

Motherhood Truths

Open and honest conversations about motherhood



Motherhood in Cyprus

FINDINGS AND RECOMMENDATIONS
ON THE NEEDS OF MOTHERS IN
CYPRUS

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SEPTEMBER 2020



This publication was produced with the support of the Grow Civic Programme funded by the European Union. Its contents are the sole responsibility of Shirin Jetha Dagseven and do not necessarily reflect the views of the European Union.



CONTENTS

FOREWORD	3
ACKNOWLEDGEMENTS	4
INTRODUCTION	5
FINDINGS	6
Pregnancy	6
Childbirth	7
Early motherhood	8
Breastfeeding	9
Maternity and Paternity Leave	11
Employment	12
Childcare	14
Gender roles and perceptions	15
Children with special needs	16
COVID-19 and motherhood	17
CONCLUSION	18

FOREWORD

This report is the result of interactions with mothers living in Cyprus, from July to September 2020. Mothers were invited to share their experiences of motherhood and discuss any challenges they had faced, through a variety of mediums. Some women chose to write their own personal story, several had one to one interviews with me, and others participated in a focus group, which focused on motherhood and COVID-19. In addition, a questionnaire was compiled, related to many aspects of motherhood, in an attempt to establish a better understanding of mothers' experiences, as well as their needs. The survey enabled the accumulation of both qualitative and quantitative data.

In this short journey, I have heard things that have shocked me, angered me, warmed my heart and brought me to tears. But what is most evident to me, is the need for change, a change in legal texts, policy, health care, gender equality, perceptions...the list goes on. I hope this report will play a pivotal role in advocating for these changes, and that mothers living in Cyprus will be provided with the rights, support, and care that they truly deserve.

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Founder of Motherhood Truths

ACKNOWLEDGEMENTS

I would like to thank the Civic Space team for their support and the European Union for funding the Motherhood Truths project under the Grow Civic Programme.

A special thanks to all of you who liked, followed and shared my posts, and to the incredible messages of support and encouragement that have kept me going, when things felt so tough. There are too many of you to mention individually, but you know who you are, and I am eternally grateful.

But most of all, I would like to thank the mothers of Cyprus who stood up and bravely raised their voices. I had the pleasure of listening to all of your experiences and I salute you for the abundant love you show your children, the sacrifices you have made and the endless hard work you undertake in raising the next generation. I hope that I have honoured your motherhood journeys, experiences, and stories, and have done my best to incorporate as much of what you shared with me in this report. The journey to make changes for the betterment of mothers will be long and hard, and I feel I have only just scratched the surface of what is out there. However, I promise to continue and push to bring about the changes you so very much deserve.

INTRODUCTION

The next section of this report will outline the findings from the Motherhood Truths questionnaire that received an overwhelming 142 responses in five days.

Also included in the findings and recommendations, are the qualitative data acquired through the interviews and stories, and the focus group held on 28th August 2020.

Mothers from seven regions across Cyprus participated in the survey and these included Kyrenia, Famagusta, Larnaca, Limassol, Morphou/Guzelyurt, Nicosia and Paphos. From these regions, 84 women lived in the northern part of Cyprus and 58 in the Republic of Cyprus.

I make reference to the geographical distribution only to provide evidence of the similarities of mothers' experiences and the prevalence of the same needs and access to care, regardless of location and background. Despite the differences in legal texts, policies and provision of services, what remains clear is that the needs of women throughout the Island are strikingly similar.

FINDINGS

Pregnancy

The majority of the findings related to pregnancy were acquired through conversations with women. Thus, this section will not include any quantitative findings. It is worth noting that at the time the project was undertaken (July – September 2020), Cyprus, like the rest of the world, was dealing with COVID-19 and had only a few months earlier emerged from lockdown. As such, pregnant women found themselves in exceptional circumstances, some of which will be highlighted in this report. However, regardless of COVID-19, there are needs and problems faced by pregnancy in Cyprus.

The need for gynaecological health education and awareness in the northern part of Cyprus was highlighted, as one interviewee said many women do not start visiting gynaecologists for check-ups until they are pregnant. “We are not really prepared to take regular examinations when we are young girls...You are not taking medical care, you are not going to [a] gynaecologist regularly and then you usually start going to gynaecologist when you are pregnant. That was my experience, and also this was what my friends had.”

Regarding pregnancy during COVID-19, a focus group participant shared her concerns about being exposed to the disease, even during regular check-ups at hospital. It is widely known in the northern part of Cyprus that prenatal appointments and scans at private clinics are scheduled almost every two weeks, which greatly contrasts with other countries. For example, in the UK two scans are done throughout the whole pregnancy, provided there are no complications. Continuing with the UK example, current Covid-19 measures by the National Health Service include [online midwife appointments](#). In the northern part of Cyprus, while it is already debatable if the frequency of scans is necessary or even healthy, it is argued that the number of visits should be reduced so as to protect pregnant women from exposure to COVID-19, as expressed by a participant.

Moreover, studies show that pregnant women are experiencing increased stress and worry in times of COVID-19, which impacts their mental wellbeing. One anxiety effecting women, is the uncertainty of whether their partners would be allowed in the delivery room, and if they would be giving birth alone.

From conversations with mothers, it was evident that the women who felt they had more access to information and education during pregnancy felt more equipped to deal with childbirth and make informed decisions about the birth itself. Moreover, access to antenatal

courses and other such information sessions helped pregnant women feel more prepared and less anxious. In times of COVID-19, where pregnant women feel especially vulnerable, more information and organised classes should be made available and accessible to all expecting women.

Other problems experienced by pregnant women are in relation to the workplace. Both in the survey and in interviews, women claimed that pregnant women suffer discrimination in the workplace, and their rights are not protected. More information pertaining to this can be found in the employment section of this report.

Childbirth

The questionnaire asked respondents about the type of birth they had. 52% of respondents (74) said they had a caesarean birth, whilst 48% had a vaginal birth.

The World Health Organization has long recommended that the ideal c-section rate should be between 10-15% and therefore the figure of 52% is approximately four times that of the recommended rate.

Moreover, according to statistics, Cyprus has the highest rate (56%) of caesarean deliveries in Europe, with the rate being more than double that of the European average of 27%.

Of course, caesarean deliveries are necessary in some circumstances, and do save lives, but c-sections also involve risks to both mother and baby, especially in cases when they are not medically necessary. When further questioned, respondents listed various reasons as to why they had a caesarean, which included premature births, medical issues, the position of the baby, the baby being too big, risk of tearing and other complications, such as reduced heart rate and chord wrapped around the baby.

However, in an interview with one woman, it was evident that her baby was not in fact too big for a vaginal birth, but as the doctor had told her so, she was in a vulnerable position and felt she should listen to the doctor and trust him. There are also cases of doctors informing women of the need for a caesarean section, well in advance of their due date.

Respondents were asked if they felt they were able to make decisions about the birth and 84% of women stated they did. On the face of things, this figure can be viewed in a positive light, indicating that women felt empowered in the decisions, and is in part supported by 75% of respondents saying they had the birth they wanted.

However, the figures only reveal one side of a complicated picture. Interviews with women revealed that caesarean births were in some cases elected by women, not just at the time of labour, but in advance of their due date, with doctors happily agreeing to this method of delivery. There are several reasons for women opting for caesarean births, when medically not necessary. One is that they do not want to go through the pain of labour and feared a vaginal birth. There are also cases in which women opt for a planned caesarean, as it reduces the anxiety of when the baby will arrive, and the birth is then easier to plan. What also transpired is a societal pressure on women. One woman I interviewed, explained that she was questioned by family and friends as to why she was so insistent on what they viewed as the pain and turmoil of a vaginal birth.

Improved education and access to information regarding birthing options, would allow women to make informed choices about the birth process and enable their empowerment in decision making as well as reduce stigma surrounding birth.

Some women revealed that they thought doctors prefer and often try to promote a caesarean birth, as it is more convenient for the doctor, since they could schedule births, and the delivery was quicker and less complicated. One woman went so far as to suggest that caesarean births were more profitable for doctors, and the simpler, and more natural the birth, the less cost effective it was for the doctor and hospital. This is an important point to consider in Cyprus, since many women opt to give birth in private hospitals and clinics.

Additionally, these figures can also reflect the lack of choice available in Cyprus. In other countries in Europe, home births, water births, midwifery led units or birth centres are all possible birthing options for mothers. However, births in Cyprus are often undertaken as a medical procedure. As one woman said: "Non-medical birthing centres and home births should be legal. Doctors need to be re-educated and encouraged to keep c-section rates down."

Lastly, it is worth noting that 23% of women said they found the birth of their child traumatic, and the symptoms of this trauma can be seen in the next section which outlines the emotions women struggled with in early motherhood.

Early motherhood

Of the respondents, only 58% of women said they received consultation from a health care professional about their and their baby's wellbeing within the first three months of motherhood. From the qualitative information, including interviews and the focus group conducted, women who received after care said that it was something they had to seek out

and was a private service, and not something made available to them freely. From the 42% of women who did not receive any consultation, 80 % of them stated they would have wanted it.

The survey also uncovered that 45% of respondents experienced depressive symptoms in the first six months of motherhood and 50% said they had concerns about their emotional state. 15% of women experienced birth trauma and 16% of women had difficulties connecting with their child. Only 16% of women reported such feelings to a doctor, and 9% to a psychologist/therapist, while 17% did not tell anyone about their emotions. Only 11% of women received help for their symptoms.

According to the World Health Organisation, about 10% of pregnant women and 13% of women who have just given birth, experience a mental disorder, primarily depression. In developing countries, this is even higher i.e. 15.6% during pregnancy and 19.8% after childbirth. However, it is believed that post-natal depression figures are actually a lot higher, with many women feeling too scared and ashamed to talk about their feelings and ask for help. The results of the survey would very much indicate this to be true in the case of mothers in Cyprus.

Sadly, if women do not report their symptoms, they cannot receive a proper diagnosis, which can then lead to more long-term effects for both mother and child. Societal expectations and pressures are reasons why women do not talk about their feelings, which is why awareness raising and public health campaigns can play a pivotal role in educating society and mothers about postnatal depression and de-stigmatising it.

In the 2019 annual report to the World Health Assembly, it was found that midwifery care has over 50 benefits, including the reduction of medical interventions and caesarean births. Additionally, quality midwifery has also been proven to improve breastfeeding rates and the physical and mental wellbeing of mothers. Midwifery is not just about the birth itself but is a process of care for women and babies and should be offered to all pregnant women, through to birth, and including postnatal care to new mothers. Home visits for new parents are something many women requested, and feel would have helped them enormously. This would provide an opportunity for mothers to talk openly about their concerns and gain advice and access to one on one support.

Breastfeeding

92% of respondents said that they breastfeed, with 54% stating they received professional help with breastfeeding. Out of this number, 90% of women stated they found the help useful, which would suggest that professional breastfeeding help is something extremely useful for mothers.

31% of respondents stated they were unsatisfied with the length of time they breastfed, stating feelings of guilt (63%) as an overwhelming emotion. It was also indicated that women felt pressure to breastfeed from others, including family, friends, partners, and society in general. 63% of women also indicated they put great pressure on themselves to breastfeed.

From the conversations I had with women, it was evident that women felt an overwhelming pressure on themselves to breastfeed and the reasons indicated above all came into play. While it is important to promote the benefits of breastfeeding and ensure women receive adequate help and support to facilitate the breastfeeding of their babies, it is equally important that women are not made to feel judged or guilty for not breastfeeding.

There were various reasons as to why women stopped breastfeeding, with 36% of women indicating a lack of milk production. In such cases, women that I spoke to stated they felt their body had let them down in some way and it was somehow their fault. Women also stated a lack of support and the experience being painful, as well as the baby not feeding as reasons as to why they stopped breastfeeding,

Interestingly, 14% of women indicated returning to work as the reason they stopped breastfeeding. In the northern part of Cyprus, mothers working in the “public sector” are entitled to a breast-feeding allowance of two hours every day, up until the baby is six months old. Private sector employees are entitled to two hours every day, up until nine months. In the Republic of Cyprus, the allowance is one hour a day, up to nine months. In addition, in the Republic of Cyprus, there is an explicit obligation in the law for the employer to offer any facilities necessary for the purposes of breastfeeding, pumping or similar needs. This obligation does not exist in the northern part of the island. Interestingly, one of the needs that was prevalent in the survey, was for breastfeeding and pumping rooms to be made available in workplaces, as well as other public places. As one mother pointed out: “the working environment is not breastfeeding friendly. I think no company has taken the relevant measures with respect for the breastfeeding mothers' needs.”

Out of 124 respondents, 90 of them (73%) said they were breastfeeding when they returned to work. However, 34% of these women said they did not receive a breastfeeding allowance from their employer. It was revealed to me in conversations with mothers, that some women working in the private sector in the northern part of Cyprus, were not aware that the allowance was nine months. In addition, it also seems to be evident that in some cases, if the employer does not offer the allowance to women, they do not ask for it. Further research would need to be undertaken to delve deeper into this matter, but nevertheless, the results of the survey indicate a need for education and awareness raising regarding women’s rights and employer’s “legal obligations”.

Maternity and Paternity Leave

As with the breastfeeding allowance, parental leave differs in the northern part of Cyprus and the Republic of Cyprus.

In the northern part of Cyprus there are different legal texts for women working in the “public” and private sectors. Mothers working in the “public sector” are entitled to 40 days maternity leave before birth and 40 days after birth, fully paid. Private sector workers are given 16 weeks in total; usually eight weeks before birth and eight weeks after birth, but there is also the option to take two weeks off before birth and 14 weeks after birth. Two thirds of a woman’s salary during this time is paid by social security, and one third should be paid by the employer.

In the Republic of Cyprus, there is no differentiation for public or private sector employees. The total allowance for maternity leave is 18 weeks. The maximum time a mother can take after birth is 16 weeks, with the remaining weeks needed to be taken before birth. Mothers are paid their full salary.

The questionnaire asked respondents about the maternity leave they received. 9% of mothers who worked in the public sector stated they received less maternity leave than they were entitled to, while the figure was 17% for women working in the private sector.

Strikingly, out of 133 women, 67 (59%) women said they did not receive full pay whilst on maternity leave, with nearly half of these women stating that they only received three quarters of their salary paid by social security. This indicates that employers are not paying the remaining quarter that they are legally obliged to pay. Mothers also stated that it took a very long time to receive their maternity leave payment, and it was the case that some women received no payment until they returned to work, thus adding a financial strain to the family. As one woman stated: “The social insurance department should provide the salary as soon as possible, as there are serious delays of over three to four months in paying mothers.”

There was also feedback from some mothers who said they did not receive maternity leave since they were self-employed. Self-employed women are in fact entitled to maternity leave; however, the allowance is dependent on social insurance contributions. Further investigation would need to be undertaken to ascertain why self-employed women are not receiving maternity leave and if it is due to a lack of information.

When asked if the maternity leave they received was sufficient, out of the 116 women who answered, 92 (79%) replied “no”. With 28% of the total sample (142) stating they would want six to nine months maternity leave, 44% stating they would want nine to twelve months, and 18% stating they would want sixteen to twenty four weeks. Only 3.5% of women said they thought twelve to sixteen weeks maternity leave was sufficient.

There is no paternity leave as such offered in the northern part of Cyprus. Fathers are given three days off from work, but it is classed as compassionate leave and not paternity leave. In the Republic of Cyprus, paternity leave is two consecutive weeks, anytime between the week of birth and within a period of 16 weeks. Interestingly, Section 3 of the Protection of Paternity Law 2017 refers explicitly to the 'husband' being the father of the baby.

A startling 57% of respondents stated that their partners did not receive paternity leave.

Of the women whose partners did receive paternity leave, 61% of women said it was not long enough. When further questioned, an overwhelming 97% of respondents said they want longer paternity leave than the current legal texts include. 25% of women stated an ideal of two to four weeks, 36% stated four to eight weeks and 16% stated eight to 12 weeks.

These are paramount conclusions regarding the current legal framework around parental leave and indicate a huge dissatisfaction of current legal texts in Cyprus.

This was amplified by a respondent who stated: “The laws in Cyprus definitely DO NOT support mothers and children, especially for immigrants. The maternity benefit is whack in the way they calculate it basically excluding loads of women or paying them super late past the most crucial time period. Also, the maternity period in Cyprus is not realistic whatsoever, especially as a forward European Union country.”

In 2019, UNICEF researchers analysed countries according to the length of maternity and paternity leave, as well as the proportion of children between zero and six years old in childcare. According to the results of the survey, Cyprus was found one of the worst places in Europe for paid parental leave and finding affordable quality childcare, ranking 29th out of 31 countries.

Employment

81% of respondents stated they returned to paid employment after having a baby. Although some of the women from the 19% who did not return to employment stated they were not working when pregnant, the majority of women stated the following reasons for not returning to their previous jobs:

- The role was no longer suitable.
- They wanted part time not full-time employment.
- They wanted to stay at home with the child longer.
- They lost their job.

These explanations give way to a greater discussion regarding motherhood and employment, as well as policy, law, and gender equality. In this section I will only scratch the surface of this topic, but in doing so, I hope to bring awareness to some of the main issues effecting mothers in the workplace.

One is the issue of extended maternity leave, which is an undeniable need, as highlighted in the section above. Out of 113 respondents, 65% stated that their maternity leave ended and therefore they had to return to work. These statistics point to various factors and needs, and evidently what is missing in society for mothers.

One (as discussed earlier) is the need for longer maternity leave and is even more supported by 79 out of 136 respondents (58%) stating they did not feel they stayed home long enough with their baby. Furthermore, 75% of women stated that in returning to work, they found being apart from their baby, was one of the major challenges.

When women are being forced to return to work when their babies are very young, it is of course very difficult, and even more so, for “public workers” in the northern part of Cyprus, when left in the impossible situation of having to leave their 40 day old baby to return to work. 53% of women who returned to work also expressed that they found childcare issues extremely challenging and this will be examined further in the next section.

It is also important to mention here the financial burden on families. Only 33% of women stated they returned to work because they wanted to. Longer parental leave would aid families financially, but as many mothers stated, financial aid is needed for mothers and families in the form of a monthly child benefit allowance. This would greatly reduce the financial burden on families. In addition, many mothers stressed the need for free access to paediatricians, medicine, and immunisations for children.

Breastfeeding was another challenge that women encountered when returning to work, as expressed by 45% of respondents. This may again relate to the fact that the breastfeeding allowance is not being taken/offered to women and even in the cases that it is, employers are not providing adequate facilities to ensure that women can fulfil this.

Women also cited that their previous jobs were not suitable for them as mothers due to long working hours, and many respondents stated they would like the option of part time work or flexible working hours.

Changes in perspectives and the treatment of working mothers is evidently needed, and measures that enable women to fulfil their working potential, whilst not being disadvantaged for having children, should be prioritised actions. Employers need to do more to support new mothers returning to work and continue this support according to mothers’ needs. This could take the form of flexible working hours, including options to job share and part time work. This would in turn benefit employers, as ensuring a satisfied workforce leads to a low turnover of staff and greater productivity. In addition, flexible working patterns offer employment opportunities to others.

A change in attitude is also required, as women stated a lack of support within the workplace for pregnant women and mothers, and some women even feared they would lose their jobs. One Greek Cypriot interviewee expressed that she received negative feedback by colleagues due to her taking sick days for her pregnancy related sickness. This was also reflected in discussions with other women from the northern part of Cyprus.

At present, in the northern part of Cyprus there is no legal text protecting pregnant women's employment contracts from being terminated. Unfortunately, there are cases of pregnant women being sacked, although other reasons for the terminations of their contracts are stated, and if a woman wishes to sue her employer and wins the case, she is not actually given her job back, but offered monetary compensation instead.

One woman in the survey explained her situation: "My contract expired two months before the birth and my boss didn't want to renew it. I found another job one and half years later." Another woman said a company she was working for had dismissed an employee after learning she was five months pregnant, highlighting the need for legislation to protect pregnant women in the northern part of Cyprus.

In the Republic of Cyprus once a woman informs her employer that she is pregnant, she is protected from being fired from the beginning of pregnancy up to five months following the end of maternity leave. If she has been given notice, even if the employer was not aware that she is pregnant, once the employer becomes aware, notice must be withdrawn.

In conclusion, although women wish to pursue their career and return to paid employment, changes are needed to ensure that women feel empowered and not pressured in this process, in order to make the right decisions for herself, her child and her career.

Childcare

Out of 129 respondents who said they worked outside of the home, 71% said that they relied on family (not including husband or partner) for childcare. This extremely high figure can be related to a variety of factors. One reason is the short maternity leave means women having to return to work when their babies are still small. Leaving a small baby with a stranger (childminder or nursery) maybe challenging for some mothers and therefore they prefer to choose a family member to take care of their baby.

Secondly, free public childcare is limited, and private childcare is costly. Therefore, there is a financial burden to consider and private childcare may not be affordable for all families. As a result, extended families are needed to support working parents and fill the absence of public

childcare. This is an unsustainable situation and does not contribute to a functioning society as it relies on one generation facilitating the economic needs of another. Moreover, the current system relies on unpaid labour and in most cases, this is from women, as from the mothers I spoke with, it is mainly grandmothers caring for children.

Thirdly, public schools finish lessons fairly early in the day, usually noon, which means in most cases, parents are still at work and therefore rely on alternative means of childcare. It was noted in conversations with women from the northern part of Cyprus, that private schools were often preferred by mothers, not because they felt the education level was necessarily better, but because “public schools” were not a viable option, as they had nowhere for their children to go after school finished.

Finally, the lack of childcare facilities offered in workplaces also adds to problems regarding childcare arrangements. This is evident from the survey in which 90% of 121 respondents said there are no childcare facilities at their workplace, with 92% of respondents stating they would like childcare facilities at their place of work.

Affordable childcare, and childcare at workplaces, were the most requested needs that came out of the survey and from my conversations with women.

Gender roles and perceptions

From the interviews I had with women, it was interesting to see a direct correlation between those women who felt they shared the role of parenting with their partner, and their positive experience of motherhood. Moreover, women who felt unsupported often struggled emotionally and physically, as they felt they carried the whole burden of being responsibility for their children.

The questionnaire asked respondents in a relationship, if they felt they shared the role of parent equally with their partner, and only 40% of women replied positively. Moreover, 75% of respondents stated that they felt they had to fulfil certain outside expectations just because of their gender.

These statistics were very much supported by the discussion in the focus group, in which women shared their experiences of feeling overburdened as a woman and a mother. This was also reflected by one woman in her story: “While I am not a single parent woman, I often have felt alone in my co-parenting, due to the gender gap....The mental load and the general invisibility of my labour in the role as mother and woman parent, as well as primary caregiver, has led me to question how we prioritize the well-being of women.”

Children with special needs

Serious deficiencies in support and awareness for children with special needs were identified in the survey and interviews. The views expressed below are from conversations and respondents from the northern part of Cyprus only.

Mothers expressed a lack of social and health care provided by the “public institutions”, leaving parents to carry the heavy financial burden. The majority of respondents who have children with special needs, said they do not receive financial aid from the “public sector”. Most of the costs of care are covered by parents, with the relevant “public body” contributing financially to limited rehabilitation services. Parents have turned to private services to cover the lack of services and have had to personally pay for things, such as medical fees and supplies, and special needs educational facilities. One parent living in the northern part of the island said costs amount to an estimated 8,000-9,000TL (up to 1,000 EUR) per month. Those who cannot afford it have had to cut down on the care they offer to their child, which can affect the child’s development and be distressing for the parents.

One interviewee from the Turkish Cypriot community said she receives a monthly disability allowance of 2,300TL for her daughter, who has a developmental condition and suffers epilepsy and immobility. The mother cares full time for her 28-year-old daughter and provides her own physiotherapy to her daughter, as she could no longer afford private physiotherapy services. She said her application for benefits as a ‘carer parent’ was rejected as her husband earns more than the minimum wage. Minimum wage in the northern part of the island – which currently stands at 3,132TL (350 EUR) – has always been a subject of debate, with unions arguing it is not enough to afford a family, and to combat inflation and the decreasing value of the Turkish Lira. Considering the cost of medical supplies alone, many of which are converted from Euros, it is not surprising that parents find this income insufficient.

A serious demand for accessible leisure facilities for children with disabilities and their families, such as parks and swimming pools, was stressed in answers to the questionnaire, as well as in interviews with women.

One mother explained why she stopped taking her daughter to the local park: *“I don’t go to a normal park, they ask ‘what happened, what does your daughter have?’. I have to explain to people, and when I do I get upset again, I get tired... There should be a place for families to go; they should not be closed off. We can only go to Kervansaray [beach] as it is disabled friendly, we cannot go anywhere else.”*

The findings also highlighted:

- A need for emotional support for families, such as respite and counselling.

- A demand for children with special needs – depending on their level of needs – to be able to go to ‘regular’ schools with the guidance of a shadow/support teacher.
- A need for more public awareness of different developmental conditions so that children and parents are better supported and do not have to suffer social stigma, due to ignorance.

COVID-19 and motherhood

It would take a whole report to discuss the effect of COVID-19 on mothers. Thus, what follows is only a summary of the main issues I uncovered, to simply bring awareness to the struggles that women are facing.

The focus group discussion, as well as interviews with women, unveiled that during lockdown, the majority of women were taking on the role of primary carer, all responsibilities in the home, as well their paid employment responsibilities. In addition, the somewhat normal life that preceded lockdown, increased this burden further, as people returned to work, but children remained out of school. How are mothers supposed to take care of their kids, home school them, and remain a committed employer? As many mothers told me, it is an impossible situation and they feel emotionally overwhelmed and physical exhausted, as the responsibility is too much.

The authorities in the northern part of Cyprus have and continue to fail families, and especially mothers and their children. Mothers informed me that those with children in “public schools” in the northern part of Cyprus, did not receive any live online lessons during lockdown, and as such, received no proper education for approximately five months.

With the new school year, mothers expected schools to reopen in the northern part of Cyprus and yet this is not the case. When a mother asked the relevant decision-makers on what she should do as working mum she was informed to take her kids to work. As I write this, taverns, betting shops and brothels are open for business, yet children are missing out on an education, mothers are quitting jobs to take care of their kids and the long term mental health of women is in serious jeopardy. And more than ever, the extended family, especially grandmothers, are assisting in unpaid work for the failings of the decision-makers.

CONCLUSION

Conversing with mothers in Cyprus has been a unique and eye-opening experience for me. I feel privileged to have been shared with personal and real-life experiences and information, providing a window on many topics related to motherhood.

Too often, women's voices and opinions are not part of decision-making on national and global levels. Therefore, policies regarding gender equality are not actually being designed with the input of the actual target group, thus, leading to failures to protect, uphold and leverage women. Through the actions undertaken that resulted in this report, it has been my aim to provide a space for these voices to be heard, and in doing so, provide indicators for which changes need to be made in terms of legal text, policy, legislation, attitudes and perceptions. It is time to close the gap between what women want and what they are experiencing and receiving.

The main themes of requirements that are reflected in all aspects of motherhood discussed in this report, can be summarised as follows:

- More public support in the form of funding, services and facilities for mothers.
- Accessible and affordable childcare facilities, including at workplaces, as well as public funded schemes to help working families with the cost of childcare.
- Accessible and free care for children with special needs, including improved quality of care and emotional support for families.
- Better regulations to protect mothers and support families, including increased parental leave and improvement in employment legal texts to better protect pregnant women's employment contracts from being terminated.
- Education and awareness for medical professionals (on birthing options), mothers (to empower them about the birthing process), employers (on how to support working mothers), and the general public, and more awareness raising on many aspects of motherhood, as well as gender equality.
- Equal accessibility to healthcare, pre-natal and post-natal support services for all.
- Increased awareness of women rights, including maternity and employment rights and benefits.
- Improved facilities in all public places, as well as workplaces to accommodate mothers and their babies, including breastfeeding rooms and baby changing facilities.
- Quality community midwifery offered to all women, including home visits to new mothers.
- Increased involvement of fathers in parenting and the equal sharing of responsibilities.

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This publication was produced with the support of the Grow Civic Programme funded by the European Union. Its contents are the sole responsibility of Shirin Jetha Dageven and do not necessarily reflect the views of the European Union.



