

Social Support for New Mothers:
An Exploration of New Mothers' Postpartum Experiences
with Online and Offline Peer Support Environments

by

Vali Sunshine Hunting
B.A., University of Alberta, 2004

A Thesis Submitted in Partial Fulfillment of the
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ABSTRACT

The postpartum period can be a lonely experience leaving some new mothers feeling isolated and under-supported. The phenomenon of the Internet has now made social support available within cyberspace. The purpose of this thesis is to investigate first-time mothers' engagement in social support through online and offline communities. This study explored an online group of mothers from across an entire city, an online group of mothers living within a local community, and an offline comparison group. A total of 20 interviews were conducted. First-time mothers appreciated online support, as well as face-to-face social support. The citywide group provided parenting information and the online community network was popular for organizing social activities. Implications include the need for professionals to consider Internet groups as informal support resources. Additionally, increased access to high-speed Internet and computer training is required. Directions for future research are also presented.

TABLE OF CONTENTS

SUPERVISORY COMMITTEE	ii
ABSTRACT	iii
TABLE OF CONTENTS	iv
LIST OF TABLES	vi
ACKNOWLEDGEMENTS.....	vii
DEDICATION	viii
CHAPTER 1: INTRODUCTION.....	1
Background Information.....	1
Child Lists	5
Relevance and Researcher's Background	8
Research Problem and Hypothesis	8
Overview.....	9
CHAPTER 2: LITERATURE REVIEW and THEORETICAL FRAMEWORK.....	11
Introduction	11
Motherhood.....	16
Maternal Support	19
Theoretical Framework	20
Summary.....	37
CHAPTER 3: RESEARCH METHODS	38
Introduction	38
Methodology	38
Research Paradigm	39
Power-Sharing	39
Role of the Researcher	41
Study Design	43
Trustworthiness.....	51
Summary.....	52
CHAPTER 4: ANALYSIS.....	53
Introduction	53
Sample Demographic Characteristics	53
Online Community Group.....	53
Online Citywide Group	54
Online Group Combined (Community and Citywide)	54
Offline Group.....	55
Findings	56
(1) What types of support are valued by new mothers?	58
(2) In what specific context and conditions do new mothers rely on support?. 75	
(3) To what extent do online peer groups allow new mothers to experience meaningful social support among each other in an online environment and in their real-world communities?	84
(4) How are the peer support issues of new mothers on a citywide e-mail list, a community e-mail list, and new mothers who do not access online parental support similar and different?	92

Weiss's Framework.....	109
Summary.....	110
CHAPTER 5: DISCUSSION and IMPLICATIONS.....	112
Introduction	112
Discussion.....	112
Implications	125
Limitations.....	130
Future Directions.....	131
Final Thoughts	132
REFERENCES	133
APPENDIX A – Online Solicitation Letter.....	140
APPENDIX B – Recruitment Poster	143
APPENDIX C – Interview Questions	144
APPENDIX D – Online Initial Consent Form	145
APPENDIX E – Offline Consent Form.....	151
APPENDIX F – Terminology	154

LIST OF TABLES

Table 1 *Theoretical Constructs Associated with Each Research Question*57

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My mother has been an amazing source of strength and encouragement for me, and I am so very thankful for her enthusiasm. I am humbly grateful for my father, for he inspired me at a young age with his brilliantly philosophical mind and devoted work ethic. I express gratitude to my brother, for teaching me the value of friendship and unconditional love. I especially appreciate Jeremy for his never-ending love and everlasting support. Lastly, a heartfelt thank you goes to Keri, for her wisdom and caring that gives me amazing strength throughout my life's endeavors.

DEDICATION

For Lennard Ace Hunting (1947-2007). He brought compassionate mindfulness and unconditional love into this world. By doing so, he has taught me the importance of finding balance between developing the heart and the mind.

For Dr. Margaret Finlayson (1922-2005). Her love of academia inspired me to pursue my academic goals and to never give up.

CHAPTER 1: INTRODUCTION

Background Information

Every year in Canada, nearly “330,000 babies are born” (Canadian Institute for Health Information [CIHI], 2004b, p. xi). Thus, ensuring that mothers are receiving adequate support is an essential priority (CIHI, 2004a). Motherhood can be both an exhilaratingly positive and/or overwhelmingly challenging experience (Lupton, 2000). Of particular concern is the availability of postnatal social support (Warren, 2005). Usually, once a baby is born in a hospital with no complications, the mother and her newborn can expect to return home within one or two days (CIHI, 2004a; Metzger & Shocker, 2004). In Canada, mothers usually receive formal postnatal follow-up visit(s) or phone call(s) from a nurse (CIHI, 2004a). Some mothers may utilize telephone triage services, or they might access formal support from a family physician, pediatrician, midwife, and/or lactation consultant (CIHI, 2004a). In Canada, it is important to be aware of exactly what types of informal support mothers are accessing (CIHI, 2004a).

Another important aspect of motherhood is isolation (Calkins, 2000). The issue of isolation among mothers is not a recent occurrence (Langford, 2000). For instance, expectant mothers living on Canadian homesteads in the late 1800s and early 1900s experienced severe living conditions. On the rural prairies, usually mothers only received advice and support from geographically faraway family, friends, and neighbours via hand-written letters (Langford, 2000).

By combining mothers' postpartum experiences, social support and online technology, the purpose of my thesis is to explore an online parenting network.

According to the Canadian Internet Use Survey, popularity of the Internet in Canada is increasing: "The vast majority of Internet users aged 16 or older, 94%, reported personal Internet use from home during 2007, while 41% said they used it from work, 20% from schools and 15% from libraries" (Statistics Canada, 2007, ¶ 18). Also, "e-mail and general browsing continued to be the most popular online activities from home" (¶ 21). Additional characteristics of Canadian Internet users are listed below:

1. "Rates of Internet use among Canadians increased in every province between 2005 and 2007. Rates were above the national average of 73% in three provinces: British Columbia, Alberta and Ontario" (¶ 30).

2. "Rates in the two western provinces were boosted by high usage in major census metropolitan areas. In Calgary, 85% of people aged 16 and older used the Internet, as did 83% in Victoria, and 78% in both Vancouver and Edmonton" (¶ 31).

3. "The survey also showed that people living in urban areas continued to be more likely to have used the Internet than those from smaller towns and rural areas. Only 65% of residents living in small towns or rural areas accessed the Internet, well below the national average, while just over three-quarters (76%) of urban residents did so" (¶ 5).

4. "Among people born in Canada, 75% used the Internet, compared with 66% of those born elsewhere. However, the rate was 78% among immigrants

who arrived in Canada during the last 10 years. Most of these recent immigrants live in urban areas” (¶ 17).

5. “Households were divided into five equal groups, or quintiles, based on income. The vast majority (91%) of people in the top quintile (more than \$95,000) used the Internet. This was almost twice the proportion of 47% for the lowest quintile (less than \$24,000)” (¶ 8, 9).

6. “High-speed connections are becoming far more prevalent. An estimated 88% of people who accessed the Internet at home did so with a high-speed connection in 2007, up from 80% two years earlier” (¶ 19).

7. “Among people who used the Internet at home, 68% went online every day during a typical month and 50% for five hours or more during a typical week” (¶ 6).

8. “In terms of education, 84% of individuals with at least some post-secondary education used the Internet in 2007, compared with 58% of those who had less education” (¶ 14).

9. “In 2007, 96% of persons aged 16 to 24 went online, more than three times the 29% among seniors aged 65 and older” (¶ 15).

Income, education, and place of residence influence Internet use, with the majority of users living in urban areas and being both well-educated and of higher socio-economic status (Statistics Canada, 2007). The increase in Internet use in Canada has also resulted in new online networking trends.

Currently there is a vast array of electronic social networking technologies available, such as BlackBerries, palm pilots, cellphones, video conferencing,

MSN Messenger, and Facebook. A recent trend on the World Wide Web is the increasing popularity of online communities. Current trends in Canada include increased participation in online chat groups: “One-fifth (20%) of home Internet users reported contributing content by posting images, writing blogs, or participating in discussion groups. Of these people, over one-half were under the age of 30” (Statistics Canada, 2007, ¶ 23). Instant messaging is also becoming popular. Such online tools allow users to very quickly type electronic messages to one another in real time. In Canada, “some 50% of home Internet users used an instant messenger during 2007. Again, relatively more young Canadians reported going online for this reason” (¶ 24).

Findings from the Online Socialization, Social Networking, and Online Communities study indicate that in Canada, of those users who belong to an online network, 65% belong to Facebook, 20% have placed a personal profile on Classmates.com, 15% on MySpace, and 13% on Windows Live Space (Ipsos Reid, 2007, p.3). According to Senior Research Manager for Ipsos Reid, Scott Patton, “Facebook launched in early 2004, as did MSN Spaces, two of the largest sites on the Internet. The growth in use of these sites simply hasn’t been matched by any other Internet activities we’ve ever seen” (Ipsos Reid, 2007, p. 3). Although the participation rate in online communities has skyrocketed in the last few years, there is concern that eventually this growth will level off. It appears as though Internet users are either very interested in participating in online groups, or not at all (Ipsos Reid, 2007). For example,

Even though the conversion rate of visitors to users has been extremely high, nearly two-thirds of Internet users in Canada who have not already visited an online social network (63%) say they are simply not interested in doing so and seven-in-ten (69%) say they are very unlikely to visit an online social network in the next twelve months (Ipsos Reid, 2007, p. 3).

Only the future will determine what the next big trend in Internet usage will be, but for now, the current area of growth appears to be online social networks and communities.

Another important aspect of communicating online is the use of e-mail, which has many benefits. E-mail is less demanding financially than other forms of communication (McDaniel &Tepperman, 2004). Also, e-mail is an asynchronous form of communicating, allowing the writer the opportunity to respond at his/her leisure (McDaniel &Tepperman, 2004). This feature often results in better thought-out responses. Additionally, e-mail is flexible because both parties are not required to be immediately available for a conversation (McDaniel &Tepperman, 2004).

Child Lists

My thesis explores the postpartum social support issues of first-time mothers. To investigate the issue of maternal support I explored both online and offline sources of social support. Specifically, I interviewed three groups of first-time mothers living in an urban area on Vancouver Island, British Columbia, Canada: an offline group (mothers who had never accessed online support

groups) and two online groups. The participants in the online groups used an asynchronous discussion tool very similar to e-mail, known as a child list. The child lists investigated in my study are characterized by having one person send out an e-mail message, which every member on the e-mail list then receives. Any list member can reply to a posted message. Originally the child lists began as a tool designed by local mothers who had met at a community parenting class and wanted a means of staying connected. They formed a special interest group who advocate for resources in their local community. They created a website that contains various child lists and local parenting-related news and events. If a mother wanted to join a child list, she would send an e-mail to the website administrator.

The child lists were created by one of the mothers in the parenting class who also acted as website administrator and discussion monitor. When necessary, she would intervene in the discussions in order to maintain a respectful online environment. Two child lists, The Community Child List and the Citywide Child List are investigated. The Community Child List of 2004 comprised of mothers living in the same neighborhood. Through word-of-mouth, others from different neighborhoods wanted to become members; thus a second child list, the Citywide Child List, was created for mothers from all across the city. At the time my thesis was conducted, the Citywide Child List supported 120 mothers who subscribed with infants born in 2003 and 2004. When the interviews were conducted, the Community Child List consisted of 40 mothers.

The child lists were accessed by membership only. For security reasons, before a mother could join, she had to be interviewed (usually via a phone call from the website administrator). Essentially, e-mails on the child lists could be posted anytime, 24 hours a day, onto a private online discussion, which delivered posted messages directly to each member's e-mail box. There was one health practitioner who approached the website administrator and joined the Citywide Child List who was merely an observer (Irvine, Hall, & Hunting, 2005). In the past, this health practitioner had contacted the website administrator once, and that was to provide resources regarding vaccinations (Irvine, Hall, & Hunting, 2005).

My thesis is in collaboration with a larger multidisciplinary study. Dr. Irvine (Faculty of Education, University of Victoria) provided the opportunity for me to conduct my thesis as part of her larger multidisciplinary research project, *Exploring the nature and effects of community-based, cohort-based e-support on parents of infants and toddlers* (Irvine, Hall, & Hunting, 2005). It involved co-investigators and collaborators from the Faculty of Education, University of Victoria; Faculty of Nursing, University of British Columbia; and Centre of Health Promotion Studies, University of Alberta (Irvine, Hall, & Hunting, 2005). The larger study used a quantitative data collection method in the form of questionnaires, and also conducted a content analysis of online conversations. My thesis provides qualitative data to the larger study in the form of interviews. In Dr. Irvine's study, 113 mothers belonging to the 2003-2004 Citywide Child List were surveyed along with 61 mothers who belonged to an offline comparison

group (Irvine, Hall, & Hunting, 2005). Also, a content analysis of online discussion postings from the Community Child List was conducted, and statistics were generated (Irvine, Hall, & Hunting, 2005). By interviewing 10 mothers who belonged to the child lists and 10 mothers in an offline comparison group, I was able to provide the larger study with an exploration of a variety of maternal postpartum support experiences.

Relevance and Researcher's Background

Both personal and professional reasons have led me to pursue this research topic. I have witnessed first-hand the ability of the Internet to facilitate social networks and maintain relationships. For instance, my partner and I have communicated online over long distances for several years. My regular use of e-mail, coupled with several of my friends (who live in a different province) having isolating experiences during their first postnatal year, made me curious. Being of childbearing age but not yet entered motherhood, I am motivated to learn as much about it as possible. Professionally, working as a research assistant in the field of instructional technology has also shown me the communicative potential of cutting-edge technologies.

Research Problem and Hypothesis

My thesis examines social support in relation to today's societal demands on mothers. Current literature lacks research regarding peer-based online support groups for first-time mothers. In order to focus and constrict my

exploration of social support, the following four research issues were investigated:

1. What types of support are valued by new mothers?
2. In what specific context and conditions do new mothers want support?
3. To what extent do online peer groups allow new mothers to experience meaningful social support with others in an online environment and in their real-world communities?
4. How similar and different are the peer-support issues of new mothers on the Citywide Child List, the Community Child List, and those who do not access online parental support?

These four questions encompass the major findings of this thesis.

Overview

This document consists of five chapters. The first chapter introduces the thesis topic, along with a review of background information.

Chapter 2 begins with a historical review of motherhood. The literature review consists of a critical analysis of current research relevant to the following major themes: (a) motherhood, (b) maternal support, and (c) the Internet. The theoretical framework includes a review of social support theories, an earlier concept of relational provisions developed by Weiss in 1974, and socialist feminist theory.

Chapter 3 discusses the methodology used in conducting the research. It also provides an in-depth description of the study design, along with issues regarding power-sharing, the role of the researcher, and ethical considerations.

Chapter 4 states the research findings. In this chapter, I provide a voluminous description of recurrent themes that emerged from the data, and the extent of social support experienced by each of the three participant groups. Additionally, the findings are related to Weiss's (1974) framework regarding the benefits associated with online networks.

Chapter 5 discusses the major findings in relation to socialist feminist theory using a multi-systemic perspective, which includes the levels of society, community, and family. This chapter also contains methodological limitations and future implications.

In order to fully appreciate the findings of my thesis, it is important to first look back and gain a thorough understanding of motherhood in the past. Chapter 2 provides this background.

CHAPTER 2: LITERATURE REVIEW and THEORETICAL FRAMEWORK

Introduction

In order to gain a deeper comprehension of postpartum support valued by new mothers in today's society, it is important to understand previous historical influences on motherhood and recent social support research. This chapter begins with a historical review of family life and economics in Canada, followed by a critical analysis of recent literature within three spheres: motherhood, maternal support, and the Internet. A description is also provided of social support theories from the 1970s to present trends. The chapter concludes with a discussion of socialist feminism, which I have chosen to use as my main theoretical lens.

To what extent have societal changes in Canada over the past 100 years influenced parenthood? In pre-industrial times, households mostly consisted of large extended families that were immersed in an agriculturally based lifestyle (McDaniel &Tepperman, 2004). During this time, many people were tied to the land, making migration unlikely. This resulted in close-knit communities of neighbours and families in which "every family member was around the others 24-hours-a-day, seven-days-a-week" (McDaniel &Tepperman, 2004, p. 39), and often grandparents were in charge of childcare.

Industrialization in Canada resulted in families moving from rural areas to urban centres in order to follow employment opportunities (McDaniel &Tepperman, 2004). As a result, nuclear family units became the norm, because

it is easier to relocate when a family consists of fewer members (McDaniel &Tepperman, 2004). In the past, children were seen as economic assets because they could help around the house and with the farm work. As family members began to work outside the home, in factories, children became a liability (McDaniel &Tepperman, 2004). In response, parents began to have fewer children, and family life became much more private and separate from the realm of employment (McDaniel &Tepperman, 2004). Households that were originally mainly productive became consumerist. With this change in family structure also came a new division of labour among men and women (McDaniel &Tepperman, 2004).

Although fathers have become increasingly more involved in childcare over the years, the division of domestic labour remains largely unequal, with mothers undertaking the majority of the childcare responsibilities (McDaniel &Tepperman, 2004). For mothers who work full-time, this can create a very demanding lifestyle. For instance, many mothers who are employed full-time come home and then have to spend their evenings performing additional duties such as childcare, housework, and in some situations caring for aging parents (McDaniel &Tepperman, 2004).

Motherhood has been discussed and reviewed at length in the literature by feminist scholars. According to Wolf (2001), the discourse of motherhood in today's culture is described as natural, effortless, and blissful. In contrast,

Feminist historians agree that motherhood is primarily *not* a natural or biological function; rather, it is specifically and fundamentally a cultural

practice that is continuously redesigned in response to changing economic and societal factors. As a cultural construction, its meaning varies with time and place; there is no essential or universal experience of motherhood. (O' Reilly, 2006, p. 37)

Historically there is the notion that industrialization created a home life that became characterized by “the ‘full-time stay-at-home’ mother, isolated in the private sphere and financially dependent on her husband” (O'Reilly, 2006, p. 38).

After World War II (1946 to mid-1970s), society placed several expectations on the type of roles women should fulfill and how family life should operate (O'Reilly, 2006). Societal notions demanded that women stay at home (out of the paid workforce), with the expectation that they live their lives as happy housewives, who liked to clean and cook, and create a perfect family (O'Reilly, 2006). However, as McDaniel and Tepperman (2004) suggest, “in truth, there never was a golden age of the family against which we should compare modern families” (p. 48). During the post-war era, custodial mothering became popular, based on the belief that only the mother can be the caregiver of her children (O'Reilly, 2006). Specifically, custodial mothering was characterized by the notion that mothers were expected to remain at home full-time and be within close physical proximity of their children (O'Reilly, 2006). If a mother happened to be employed, then she was expected to always put her children before her career (O'Reilly, 2006).

However, during this post-war period, most of a mother's attention was focused not on her children, but rather on "keeping a clean house and serving well-prepared dinners" (O'Reilly, 2006, p. 40). Furthermore,

Children would spend their time out in the neighborhood playing with other children; seldom would children look to their parents for entertainment or amusement. And rarely were children enrolled in programs with the exception of the occasional Brownies or Cub Scout meeting in the school-age years. (p. 40)

O'Reilly (2006) noted that another form of mothering known as intensive mothering emerged in the 1980s. This intensive style is typified by the expectation that "children require copious amounts of time, energy, and material resources" (p. 39). Today's ideology of good mothering encompasses the notion that "mothers are told to play with their children, read to them, and take classes with them" (p. 40). This notion that mothers must spend quality time with their children has resulted in the following scenario:

Today, though they have fewer children and more labour-saving devices—from microwaves to take-out food—mothers spend more time, energy (and I might add money) on their children than their mothers did in the 1960s. And the majority of mothers today, unlike 40 years ago, practice intensive mothering while engaged in full-time employment. (p. 40)

Today's middle-class women often establish successful careers before starting a family (O'Reilly, 2006). O'Reilly (2006) proposed that they are merely extending the busyness associated with their professional careers into their childrearing

practices. In addition, “often these professional, highly educated women, unfamiliar and perhaps uncomfortable with the everyday, devalued, invisible work of mothering and domesticity, fill up their days with public activities that can be documented as productive and visible work” (p. 42). Thus, today’s middle-class mother is more likely to spend quality time with her children rather than devote herself to domestic chores such as cleaning and preparing meals (O’Reilly, 2006). O’Reilly (2006) noted that employed middle-class mothers may also engage in intensive mothering as a means of compensating for the guilt they may feel about pursuing their careers. Unfortunately, intensive mothering created an ideology “that women would forever feel inadequate as mothers and that work and motherhood would be forever seen as in conflict and incompatible” (p. 43).

As intensive mothering evolves, a new and upcoming theory in motherhood known as empowered mothering is emerging (O’Reilly, 2006). Empowered mothers live a lifestyle that is empowering for themselves and results in the socialization of empowered children (O’Reilly, 2006). The lifestyle of an empowered mother is best summarized by the following quote:

Empowered mothers do not always put their children’s needs before their own nor did they only look to motherhood to define and realize their identity. Rather, their selfhood is fulfilled and expressed in various ways: work, activism, friendship, relationships, hobbies, and motherhood. (p. 47)

Children do not require a mother’s time and energy 24/7, and empowered mothers do not carry out all childcare responsibilities by themselves (O’Reilly, 2006). Instead mothers share childcare responsibilities with a variety of people in

their lives, such as their partners, peers, friends, and family (O'Reilly, 2006). Because empowered mothers can be more flexible with their energy and time, this form of mothering is more compatible for mothers in the workforce (O'Reilly, 2006).

These aspects of how motherhood has changed over time brings to light some of the major issues that many mothers face today, such as mobility, careers, and the division of labour. The brief historical review of motherhood above provides background information needed to fully understand maternal social support within our modern age as discussed below. Below is a critical review of recent studies that address the transition into motherhood. Reference is made to research from Britain (UK), Ireland, Canada, the United States of America (USA), China, and Australia.

Motherhood

The transition into motherhood encompasses a variety of changes, both positive and negative (Lupton, 2000). Often first-time mothers experience a variety of feelings such as “primal, joyful, lonely, sensual, psychologically challenging, and physically painful” (Wolf, 2001, p. 1). The first postpartum six months can be a particularly challenging transition period (Lupton, 2000). Wolf (2001) suggested that many women are vastly under supported in their transition into motherhood. In the literature, a popular theme is the link between motherhood preparedness and postpartum experience. For example, Lupton (2000) collected data by separately interviewing 25 couples during both the

prenatal and postnatal periods. Results revealed that first-time mothers were unprepared for the difficult experience of trying to fulfill childcare expectations while adjusting to their new motherhood identity (Lupton, 2000). As the participant group is small and there is a lack of diversity among participants, the results are not representative of the general population.

In a meta-synthesis, Nelson examined nine qualitative studies in relation to maternal transition, with most participants being first-time mothers in North America or Australia (Nelson, 2003). Findings revealed that the transition into motherhood required mothers to be actively involved and committed to their new identity in order for them to grow and transform (Nelson, 2003). Five major themes were found to influence maternal transition: (a) commitment to mothering, (b) disruptions to daily life, (c) changes to relationships with others, (d) issues of self, and (e) deciding to return to work (p. 471). Nelson also found that “women were overwhelmed and largely unprepared to deal with maternal transition, despite preparatory efforts” (p. 476). This study made an important contribution to women-centered research because current literature lacks any previous meta-synthesis on the topic of maternal transition (Nelson, 2003). The results of Lupton’s study (2000) were similar to those of Nelson (2003); both found mothers overwhelmed in their new role.

By investigating first-time mothers’ use of child lists, my thesis will build on the following recommendations by Nelson (2003): (a) “further research directed toward identifying specific interventions experienced as supportive and helpful from the perspective of parents would enable nurses to increase their

awareness, provide more meaningful care, and facilitate the teaching of effective interventions to new nursing personnel” (p. 476), (b) that “a proactive, honest, reality-based approach aimed at altering maternal expectations of the postpartum could be directed at counteracting the feelings of inadequacy often experienced by new mothers” (p. 476), and (c) “the use of peer role models could be integrated into postpartum intervention programs, in the form of mothers for whom the experience of new motherhood is still fresh” (p. 476). As in Lupton’s study (2000), because the participant group lacks diversity, the results of Nelson’s research (2003) cannot be generalized to the public.

In their qualitative study, Shelton and Johnson (2006) explored the experiences of first-time mothers aged 30 years or older. Five mothers were asked questions about motherhood. A variety of topics were discussed, such as: “little disruption; of loss, of being subsumed by motherhood, depression and sadness; of drudgery and invisibility; of anger and hostility; of demands and conflicts; of normative development; of achieving new and positive aspects of identity; and of growth” (p. 328). Mothers noted the benefits associated with having children at a later age (such as psychological readiness); however, there was also a theme of challenging identity integration as a result of mothers having to alter their previously established identities and lifestyles (Shelton & Johnson, 2006). Shelton and Johnson noted that there is “the need for realistic portrayals of motherhood to be embraced and promoted within both community and clinical domains” (p. 328). A valuable aspect of this study is that it addressed a rarely discussed topic in the literature, delayed motherhood.

Maternal Support

Warren (2005) studied first-time mothers living in Ireland. Warren explored the amount of confidence the mothers had in their childrearing abilities, and identified a variety of postnatal supports. Quantitative data was collected via a questionnaire completed during the postnatal period by 99 first-time mothers (Warren, 2005). Warren found that a first-time mother's husband/partner and her own mother provided a great deal of support, and public health nurses provided most of the professional support. According to Warren (2005), there remains a need to capture more detailed accounts of mothers' social support experiences.

Miller and Darlington (2002) explored various sources of support for dual-parent low-income families. Results indicated that a primary source of support was provided by one's parents (Miller & Darlington, 2002). In terms of the different kinds of support provided, emotional and informational support was usually supplied by family, friends, and one's parents, especially when children were under the age of 5 (Miller & Darlington, 2002). Along with emotional and informational support, one's parents also contributed money, gifts, and helped with day-to-day activities. Among parents of older children, they found that informational support from family members decreased, while peers remained an important source for informational and emotional support (Miller & Darlington, 2002). Miller and Darlington (2002) recommended that families should have a variety of support resources in order to prevent support-provider burnout. Also,

they noted that it is useful to assist families to further develop sources of support that already exist in their social networks (Miller & Darlington, 2002).

Theoretical Framework

Overview of Social Support Research and Theories

Research on social support first became established in the 1970s, followed by increasing popularity in the 1980s and 1990s. Caplan (1974), Cassel (1976), and Cobb (1976) are pioneering authors of social support (Vaux, 1988). They brought social support and its protective factors to the forefront of academic research.

Caplan's research (as cited in Vaux, 1988) in community health promotion focused on the notion of the support system. According to Caplan (1974), the support system "is not limited to family and friends, but includes mutual-aid groups, neighborhood-based informal services, and the aid provided by community caregivers such as clergy" (as cited in Vaux, 1988, p. 6). Caplan also helped define the various types of aid provided by support systems such as: "helping one mobilize psychological resources to manage emotional problems; sharing demanding tasks; and providing materials, money, skills, and guidance to help in dealing with specific stressors" (as cited in Vaux, 1988, p. 6). Caplan also emphasized formal caregivers and their role in the utilization of informal support systems (as cited in Vaux, 1988).

In 1976, Cassel wrote "The Contribution of the Social Environment to Host Resistance," a groundbreaking article that helped change the way people thought

about diseases. Historically it was believed that when people came into contact with germs, they automatically became sick. Cassel (1976) wondered why many people are in constant contact with germs, but only some get sick. He urged people to consider the role of the social environment (e.g., stress as a generalized environmental component) in increasing susceptibility to disease. Cassel reviewed several studies and found that changes in one's social environment can trigger stress, which can make a person vulnerable to physical disease and decreased mental health. He noted the need for future researchers to identify major life events that are usually interpreted as stressful, and to determine which factors are protective. Cassel (1976) has changed the way people think about diseases by highlighting the need to strengthen social support in order to protect against environmental stress.

In "Social Support as a Moderator of Life Stress," Cobb (1976) focused on social support and its protective factors, especially when dealing with major life transitions. He also provided a definition of social support. He defined social support as information that leads a person to believe that he/she: (a) is cared for and loved, (b) is esteemed and valued, and (c) belongs to a network of communication and mutual obligation (Cobb, 1976, p. 300). He reviewed numerous studies and found that, during acute stress, social support can be protective by helping people cope and adapt to their new environments. Cobb (1976) encouraged future researchers to determine the mechanisms involved in supportive protective factors.

In the field of social isolation and loneliness, Weiss (1974) produced a framework described in “The Provisions of Social Relationships” that included the following six dimensions: (a) attachment, (b) social integration, (c) opportunity for nurturance, (d) reassurance of worth, (e) a sense of reliable alliance, and (f) the obtaining of guidance. Weiss (1974) noted “not all these provisions will be of equal importance for all individuals. Different phases in life, different immediate concerns, and perhaps different character structures and different tastes may make for different valuing among the relational provisions” (pp. 24, 25). After Weiss’s (1974) pioneering framework helped define various components of social support, researchers (largely in the 1980s) began creating numerous measurement tools to use in the further investigation of social networks.

In the 1980s, researchers began to investigate social support from a variety of perspectives. For example, Cohen and Wills (1985) established the stress-buffering hypothesis. In times of stress, the buffering model exists when people perceive that others are readily available who can provide them with the required support and resources (Cohen & Wills, 1985). This perception in turn increases a person’s coping ability, thus reducing stress (Cohen & Wills, 1985).

Additionally, in the field of social support the main-effect model exists. According to this model, people benefit from connecting with a large network of supportive people (Cohen & Wills, 1985). Belonging to a caring group creates positive experiences, predictability, and recognition of self-worth (Cohen & Wills, 1985). This embeddedness has a generalized, overall positive effect on people’s wellness and healthy behaviors (Cohen & Wills, 1985).

Brown developed the theory of identity-disruption formulation (as cited in Swann & Brown, 1990); based on the notion that feedback from others reinforces one's identity. Major life events create changes in people's identities and create uncertainty in their lives. As people perceive a loss of control over their environments, they may experience decreases in functioning, such as anxiety and a compromised immune system (as cited in Swann & Brown, 1990). In order to gain a sense of control, people are inclined to create social networks consisting of those who reinforce their current self-identity (as cited in Swann & Brown, 1990).

In Sosa, Kennell, Klaus, Robertson and Urrutia's study, it was found that expectant mothers benefit from social support during labor. Social support was in the form of companions who helped mothers with physical discomfort and assisted in keeping them relaxed. Pregnant women who gave birth with a female companion by their bedside during labor experienced fewer complications, and were more interactive with their newborns immediately following delivery (as cited in Cohen, Gottlieb, & Underwood, 2000).

Cutrona (1984) conducted a study among first-time mothers. This study investigated depression, stress, and the six dimensions of relational provisions (as described by Weiss in 1974) (Cutrona, 1984). Information was collected from mothers during their pregnancies, at 2 weeks, 8 weeks, and at 1 year postpartum. Results indicate that mothers who lacked social integration, reassurance of worth, reliable alliance, and guidance were more likely to experience depressive symptoms (Cutrona, 1984, p. 384). Interestingly, the

results do not support the buffering hypothesis, as social support appeared to have less of a protective influence from depression on mothers who experienced higher levels of postpartum stress (Cutrona, 1984). Cutrona hypothesized that this may be due to a threshold level being reached where mothers became overwhelmed and unable to effectively utilize available social support making them prone to depression.

Garbarino has contributed many articles on social support, particularly in relation to family wellness and child development. He presented an ecological perspective on social support theory and its implications for practice, noting the need for professionals to become familiar with the context of a client's social environment (Garbarino, 1986). He also highlighted the interconnectedness of the many influences that affect children and families (Garbarino, 1986). In emphasizing the importance of the client-professional helper relationship in accessing social support, Garbarino (1986) noted the vital role that professionals can play in helping others increase their wellness and in connecting others with vital services and social support resources.

Current researchers are trying to determine how macrosocial structures like gender, ethnicity, and socio-economic status influence formal and informal support usage (Campos, Schetter, Abdou, Hobel, Glynn, & Sandmand, 2008; Cetingok, Winsett, Russell, & Hathaway, 2008; Kim, Sherman, & Taylor, 2008; Richmond, Ross, & Egeland, 2007). With the increasing advancement of technology, the Internet is another recent influence in social support theory that is currently being investigated across a diverse array of populations. Below is a

review of recent key studies that describe the phenomena of online networks and how they are being utilized by people with health issues, parents who have children with particular health issues, and parents of the general public.

Health-related Online Social Support

In the field of nursing, LaCoursiere (2001) developed a holistic theoretical model of online social support. LaCoursiere (2001) recognized the need to integrate the various definitions and concepts of online social support from a variety of disciplines. A person accesses online social support when there is a perceived or actual change in one's health status (LaCoursiere, 2001). Health is defined as "a dynamic process that fluctuates over time" (LaCoursiere, 2001, p.65). To obtain a deeper appreciation of the individual, mediating factors are explored when online social support is first accessed (LaCoursiere, 2001). Online social support is measured and investigated through three filters: perceptual, cognitive and transactional (LaCoursiere, 2001). The final part of the process involves linking. According to LaCoursiere (2001), linking occurs when an individual integrates previous information and knowledge to form new personal insights and awareness. As the phenomenon of online support continues to grow and evolve, the Online Social Support Theory by LaCoursiere (2001) provides a valuable and comprehensive model for future nursing research.

Online networks provide support, practical information, and shared experiences. Madara (2000) noted that, within the context of self-help groups for people with health issues, when online members share their experiences,

strengths, and hopes, they often receive feedback and reassurance. Also, in an online community environment, those who have previously had similar experiences can act as role models for others (Madara, 2000). By helping one another, members may improve their self-worth. In addition, professionals in a group can answer general questions and provide knowledgeable advice (Madara, 2000).

Online Parental Support Groups

A study conducted by Baum (2004) included online parents who were raising children with particular health care issues. Data was collected via an online survey from 114 parents. Parents noted the source that was deemed to provide the least amount of support were nurses and clergy (Baum, 2004). Reasons for this include: (a) only parents can offer experiential knowledge, (b) parents can reveal everyday truths, and (c) often health professionals provide hierarchical one-right-way answers (Baum, 2004). There were several benefits associated with the online groups. Parents noted that they received useful information, were able to improve their parent-child relationships, and found people who trusted and understood them. Family members and spouses/partners were found to be a major source of emotional support for parents. These findings verify the results of Miller and Darlington (2002) who also found parents to be an important source of support.

Burrows, Nettleton, Pleace, Loader, and Muncer (2000) briefly analyzed the discussion postings of several online groups. The discussion postings of a

particular group revealed that parents used it mainly to collect information. Furthermore, it was found that parents appeared to be collecting as much information as possible on a particular parenting topic before making their own decisions. Burrows et al. (2000) also made the following recommendations regarding the need for future research: “We need to know how participants *experience* the Internet: What do they gain from it? What impact does it have on their lives and their *selves*?” (p. 116).

In the literature, previous research of online support for mothers emphasized that the majority of the responsibility for providing postpartum maternal support resides with health practitioners and nurses, and it has provided less information on the role of peer support (Borjesson, Paperin, & Lindell, 2004; Metzger & Shocker, 2004). For example, Eysenbach, Powell, Englesakis, Rizo, and Stern (2004) reviewed the literature of health-related online communities; out of 12,288 potentially relevant references, only six studies contained “‘pure’ peer to peer interventions” (p. 1167).

Online Support Groups for Mothers

Madge and O’Connor (2006) examined utilization of a parenting site by first-time mothers. They studied a parent website that was open to the public and anyone could join. Data was collected via an online survey (115 respondents) and online group interviews (16 respondents) from participants associated with a parenting website known as Babyworld (O’Connor & Madge, 2004). One of the greatest advantages of the asynchronous parenting website was the 24/7

convenience factor. For example, “73% of the parents found the convenience of the Internet...the ability to log on at anytime and the immediacy of the responses to questions important” (O’Connor & Madge, 2004, p. 361). Mothers valued the website because the advice given was from other parents who could provide recent and up-to-date advice (O’Connor & Madge, 2004). Also, the anonymity associated with the Internet may be of benefit for some users. O’Connor and Madge (2004) found that the anonymity associated with the parenting website allowed participants the freedom to express themselves and not feel judged by others. In regard to social support, they found that the parenting website accessed by new mothers “played a central role in providing virtual social support, increasing the women’s ability to cope with new parenthood, and the ‘shared experience’ it provided was important in the transition of identity to motherhood” (O’Connor & Madge, 2004, p. 365). As O’Connor and Madge (2004) also suggested, “the Internet provides users with an additional source of advice and information which increases their real sense of empowerment in the transition of identity to motherhood” (p. 365). It was found that online friendships formed through the parenting website did not replace the need for real-world support and face-to-face companionship (O’Connor & Madge, 2004).

Drentea and Moren-Cross (2005) explored the topic of social capital among mothers using online bulletin boards to communicate with one another. The mothers belonged to cohort groups based on the month their child was to be born. Discussion posts were qualitatively analyzed, and quantitative data was collected in the form of demographic information. Results revealed informal

information sharing provided mothers with the opportunity to normalize their experiences, and share formal information from professionals and organizations (Drentea & Moren-Cross, 2005). They found a safe place for women to become empowered by sharing their stories. Drentea and Moren-Cross (2005) proposed that future research should determine whether or not mothers who do not belong to an online group are limited in having their support needs satisfied. My thesis also investigates child lists that mothers belonged to based on the age of their newborns. This type of online group setup is beneficial because mothers are more likely to share similar concerns and issues as their infants experience developmental milestones around the same time.

Sarkadi and Bremberg (2005) conducted an online survey of the largest parenting website in Sweden. Of the 2221 online participants, 95% were female, and their average age was 30.6. The majority of the mothers were married, 5.1% were single parents, and 68% earned the national average income or less. Online mothers received more support when they had regular contact with other online parents, used the website as a primary source for parenting information, and placed more value on advice from peers rather than experts (Sarkadi & Bremberg, 2005).

In a more recent study, Chan (2008) explored a parenting online chat room in Hong Kong. Participants were largely middle-class mothers of school-aged children (who resided in nuclear families). Many of the mothers were employed full-time and accessed the parenting chat room during the daytime while at work (Chan, 2008). There were approximately 50 to 60 mothers who

contributed to the chat room. Because there were no specialists to provide information or any advertising, the postings were very peer-based and community oriented (Chan, 2008). Chan was able to collect information via participant observation and by content analysis of chat room postings. Most of the topics discussed by the mothers focused on their children's school-related issues and events (Chan, 2008). Chan's findings are unique because they highlight the fact that full-time employed mothers (while at their workplaces) can receive online social support for parenting.

Social Support Summary

The movement in social support research commenced with the pioneering work of Caplan (1974), Cassel (1976), and Cobb (1976). Weiss's (1974) framework also greatly helped to define social support. In the 1980s, the concept of social support became even more defined and measured. Cohen and Wills (1985) developed the buffering hypothesis. If people perceive that support is available, then they are better able to cope with stress. Recent research is focusing more on larger societal influences like gender, ethnicity, and socio-economic status and their influences on the use of local social support networks.

More recent research of social support theories involves the use of online support groups. Although the specific processes and constructs of social support in online parenting groups are still being explored, previous research reveals that online groups are providing many empowering and supportive benefits to members (Baum, 2004; Burrows et al., 2000; Chan, 2008; Drentea & Moren-

Cross, 2005; Madara, 2000; Madge & O'Connor, 2006; Sarkadi & Bremberg, 2005). The past decades of research have produced many definitions of the term, social support, which has created a great deal of diversity within the field. There is now an enormous variety of concepts, methods of measurement, models, and theories, for today's researchers to utilize when investigating social support.

Weiss's Research

My thesis is the qualitative, interview portion part of a larger multidisciplinary project. I first became introduced to Weiss's pioneering work when designing the thesis at the same time the larger research project was being established. The latter is based on the social support framework developed by Weiss (1974) by collecting quantitative data via a survey instrument known as The Social Provisions Scale (Cutrona & Russell, 1987). Cutrona & Russell (1987) developed the survey to specifically investigate the six dimensions of Weiss's (1974) social support framework. I have incorporated Weiss's (1974) framework into my thesis because it is a key piece of literature in the realm of social support, and it makes my thesis more consistent with the theoretical design of the larger research project.

My thesis provides a modern-day technological twist to the fundamental idea of social isolation and maternal support. In order to have wellness in everyday life, Weiss (1974) noted that a person requires a variety of different

relationships because each type provides specific supports, also known as provisions. Weiss's framework comprises six categories of relational provisions:

1. *Attachment* is provided by relationships from which participants gain a sense of security and place. In the presence of attachment-providing relationships, individuals feel comfortable and at home. Without these, individuals feel lonely and restless.
2. *Social integration* is provided by relationships in which participants share concerns, or, even better, provided by a network of such relationships.
3. *Opportunity for nurturance* is provided by relationships in which the adult takes responsibility for the well-being of a child and so can develop a sense of being needed.
4. *Reassurance of worth* is provided by relationships that attest to an individual's competence in a social role.
5. *A sense of reliable alliance* is provided primarily by kin.
6. *The obtaining of guidance* seems to be important to individuals when they are in stressful situations. (pp. 23, 24)

Comparing the experiences of new mothers living in a modern society with Weiss's framework from 1974 provides new insights into the capacity of online networks to facilitate support and connectedness among users.

Socialist Feminism

According to Auerbach and Silverstein (2003), “your theoretical framework is the set of beliefs about psychological and social processes with which you approach your research study” (p. 46). I chose to use a theoretical paradigm of socialist feminism for my thesis because it is akin to the current trend in social support research that is investigating the influence of macrosocial structures on microsocial support systems.

Socialist feminism is a blend of socialism and feminism (Radical Women, 2001). Socialism is a movement designed to attain social change, specifically, focusing on creating change so that previously oppressive structures within the realms of production, wealth, and state power are dismantled in order to establish a more egalitarian, democratic, communal society (Radical Women, 2001). Feminism focuses on the rights of women and creating equality between both sexes (Radical Women, 2001).

Due to their advocacy for social and economic change, socialist feminists are responsible for several major accomplishments (Philipson & Hanson, 1990). For example, throughout many universities, social feminists helped create women’s studies programs (Philipson & Hanson, 1990). Also, they helped shape modern-day parenting roles by emphasizing the need for co-parenting (Philipson & Hanson, 1990). Socialist feminists have also highlighted the need for equal pay rates for men and women, how their contributions are both equally valuable, and raised awareness regarding the feminization of poverty (Philipson & Hanson, 1990).

The development of socialist feminism includes roots in Marxism (Philipson & Hanson, 1990). Marxism provided a systematic framework for describing the oppression of the lower class (proletariat) by the upper class (bourgeois) (Philipson & Hanson, 1990; Radical Women, 2001). Marxism supported the notion that women were oppressed because they did not participate as producers in the paid market economy (Philipson & Hanson, 1990). Although Marxism dealt with the issue of women's oppression, it did not address the value of unpaid domestic labor within the spheres of home and family (Philipson & Hanson, 1990). As women joined the paid workforce, they soon realized that their workload had doubled and that they were now responsible for their paid employment duties, in addition to most childrearing and domestic tasks (Radical Women, 2001).

Another aspect to evolve within socialist feminism is the dual systems theory in which two mutually dependent systems, known as capitalism and patriarchy, exist (Holmstrom, 2002; Philipson & Hanson, 1990). Dual systems theory states that women are oppressed by patriarchy (a gender hierarchy where women are oppressed by men) and capitalism (an economic system of control, usually ruled by men) (Philipson & Hanson, 1990). Future social change brought on by socialist feminism strives to create a society where both genders live with equal status, opportunities, and freedoms within all aspects of modern life (Philipson & Hanson, 1990; Radical Women, 2001).

Another issue faced by women from a socialist feminist perspective involves the gender system (Philipson & Hanson, 1990). Rubin proposed that

women's oppression was primarily due to the gender system and that the economic aspects are secondary (Philipson & Hanson, 1990). According to Philipson and Hanson, features of the gender system include gender identity, marriage arrangements, and kinship hierarchy. The gender system is culturally flexible because it focuses on how each unique society maintains gender roles (Philipson & Hanson, 1990).

In an attempt to further describe modern-day socialist feminism, Ehrenreich (2005) challenged us with the following narrative:

You are a woman in a capitalist society. You get pissed off: about the job, the bills, your husband (or ex), about the kids' school, the housework, being pretty, not being pretty, being looked at, not being looked at (and either way, not listened to), etc. If you think about all these things and how they fit together and what has to be changed, and then you look around for some words to hold all these thoughts together in abbreviated form, you'd almost have to come up with 'socialist feminism.' A lot of us came to socialist feminism in just that kind of way. We were searching for a word/term/phrase which would begin to express all of our concerns, all of our principles, in a way that neither 'socialist' nor 'feminist' seemed to. (p. 70)

This describes how women are influenced by a variety of spheres and power systems in their daily lives.

Over the years, socialist feminism has undergone a vast transformation. It became particularly evident with the women's liberation and civil rights

movements of the 1960s that were based on the need to confront systemic inequality in order for women to achieve more power and status (Philipson & Hanson, 1990). Initially a grassroots movement with a strong presence in the public sphere, socialist feminism eventually moved mainly into the realm of academia (Philipson & Hanson, 1990). Women in the Western world have many of the same equal opportunities and rights as men. For them, contemporary feminism focuses on personal freedom; now they want the freedom to be who they truly are (Sommers, 2008).

By using the theoretical lens of socialist feminism, I am able to bring attention to larger macrosocial issues (such as capitalism and gender roles) that silently affect the daily experiences of many mothers in today's middle-class society. Specifically, I examine macrosocial issues within the realms of society, community, and family. On a microsocial level, by participating in my thesis, each mother has shared her personal story about living within a sphere of interconnected systems and cultural norms. For example, several mothers told a similar struggle of identity transformation. Before going on maternity leave, many held very demanding and rewarding full-time careers. This brings to light the issue of women pursuing full-time paid careers. On a community level, is there enough formal and informal support resources available for mothers on maternity leave? How do women handle the transition on a daily basis as their lifestyles are transformed from full-time paid employment to stay-at-home full-time mothers? These and other macrosocial issues are discussed in more detail in chapters 4 and 5.

Summary

Several themes are evident in the literature review. First-time mothers may consider themselves unprepared to meet the challenges of motherhood, and it becomes apparent that they might struggle with their identity transformation while striving to achieve societal ideals of the perfect mother (Lupton, 2000; Nelson, 2003). When children are young, parents access a large amount of support from their own parents and then more support from peers as their children become older (Miller & Darlington, 2002). Mothers value the informational and emotional support received from participating in online parenting websites (Chan, 2008; Drentea & Moren-Cross, 2005; O'Connor & Madge, 2004). Online parenting support is found to act as an additional tool to face-to-face interaction and support (Chan, 2008; O'Connor & Madge, 2004). In general, previous academic literature is limited in its exploration of online parenting support groups. The support needs of mothers who do not/cannot access online resources are scarcely mentioned. The literature is deficient in regards to the experiences of online peer-based social support for the average new mother.

The findings of this thesis are discussed in relation to Weiss's framework in chapter 4, and linked to socialist feminist theory in chapter 5. The next chapter, Chapter 3, presents a detailed description of the methodology used, the research paradigm, issues of power-sharing, my role as a researcher, and ethical considerations.

CHAPTER 3: RESEARCH METHODS

Introduction

In this chapter, I present the design of my study and review issues related to a qualitative approach, power-sharing, and my role as a researcher. I also describe the grounded theory approach and detail my research methods. Lastly, I explore the issue of trustworthiness within the qualitative paradigm.

Methodology

A grounded theory coding approach was used to analyze the data (Auerbach & Silverstein, 2003). Qualitative data was collected via 20 in-depth face-to-face interviews with first-time mothers. The unit of analysis (the level of inquiry) focused at the levels of the individual and groups (Marshall & Rossman, 2006, p. 33). Thus, the data was thematically analyzed on three levels: (a) on an individual basis, (b) as online and offline groups, and (c) within the online group as a community group and a citywide group.

Although the majority of the child lists on the website were created for mothers, there was also a child list created just for fathers. However, the fathers-only child list had 10 members and was not very active. Due to the larger membership and discussion activity on the mothers-only child lists (and in accordance with the requirements of the larger research project), this thesis centers on issues associated with motherhood. Since the majority of mothers were of higher socio-

economic status, this thesis will focus on aspects associated with urban middle-class women.

Research Paradigm

I chose a qualitative research approach for my study for several reasons. A qualitative paradigm was the most appropriate method for blending socialist feminism and Weiss's (1974) framework. According to Marshall and Rossman (2006), "many qualitative studies are descriptive and exploratory: They build rich descriptions of complex circumstances that are unexplored in the literature" (p. 33). It provided the flexibility needed to explore such a new topic and to establish a foundation of knowledge for future research (Auerbach & Silverstein, 2003). This study also used a qualitative approach because motherhood can be a very personal experience; this needed to be addressed using a means that would capture information on a personal level. A flexible means was needed to capture each mother's unique conscious subjective experience (Auerbach & Silverstein, 2003). Because my thesis contains 3 different participant groups, a qualitative research technique was particularly useful because it allowed for investigations of differences between and within groups (Auerbach & Silverstein, 2003).

Power-Sharing

Several "characteristics of the qualitative paradigm contribute to power sharing" (Auerbach & Silverstein, 2003, p. 126):

1. The qualitative paradigm focuses on the voices of the participants.

Therefore, the experts are the participants, rather than the researchers

2. The research is hypothesis-generating, rather than hypothesis-testing.

This acknowledges that:

- a. There are variations in experience, rather than a universal norm.
 - b. The researcher may not know enough about the phenomenon under study to generate a valid hypothesis
3. There is an assumption of collaboration and partnership between the researcher and the participants. This makes it more likely that the outcome of the research may be relevant to improving the lives of participants, and not simply furthering the career of the researcher
 4. The qualitative paradigm includes a reflective stance that provides the opportunity for the researcher to examine her or his biases. Accepting responsibility for examining oneself increases the probability that the research process will not be exploitative or oppressive for the participants.
- (p. 126)

These characteristics of power-sharing also reflect the values of the CYC profession (University of Victoria, School of Child and Youth Care, 2007). For instance, by giving the mothers the opportunity to relate their stories, they became empowered as they expressed their voices (University of Victoria, School of Child and Youth Care, 2007). Secondly, acknowledging variations in experience reflects the CYC value of diversity; this was accomplished by honoring each mother's experiences by collecting in-depth personal information (University of Victoria, School of Child and Youth Care, 2007). Thirdly, the value of collaboration and partnership is also in accordance with CYC core values (University of Victoria, School of Child and Youth Care, 2007). Participants were

included throughout the research process and given the opportunity to read the transcripts of their dialogues. Lastly, reflexivity is also an important value within the field of CYC (University of Victoria, School of Child and Youth Care, 2007). By reflecting on my personal biases and lenses that I bring to the study, I became more aware of my role as a researcher. For these reasons, a qualitative approach was a harmonious fit, allowing me to encourage power-sharing while promoting CYC values within the realms of community, practice, and academia.

Role of the Researcher

Within the qualitative paradigm, it is important for researchers to be reflexive by examining their personal opinions and experiences and how they might influence their research (Auerbach & Silverstein, 2003). Additionally, other researchers are better able to evaluate the conclusions of a study when they are aware of an investigator's personal perspectives (Auerbach & Silverstein, 2003). In an attempt to be reflexive and bring my bias into the open, I describe my background experiences and beliefs.

I am a Caucasian Canadian woman of European decent in my early 30s. I was born and raised on the prairies in Edmonton, Alberta. Currently I am living with my partner in Kelowna, British Columbia. All of my family resides in Alberta. My mother was a full-time stay-at-home caregiver until I was nine years old. Then she decided to enter the workforce full-time and established a career as a picture framer. My father was college educated and employed for most of his life as a biomedical technician. I grew up in a household of Buddhist faith. My parents

taught me the importance of compassion and displaying understanding towards others. In 2004 I received my Bachelor of Arts degree from the University of Alberta, with a major in psychology. Having a keen interest in children; I filled my timetable with as many developmental psychology classes as possible. I also conducted a 16-month internship at the University of Alberta, as a research assistant, on a team that specialized in the evaluation of innovative instructional technologies. Thus, I witnessed first-hand the tremendous potential of the Internet, especially the ability of online tools to facilitate long-distance communication. My minor in sociology exposed me to the hidden power systems that exist within today's society. I became interested in the struggles and issues of the working mother. As a result, I have taken several family sociology courses.

At the time my thesis was being conducted, my best friend (who lives in a different province) had become a first-time mother and had a rather negative postpartum experience. She had recently moved to a new city and struggled to make new friends. With her partner frequently working out of town and few family members living nearby, she became very isolated and struggled as she transitioned into motherhood. Also, my immediate peer group consists of women who work full-time in the paid workforce and are reluctant to have children, largely based on the unsupportive environments that may become their reality. None of my immediate peers have family members who live in the same province. All of my peers work full-time and live in urban neighborhoods characterized by seniors and young professionals. If one of my immediate peers were to enter motherhood, she would have to make a whole new friendship

network with other parents. All of these experiences, along with my personal values of supporting others and making this world a better place, were brought to my thesis study. I realize that the factors mentioned above influence my perceptions of the world around me and affect my research work.

Networking and partnering this thesis with a larger multidisciplinary research study involving several institutions has been very favorable for several reasons. As a master's student, I have been given the valuable opportunity to conduct my thesis research within an intense learning environment. By collaborating with a team of professionals and academic researchers, I was able to learn about the research process from start to finish. Furthermore, I was able to gain hands-on experience that provided me a deeper understanding of grant writing, research design, data collection, and dissemination.

Study Design

Recruitment

Online participants were recruited via an e-mail posted to mothers on the Citywide Child List. It asked them to participate in a survey and/or content analysis of their postings and/or an interview (for Online Solicitation Letter, see Appendix A). They could express their interest in participating by sending me an e-mail or phoning me at a research lab on campus. If I was unavailable by phone, interested participants could leave a message on the answering machine.

Within a 24-hour period, I returned their messages to arrange for an in-depth face-to-face interview at their convenience.

Mothers in the offline group were recruited via posters displayed at several community centres, recreation centres, daycares, and parks (for a sample of the recruitment poster, see Appendix B). In addition, in several cases mothers encouraged their friends to apply to participate in the study, and if they met the criteria, I accepted them. After seeing a poster advertising the study, a community nurse typed out the recruitment information and e-mailed to a group of mothers who were on a waiting list to join a parenting group at a local community centre. Thus, several offline participants contacted me by e-mail indicating their interest to participate. Once they had met the eligibility criteria, they were also accepted.

Eligibility Criteria

Two sample groups, labeled online and offline, were created based on whether or not the mothers accessed social support online. The online group of 10 mothers was sub-divided into two groups, those who belonged to the Community Child List and those who belonged to the Citywide Child List. The offline comparison group consisted of 10 mothers who had not accessed online peer support, particularly in the form of an online chat group or e-mail list. Each child list consisted of mothers who had a child born in either 2003 or 2004. The target population consisted of mothers who met the following inclusion criteria:

- First-time mother

- Baby less than 2 years of age
- Offline group—mothers have not used online chat services or an e-mail list
- Online groups—mothers belonged to either the Community Child List or the 2003-2004 Citywide Child List, or both

Sample Selection

A nonprobability sampling technique, purposive sampling, allowed me to choose participants based on the purpose of my study. Because recruitment was targeted to a specific group of mothers, especially for the online group, sampling was also based on convenience. In order to obtain responses from mothers representing a variety of socio-economic backgrounds, I selected mothers based on their home address; in total they represented over nine neighborhoods. The mothers who belonged to the Community Child List lived in one general neighborhood. The first mothers to respond to the solicitation and who met all of the participation criteria were accepted until the quota for each group was filled.

Sample Size

Out of approximately 40 online members, 5 participants belonging to the Community Child List were interviewed and 5 belonging to the Citywide Child List were interviewed (out of approximately 120 members). The offline group of participants consisted of 10 mothers who resided in various communities throughout the city. In total, 20 in-depth, face-to-face interviews were conducted.

A large sample size was not needed, as the goal was to capture depth and quality of individual experiences over quantity. Each participant was paid \$25 to compensate for her time. This amount included a contribution towards child minding, so that mothers had the option of hiring a babysitter for the duration of the interview.

Data Collection

Upon ethics approval, data was collected from July 8, 2005 to August 10, 2005. According to Auerbach and Silverstein (2003), “the qualitative research paradigm assumes that the best way to learn about people’s subjective experience is to ask them about it, and then listen carefully to what they say” (p. 23). Due to the limited literature available on this topic, it was important to provide the mothers with an opportunity to share any new or unforeseen topics (Auerbach & Silverstein, 2003), thus flexible semi-structured narrative interviews were conducted that allowed the mothers to recall their postpartum history. Face-to-face interviews were conducted because personal, rich descriptions shared by the mothers provided an understanding into their lives and more specifically their interpretations of their experiences. After I had asked all of my questions, each mother was encouraged to share any additional thoughts or comments. Interviews were recorded using a digital audio recorder and lasted between 30 and 70 minutes. Immediately following each interview, I recorded my observations and made notes. The notes and observations that I captured were very brief and did not provide any additional insight into the findings of my study.

By interviewing 20 mothers, I collected a large amount of written information. The interviews generated a total of 170 pages of transcripts (single spaced). The demographic information was compiled into descriptive statistics. Interviews were conducted in a location that was convenient for the participant, either in her home or in a university research office. Scheduling of the interviews was conducted so that sessions were held at a time convenient for the participants. Usually the private interviews were conducted in a mother's living room or kitchen. Often during an interview, a mother would bring along her infant.

Data Analysis

Each interview was transcribed verbatim by the researcher and then double-checked for accuracy. On the consent form, mothers could indicate if they would like to review their transcripts at a later date and add comments. Out of 20 mothers, 13 reviewed their transcripts and were given the opportunity to make additional comments. None of the mothers who reviewed their transcripts chose to make any additional comments.

I chose to use a grounded theory coding approach due to the vast array of themes and sub-themes within the transcripts. This approach allowed me to systematically organize and synthesize the findings into relevant categories and allowed pertinent themes to emerge. The transcripts were coded using the grounded theory technique as described below by Auerbach and Silverstein (2003). Throughout the data collection process, new themes were compared to old themes in order to determine which themes I should focus on in upcoming interviews. For a sample of the interview questions see Appendix C. Coding began in ascending order starting with raw text:

7. Research Concerns
6. Theoretical Narrative
5. Theoretical Constructs
4. Themes
3. Repeating Ideas
2. Relevant Text

1. Raw Text. (Auerbach and Silverstein, 2003, p. 35)

According to Auerbach and Silverstein (2003), “a theory is a description of a pattern that you find in the data” (p. 31). Using a grounded theory approach resulted in the transcripts being read and reread many times until finally themes, theoretical constructs, theoretical narratives, and research concerns emerged from the data. I initially coded the transcripts on my computer using QSR Nvivo (2002) software. I also printed out the transcripts and recoded them numerous times by hand and compared the results of the online coding with my manual coding. This provided me with a thorough understanding of the major themes and theoretical constructs within the mothers’ stories.

Ethical Considerations

Before beginning the study, I requested and received permission to conduct the study from the University of Victoria’s Human Research Ethics Board. An e-mail was posted to the Citywide Child List asking members to participate in the larger research project. A description of the study was provided in accordance with ethical requirements. If interested, mothers could follow a link to a website where they could indicate which parts of the study they wanted to participate in. For example, mothers could participate in a survey, and/or content analysis, and/or interview. The informed consent form provided on the same page required them to type their name and place a checkmark indicating that consent had been given (for a sample of the online consent form, see Appendix D).

As well as online consent from participants in the online group, prior to each interview, written consent was collected from every participant in person (for a sample of the written consent form, see Appendix E). Before consent was given, participants were told the nature of the research project, the identity and institutional affiliation of the researcher, the type of questions to be asked, and an estimation of the time entailed. I answered every question the mothers asked. They were also told that their participation was voluntary, that they could withdraw without penalty at anytime, and that participation was anonymous and confidential. The steps taken to maximize confidentiality of responses were described to the participants. At the termination of each interview, the mothers were reminded of whom they may contact with further questions and were left with a copy of the consent form.

Because the population for the online group was drawn from a small sample (40 members on the Community Child List and 120 members on the Citywide Child List), measures were taken to protect the confidentiality of the participants by removing any identifying characteristics from the data, such as names of individuals, communities, and specific locations. No comments or responses were attributed to any specific individual. Data is stored in secure locations. All electronic data files are password protected. Data is to be stored for five years from when it was collected, then destroyed through confidential shredding and electronic files deleted.

Trustworthiness

In order to make sure my interpretations of what the participants discussed in the interviews were accurate, each interview was recorded on a digital audio recorder and transcribed verbatim; 13 participants reviewed their transcripts for accuracy. I conducted all of the interviews using an interview guide so that all the mothers were asked similar questions. By conducting semi-structured interviews, I had the flexibility to deviate from the interview questions and gather more depth on issues important to the mothers. When mothers gave short answers, I asked them to expand their responses. When mothers misinterpreted a question, I provided further clarification. At the end of every interview, mothers had the opportunity to include any additional comments. While conducting the interviews, I relied on my empathetic and supportive listening skills to quickly establish rapport. To increase the accuracy of my observations, I examined my own thoughts, feelings, and biases by keeping a personal journal.

By reflecting on my identity, I was able to become aware of my role as a researcher and remain open-minded as I listened to each woman's personal journey. Because I was so enthusiastic about the topic, when I would listen to the mothers sharing their stories, I had to consciously utilize my good listening skills. I found myself wanting to interrupt them and ask a multitude of questions. I quickly learned that part of good listening requires a great deal of patience and paraphrasing.

Summary

This chapter provided a detailed description of the methods utilized and discussed the issues of a qualitative research paradigm, power-sharing, the role of the researcher, ethical considerations, and trustworthiness. Additionally, the study design was presented in great detail, which included concepts such as: recruitment, eligibility criteria, sample selection, sample size, data collection, and data analysis. The next chapter provides a detailed description of the findings.

CHAPTER 4: ANALYSIS

Introduction

In this chapter, I present the findings of my research. The analysis begins with demographic information in the form of descriptive statistics, followed by answers to the four original research questions. Theoretical constructs are described through the use of quotations.

Sample Demographic Characteristics

At the end of each interview, I asked several demographic questions in order to provide contextual background knowledge. By providing this, I hope to give readers a deeper understanding of the various factors that may have influenced the findings.

Online Community Group

Infants ranged in age from 10 months to 18 months. Two mothers were in the age range of 20-30 years. Two mothers belonged to the age range of 31-40 years and one mother was between 41-50 years of age. The majority of the mothers had a university degree. One mother's highest education level was a high-school diploma. The majority of the mothers were married, and one mother identified as being in a common-law relationship. Most women originated from Canada, and one originated from Indonesia. Two spoke another language other than English, and these languages included French, Slovak, Spanish, and

Indonesian. At the time the interviews were conducted, the majority of the mothers were employed part-time, and only one was not employed.

Online Citywide Group

Infants ranged in age from 18 months to 20 months. Four mothers belonged to the age range of 31-40 years and one mother was between 41-50 years of age. The majority of the mothers had a university degree, while one mother's highest education level was a high-school diploma. All were born in Canada and were married. Only one of the mothers spoke a language other than English, and that was Chinese. One mother was not employed, and one mother was on maternity leave. Two of the mothers were employed full-time, while one mother was employed on a part-time basis.

Online Group Combined (Community and Citywide)

Infants ranged in age from 10 months to 20 months. Two mothers were between the ages of 20-30 years. Six mothers belonged to the age range of 31-40 years and two mothers were between 41 and 50 years of age. Thus, more mothers in the online group were older than the national average of 29.7 years in 2004 (Statistics Canada, 2006, ¶ 16). This is in accordance with the trend of more and more women waiting later in life to become mothers (Statistics Canada, 2006).

Eight out of 10 mothers had a university degree, while the remaining 2 had a high-school diploma. All but one of the participants was married. One

participant described her marital status as common-law. Nine out of 10 participants originated from Canada, and one participant originated from Indonesia. Seven did not speak another language other than English. Two out of 10 mothers were not employed, one was on maternity leave, 2 were employed full-time, and 5 were employed part-time. Two mothers were of a visible minority.

Offline Group

Infants ranged in age from 8 months to 19 months. Four of the mothers were between 20-30 years of age. Six mothers were between 31 and 40 years old. Six mothers had a university degree, while the remaining 4 had a high-school diploma. Six mothers were married; 2 identified themselves as single, and 2 as common-law. As 4 of the mothers in this group were in the age range of 20-30 years, it is expected that the number of common-law relationships would be higher; an increasing trend has been established among young adults living in common-law relationships. According to the latest census data:

Common-law unions have increased in popularity over the past 25 years in Canada. The census enumerated 2.8 million persons aged 15 and over who lived in a common-law union in 2006. They represented 10.8% of the population, up from 9.7% in 2001. Common-law unions were most prevalent among young adults, and they were most popular among individuals aged 25 to 29. (Statistics Canada, 2007b, p. 20)

All of the mothers originated from Canada, and all but one did not speak a language other than English; one mother also spoke French and Hungarian. Two

mothers were not employed, and 3 were on maternity leave. One was employed full-time, and 4 were employed part-time.

Overall, mothers in the online group were older, had more formal education, and were more likely to be married than the mothers in the offline group. At the time the interviews were conducted, the same number of women in both the online and offline groups was either on maternity leave or employed in the paid workforce (8 out of 10 mothers in each group).

Findings

I read and coded the transcripts several times until major theoretical constructs emerged from the mothers' stories. Table 1 below represents the major themes that emerged in relation to each original research question. Next, each original research question is explored through the use of quotations.

Table 1 *Theoretical Constructs Associated with Each Research Question**(as outlined in Chapter 1)**(See Appendix F for literature regarding support terminology)*

Theoretical constructs	Themes
<i>1. What types of support are valued by new mothers?</i>	
Emotional support	Reassurance Normalization Reliable alliances
Informational support	Parenting tips Reliability Information overload Advice from health professionals
Instrumental support	Child minding Baby classes Support for fathers
<i>2. In what specific context and conditions do new mothers rely on support?</i>	
Adjustment	Overwhelmed Lack of sleep Unprepared Learning curve Change in identity

Isolation

3. To what extent do online peer groups allow new mothers to experience meaningful social support with others in an online environment and in their real-world communities?

Community group	vs.	Citywide group
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4. How are the peer support issues of new mothers on a citywide e-mail list, a community e-mail list, and new mothers who do not access online parental support similar and different?

Differences	Convenience/Inconvenience
	Mentorship
Similarities	New to infants
	Kin support
	Making friends
	Personality traits
	It takes a village

Outcomes of Original Research Questions

(1) What types of support are valued by new mothers?

Emotional Support

The majority of the mothers noted the need for emotional support. Mothers often spoke of the reassurance gained by knowing that their peers also had struggles and were going through similar experiences.

Reassurance

A frequent comment from mothers was that they were reassured knowing that others were experiencing similar struggles:

It's nice to know I'm not the only one out there, and there are so many tired mothers who get frustrated about sleep issues, especially in the early months. It was nice to read their frustrations. [online]

Many mothers who were interviewed took comfort in knowing that they were not alone, as reflected in the following comments:

I think having that connection with those people made it that much better because these are people who are going through the same experiences you are. They are floundering just as much as you are, wondering is this right? Is this right? I've had this happen, what about you? It was just a great way to try and figure everything out together. It gave me reassurance, and you had that common thread where you knew someone else was going through it too, so it wasn't so bad. [online]

I think just knowing that other people are going through the same sorts of things and that have the same sorts of worries; like a few months ago there was a whole thing about shoes and what kind of shoes babies should be wearing, and that was really interesting because you have your

ideas, but it's nice to know that other mothers feel the same way as you do. [online]

It has been positive to know other people are going through the same thing, at the same time; it's just nice having someone around who's going through the same stuff. One mom was giving the example that she was so glad to know that someone else said, oh when my daughter wakes up from her second nap, I count down to when she goes to bed at night. Not every day, but you know, when's my time, my time? [offline]

Especially with the breastfeeding, the lactation consultant and the health nurse, I was doing it all right, my daughter was a little bit slow to gain weight at the beginning. Just assurance was the big thing, that she was latching on and that she was eating properly, and was gaining weight, so reassurance was the big thing. [offline]

For one mother who struggled to belong to a peer group and did not own a computer, she relied heavily on receiving reassurance from her physician. In her particular situation, she noted that she did not receive the reassurance and peer support that she had hoped for as described below:

If I had even one other woman who said to me, boy I know exactly where you're coming from and it won't last, and you will be the good mother that

you know you can be, and you will be ok, and it's ok to feel this way about yourself. I had a little bit of that from my physician, but it's a different relationship, she's doing her job basically, that would have really helped.

[offline]

In addition to wanting reassurance, several inexperienced mothers valued being able to perceive what was deemed as *normal*.

Normalization

A large number of mothers indicated that it was very important to have their parenting experiences normalized. Being normalized meant that other mothers were reassuring each other that what they were experiencing was deemed as typical or normal. Receiving normalization often helped mothers become more calm, relaxed, and confident. This concern is demonstrated within the following quotes:

I don't think if I hadn't had that community of friends who were going through similar experiences that I would have been able to get through it as easily and emotionally, like not stressing out over things. I was able to be more realistic about things that I should or shouldn't be worried about. I was a little more grounded about what to worry about and what not to worry about. [online]

For the most part you worry a lot as a new mother. You worry if you're doing this wrong, or you worry that your child is hurt, or maybe they aren't developing normally. By being able to talk to people about it, it makes you feel better, and that just improves it. It's reassuring. [offline]

I'm not the most self-confident person, so just to reassure me that things were going well and things that I might think were wrong were just normal, everyone goes through them type of things, and just to feel happier. When you're a happier person you're a better parent. [offline]

Reliable Alliances

Another theme to emerge from the mothers' stories was knowing that they could depend on others, especially in times of need. Of the mothers who had a great deal of social support in their lives, another form of emotional support was a sense of security. Several of the mothers felt secure in knowing that there was someone they could rely on 24 hours a day, seven days a week; a sense of unconditional support that was constantly available to them through-thick-and-thin. One mother noted that her relationship with her peers went deeper than just acquaintances:

They're definitely friends, and I know that I can count on them if there's an emergency. [online]

A mother in the offline group also experienced this sense of reliable alliance among her peers. For instance,

Just being able to call my friends and say, did this happen to you or did your kid do this? The best part is knowing I can call them; it's definitely reassuring. [offline]

Another mother noted that her peer group also gave her a sense of a reliable alliance:

I have a handful of people who are probably up for a walk if I wanted to go for a walk. It's just networking and making sure you have outlets other than yourself, rather than just sitting in front of the TV, there's so much more you can do. I think I could call one of them anytime of the day, and I'm sure one of them would want to meet with me. [offline]

Informational Support

Another popular form of support mothers valued was informational support, including such topics as parenting tips, reliability of information, and information overload.

Parenting Tips

The most popular form of information support noted was daily parenting best practices. In the online group, many of the comments were centered on the informational support provided in the child lists, for example:

It was a great information tool for day-to-day issues like eating, sleeping, recipes, classes in the city, sales on diapers, and who has the cheapest cereal. [online]

Like I said, I didn't post often, but there would be a discussion on introducing foods, and it would be like, oh ya, I should read this because I'm getting to that or travel tips. I remember travel tips; these are really good travel tips. [online]

In the offline group, several mothers noted a desire to have access to more daily parenting best practices. For example:

I just wanted some more tips. I was finished out-of-care with my midwife at six weeks. I just wanted some more tips about latch [breastfeeding], and stuff like that. [offline]

Reliability of Information

Interestingly, many of the mothers in the online group felt the information and parenting practices that were recommended in the child lists were deemed reliable because other mothers had already tried them. For example:

The textbooks would give recommendations like this is the only way. Information from websites you have to take with a grain of salt. The child lists I trust more because other moms have tried it. [online]

It basically is tested and tried and true because it is moms who have experienced already what you're asking about, so they're letting you know how it worked for them. So I would say definitely more reliable than information that you just look for yourself. [online]

I think it made me a better parent. Just the sharing of best practices, that was really useful, kind of consolidating things that you think are right but you're not sure. I felt it was a group of well-read, educated women who were really doing research to come up with their answers. In that sense I felt it was really useful to me as a parent because I didn't have that information, and I could reread the e-mails. [online]

Another benefit was that several of the mothers who belonged to the child list(s) were professionals who brought their knowledgeable backgrounds to the online discussions. For example, one mother noted,

I think it's a great resource and a great support. It's helped me in more ways than I know. It's incredible. The other thing I think that is really valuable that we haven't mentioned is the education that the mothers have is useful. Like one mother is a child psychologist that works with preschool children, so her knowledge is really valuable. Another mom is a pharmacist. [online]

In the offline group, many of the mothers received information from books, healthcare professionals, and the Internet. However, when accessing random parenting websites, the reliability of the content often came into question, as two mothers noted:

Health nurse hotline or I would call them, in the beginning, the doctor and the Internet, but the Internet is not always good. I typed in my baby is not cuddly, and it says, that's the first sign of autism. So of course I started freaking out, and I'm watching him. [offline]

I've mostly used the Internet. I've got the *Parent Magazine*, that's interesting. I've just gone to my friends and the Internet; if there's something I don't know, I'll just Google it. The Internet is very convenient, but not always accurate. What you're reading might not be true at all, and you don't really know. I find that it just gives me somewhere to go to.

There's not a site to go to, if there's a problem like "rash on cheek," I just type that in, and it's whatever. [offline]

Another mother would phone her peers for advice; however, sometimes when parents have older children, they can forget what parenting strategies were effective when raising their infant.

Just being able to call my friends and say did this happen to you or did your kid do this? That probably is a blessing and a curse. You call them and they're like, "Oh, ya that happened to me, and that's fine" or "No, that doesn't sound normal" then you start freaking out. It's good, but also a lot of their kids are older, so they forget some stuff. [offline]

Information Overload

Several mothers noted that, with such easy access to so much parenting information today, it is easy to become overwhelmed by the vast amount available. As one mother discovered on the child lists:

It's nice to have a broader number of opinions and sharing of information, but at the same time, it can get overwhelming if there's too many coming at you. [online].

Mothers in the offline group also expressed becoming overwhelmed by too much parenting information. For example:

You don't want to get too much advice either because that can be overwhelming. I tried not to get too much advice from too many different people. When it comes down to it, you have to try and figure it out yourself, but when you get too much advice, it can start going against each other, contradicting. You can start getting contradictory advice and information, and that's overwhelming too. [offline]

Access to large amounts of parenting advice can leave some mothers feeling overwhelmed. Another source for obtaining parenting information is health professionals.

Advice from Health Professionals

The majority of the new mothers commented on where, whom, and why they had accessed medical advice regarding the health of their infants. For example, one new mother in the online group posted a health-related question on a child list.

You can ask questions, [baby name], he was getting all sorts of ear wax, and I didn't know if I should be worried about it. You are not supposed to stick anything in their ears, so I would clean what I could reach with a

cloth, so I asked a question about it and got all sorts of good answers.

[online]

For the most part, mothers in the offline group received advice from their local public health nurses.

I also think that the public health nurses at the Health Unit were very helpful. I've talked to a lot of moms who think the same way. They didn't know that they were there, but found them to be very nice people, very, very helpful. Any teeny, tiny question you had, to something major. Really liked the advice, liked the personalities, I liked the fact that there is always somebody there that you can talk to. [offline]

I don't really like my doctor very much, and I haven't bothered changing, so we don't really talk to him, but we did call the nurse line, quite regularly actually I think, and they're great, just in terms of a voice of reassurance at three o'clock in the morning. They're really great. [offline]

However, as one mother noted, some first-time mothers may not be receptive to the idea of receiving support from a healthcare professional due to a lack of rapport. One mother shared her story:

The public health nurses called me, because that's what they do. They call you after the baby is born, and they ask you, how's it going, and I said, I don't need any help. Even though I did have problems, I didn't want somebody I didn't know coming into my house. When I was already tired, and having to be ready for someone at a certain time, when I'm barely having showers, my boobs hanging out. I just didn't want to show my boobs to another person. I didn't need any additional advice. I just needed to do it, and be left alone. So I just said, no, I'm fine. [offline]

Instrumental Support

Another form of support valued by these new mothers was instrumental support, such as having someone available to provide child minding.

Childminding

The most common form of physical support valued was being able to receive a physical break from caring for one's infant. The most popular sources the mothers accessed for child minding support were their partners and family members. For example:

My mom came out from Ontario and stayed with us for a month, which was fantastic. I think that was the best support I could have gotten. If I was tired and needed a nap during the day, she could say, I'll handle the baby, as long as he's fed, because I was breastfeeding. I could go take a nap, or

getting up with him a couple of times in the middle of the night, she did that. [online]

There were days where [name of participant's partner] would walk in the door, and I would say, tag, you're it, and I'd just walk right out the door. If I didn't have that, I could see people having postpartum depression. [offline]

Most of the new mothers had someone readily available whom they could turn to, someone who would takeover caregiving when mom was in need of a physical break. However, there were a few mothers who lacked this form of instrumental support. One mother described her situation:

I needed time away from the baby during that first year, and there wasn't anybody to look after her. So I was stuck with her 24 hours a day. I would beg [participant's mother], please, I can't handle this anymore... [offline]

Local Baby Classes

Another support option available to new mothers are local community baby classes. These sessions are usually facilitated by a nurse and involve a guest lecturer and socializing time afterwards. A few drawbacks that may prevent a first-time mother from accessing such supports are: classes are at a specific place at a specific time, too crowded, and involve traveling long distances with a newborn; mothers must leave the comforts of home and can be intimidated when

meeting new friends in a large group setting; sometimes the lecture takes up most of the time, leaving little time to socialize; it may be awkward to breastfeed in a large group setting. However, most of the mothers who attended community classes were able to make lasting friendships, as demonstrated in the following comment:

I also did the Mother Goose for a couple of sessions, but then we were moving so I couldn't finish. But I also did a singing class at [company name]. What really saved me was connecting with other moms. I had a year off, having been in the workforce; I needed to connect with other people. [online]

It was a really good, good instructor and good friends. The course has now ended; it ended in June, but every Friday, there's a core group of about six of us who just got a core bond, and every Friday we rotate to each other's houses. [offline]

However, there were also a few mothers who did not find attending the local baby group to be beneficial. In fact, one mother described her experience as overwhelming:

I started to go to the big one they have, Baby Talk, and it's like weekly until they're six months. But that I found so overwhelming because there

are 30 women and 30 crying babies, and you're in a huge room, and you all just basically say, hi my name is [participant's name], and this is [baby name], and [baby name] is so many weeks, and he's so great because he rolled over today, you know that kind of thing. Then they would have a topic, baby dental health, and then put on a video, you have 30 women who are all concerned with their individual babies and the babies who are all concerned with themselves, and have a lot to say, and a video going on. I thought, I can't get anything out of this, it was too overwhelming.

[offline]

For the most part, attending local baby classes allowed new mothers a chance to socialize, network, and build peer support. However, this form of support may be overwhelming for some.

Support for Fathers

Another important topic that was raised by the new mothers was the need for more support for fathers, as reflected in the following quotes. One mother noted that providing more support to fathers would in turn indirectly help support new mothers:

Sometimes my husband would wonder, what about the dads? Maybe there is a list for dads...I think that would be my recommendation too, not

to isolate it to the moms. Bring both in. I think it's important for them to meet other dads. [online]

I think if there were more support for new dads, it would support new moms because it's such a struggle for parents, period. Moms work where it is so overwhelming, usually if your working your leaving to work...and your body, all of those things, and because of that there's all forms of stuff that goes on in relationships, but in my experience I think there is a lack of support for new dads. I really think, in my situation, if his dad had some of the support I had, that a lot of the stress that built up that led to a separation may have been worked out together, not to diminish how much women need support...they really do, but I think there's a lot of room, even in the realm of support for men so that they can understand that most of their women partners are probably feeling very similar. [offline]

Emotional Support: A Brief Summary

In terms of emotional support, several mothers had a sense of knowing that they were not alone in their journey of motherhood. This provided a sense of reassurance, security, and comfort. By sharing their experiences with their peers, many were able to gain a "sense of normalcy," which in turn helped alleviate anxiety and worries. In the online group, the child lists were valuable for learning about recommended daily parenting strategies. Mothers in the offline group accessed parenting information from a variety of sources—such as books,

magazines, peers, family members, partners—and often they would search online. However, the online group felt the information on the child lists was reliable, because other mothers had already tested it in the real world.

Searching the Internet for parenting information, using a search engine such as Google, brought up questions regarding the reliability of this information. Sometimes mothers become overwhelmed with the amount of parenting information available. The child lists provided a diverse range of answers to parenting questions, often homeopathic in nature. Mothers in the offline group usually accessed medical advice from doctors and community nurses. Some mothers noted that the information provided by health practitioners was “textbook” and provided a more narrow range of suggestions. The majority of the mothers valued receiving a physical break from child minding. Often mothers attended local parenting classes and/or baby groups in an attempt to meet peers. Also, the need for more additional parenting support for new fathers was noted.

(2) In what specific context and conditions do new mothers rely on support?

Adjustment

Overwhelmed

A common theoretical construct across all groups of mothers was that new motherhood brings along with it a huge adjustment phase. Particularly associated with this period are feelings of anxiety and being overwhelmed, frustrated, and scared. One first-time mother described her experience with postpartum anxiety as she adjusted to her new role:

So my experience was really the panic attacks, which led to a certain amount of depression because I was terrified about this experience. I was upset because I couldn't really enjoy it the way other mothers were enjoying it. When I was at my worst, I didn't even want to hold [baby name] because I was afraid I would drop her or something because I couldn't even still my mind. [online]

Being a woman who has not yet entered motherhood, I was quite surprised and concerned regarding the enormous level of frustration that some mothers had experienced. One mother recalled a moment of feeling extremely overwhelmed and aggravated with her new role as mother to her newborn son.

I was just overwhelmed, and I just didn't want to talk to the baby or you know...like babies don't just want to lay there, they need you to talk to them, and you need to touch them and hold them, and try to breastfeed them if they're hungry. I guess he was crying, and I couldn't do anything about it. I was just like, shut the hell up, you know, and my blood pressure rose, and I was feeling like I was gonna, I don't remember, I wasn't going to do anything, but I was just totally overwhelmed. [offline]

These quotes help to depict the more frustrating aspects that can sometimes be experienced as women adjust to their new role as mothers.

Lack of Sleep

Further complicating this adjustment phase is the lack of sleep that new mothers often experience. For example, one mother noted:

My mom was here for the birth, tired, fatigue, which really sets in. You don't realize how that can affect your moods. I would say I was anxious and quick-tempered, and had no patience. The relationship with my mother-in-law changed. You're oversensitive to comments. Now that you look back, you wonder how you were ever functioning. For a while there, just the lack of sleep and you're hungry all the time because you're nursing, so you just want sleep and food. When you start getting good sleep again, you wonder how you were functioning because you realize how little sleep you were getting. Sleep was a big issue. [online]

Not surprisingly, many of the new mothers often discussed how a lack of sleep had a big impact on their mental health, making them prone to negative emotions. As one new mother noted:

The biggest part of it was sleep deprivation. Never really catching up, and not being able to have a full night sleep like you're used to, so there's no real normalcy. During the first couple of days you are on adrenalin high from the excitement. Then I need my regular sleep like I'm used to. It

doesn't happen because the baby wakes. There's no night or day in the beginning. Eventually the baby figures out that nighttime is when you're supposed to sleep, but even then it's not for the whole night. My anxiety levels went up because I was just so tired all the time, and you kind of start to hallucinate when you're really tired. [offline]

Unprepared

Many of the new mothers noted that they felt unprepared for motherhood.

For instance:

I've seen mothers who look pretty together out with their children, with makeup done and hair done. I always thought you would have time to do stuff like that, I just didn't. I didn't have the time. The first five months I didn't have time to do nothing. So it wasn't what I expected, in that it totally took up every moment of your waking hour. I wasn't prepared for that. It was more demanding than I thought. [online]

The first five months were really, really hard, really, really difficult. He was my first child, and I really had no ideas what to expect. And it really wasn't at all what I expected it to be. He didn't sleep much, so that made it even worse, and I had a hard time breastfeeding. [online]

You cannot possibly be prepared for being a first-time mom until you are actually doing it. There is nothing to prepare you because everybody's experiences are different, and no one can explicitly explain to you what it is going to feel like and be like because it is on a physical and emotional and spiritual level. So no one can prepare you. They can tell you, well you need to have diapers, and you need to sleep when your baby sleeps, and de, de, de, de, duh, which are a lot of tangible things. It's difficult because you can't actually prepare for it until you're actually in it. [offline]

Extensive Learning Curve

Another popular theme was the extensive and demanding learning curve that many of the mothers experienced, especially within the first six months postpartum.

Maybe because you get set, you'd think you have it all figured out, and you'd think, oh well this means this, you know her cries or her cues or whatever, and then the world just comes crashing down. That would no longer mean, that it would mean more, and you'd have to figure it all out. Just when you think you have it all figured out, it all changes. You're just ready to pull your hair out, but it's all good. It's a learning curve that makes no sense. [online]

It was stressful being sleep deprived and learning something new. Learning what this little person is all about, and learning how to be a mother, and learning how to breastfeed, and learning how to differentiate between which cry means what, and looking at all the signs of, you know, she might be hungry or she might be tired. [online]

A new mother from the offline group shared her experience:

Just doing everything, just learning how to take care of a baby and being solely responsible for it. I guess not having a mother to phone and ask questions, just about breastfeeding. I had no idea that breastfeeding would be difficult in the beginning, and it was. You're just learning a lot of stuff about your little baby. [offline]

Change in Identity

Another major issue that the mothers experienced was adapting to their new identity. Several of the mothers interviewed had difficulty with their identity change, as demonstrated in the following quotes:

One of the issues I had a problem with was identity in terms of like, I was this working person and then all of a sudden I am a mother. It was a really quick transition. I remember feeling like, who am I? What am I? And so it helped me to define myself as a mother because I saw myself in the

postings and stuff like that. It was really important in that way, I think, because to see that there were other first-time moms who were asking the same questions and were struggling with some of the same issues in terms of help from people or classes or feeding or sleeping or whatever. [online]

The theme of adjusting to one's identity was also prevalent among mothers in the offline group, as depicted below:

So it was very hard for me to adjust from not working and trying to take care of myself. It was really hard. I think it was a big part of where the anxiety and depression came in. I wasn't prepared to leave my job because I identified so much with it. So really, I was so upset that I couldn't be pregnant, healthy, and continue to lift people in and out of wheelchairs and into tubs. I really found that a hard adjustment. I did my job so well, and probably I did it so well because I didn't have a little being like this to change my priorities. My priority was work, like I was on-call all the time. So that was a huge transition, it was very hard to make. [offline]

Isolation

Perhaps the most popular aspect of motherhood discussed during the interviews was isolation and strategies on how to avoid it. Many of the mothers

were very cognizant about feeling lonely or isolated, as shown by their comments:

I think it really saved a lot of the moms, there too, because sometimes you just get lost...you don't really feel like there's a reason for you to go out of the house. But with the baby group at least you knew it was at such-and-such a time, every week. I made plans to go out everyday because I knew otherwise I would be totally depressed, but I guess not everybody thought about doing that. [offline]

That's the worst thing you can do is to lock yourself inside your house. You've got this newborn, you're unsure of your abilities, so I would say up to it or not, just go, take them, and get out. So I would say, make an effort and find something to get into. [offline]

I was really freaked out that I was going to get postpartum depression, so I read all the stuff on it and I did everything to avoid getting it. I got up every morning and had a shower, I put on full makeup, got dressed, and I called somebody and made a plan *everyday* to go for a walk because I knew if I didn't, then I would just go crazy. [offline]

I think that it's very important to have support. I think that being a new parent can be really isolating. Although we don't have the nuclear family

support with grandparents for our child, I have a great support network especially for myself, and I can see how being at home, especially since our daughter didn't have colic or anything like that, I can see how it could be really hard for some people who don't have that. If you're a little bit depressed or you're all by yourself at home, it's very important to have support and for women to get it one way or the other. I know some people find being online very useful, if that works for you, but it's important to have support using whatever works for you. [offline]

Go out and meet other moms because they are going to be the friends you make for life. Other people sometimes just don't understand how hard it is to raise a child. [online]

The findings of this research found that new mothers relied on support as they underwent a transitional phase while they adjusted to their new identity and experienced a huge learning curve. Being able to share their experiences helped them formulate and adjust to their new identities. Many mothers advocated for the need to be able to socialize and receive support in order to prevent isolation and postpartum depression.

(3) To what extent do online peer groups allow new mothers to experience meaningful social support among each other in an online environment and in their real-world communities?

Community Child List versus Citywide Child List

The Community Child List was originally created from an existing smaller child list, the Motherandbabe List. A mother who attended a local parenting class created the Motherandbabe List to allow the mothers to remain connected after it ended. They began meeting face-to-face regularly and had several friends who also wanted to join the Motherandbabe List and participate in the get-togethers. So the website administrator created the Community Child List, which comprised of the original members and additional mothers from the neighborhood. When I collected data for my thesis, there were 40 mothers belonging to the Community Child List. Many of them maintained friendships that began in the parenting class by using the child list to regularly meet face-to-face in their neighborhood. They were also able to receive meaningful social support in the online environment, as shown in the following examples:

It is nice to know what's going on. We went to the night show on [location] at Christmas time, which I never would have known of, unless through the e-mail listing because they were talking about it. We go swimming, or go for walk, and it's nice because it's in your neighborhood. [community online]

During the summer we all got together frequently. We probably got together two or three times a week for walks; it was great. There was also a Mother Goose program at the [community] centre on Saturday mornings, which we still go to. Everybody started going to that last summer, so we'd see everybody on Saturdays, and then we'd meet up on Mondays to go to the [location] Baby Talk class, and then we usually walked there, and then we'd take the bus into [community name] for lunch and walk around there, and then we'd see each other during the week, and then again on Saturday. Another lady had playdates all summer, right up until October or November every Friday. It was just an ongoing little routine we had. [community online]

Going for walks, we would go to one person's house, and everybody would meet there, and there would be a theme. Like massage at one place, or toe painting at another place, and it was nice; it got the babies together, and that was really supportive. So when they were talking about the e-mail listing, it was a lot of the same moms, so it was just another way of keeping in touch. [community online]

I had actually, because a while ago I posted that I wanted to meet some moms, and I got invited to a few different things. I got invited to a Wednesday walking group, and then a couple of the moms I know through

other friends. But I have kind of resisted that; I found myself a little bit shy meeting other people, I don't know why, I've never been a shy person in my life. I didn't really want to do that at first; I'm starting to want to do it more now. [community online]

But once the e-mail list came out, I remember one person put out a note saying, hey these classes are coming to an end, if anyone wants to get together for a walk at the same time to sort of fill our week, if anyone is interested let me know. I think 10 people responded. At our first walk I think there was 8 or 10 of us walking around, like there's this pack of us. We met at the [community name] marina and were walking throughout, we were quite a sight. I mean people in the neighborhood would be like, what the heck? [community online]

Another mother described the importance of connecting with others and accessing social support:

I think this kind of...the classes where you can meet new moms, and things like the e-mail list need to be put out there more than they are currently, because I think that some people are missing out. They're missing out on, I think they're missing out on a lot. They're missing out on meeting new people, enjoying new experiences, sharing what they're going through with other people. I think that's really important. And I think

that's why when you go to university or college you meet a whole ton of people, and then it kind of dwindles. Then you have a baby, if you do things like go to parenting classes or music classes, or somehow get onto an online list or that kind of thing, you meet a lot of people because these are life-altering experiences. [community online]

Furthermore, this same mother also shared her postpartum experience and the need to effectively disseminate parenting resources so that all mothers have access to and are aware of all available supports:

I know when I was in the hospital I got an envelope with a bunch of papers in it handed to me, with a, here's all your resources. I think it would have been much more helpful if a public health nurse would have said to me, you really should do this and these are the reasons why, because you're going to feel lonely in a little while. I mean the first month or two, you're busy being up all night, and you're trying to get used to your new pattern, in your new life with your little one, but after that, once you get into it, you know and I've seen in the city, mothers, I mean, sure I walked around by myself sometimes too, but I think there are a lot of mothers that didn't maybe know about this kind of thing, and maybe missed out as a result and didn't have the same kind of wonderful experience. [community online]

Another trend that was noted among the online group was the decrease in online participation as mothers went back to paid employment:

Ya, there's still group things that are going on, having walks, and that sort of thing, but they are less frequent, because a lot of the moms are back to work during the week. I remember I went away for the weekend when he was six months old; I came back and there were probably 110 new postings. Now I can leave the computer for a week, and there will be maybe 20. The first year is the most intense, and then after the first year, a lot of moms went back to work, so their children are in daycare, and there's not as much to talk about because moms are now more confident, so it's not always a check-in. Where as before it was always, What are you doing about this? What are you doing about that? It's more where to play, what haircuts, or reassuring younger moms. [online]

I find I don't really access it now very much, not because it wouldn't be valuable but just the time constraints because I'm working. I come home and all I want to do is spend time with [baby name]. I don't really want to sit in front of a computer because I do that at work all day. [online]

A lot of the moms are starting to go back to work because you don't see the same names on the posts anymore. I think it's probably one of those

things that peters out in people's lives because there's only so much time in your day. [online]

Of 5 mothers who were interviewed in the online Community Child List group, 2 also belonged to the Motherandbabe Child List. One of these had a very full social life and met regularly face-to-face with her online peers. The other mother did not meet any peers from the online community because the meeting times conflicted with a previous class she was attending. One mother who belonged solely to the Community Child List posted to the group and went for coffee with several mothers from the list. She noted that they were acquaintances and that her shyness prevented her from meeting more mothers from the online group in a face-to-face environment. Another mother on the Community Child List member noted that she liked to read the postings and never posted herself. However, she would meet up with a group of mothers from the online community about once a month. The fifth mother who was interviewed met mothers from the online group members once a month and loved it. She also identified herself as a very social person who loves meeting new people.

Citywide Child List

Once word spread of the Community Child List, numerous mothers throughout the city wanted to join, so a new list was formed known as the Citywide Child List. Overall, the mothers were able to access valuable social support within an online context; however, when it came to using the child list to

network face-to-face, many of those interviewed noted that they only it as an information resource. For example, some did not even post questions but, rather, chose to only read the comments.

I didn't ever really use the list to post questions or things like that. I found that, more often than not, I would go to books, or to my doctor, or to friends. I guess I would use it more to read what other people would post. If I was going through something in particular, usually somebody else was as well. Like I would see somebody post that they were having problems with sleeping or whatever. We were trying to deal with it, and you would get a lot of posts, so it was more of a reassurance that other people were going through the same thing, as opposed to getting any new information. There were some things that were new, but I found it few and far between. It was more a reassurance type of thing that other people were going through the same type of thing. I don't think I really reached out through it; it was more just there. I would use my more direct line of friends to communicate with, and family. [citywide online]

The majority of the mothers on the Citywide Child List commented that their number one motivation for joining was to have access to more parenting information. As one mother noted, by sharing information, a form of mentoring took place,

That was useful because of the moms ahead of us, we would hear about what was up and coming, like sleep issues or food, or toys, or things to do with babies. [citywide online].

The Citywide Child List was mostly used as a source of parenting information, whereas the Community Child List provided more face-to-face networking opportunities. I believe that the Citywide Child List was used as more of an information source mainly because it consisted of a large number of mothers who contributed parenting information and strategies on a vast array of topics. With such numerous postings it may have been perceived as information-overload to create additional ones for each community in an attempt to organize group events. The volume of such notices from across an entire city would have packed all of the members' e-mail boxes very quickly with irrelevant information.

Additionally, many of the mothers belonging to the Citywide Child List were "strangers" and had not met with any other members prior to joining. Forming meaningful friendships in this type of atmosphere may have been difficult, as it was an anonymous and invisible online environment, solely geared towards sharing parenting information. Also, the mothers belonging to the citywide group included those who lived not only in a major urban area, but also surrounding suburbs. Thus, creating friendships online that evolve into face-to-face connections may have been hindered due to the vast geographical area covered by the large membership in the citywide group.

In contrast, I believe the Community Child List was helpful in facilitating face-to-face connections because many members had previously met at a local parenting class and shared geographic proximity, high socio-economic status, and postsecondary education backgrounds. Because the Citywide Child List became available for sharing parenting information, this would have allowed for more postings to be devoted to organizing local social events on the Community Child List.

(4) How are the peer support issues of new mothers on a citywide e-mail list, a community e-mail list, and new mothers who do not access online parental support similar and different?

Differences

Convenience/inconvenience

One of the major differences between the online group and the offline group was the convenience of the child lists. For example, the majority of the mothers in the online group commented on how easy it was to access online support:

It was great because you could read it anytime. The Internet is in the kitchen or whenever. Then you're up with the baby at all hours of the morning. You can access or read the postings and get them into one lump thing at anytime. You look forward to seeing if there was an e-mail or

something new. Things can kind of get monotonous when you're cocooned in your house with your baby. It's nice to connect with someone from the outside world. It's like getting mail. [online]

I was really in a cocoon during that time. I didn't have the confidence to go out initially. It appealed to me to be able to sit down at the computer and get that information without having to take that risk of going out. I felt isolated, and I didn't know how well I would relate to someone. It just compounds in layers. So that was really appealing to me, to be able to connect with a community without having to actually physically go somewhere, when mentally I wasn't ready to do that. [online]

It was constant, and you could post a message or read messages when you were at your most stressed out, and that was nice; that was really nice. You could look at it even in the middle of the night. It was something that you could look at, the postings, and it would kinda be something to do. [online]

It's just nice to have that at your fingertips and look at it when it's convenient for you. It's just a link to other people; it's sometimes very hard to meet people in your community. [online]

Another convenience factor associated with the child lists was that they are non-intrusive, when compared to the loud ring of a telephone. This is demonstrated in the following quote:

A lot of times I don't like calling moms because you never know when the babies are going to be asleep, or whether they're busy. I know myself, sometimes the phone rings, and it's like, please not right now! So it's kind of nice to have a way of communicating that isn't intrusive like that.

[online]

Mothers on the child lists could choose to remain anonymous and faceless, while still feeling connected to a group. This was especially valuable in regards to postpartum depression. Several mothers described their thoughts regarding this feature:

I think it would be helpful because it's really a sick thing to feel so miserable, about the way you feel, about the way you look, about the way you are, about what you will be, and to be then in a place where it's pretty normal and you're expected to be thrown in a realm of getting to know you and network, that would be a lot easier to do faceless. [offline]

Initially when the postpartum was really difficult, that public nurse recommended that I not go out to groups because she thought it would be

too difficult, because there would be mothers gushing from how much they loved motherhood, and she thought that would be difficult for me. [online]

I think different things work for different moms. The more options they have the better it is for everybody. Something like the listserv really fills a need for people who can't get out or who want that anonymity; that's all stuff I went through at a certain point at different stages. [online]

In contrast, several of the mothers in the offline group noted the inconvenient struggles associated with having to access social support via local community parenting classes/baby groups. For instance, one new mother commented on why it can be difficult to have to be at a certain place at a specific time with one's newborn:

The one on [street name] was inconvenient because it was Monday mornings at 10am. You talk to any new mom, and you tell her that she has to be there and out the door by 10am. Once I tried to go to my work, and I tried to get there for 10:15am to meet up with my friends for coffee, but we didn't get there until 11:00am, and we tried so hard. You got to get the kid ready, and then you got to get ready, and especially with a newborn. You get them all dressed and ready, and then they want to eat, and that can take an hour to try and feed a baby. So, it was inconvenient. [offline]

And also it [child list] wasn't something you had to go to or you had to have a specific time for, which was nice because there was a little bit of stress with the baby groups, making it on time, making sure he wasn't napping. [online]

Mentorship

Another benefit that the online group experienced was mentorship. The Citywide Child List included mothers who had children born in 2003 or 2004. This created an environment where mothers had the opportunity to learn of upcoming developmental stages from their peers. For instance:

There were a lot of moms on there who had babies a few months older, which made all the difference. They were discussing things that didn't apply to me at the moment, but it was nice to know what was coming. It gave you ideas of what you'd like to try. For instance, sleep and sleep training. It was nice to see that there was not a tried and true method that worked for every baby. [online]

And then there was that other level of people who had babies who were a few months older who were in the baby group before us. It was neat to have that, we've-been-there-a-few-months-ago, that was nice. It was nice to see what was coming up, and what the new challenges were, like before you were feeding, and listening to people talk about what kinds of

foods. It kind of got you thinking a little bit ahead, so that it wasn't such a shock when you got there. [online]

I think, too, because some of the babies on that list are older than [baby name], I think I was reading all of that information so by the time [baby name] got to that stage, I would remember, oh hey, I would remember somebody posting about that. I put all that information in the back of my head, so I remembered everything. I think the list was very valuable in that regard. [online]

Similarities

New to Babies

Several mothers had never babysat or grown up around infants, or did not have friends or family who had babies. Such unfamiliarity with infants left them feeling unprepared to enter motherhood. For instance:

He's the first grandchild on both sides of the family. I never grew up around any babies. My close friends who have children don't live in the city. We are not from [city]. It's very reassuring to have people share their experiences. [online]

You're both so naive about babies. He was the oldest, but he didn't really remember his brothers, and I was the youngest, and I never babysat, so we really had no clue. [online]

Because I'm an older mom, I haven't been around a lot of kids, so I just wonder, am I doing this right? [online]

I was not a baby person, I had never changed a diaper, and I never babysat. [online]

Kin Support

A very interesting notion that was relevant to a large number of the mothers was the issue of living far away from family members. I heard numerous heartbreaking scenarios of first-time mothers who lacked face-to-face support from kin and/or long-time friends because they lived far apart. In fact, 60% of the mothers in the online group were not born or raised in the urban centre where they currently resided. Additionally, 70% of the mothers in the offline group said most of their family members lived in a different city, province, or country. Of particular importance was having one's own mother available to provide face-to-face postnatal support. Several of the new mothers had their own mothers visit and stay with them for a few months postpartum.

As one mother noted,

In a perfect world, my mother would live next door. I didn't have the mother that lives in the same city, who can't wait to babysit all the time, and is retired, and will drive over. [offline]

Another mother also commented on how the lack of available family support created a void in her support system:

I notice a void because I don't live in the same city as my grandma and my mom. My grandma didn't meet [baby] until he was almost a year because she won't fly anymore, and he was too sick to take him there. That's what I've noticed, is just the family don't live in the same city. If they do, it's like a major issue to see them. [offline]

For those mothers who did have family members nearby, another concern was the fact that many grandparents are choosing to remain in the workforce longer. This phenomenon is creating a growing number of first-time mothers unable to rely on their parents to provide daytime support. As one mother noted:

So I didn't have any good friends, and all my family are in [city], [husband name]'s parents live here, but they work full-time so there wasn't that much help during the daytime for myself when I probably could have used it throughout the year, just because they work full-time, so, that's that.
[offline]

Additionally, with more women in the workforce, mothers have fewer peers available for daytime support. For example:

I've got friends who have children that are older. I've got friends who don't have children at all, most of them are working during the week or going to school, so they're not on the same wavelength at all. I think I probably would have been a little bit starved for contact with other moms had I not found other moms to connect with. [online]

Making Friends

Several mothers who had relocated to a new city described how difficult it was to recreate those deep, reliable friendships that they had with peers from their previous residence. Often their stories had overtones of longing and heartache as they discussed the unconditional support they had once enjoyed before moving.

I still think at least once or twice a week that I should go back to [province] where I have really long-term girlfriends. Even here, I've only been here a year and a half. You make friends, but it takes a long time for you to be able to go, you know what? This really sucks. You don't want to be a pessimist all the time, otherwise who the heck wants to be around you? It takes time to be a total friend. The couple of girlfriends that I have made, I

know they've got my back, and that I've got theirs, but it's still not the long-term. Whereas you know back there, I've known these girls for years and years. You know there's a phone call, and bang they're over. Whereas here, it would be more like you're calling for a rescue call, whereas there it's just a, come do this! It's automatic. [offline]

It was hard right from when I moved here, like even without a child, when I first moved here three years ago. I found it hard because there's just kind of, hanging out with who my husband would hang out with, and that didn't really fulfill me because his friends are not my friends. [offline]

With friends it's harder because that connection isn't there instantly, so it takes a lot of work, and it's hard to find the time sometimes, but I think it's so important when you don't have that family around. You do have things in common, but it takes a long time to build that trust. [online]

In your life, if you're lucky, you have your childhood, and you have friends who you remember from then, then high school, if you go to university, you make university friends, and as life goes on, you have your adult friends from work, and then parenthood, you probably will make friends that you're friends solely because you have that mutual thing, which is that you're a parent or a new parent. I haven't found that yet. [offline]

The following mom discussed how long-term trustworthiness is an important part of friendship:

I'm two months from going back to work, and it's stressful. But in [province], it wouldn't be stressful because I trust my mother, I trust my father, I trust my neighbors, I trust my grandma who lives down the road, I trust my uncle who lives down the other road, plus my aunt, and my other aunt and uncle, their daughter, my cousin and her child, and you know it goes on, and on, and on. So there is a *lot* of pressure knowing that I don't have that and knowing how much that would be beneficial, but [city], I guess I'm being a little selfish here, there is a lot of pressure theoretically, but in practice, that's the pressure, like I wouldn't just go be friends with somebody because I don't have a friend. [offline]

This mother also described how proximity and a lack of community connectedness could contribute to feelings of isolation:

I've lived here a long time, and even without a child, I've always missed that sense of community, and so I've worked really hard in my own life to feel like I have a family, even though they're my friends and they're not blood. I'm isolated. I don't have a car; we live in the city. When you meet people, it's not the same. Relationships in the world aren't the same anymore, you have the Internet, you have all these things, where you

could be best friends with somebody in [country]. So when you meet people, you're meeting them on common interests or common scenarios, and instead of just meeting them because they live next door. I think in a smaller area you meet them because they live next door. So I feel like I have those people, but I feel like I'm very isolated sometimes. [offline]

Mothers also noted that forming friendships can be difficult for a variety of reasons:

Like I said, we don't have any peers, peers who are our age are not having children, and the peers we had prior to [baby name] were not pregnant or anything, or were at different stages in their lives, so they're kind of going through different stuff. [online]

I think it's the shyness. It's so easy to meet people when you're a kid because you don't have any baggage or anything. I think it's hard to meet people in this stage in life because of the scheduling thing. [online]

And also your focus is so much on the child, that when you meet people and they're with their children, you don't necessarily pay as much attention as you would if the children weren't there. You're distracted so it's not as easy to sit down and actually get to know someone. [online]

Personality: Introvert and Extrovert

For those mothers who identified themselves as being socially outgoing and as having extrovert traits, it appeared easier for them to make friends with other mothers in their communities, particularly at the local parenting classes and baby groups. However, group settings sometimes acted as a barrier for those mothers who identified themselves as having introverted and shy personality traits.

Several of the mothers who identified themselves as more introverted shared their experiences of what it was like to try and make friends in a group setting:

I didn't really connect with any other moms, to be honest. I found it good to go there and see the babies and know that I was doing ok and my baby was normal. I guess for myself I'm kind of more of an introvert. It takes me a longer period of time to open up to people. I'm very selective to who I become close with. For me, I didn't connect with anyone enough to develop a relationship outside of the group. [offline]

Around strangers and in groups, I'm not one to go out of the way to introduce myself to everyone. Once I'm comfortable, then I can be quite extroverted. But with strangers in new settings, I'm more of an introvert. [offline]

I would definitely go more with the introverted. I'm not a go-out-and-meet people person. It all has to sort of happen in a natural setting, like through regular proximity. I did do some of the other classes, like swimming, and I know some of them did become friends, but I'm just not like that. [offline]

It Takes a Village to Raise a Child

While I was conducting an interview, one mother stated, "There is a saying that it takes a village to raise a child, and it's true" [offline].

This was the beginning of a very popular theme among the mothers. While being interviewed, over and over again, mothers would comment on an issue that I labeled "It takes a village to raise a child" (Old African Proverb, in Clinton, 1996, p. 12). This theme recurred so often that I began to incorporate it as one of my interview questions. The following mothers noted the benefits that can be gained from accessing support from a variety of people, specifically a network of people who have earned one's trust and provide support:

I think that in our society we are very secular. We just deal with our own nuclear families. The more people you have to influence your child, and love your child, and connect with your child, the better rounded your child will be, and the more help you have. A village helping each other out is healthier for everyone I think. [offline]

It's huge because no one can raise a child on his or her own. You need the support of a community, you need the support of family, and you need the support of friends, and I don't think anyone who tries to exclude all of those, children are a gift, children are the future of the world. [online]

I remember reading somewhere that one of the biggest problems, in terms of self-confidence, but I don't know if it was specifically for girls, but this idea that part of self-confidence comes from people that they know and respect and trust, basically confirming their value and recognizing their success and being there to mirror. So with the absence of an extended family or the absence of that group, the child is not getting confirmation of their value from different people outside of the parents, and that's what's needed to give them a sense of identity and a community is a valuable part of something. I really believe that you do, you need to hear it from a lot of people, you need to have people there who you trust, and who will help you, and who support you, and stuff like that. [online]

I think it's true because sometimes it's just nice to be in a place where somebody else can hold your baby for you, so you can do things like drink a cup of coffee or eat a meal, or go to the bathroom. So if you're in a room full of people that you love and who love you and your child, where you can say, go see nanna, or go see auntie, or go see daddy, or whoever,

then you don't have to worry about it. It's very relaxing. But if you don't have that village, then you have to be *on* all the time. [online]

I think cause we move away, it's kind of backwards that you can't wait to get out of the house and make it on your own, and I can't wait to struggle. Like why do we do that? You know the other cultures that stay at home and physically, and mentally, and emotionally, and financially support each other. It's crazy what we do. It's not that I didn't do it either. I know I moved out. [offline]

Many of the mothers had moved away from kin, and it was interesting to learn that many turned to their peers for support. For example:

Most of my girlfriends have babies and had them just a few months before me. So there were a couple of my girlfriends who I was on the phone with everyday. Ok, this happened, what do I do now? Just food, when I started to feed her solids, they were a huge source of support and I asked them lots of questions, so that was convenient. [offline]

Honestly, what makes [city] bearable away from my family is the friends that we make. To fill the void, I formed a community around myself of peers. It was hard at first, but it got way easier, especially now that I've gotten used to having a child. [online]

One new mother who was a single parent shared her negative experience in relation to her lack of social support:

It's an overwhelming, terrible thing to have to do on your own. You know what it's like when you live by yourself, and you got all your housework to do, you have to take care of yourself, and you've got your bills to pay etc. Then all of a sudden you've got something attached to you 24/7. It's not like a dog you can just put outside. In the first year, all you're doing is changing diapers, and at some point you feed them, I mean it's not exactly brain science. They make noise and they need attention. I would recommend not moving away from where your base support is. Make sure you have things in place before you give birth. [offline]

From the interviews, it became clear that several mothers were having negative postpartum experiences because they lacked social support. This was greatly influenced by distance to kin and trusted long-term friends after relocating to a new region. It became evident that a sub-group of mothers, particularly those who considered themselves shy and had difficulty meeting new people in group settings, seemed to especially struggle with filling this void. They appeared to have the hardest time adjusting to their new mothering role while having to create a social network that would provide trustworthy peer support and help alleviate social isolation.

Weiss's Framework

By applying the findings from my study to Weiss's framework, I examined the capacity of the child lists to meet Weiss's relational provisions. According to Weiss (1974), people thrive when they are in relationships with those who provide feelings of comfort and security. In terms of attachment, a large number of the mothers lacked proximity to family members. Unfortunately, I was unable to fully examine how a lack of proximity to one's kin might contribute to an absence of attachment known as "the loneliness of emotional isolation" (Weiss, 1974, p. 25).

The child lists, especially the Community Child List, provided mothers in the online group with opportunities for social integration. In relation to Weiss's (1974) description of social integration, the child lists promoted "pooled information and ideas and a shared interpretation of experience...a source of companionship and opportunities for exchange of services...[and] the network offers a base for social events and happenings, for social engagement and social activity" (p. 23). The Citywide Child List was more apt to provide mothers with information and the opportunity to share experiences. The Community Child List provided more opportunities for members to meet face-to-face and engage in local social activities.

In terms of nurturance (Weiss, 1974), because members of the child lists were mothers, they shared their experiences of nurturing their babies and of

being needed. Also, the mentoring opportunities, which occurred in both child lists, provided an opportunity for the mothers to support one another.

In regards to receiving reassurance of worth (Weiss, 1974), the child lists were very effective. They provided opportunities for mothers to be reassured in their new parenting roles. Many were reassured knowing that they were not alone and that other mothers also experienced difficulties.

For the most part, mothers in the online group who formed friendships with their online peers identified these friendships as acquaintances, as opposed to long-term secure friendships. Of the friendships that were made in the online group, most of the mothers noted they could rely on their acquaintances for help in the case of an emergency. However, these acquaintance-type friendships did not replace the need for long-term, secure, trustworthy friendships.

According to Weiss (1974), when people undergo stressful times and lack relationships in their lives that provide guidance, they are prone to anxiety (pp. 24-25). The mothers in the online group described how the child lists helped alleviate anxiety and increase their confidence by providing emotional and information supports (for example, reassurance, normalization, sleeping strategies for babies, and local available parenting classes).

Summary

By adding a modern twist to expand on Weiss's pioneering framework of relationships and the human need for connectedness (1974), the findings of my thesis produced a deeper understanding of what mothers might gain from

belonging to an online group. The child lists created an environment for mothers to socialize, network, share advice, mentor, and receive reassurance and guidance.

CHAPTER 5: DISCUSSION and IMPLICATIONS

Introduction

The purpose of my thesis is to investigate first-time mothers' engagement in social support through online and offline communities. This chapter discusses the findings in relation to socialist feminist theory, the contributions made to the areas of policy and practice, limitations, and areas for future research.

Discussion

I chose to use socialist feminist theory because it addresses the findings of my thesis in relation to larger societal influences like mobility, economic trends, the division of labour, family life, and motherhood. It illuminates how the mothers became more empowered by giving them a collective voice. Below is a discussion of my thesis findings in relation to recent studies from a socialist feminist viewpoint. In order to facilitate an organized dialogue, I have compartmentalized the following discussion into three spheres: society, community, and family.

Society

A major change to motherhood since the baby boom is the employment of mothers outside the home (Lupton, 2000). As our cost of living increases, along with the desire for a higher standard of living, the need for two-parent-earner families exists (Freedman, 2002). According to Lupton (2000), "the permanent

'stay-at-home' mother has become something of a rarity, both for economic reasons and because women now are more likely to engage in paid labour which they find satisfying and enjoyable" (p. 50).

Of the mothers I interviewed, 80% were either on maternity leave or employed part-time or full-time. Many felt unprepared for motherhood and subsequently struggled with a postpartum learning curve. Additionally, many experienced a considerable adjustment as their identities transformed from childless women with careers, to instant maternity leave, followed by a return to the workforce as a new mother. Only 20% of those interviewed had chosen to remain out of the workforce and stay at home full-time to care for their newborns. This illuminates several macrosocial issues affecting women.

Below is a glimpse into the field of socialist feminist theory as described by Eisenstein in 1979 that is still applicable in today's society:

Woman's powerlessness in capitalist society is rooted in four basic structures, those of production, reproduction, sexuality, and socialization of children. Woman's biological capacity defines her social and economic purpose. Motherhood has set up the family as a historical necessity, and the family has become the woman's world. (p. 26)

The sexual definition of woman as mother either keeps her in the home doing unpaid labor or enables her to be hired at a lower wage because of her defined sexual inferiority...The sexual division of labor and society

remains intact even with women in the paid economy. Ideology adjusts to this by defining women as working mothers. And the two jobs get done for less than the price of one. (p. 29)

Previously, women fought to have the right and freedom to enter the paid workforce and no longer remain at-home as full-time caregivers. Now, many women are employed full-time, and are greatly influenced by societal factors when considering motherhood.

As women of childbearing years join the paid workforce, more are likely to be on maternity leave (Freedman, 2002). Unless a new mother has previously established a social network of parents, the odds are high that once she goes on maternity leave, she will want/need to create a new social network with other mothers. The phenomenon of maternity leave has created isolated pockets of at-home mothers (who are usually at home full-time for only about one year at a time). In order to create a peer-based support network, these new temporarily at-home mothers somehow have to connect with one another.

Originally, separate child lists were created for both mothers and fathers. However, the mothers-only child lists became very popular while the fathers-only child lists had very low membership. This trend is similar to previous research findings of parenting websites in the UK and Sweden (Madge & O'Connor, 2006; Sarkadi & Bremberg, 2005). This trend may indicate that online parenting communities are simply maintaining traditional gender roles and the expectation

that childcare is the responsibility of women (Drentea & Moren-Cross, 2005; Madge & O'Connor, 2006; Sarkadi & Bremberg, 2005).

Even if mothers do connect while on maternity leave, often friendships dwindle once they return to the workforce. On the child lists, online participation reflected this issue. Additionally, several of the mothers I interviewed commented on how difficult in general it is to form new meaningful friendships. They noted such barriers as: shyness, too great an age difference between mothers, not enough in common, difficulty leaving home and travelling with a newborn, difficulty working around nap schedule, mothers are too tired, and not enough time—childcare/family is number one priority. Thus, for women on maternity leave, and especially those who return to the workforce, it may be difficult to form a peer-based social network.

Another influence that can affect support networks is residential stability. In Canada, having few kin networks and being highly mobile characterize many middle-class families (McDaniel & Tepperman, 2004). Mobility on a national scale appears to be relatively stable, a non-issue. According to the 2006 census data, the overall mobility rates for its residents have remained stable. For example, the “percentage who lived at same address 5 years ago” had actually increased over the last 10 years (Statistics Canada, 2007a, ¶ 23). In 1996 it was 47.1%, in 2001 it was 53.0 %, and in 2006 it was 53.1% (¶ 23). Likewise, for those who moved within British Columbia, the amount of mobility remained relatively the same: in 1996 it was 11.5%; in 2001, 11.8%; and in 2006, 12.2% (¶ 23). Of those who had

relocated to the city from a different province/territory, the trend is actually slightly decreasing: in 1996 it was 9.4%; in 2001, 6.1%; and in 2006, 6.4% (¶ 23).

My research revealed that in a particular city on the West Coast of Canada this was not the case. Approximately 65% of the mothers interviewed had relocated to this city. Many had healthy social networks and felt greatly supported in their new role as mothers. However, a particular sub-group of participating mothers struggled greatly with social support, a major factor being a lack of proximity to kin and trusted peers.

In a study by Magdol and Bessel (2003), people who move long distances were found to be more prone to lose social support from kin. They found that “our official norms about kin obligations define kin ties as the most durable and reliable relationships, but in actuality they may be the most vulnerable under conditions of physical relocation” (p. 166). Magdol and Bessel (2003) noted that “nonkin exchanges are greater when kin are geographically distant” (p. 166). O’Connor and Madge (2004) argued “that amongst new mothers who do not live in close geographic proximity to their own mothers alternative sources of support have become increasingly important” (p. 358). Thus, when people relocate away from family, new peer friendships may function as important substitutes for one’s family members.

However, several of the interviewed mothers who had relocated greatly struggled with filling this void. A common concern was trustworthiness. It takes time to develop meaningful and trustworthy friendships. Mothers did not want to ask for help from acquaintances who they did not trust to care for their newborns.

This illuminates the importance of creating peer-based support networks in our modern society. How do new mothers connect with one another in their local communities?

Community

On a community level, there are several reasons why a new mother on maternity leave might find herself to be the only stay-at-home mom in her neighborhood. All interviewed mothers lived in an urban area that was characterized by a low birth rate, which may have resulted in fewer mothers physically available to connect with. According to the 2006 census data,

More than half (15) of the 25 municipalities that had the lowest proportions of households with couples and children in 2006 were in British Columbia. Seven of them (Victoria, Capital G, Qualicum Beach, Parksville, Sidney, Nanaimo E, and Capital F) were on Vancouver Island. According to 2006 Census data, they had the oldest populations in Canada. (Statistics Canada, 2007b, p. 53)

Another trend to affect support networks is the increasing fragmentation of our communities. Hilary Clinton (1996) described how our urban communities have evolved and the importance for people to form and maintain a network of support:

In earlier times and places—and until recently in our own culture—the “village” meant an actual geographic place where individuals and families lived and worked together....For most of us, though, the village doesn't look like that anymore. In fact, it's difficult to paint a picture of the modern village, so frantic and fragmented has much of our culture become. Extended families rarely live in the same town, let alone the same house. In many communities, crime and fear keep us behind locked doors. Where we used to chat with neighbors on stoops and porches, now we watch videos in our darkened living rooms. Instead of strolling down Main Street, we spend hours in automobiles and at anonymous shopping malls. We don't join civic associations, churches, union, political parties, or even bowling leagues the way we used to. The horizons of the contemporary village extend well beyond the town line. From the moment we are born, we are exposed to vast numbers of other people and influences through radio, television, newspapers, books, movies, computers, compact discs, cellular phones, and fax machines. Technology connects us to the impersonal global village it has created. To many, this brave new world seems dehumanizing and inhospitable. It is not surprising, then, that there is a yearning for the “good old days” as a refuge from the problems of the present. But by turning away, we blind ourselves to the continuing, evolving presence of the village in our lives, and its critical importance for how we live together. The village can no longer be defined as a place on a map, or a list of people or organizations, but its essence remains the

same: it is the network of values and relationships that support and affect our lives. (p. 13)

Mothers may feel isolated due to insular family units and disconnected communities (Calkins, 2000). This disconnection at the community level can prevent mothers from turning to their neighbours for support (Calkins, 2000).

In many urban communities, families are not the norm. This coincides with the findings of Madge and O'Connor (2006). On a website, known as Babyworld, 36% of online mothers noted that "they had more in common with people visiting Babyworld than they did with people from their local community" (p. 207). As society becomes increasingly fast-paced, private, and disconnected, we run the risk of becoming more isolated and less supported.

My thesis findings are consistent with the research outcomes of Cummings, Sproull, and Kiesler (2002):

[Online groups] offer the possibility of encountering many different perspectives on a problem, of finding people with similar experiences and pain, and, at the same time, of communicating in comparative privacy and psychological safety. For all these reasons, the Internet seems especially suited to, and valuable for, those who lack real-world support. (p. 79)

My thesis results also echo the findings of Madge and O'Connor (2006):

In our study this virtual support was of particular significance for those women living away from their extended family (especially mother) or if close family members worked or if their mother had died. The online parenting community therefore played an increasingly significant role for those women who were geographically or socially isolated, where mothering could not be a 'locally' shared activity (extract 4). (p. 207)

The mothers belonging to the Community Child List met one another at local community outings and formed acquaintances. This finding duplicates the findings of Chan (2008). Due to the dense urban landscape of Hong Kong, many of the mothers belonging to a chat room lived close to one another. This close proximity aided in the formation of many face-to-face friendships as mothers participated in local group activities such as barbeques and shopping trips (Chan, 2008).

Additionally, the child lists facilitated emotional, informational, and instrumental support among the mothers. In online communities, reassurance and sharing of experiences are evident in similar online studies (Chan; 2008, Drentea & Moren-Cross, 2005; Madge & O'Connor, 2006).

Traditionally, medical professionals usually give formal information to mothers, with mothers playing a passive role. The child lists facilitated the active exchange of informal peer-to-peer advice, which helped empower them. The empowerment factor associated with online networks has also been found in previous research. Madge and O'Connor (2006) found that online mothers were

empowered by receiving parenting information and social support, which in turn increased their confidence and sense of control. Sarkadi and Bremberg (2005) found that active participation (in online discussion groups) was required in order for online mothers to receive the most support from a Swedish parenting website. Drentea and Moren-Cross (2005) found that by accessing large amounts of parenting information, online mothers were empowered by normalizing their experiences.

Family

There is no doubt that times are changing, and such changes are also having a subsequent affect on family life. According to Clinton (1996):

Families used to live close together, making it easier for relatives to pitch in during pregnancy and the first months of a newborn's life. Women worked primarily in the home and were more available to lend a hand to new mothers and to help them get accustomed to motherhood. Families were larger, and older children were expected to aid in caring for younger siblings, a role that prepared them for their own future parenting roles. (p. 70)

In today's society, most adults are part of the paid workforce during the day, leaving new mothers on their own. The findings of my thesis highlight the fact that mothers during the postnatal period may also be experiencing a huge

adjustment phase. This adjustment period may be characterized by a lack of sleep, a large learning curve, and identity change.

Several of the mothers I interviewed were in the workforce prior to giving birth and subsequently struggled with the change in identity from full-time employee to full-time mother. New mothers can be experiencing many issues during the postpartum period. In addition to adjusting to motherhood and caring for a newborn, they also have to access support from others.

As women choose to start their families later in life, often their peers are childless (Calkins, 2000). Thus, mothers may find that they have no friends readily available who can offer parenting advice (Calkins, 2000). How is a new mother at home supposed to access social support when no one else is around during the day? What if she is the type of person who finds it difficult to make friends in large social settings?

The child lists were conveniently available to mothers online 24/7 from the comfort of their homes. They also provided an anonymous and non-judgmental method for mothers to express themselves. Some mothers enjoyed the freedom of simply reading other people's comments and were comfortable not posting themselves. Mothers utilizing similar parenting websites also valued the convenience, anonymity, and non-judgmental environments (Drentea & Moren-Cross, 2005; Madge & O'Connor, 2006).

Most of the literature on Internet parenting groups focuses on parenting websites that are open to the general public (Drentea & Moren-Cross, 2005; Madge & O'Connor, 2006; Sarkadi & Bremberg, 2005). My research illustrates

the use of an online group that began with mothers who had met previously at a parenting class and lived in the same neighborhood. The use of the Community Child List revealed that mothers used the online group to remain connected and organize social outings with each other.

This study provides a qualitative description of two online parenting groups. Gaining access to online groups is usually difficult for researchers to achieve due to accessibility issues (Madara, 2000). Sometimes it is challenging to learn more about online communities because research is prohibited for privacy reasons (Madara, 2000).

My thesis provides a collective voice to average first-time mothers, so that their wants, needs, and struggles are expressed and heard. Socialist feminism acknowledges and views these mothers through the lens of larger social issues (such as employment in the paid workforce, maternity leave, high mobility, low birth rate, and the pressure to meet peers at local baby groups/parenting classes) that influence their ability to live freely and be who they truly are. By telling their stories, mothers reflected on their past experiences and found insight into their current situations. Many mothers realized what was working for them in their lives and what was lacking. A few mothers, who carried heavy burdens of isolation, worry, and/or depression realized their need to access more supportive resources. Also, some mothers who did not access online support were inspired to become more familiar with parent-based websites in the future.

The findings of my thesis confirm that online networks provide many benefits to mothers, and are especially helpful to those who find it difficult to

make friends in large social settings and who lack real world support. Thus, Internet groups are a protective intervention that can help buffer the stress of a major life transition, such as entering motherhood.

Implications

Goodness of Fit

The findings from my thesis highlight the need for new mothers to have access to a variety of support options. Having access to a wide variety of support options increases the chances of mothers finding a form of social support that is a good match. Each mother and her postpartum experience is unique. Having a wide variety of social support resources to choose from helps empower mothers to find resources that meet their individual social support needs.

Ecological Perspective

Additionally, it is important for professionals to take an ecological perspective when connecting mothers to supportive resources. Specifically it is important to take into account a new mother's current learning style. For example, is she a visual learner who would greatly benefit from watching a parenting DVD? Or can she read a parenting book and easily synthesize and remember everything she reads? It is also important to take into account a mother's personality traits. Does she enjoy crowded face-to-face extroverted social situations? Is she shy and prefer more introverted online social networking, where she can remain anonymous? It is also important to tailor resources that meet a new mother's current lifestyle. For example, can she easily get out of bed in the morning, shower, get dressed, and travel with her newborn across the city to attend a parenting group? If not, perhaps online networking resources that can

be easily accessed from home are more appropriate. Thus, it is also important to consider a new mother's current family and community dynamics when accessing supportive resources.

Professionals

For professionals who work to support families, awareness and understanding is key. Specifically, it is important for professionals working with new families to be aware of a vulnerable subgroup of new mothers. Such awareness will help professionals to quickly identify new mothers who may be vulnerable to isolation. Professionals will want to be aware of the support needs of those new mothers who have recently moved to a new city, live in communities void of young families, and those mothers who lack friends and family members living geographically nearby. These factors may contribute to postpartum experiences that are characterized by social isolation.

In addition to identifying and connecting families with supportive resources, it is also important for professionals to implement the action and follow-up required to ensure that families in need are actually accessing and benefiting from recommended sources of support. This follow-through is an important piece that helps make social support a reality for many of today's struggling parents. With current budget shrinkages, staffing cutbacks and time crunches, aftercare during the postpartum period can be easily overlooked and ignored. Thus, it is the responsibility of professionals to advocate for funding and

services in order to ensure that the unique support needs of each family in Canada is being fulfilled.

Health Practitioners

This research will be important not only to mothers, but also to healthcare practitioners as they continue to educate and empower parents. There is also a need to educate nurses in regards to maximizing the benefits of online support (Baum, 2004). In regards to community parenting classes and baby groups, health practitioners teaching such groups need to create child lists for their class members. After parenting classes have ended (assuming parents have high-speed Internet at home, the computer training required to operate e-mail, and fluency in the preferred language), parents would be able to remain connected online and continue to develop their friendships. Creating online peer-based support groups would increase the overall diversity and number of supports available to parents.

Child & Youth Care

Within the field of CYC, my study inspires and supports maternal health promotion. As CYC professionals, often we must learn to work within the midst of complex systems. By illuminating the challenges experienced by several first-time mothers in today's society, our collective awareness is raised regarding the possibly isolating and negative experiences that may be encountered as women transition into motherhood. The findings of this research challenge assumptions

and previous stereotypes regarding motherhood in middle-class urban settings. Now people are aware that well-educated, middle-class women do not automatically live a life of constant privileged bliss. Women with full-time careers can experience huge upsets when undergoing identity change. Often the workplace is very stimulating, challenging, and rewarding for women, and they can struggle with the boredom and isolation when at home alone with their newborn. Also, mothers previously unfamiliar with parenting can become overwhelmed when experiencing a huge learning curve. They can also experience pressure to return to their employment full-time in order to maintain their career status and work productivity. Along with higher socio-economic status comes a higher cost of living, which can also pressure mothers to return to/enter the workforce.

As well, the findings are relevant to a variety of fields, especially within the realms of CYC, early childhood development, and family studies. This has implications in the training of CYC professionals. Often it is CYC professionals who interact with families on a frontline basis. Thus, there is a need to teach about the importance of effectively disseminating all available parenting resources and supports at the community level. CYC professionals must be trained about the supportive link that they can provide to families. It is important for CYC professionals to realize the vital role they can play in ensuring that supportive resource information reaches children, youth, parents, families, and other relevant organizations and institutions so that families no longer struggle in isolation and without access to effective support systems.

Digital Divide

A concern regarding the digital divide is that the Internet is being utilized by the upper classes as a mechanism to keep themselves better equipped with resources and support, while the lower class continue to go without (Burrows et al., 2000; Drentea & Moren-Cross, 2005). According to Burrows et al.:

The issue of social exclusion is thus not just a function of lack of access...but one of the already better equipped (virtual?) middle classes being able to understand and engage with the technology in ways that advantage them ever further. Like traditional forms of welfare, wired welfare may tend to advantage the middle class who have the time, the reflexivity, and inclination, and resources to best exploit it, and in doing so gain systematic advantage. Thus systems of wired welfare may replicate other forms of welfare and benefit those who are already more 'well off' in terms of their other resources—an enduring theme of social policy—and one which needs to be urgently addressed. (p. 118)

In order for all new mothers in today's society to benefit from the potential empowering effects of online support groups, policy-makers need to decrease the digital divide. Policy-makers need to ensure that high-quality online parenting resources are established, sustained, easily accessible, and user-friendly, particularly for those of lower socio-economic status and those who live in rural

areas (Baum, 2004). Hopefully, my thesis will increase awareness of the tremendous potential of the Internet to enhance maternal support, promote family-centered practice, facilitate community connectedness and capacity building, and increase opportunities for cultural diversity and well-being (University of Victoria, School of Child and Youth Care, 2007).

Limitations

There are several limitations to using a predominately qualitative approach. The findings of this thesis are culturally specific in that they reflect a group of Western, middle-class, urban, and predominately Caucasian first-time mothers. However, some of the more abstract findings of this thesis (such as social isolation, loneliness, and the need for reassurance and support) may be of a universal nature and transferable to mothers within other cultures (Auerbach & Silverstein, 2003). Due to the small sample size of only 20 participants, the findings of my thesis cannot be generalized to the larger population.

Another limitation involves crossover between the two child lists; some mothers originally belonged to the Community Child List and then later joined the Citywide Child List. Thus, several mothers at the time of interview belonged to both child lists. At the beginning and throughout each interview, I would reiterate which child list I was referring to when asking questions, but sometimes the mothers themselves could not remember which child list they were recalling information about. In addition, the Community Child List contained mothers who had met at a previous local parenting class and those joining the online group for

the first time. After conducting the interviews, I realized that I had interviewed 2 mothers who belonged to the group but had already met at the original parenting class. There were 3 mothers who joined the list based on the recommendation of a friend who was already a member. This demonstrates how networks first begin. However, this limited the depth of the findings in regards to establishing the extent of the child lists in facilitating face-to-face social support among strangers meeting for the first time in an online community. In hindsight, I would have liked to have interviewed 5 mothers on the Community Child List who had met previously at a parenting class and 5 mothers who joined and had not previously established face-to-face relationships with other group members.

Future Directions

With regards to researching online communities, there is still much room for growth and a need to establish long-term studies regarding the benefits and consequences of online parenting support groups. O'Connor and Madge (2004) recommended that forums be created that would allow for online collaboration among parents and health practitioners. Currently, participants in studies on maternal transition lack diversity (Nelson, 2003). By studying a variety of participant groups, researchers will be able to learn more about parenting support issues that specifically relate to individuals' unique needs. Future research should expand to include families living in rural areas and cities in different provinces and countries. Additionally, future participants might include both mothers and fathers, parents who have immigrated to Canada, parents of

visible minorities, parents of children with complex developmental conditions, and parents representing various socio-economic statuses.

Final Thoughts

This research was conducted so that others might learn from the women who so graciously shared a glimpse of their personal experiences of motherhood. By connecting with one another, we will be better able to support one another as the communities in which we live continue to evolve. Transitioning into motherhood is a huge feat and it is important for mothers to access support. The postnatal period can be very demanding and overwhelming. In our modern society, no mother should have to struggle in social isolation. Online support groups conveniently fill in the gaps where traditional family support systems once existed. By providing mothers with adequate resources and the option of using online support networks, perhaps future journeys into motherhood will bring more enjoyable and rewarding experiences for all.

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APPENDIX A – Online Solicitation Letter

ONLINE GROUP

Notice of Research Study

My name is Valerie Irvine and I am a professor in the Faculty of Education at the University of Victoria. As part of my responsibilities, I conduct research in the area of online learning communities. I am inviting you to participate in one of my current projects on the nature and effects of electronic support. As you know, I am a member/administrator of the child2003-04 e-mail list, which evolved under the leadership of mothers who took a parent education class together from the Queen Alexandra Foundation for Child Health. You are being contacted because of your subscription to this e-mail mailing list. My co-investigators on the project are Dr. Wendy Hall (Nursing, University of British Columbia), and Vali Hunting (Master's Student, Child and Youth Care, University of Victoria). The study has been reviewed by the University of Victoria Ethics Committee and has met the rigorous requirements for ethical approval.

As you know, there is a growing use of Internet in Canadian homes. Since little research exists on the impact of the Internet on peer support for mothers of infants and toddlers, there is a potential to make significant contribution in the areas of child development, health promotion, parent education, and intervention. In this study, we are trying to look at the nature and effects of different types of support (online and offline) on mothers of infants and toddlers. This information will be very helpful to us in designing peer support programs for mothers and in designing future research. We hope that you will help us out by participating in the study.

What do I have to do to participate?

It is actually quite simple. All we ask is that you follow the e-mail link provided at the bottom of this letter, which will take you to a consent form, which you need to review and complete. There are three components of this study. You can select which components you wish to participate in (just

one or all three). The components are:

1.) Online Questionnaire (15 Minutes)

The entire questionnaire should take less than 15 minutes of your time. There will be no way to trace any of your responses to your identity, so your responses will be completely anonymous.

You may refuse to answer any questions in the questionnaire. For each questionnaire received, participants will be compensated for time spent in the amount of \$10 donated to the Maternity Ward at the Victoria General Hospital (for a maximum donation of \$1000 for all participants).

2.) Content Analysis of Archived Discussion Postings (No time required)

There is no compensation as it requires no time since archived messages are being collected for review. Participants must provide the e-mail address subscribed so their posts can be identified.

3.) Face-to-Face Interviews (90 Minutes)

For the interview, participants will be compensated in the amount of \$25 for time spent, including any possible expenses, such as childcare, travel costs, etc. Please note that childcare and travel for the interview is purely optional. It can be done in your home, at UVic, or another convenient location.

But I don't post messages to the e-mail list, so I won't be of any help!

Yes you will! It is only by understanding the issues of **all** mothers that we can hope to gain a fuller understanding of all that is involved in electronic support.

Do I have to participate?

Absolutely not. Your participation is completely voluntary. If you choose not to participate please disregard this, or any future information you may receive about our study. However, it is only through voluntary participation in research projects that we increase our knowledge about issues that are important to us. We

hope you can find the time to help us out. If you have any questions about the study or about completing the questionnaire, please feel free to call us at the number provided below.

If you are interested in participating in one or all three components of this study, please click on the link below where you will be taken to a participant consent form, which describes the study in further detail.

<http://www.educ.uvic.ca/TIE/consent.htm>

Sincerely,

Valerie Irvine

Department of Curriculum and Instruction, University of Victoria

Technology in Education Research Lab, Tel: (250) 472 – 5575, E-mail: tie@uvic.ca

Wendy Hall

School of Nursing, University of British Columbia

Vali Hunting, Master's Student

School of Child and Youth Care, University of Victoria

Technology in Education Research Lab, Tel: (250) 472 – 5575, E-mail: tie@uvic.ca

APPENDIX B – Recruitment Poster

Attention New Mothers

You are invited to participate in a research study on parenting support

- Requirements for participation:
- live in Greater Victoria
 - have a child born in 2004
 - *do not* participate in online parenting support groups

Participation includes an interview and/or completion of a survey with the following compensation:

Interview: \$25 for time spent incl. any possible expenses

Survey: \$10 for time spent will be donated to the Maternity Ward at the Victoria General Hospital

Please contact Vali Hunting:

terl@uvic.ca

or

472-5575

(leave message)

This project was funded by the Human Early Learning Partnership
(B.C. Ministry of Children and Family Development)

Vali Hunting, UVic Support Study
terl@uvic.ca or 472-5575

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Vali Hunting, UVic Support Study
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APPENDIX C – Interview Questions

Open Interview with Typology Questions:

Interview Date, Number of Children in the Family, Neighborhood, Employment Status, Number of Bedrooms in Home, Education level, Marital Status, Cultural Identity, Age

1. What was life like for you during your first postnatal year?
2. If you could choose a few words to describe your social experience during your first year postnatal year, what would those words be?
3. What other types of significant events were occurring in your life during your first postnatal year?
4. Describe the type of support you valued the most during your first postnatal year?
5. In your experience, were you able to form friendships with other mothers (Online?) in your community?
6. What made you want to meet other mothers (or join the Childlist)?
7. What does it mean for you to have support from other mothers in your life?
8. How has the social support received from other mothers affected your quality of life?
9. How did the social support you received affect your parenting practices?
10. How did the social support you received from other mothers affect your transition back to the workplace (if applicable)?

End Interview:

At the end of the interview, I will ask if she has anything else that she would like to add or elaborate on. I will thank the participant for her time and ask if she has any questions for me.

APPENDIX D – Online Initial Consent Form

ONLINE GROUP

Participant Consent Form

Parenting Study

About the researchers

You are being invited to participate in a study entitled “Exploring the nature and effects of community-based, cohort-based e-support on mothers of infants and toddlers,” funded by the Human Early Learning Partnership (B.C. Ministry of Children and Family Development), and is being conducted by Valerie Irvine (UVic Education), Wendy Hall (UBC Nursing), and Vali Hunting (UVic Child and Youth Care). The primary investigator, Valerie Irvine, is a professor in the Department of Curriculum and Instruction at the University of Victoria . If you have any questions about the research, please contact either Valerie Irvine (250-721-7778 or virvine@uvic.ca) or graduate student Vali Hunting (250-472-5575 or tie@uvic.ca).

About the research

The overall purpose of this research project is to explore the nature and effects of electronic support among mothers of infants and toddlers.

Importance of the study

Research of this type is important because:

- Through publication in peer-reviewed journals and presentations at conferences, the results can inform the research community about the influences of electronic support among new mothers.
- There is potential to make significant contribution to the areas of child development, health promotion, parent education and support, and intervention.

- Furthermore, the results can be useful to educators, health care practitioners, administrators and policy-makers who may wish to learn more about how to facilitate support for new mothers.

Participation in the study

You are being invited to participate in this study because you are currently, or have been, a member of the Child 2003-2004 e-mail list. If you agree to voluntarily participate in this research, your participation will include:

One or more of the following study components:

- **Online Survey** (approximately 15 minutes)

For each survey received, participants will be compensated for time spent in the amount of \$10 donated to the Maternity Ward at the Victoria General Hospital (for a maximum donation of \$1000 for all participants). The survey is online, but a copy can be mailed upon request.

- **Content Analysis** of e-mail list archives (no time, just access to your archived e-mail messages)

For the content analysis, there is no compensation as it requires no time since archived messages of consenting participants are being collected for review. Participants must provide the e-mail address subscribed so their posts can be identified.

- **Interview** (approximately 90 minutes in length at a convenient location of your choice)

For the interview, participants will be compensated in the amount of \$ 25 for time spent, including any possible expenses, such as childcare, travel costs, etc. Please note that childcare and travel for the interview is purely optional. It can be done in your home, at UVic, or another convenient location. Purposive and/or random

sampling techniques will be employed, so you may not necessarily be contacted.

Your agreement to participate must be completely voluntary. If you decide to participate, it is up to you which components you participate in (from one component to all three).

Risks and benefits

There are no known or anticipated risks to you by participating in this research. The potential benefits of your participation in this research include improvements for society as electronic support tools are considered by community, health, and university members for improving access to support and resources, which could be made based on your responses. Furthermore, the results will add to the state of knowledge on the nature and effects of electronic support for mothers. Lastly, participants will benefit from the opportunity for personal reflection and learning among participants.

Informed consent and protection of participants

You may withdraw at anytime without consequences or any explanation by contacting Vali Hunting (graduate student). If you do withdraw from the study, compensation will still be given. Any data collected for the content analysis and interview will not be used; however, it will be logistically impossible to remove individual participant data for the survey. It is important for you to know that it is unethical to provide undue compensation or inducements to research participants and, if you agree to be a participant in this study, this form of compensation to you must not be coercive. If you would not otherwise choose to participate if the compensation was not offered, then you should decline.

A research team member (Valerie Irvine) may have a relationship to potential participants as a member of the Child2003-04 e-mail list. To help prevent this relationship from influencing the decision to participate, the following steps to prevent coercion have been taken:

Valerie Irvine may introduce the study, but a graduate student (Vali Hunting) has been set up to be the contact person to receive all submissions, questions, and/or comments. There will be no way for Valerie Irvine to know who responded to any portion of the study or for her to identify any responses received as Vali Hunting will strip participant identity from any materials received where applicable:

The survey has been set up so that there is no way for anyone to trace responses to a particular person.

For the content analysis, the graduate student (Vali Hunting) will strip all personal information before forwarding archived e-mail messages to the research team.

The interview portion will be conducted by Vali Hunting as a requirement for her Master's thesis and participant identity will not be disclosed by her to anyone. More information about the interview component will be provided in a separate consent form made available to interested participants.

No comments or responses from individual participants will be attributed to any specific individual. No names will be used at any time in any publication. Prior to analyzing results, any identifying indicators will be removed. No disclosure of personal identity will be made in any presentation or publication of the data. Most information collected will be reported in aggregate form (e.g., in charts, etc.). Where it serves a purpose, a quote may be used, but no identification will be associated with it and it will not be used if it contains information that may reveal the participant's identity. Your confidentiality and the confidentiality of the data will be protected. Once your data has been received, the research team will be working with it on a private computer that is behind a firewall.

Data use, dissemination, and storage

Other planned uses of this data include reanalysis for future research questions that may arise. These research questions will be limited to topics associated with

e-support. For example, the participant data collected in this study could be compared with responses collected at a later date or compared with participant responses received in another group elsewhere. It is anticipated that the results of this study will be shared with others in the form of peer-reviewed journal articles, conference presentations, a thesis, websites, and potentially the media. Participants will be informed of the webpage where they can retrieve results at the webpage <http://www.educ.uvic.ca/TIE> when available or results can be sent directly to participants on request. Once the data has been analyzed, it will be removed from the computer, stored on CD, and kept in a secure location accessed only by the research team. Data from this study will be destroyed in five years time.

Consent and concerns

In addition to being able to contact the researcher at the above phone number, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Associate Vice-President, Research at the University of Victoria (250-472-4362).

Please place a checkmark next to each component of the study you wish to participate in.

Please do not press the enter key as you provide your responses.

<input type="checkbox"/>	Online Survey	Upon submission of this form, you will be taken to the webpage containing the survey. It is set up so there will be no way to trace your responses back to your identity.
<input type="checkbox"/>	Content Analysis of Email Archives	Please provide email address subscribed to child2003-04 so we can locate your posts: <input type="text"/>
<input type="checkbox"/>	Interview	For selection purposes, please answer: a) What year was your child born?
		O2003 O2004

	b) Are you subscribed to the [community name] list as well? <input type="radio"/> Yes <input type="radio"/> No
	Phone number: <input type="text"/> and/or Email: <input type="text"/> <input type="text"/> (To be contacted for interview) Scheduling for interviews will begin the first week of July and will continue until the quota has been filled, so please indicate your interest as soon as possible.

By placing a checkmark next to "I give consent" in the checkbox below, you indicate that you understand the above conditions of participation in this study and that you have had an opportunity to have your questions answered by the investigator. To complete your consent, please complete the fields below and click the Submit button.

Check here to give consent: I give consent <input type="checkbox"/>		
First name: <input type="text"/>	Last name: <input type="text"/>	Date: <input type="text"/>

Upon submission, you will be taken to a webpage where you can print a copy of this consent form for your records. On the same page, the online survey can be accessed.

APPENDIX E – Offline Consent Form

Participant Consent Form

You are being invited to participate in a study entitled Social Support for Mothers: An Exploration of Mothers' Postpartum Experiences with Community-based and Citywide Peer Support Online that is being conducted by Vali Hunting.

Vali Hunting is a graduate student in the department of Child & Youth Care at the University of Victoria and you may contact Vali Hunting if you have further questions by e-mail: vhunting@uvic.ca.

As a graduate student, I am required to conduct research as part of the requirements for a Master's of Arts degree in Child & Youth Care. It is being conducted under the supervision of Dr. Veronica Pacini-Ketchabaw. You may contact my supervisor at (250) 721-6478.

The overall purpose of this research project is to explore the factors influencing peer support among new mothers. Specifically, the purpose of this study is:

1. To identify and describe the support valued by mothers.
2. To describe the specific context and conditions under which mothers rely on peer support.
3. To describe the extent online peer groups allow mothers to form meaningful, supportive friendships with others in an online environment and in their real-world communities.
4. To compare and explore peer support issues of mothers on a citywide Childlist and a community Childlist.

The Human Early Learning Partnership is funding this research study.

Research of this type is important because it will share valuable information on tools or strategies being used that can enhance peer support and improve social support for mothers.

You are being invited to participate in this study in order to share your experiences on motherhood and your participation was solicited using a purposive sampling method. You were contacted because you are a member of the 2003-2004 Childlist or because you responded to a poster advertisement.

If you agree to voluntarily participate in this research, your participation will include an interview approximately one hour and 30 minutes in length at a convenient location of your choice.

There are no known or anticipated risks to you by participating in this research.

The potential benefits of your participation in this research include an expansion of the academic literature available on maternal peer support issues. As well, this research will provide alternate tools for mothers to use in order to better access the resources within their communities and enjoy a peer-based social network of support.

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will not be used.

You will be compensated for your time by receiving \$25 (this money may also contribute to pay for babysitting necessary during the interview, but babysitting during the interview is purely optional)

In terms of protecting your anonymity your name will be changed and any identifying information that you deem inappropriate will be excluded or changed to maintain your complete anonymity.

Your confidentiality and the confidentiality of the data will be protected by storing data in a secure, private location. It is anticipated that the results of this study will be shared with others in a variety of forms such as: a) summary report available for viewing online, or interested participants can receive a copy of the results in the mail, b) a thesis, c) published peer-reviewed journal articles, and d) conference presentations.

Data from this study will be disposed of two years after the study is complete. Electronic data will be deleted and paper copies will be shredded.

In addition to being able to contact the researcher and supervisor at the above phone numbers, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Associate Vice-President, Research at the University of Victoria (250-472-4545).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Name of Participant

Signature

Date

**A copy of this consent will be left with you,
and a copy will be taken by the researcher.**

APPENDIX F – Terminology

Theoretical Constructs Used	Literature Supporting Theoretical Construct
Emotional support	Cohen & Wills, 1985; House, 1981
Informational support	Cohen & Wills, 1985; House, 1981
Instrumental support	Cohen & Wills, 1985; House, 1981
Normalization	Drentea & Moren-Cross, 2005
Reassurance	Drentea & Moren-Cross, 2005
Reliable alliances	Lupton, 2000; Nelson, 2003
Adjustment	Nelson, 2003
Unprepared	Nelson, 2003
Overwhelmed	Warren, 2005
Parenting tips	Drentea & Moren-Cross, 2005
Mentorship	Madara, 2000
Support for fathers	Sarkadi & Bremberg, 2005
Kin support	Magdol & Bessel, 2003
It takes a village	Clinton, 1996
Change in identity	Shelton & Johnson, 2006
