breastfeeding.

Our results confirm the previous finding that extended maternity leave increases the duration of breastfeeding, a finding that is highly relevant from a policy perspective. According to the participants of this study, one of the benefits of maternity leave is to feed the baby longer with breast milk. However, the full-time return of mothers to work in this study was one of the main reasons for stopping breastfeeding after almost one year of age. This finding has been confirmed in other studies (13,27). Studies have shown that women who return to work full-time breastfeed their child for two months less than those who do not return full-time (27).

Our findings strongly suggest that paid maternal leave enables women to physically recover from childbirth before returning to work. This finding was especially apparent in mothers who experienced cesarean section. Maternity leave has been a very good opportunity for them to improve the surgical part. In line with many similar studies, this finding confirms that the length of the physical recovery period is longer for those women who had a cesarean section than those who had a normal delivery. Several studies (4,20,28) show that women who had a long maternity leave between 12 and 20 weeks had a better physical and mental condition.

Employed women in the public sector who benefited from increased maternal leave policies were reported to experience lower levels of depressive symptoms. This finding has been observed in several studies. Heshmati et al (29), in a systematic review of 45 articles, showed that increased duration of leave was generally associated with reduced risk of maternal mental health, including depressive symptoms, psychological distress and burnout, and lower mental health-care uptake.

We found evidence that maternity leave can improve the quality of family relationships, a finding that is important from the perspective of family support policies. Increasing the length of maternity leave is expected to improve the mother's possibilities to invest more resources in the family's well-being. This may be done by increasing the amount of time spent with the children, which might reduce conflicting work and family demands since mothers who are healthier may be able to have better relationships with family members. They will also be able to care for newborns as a result of leave provisions, leading to better child outcomes. This finding was also found by

Olafsson and Steingrimsdottir (16), who showed that extending parental leave by up to three months, which is reserved for fathers, decreased the risk of divorce.

When the mother is at work, she has less time to interact with her children, but the increasing of maternity leave can help the mother spend more time on their health, education and nutrition. This finding has also been seen in Rasmussen's studies, but it is not consistent with the study of Blau and Kahn (30). Rasmussen (31) found that increasing parents' access to birth-related leave has no measurable effect on children's long-term educational outcomes. Mothers' incomes and career opportunities are slightly positively affected by the reform. Blau and Kahn (30) also showed that welfare benefits have rather small effects compared to the substantial effects of wage rates and tax incentives.

This change at duration of leave made it more attractive for women to have a child somewhat sooner. Previous studies have shown that changes in parental leave regulations affect period fertility rates and birth intervals (32,33). Changing maternal-leave regulations may influence the timing and spacing of childbearing but might have no significant effect on the level (quantum) of period and cohort fertility (33). Many couples try to start childbearing earlier and bring their next births close enough, but perhaps only very few couples would have more children than they intended due to the increasing of maternity leave.

It should be noted that women working in the private sector face many challenges in accessing maternity leave. "Lack of legislation", "closure of the private sector", and "insecurity and job degradation" are part of the experiences of mothers in the private sector, which are shown in another article (23). However, the lived experience of the mothers in this study shows that the maternity leave policy has helped the well-being of women and their families and has brought them satisfaction and happiness. Notably, the impacts of paid leave policies are different, and several factors, including the duration of leave, the wage replacement rate, and the availability of leave to both parents, can shape the impacts of paid leave policies (8).

Conclusions

In sum, further research is needed to assess the effects of paid maternal leave on maternal health and family well-being. From a policy perspective, it seems that the benefits of paid maternity leave programs increase the length of the breastfeeding period, reduce stress and depression in the mother, and encourage women to continue participating in the workforce. However, the implementation of this program is not without problems.

Maternity leave is an opportunity for the mother to recover her health and get used to the newborn child. During this time, the baby gets to know the mother and learns to be fed with breast milk. However, maternity leave is not just a privilege given to the mother; in the

process of maternity leave, one of the main beneficiaries is the newborn baby. Therefore, many policymakers and planners in the field of health and family try to ensure the health of future generations of society in such a way that the benefit of the baby is the main focus of that policy. Despite the fact that maternity leave has provided an opportunity to improve the health of the baby, some issues are also significant. One of the main problems of mothers in this study is the sudden disconnection between mother and child. In addition to stopping breastfeeding during the day, the participants in this study mentioned the urge to use powdered milk, the occurrence of some mental and psychological issues, including the child's bad eating and sleeping, restlessness during the day, etc. Of course, in their opinion, some of these problems can be overcome to some extent by gradually spacing the mother and child and the flexibility of maternity leave when the child is one year old.

In addition, as we have seen, a number of working mothers in the private sector were facing some challenges in enjoying maternity leave (22,23). It seems that some companies do not allow mothers to be on maternity leave for nine months. Mothers are given the option to take a brief term of maternity leave or to transition to part-time work after a few months of using maternity leave. Of course, working mothers in this sector also accept this restriction for fear of losing their jobs or organizational positions or reduced job benefits. The obstacles faced by women employed in the private sector were anticipated in Article 17 of the RPSFL (1). This article states that if maternity leave causes disruptions in the private sector, the government will provide compensation for the associated costs, subject to approval from the Ministry of Labor, Cooperation, and Social Welfare. However, its approval process will still be the source of some challenges. Therefore, it is necessary to remove obstacles to the implementation of the law, guarantee its implementation, and write policies and laws in a clear manner based on research results.

The author himself has experienced maternity leave in the last decade, and it is confirmed that there is a possibility of bias in the interpretation of the data, but strategies such as reflection, peer discussion, and triangulation were used to reduce this bias in the analysis stage. Great effort was made to ensure that the research findings remain as unbiased and honest a representation of the participants' views as possible. In order to reduce the selection bias, the criteria for entering the study participants were determined, and the maximum variety was created in the sample. However, due to the nature of the qualitative study, there may be bias in the findings, and this can be one of its limitations.

Directions for Future Research

To our best knowledge, this is the first study in Iran that examines some of the effects of different dimensions of

maternity leave from the perspective of working women. However, this qualitative study was conducted on 25 working women in Tehran city during the COVID-19 epidemic, so the findings of this study cannot be generalized to other regions of Iran. In order to obtain more evidence on the impact of the maternity leave policy, it is suggested to repeat this type of study in post-Corona conditions and also to conduct a national survey with a larger sample. A national survey on the effects of maternity leave gives us more confidence in our findings about the effects of maternal-leave changes on family well-being and the fertility behavior and health of women and infants.

In this regard, the review of policies related to the protection of working women shows that there are good protective laws in Iran. Existing laws supporting breastfeeding hours, part-time working hours, child care services, reduced working hours for women with special conditions, and maternity leave can have a great impact on preventing personal and family issues. However, in addition to the ambiguity in the laws, the enforcement of these policies and laws has not been specified. In some cases, the implementation of laws has been left to the authority of the company. Therefore, it has caused the non-fulfillment of various support policies for working mothers. Hence, reviewing, monitoring, and redesigning policies governing maternity leaves becomes important and must be approached according to the needs and conditions of mothers, children, and employers. As previously stated, raising maternity leave is intended to boost fertility; nonetheless, it should be remembered that maternity leave is insufficient to raise the fertility rate. Adopting a range of supportive policies and programs, such as universal access to child care and labor market flexibility, as well as creating the proper socioeconomic conditions for childbearing, are essential.

Conflict of Interests

None declared.

Ethical Issues

This study was approved by the ethics committee of the National Institute for Population Research, Iran (Code: 1042273).

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