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## Advancing Women's Mental Health Research Across Disciplines

WOMHER International Graduate Conference 2024  
*Oral presentations*

### Oral presentation theme 3: Feminist Critique and Norms in Contemporary Research

#### **Paid parental leave benefit levels and postpartum maternal mental health: a Swedish total population cohort study**

*Amy Heshmati*

*Stockholm University/Karolinska Institutet*

**Background:** While generous parental leave benefits are protective for postpartum maternal mental health, not all mothers qualify for these benefits due to strong work requirements. Sweden offers paid parental leave to all residents, but the benefit level depends on their salary and labour market attachment.

**Objective:** To evaluate the association between parental leave benefit levels and maternal mental health in the postpartum period.

**Methods** Using total population register data, we studied 210 800 first-time mothers, aged 18-52 years, who gave birth to a live singleton offspring in Sweden between January 1, 2007 and December 31, 2011. We performed multivariable logistic regression to compare odds of mental health outcomes from different levels of severity (prescribed anti-depressants or anxiolytics, specialist outpatient care and hospitalisation) between mothers receiving higher-level benefits (i.e., qualified for earnings-related benefits) and those with basic benefits (i.e., a low flat-rate level). We also performed decomposition

analyses using the Karlson-Holm-Breen method, and subgroup analyses by region of birth.

**Results:** Mothers receiving basic benefits had increased odds of prescribed antidepressants or anxiolytics (OR 1.44 95% CI 1.37-1.51), specialist outpatient care (OR 2.27 95% CI 2.13-2.44), and hospitalisations (OR 2.47 95% CI 2.97) compared with mothers receiving higher-level benefits. Increased odds remained after adjustment for pre-existing mental health. However, after further adjustment for education and income, increased odds only remained for hospitalisation (OR 1.35, 95% CI 1.08-1.81). While mothers receiving basic benefits, following the above adjustment, had lower odds of prescribed antidepressants or anxiolytics (OR 0.90, 95% CI 0.83-0.97).

**Conclusion:** Mothers with basic benefits are more likely to experience severe mental disorders compared to mothers with higher-level benefits, independent of pre-existing mental health, education, and income.

**Keywords:** Family policy, maternal mental health, Health in all Policies

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## Oral presentation theme 3: Feminist Critique and Norms in Contemporary Research

### Understanding gender dysphoria

*Fatih Özel, Gabriele Griffin*

*Uppsala University*

Gender identity is considered a person's deeply-felt, inherent - but potentially fluctuating - sense of being a girl, a woman, or female; a boy, a man, or male; or an alternative gender (e.g., genderqueer, gender-nonconforming, gender-neutral). According to the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5), gender dysphoria is the distress that may accompany the incongruence between one's experienced or expressed gender and the gender assigned at birth. A substantial increase in individuals seeking help for gender dysphoria has been observed in many European countries over the last years, especially among younger persons. However, our current understanding of the development of gender identity and gender

dysphoria is quite limited. This research aims to investigate young persons' perceptions of gender identification and gender dysphoria.

The paper is based on qualitative data consisting of one-on-one in-depth semi-structured interviews which focused on the understandings and experiences of divergent people. 16 individuals were recruited through snowball sampling and interviewed in English (mean interview duration: 64 minutes). The participants were aged between 15 and 35 years; 4 out of 16 were Swedish.

The data analysis is still ongoing but some preliminary findings will be shared. These challenge some common assumptions about gender dysphoria and gender identity. The analysis will be completed during the summer of 2024. This research project will provide insights into the understandings and experiences of people living with gender dysphoria; therefore, it will help tailor future research directions in accordance with the needs of such persons.

**Keywords:** gender dysphoria, gender diversity, qualitative

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## Oral presentation theme 3: Feminist Critique and Norms in Contemporary Research

### Addressing the needs of Ethiopia's street homeless women of reproductive age in the health and social protection policies: a qualitative study

*Kalkidan Yohannes, Mats Målvqvist, Hannah Bradby, Yemane Berhane and Sibylle Herzig van Wees*

*Uppsala University*

**Introduction** globally, homelessness is a growing concern, and homeless women of reproductive age are particularly vulnerable to adverse physical, mental, and reproductive health conditions, including violence. Although Ethiopia has many homeless individuals, the topic has received little attention in the policy arena. Therefore, we aimed to understand the reason for the lack of attention, with particular emphasis on women of reproductive age.

**Methods** This is a qualitative study; 34 participants from governmental and non-governmental organisations responsible for addressing homeless individuals' needs participated in in-depth interviews. A deductive analysis of the interview materials was applied using Shiffman and Smith's political prioritisation framework.

**Results** Several factors contributed to the underrepresentation of homeless women's health and well-being needs in the policy context. Although many governmental and non-governmental organisations contributed to the homeless-focused programme, there was little collaboration and no unifying leadership. Moreover, there was insufficient advocacy and mobilisation to pressure national leaders. Concerning ideas, there was no consensus regarding the definition of and solution to homeless women's health and social protection issues. Regarding political contexts and issue characteristics, a lack of a well-established structure, a paucity of information on the number of homeless women and the severity of their health situations relative to other problems, and the lack of clear indicators prevented this issue from gaining political priority.

**Conclusions** To prioritise the health and well-being of homeless women, the government should form a unifying collaboration and a governance structure that addresses the unmet needs of these women. It is imperative to divide responsibilities and explicitly include homeless people and services targeted for them in the national health and social protection implementation documents. Further, generating consensus on framing the problems and solutions and establishing indicators for assessing the situation is vital.

**Keywords:** Political priority, Health, homeless women, Ethiopia, Shiffman and Smith's framework



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## Oral presentation theme 3: Feminist Critique and Norms in Contemporary Research

### **A pilot and feasibility study of a psychosocial group intervention for parents with breast cancer**

*Maria Romare Strandh, Eva Vikhe Patil, Darija Duronja-Kokic, Pia Enebrink, Karin Stålberg, Renita Sörensdotter, Lisa Ljungman and Anna Wikman*

*Uppsala university*

**Background:** Cancer is a rising global burden, and as many as one in four adults with cancer have dependent children. Parenthood is a source of stress throughout the cancer experience, as parents are forced to balance the demands of managing their illness and their caregiving responsibilities. Despite the significant toll on parents, available psychosocial support is insufficient.

**Objectives:** In this study, the aim is to test the feasibility, acceptability and preliminary effect of a psychosocial group intervention for parents with breast cancer who have at least one child 18 years or younger.

**Methods:** This is a multi-methods pilot and feasibility study with a pre-/post- and 6-month follow-up design. The intervention is group-based

with 7 sessions over 7 weeks on parenting-related topics and include peer-support, psycho-education and skill-building. Between 1-2 support groups will be held during the fall of 2024, with approximately 5-10 participants in each group. Participants will complete an online questionnaire at three time points: before the intervention, immediately after, and at 6-month follow-up. The questionnaire includes measures of sociodemographic and health information, overall well-being (questionnaire of well-being), self-rated health, depressive symptoms (PHQ9), anxiety (GAD7), parenting concerns (PCQ), and closeness in the family (CPRS).

The acceptability of the intervention will be assessed through participant observation during the group sessions, and qualitative semi-structured interviews with participants after the intervention. The recruitment process, data collection, and procedure of the intervention will also be studied. Safety will be monitored throughout, with potential adverse events (e.g. increased levels of distress) being documented. To evaluate the preliminary effect of this support intervention, changes after the intervention in overall well-being will be the primary outcome. **Results:** Preliminary results will be presented at the conference.

**Keywords:** Neoplasms; Parenting; Psychosocial support; Psychosocial interventions