Mothers’ experiences of their social support networks:
Contact preferences, the part of the child’s father and the role of social workers

Mödrars erfarenheter av support i sociala nätverk:
Kontaktpreferenser samt fäders och socialarbetares betydelse

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Abstract

The postpartum period is an exciting still stressful time for mothers. Although their experiences may be different, all of them appreciate support in the course of this time. In Sweden, there has been a shift from traditional to more individualistic values. It is considered to be one of the most individualistic countries in the world, which makes Sweden an interesting case to study. The aim of the thesis was to explore mothers’ experiences of their social support network including their contact preferences, the part of the child’s father, and the role of the Swedish welfare state/social work. Data was collected conducting semi-structured interviews and using easyNWK, a software for recording and analysing social networks. An evaluation of the social network cards was supported by easyNWK. Thematic analysis was applied to the transcripts. Findings indicate that mothers experience five different types of support which are named instrumental, emotional, informational, and appraisal support as well as social companionship in previous literature. These are provided by family, and friends followed by colleagues as well as professionals. Maternal support and paternal support are identified as individual preferences. The child’s father is either suggested as supportive or absent/lack of backup. Available resources of professionals and individualised support offers provided by the Swedish welfare state are appreciated. Social work plays a role in the provision of emotional and informational support.

Keywords: social support, social support network, mother, postpartum period, social work, Swedish welfare state
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1. Introduction

The postpartum period is a time of major transition in the life of a woman. Both first-time mothers as well as mothers with one or more children experience a transformational process (Sethi, 1994, p.14). As previous research by Brage, Hudson, Elek, and Fleck in 2001 identified women have to adjust to new roles, care for an infant and cope with physical, emotional, and social change (as cited in Leahy-Warren, 2007). The first year after child birth is considered to be the most vulnerable period of the maternity. Loss of sleep, uncertainty, overtaxing and worries about self-appearance may be inter alia challenges that mothers have to deal with. Just as well, transitory phenomena like maternity blues and postpartum depression can occur during these initial months (Sethi, 1994, pp.2-17). The postpartum period is exciting still stressful, and although the women have different experiences, all of them may appreciate support in the course of this crucial time (Price, Aston, Monaghan, Sim, Murphy, Etowa, Pickles, Hunter, & Little, 2017).

Social support can facilitate the period after child birth (Leahy-Warren, 2007). It is carried out by individuals in mothers’ networks who seem to undergo considerable changes in Western societies. In the last decades there has been a shift from traditional to more individualistic values, such as independence, autonomy and self-realization (Strandell, 2018). According to Beck and Beck-Gernsheim (2001, p.88) people tend to create their own biographies instead of following the traditional rhythm of life. As a consequence new forms of living including single parenthood, non-marital cohabitation, childless marriage, blended families or same-sex partnerships appear and spread (Beck & Beck-Gernsheim, 2001, p.98). The family seems to be in the course of time. Individualisation and its growing relationship practices loosen the monopoly of the traditional family. The individual breaks away from conventional and familial dependencies (Daly & Schweie, 2010). Thus, it is given the impression that the traditional support system of the family decreases. The responsibility appears to be increasingly placed into the hands of the individual.

Sweden is suggested to be one of the most individualistic countries (Heinö, 2009; Ohlsson-Wijk, 2015, p.17; Strandell, 2018). It has been at the forefront of changes towards individualisation. Gender equality, freedom of choice and self-expression are inter alia important values. This confirms the World Value Survey in 2015, which attributes highly individualised values to the Swedes (as cited in Strandell, 2018).
According to Ahmadi (2003), the individualisation and its shift from traditional institutions to autonomous individuals lead to increased utilization of social welfare services as well as social work practices. These are supposed to carry out needs that have previously been met by the family. Scandinavian countries like Sweden provide welfare systems which are universal in support and uniform in the level of available services (Requena, 2010).

Social work is a key actor in the welfare system that offers social support for mothers. In various organisations, for example mother and child homes, advisory centres for pregnant and nursing women, women’s advice centres, government office for youth welfare, hospitals, and different projects, social workers may come across mothers who are in their postpartum period. As far as it is explored for this research, studies about social support for mothers from a social work perspective are rare. This observation is strengthened by a relevant literature review from Geens and Vadenbroeck (2014). The researchers noted that the topic is predominately highlighted from a medical and paramedical perspective, for example public health or psychology. Just as well, specific groups of mothers like homeless, single and low-income women are frequently studied. Therefore, it is important to fill the current research gap and take a closer look at a diverse sample of mothers in terms women’s age, number of children and partnership from a social work perspective. Especially Sweden is an interesting case to be studied since it is considered to be one of the most individualistic societies. So the question raises, how do mothers who are situated in their postpartum period experience social support in such a highly individualised country? The following qualitative study is getting to the bottom of this question.

1.1 Aim of the study

The study aims to explore mothers’ experiences of their social support networks during the first year of their postpartum period.

1.2 Research questions

To fulfil this research aim, the following research questions have been formulated:

1. What contacts do mothers prefer in their social support networks during the first year of postpartum period?

2. What part plays the father of the child in mothers’ social support networks?
3. What is the role of the Swedish welfare state/social work in mothers’ social support networks?

2. Theoretical framework

To set a theoretical framework, this chapter defines social support in more detail for a better understanding of the concept which is relevant throughout the whole study. The next pages aim at elaborating the concept of social support and its implications.

2.1 Social support

Social support has been defined in many ways in previous literature. Consequently, there is uncertainty about the uniformity of its meaning (Leahy-Warren, 2007). It is recurrently determined as a concept characterised by complexity and multidimensionality (Lumino, Ragozini, & Vitale, 2016). A study by Schmidt-Tieszen and Schrag (2014) explains social support as a network in which the person can perceive love and care as well as receive help with everyday tasks from others in their environment like family, relatives, and friends. O’Reilley discusses in an early research in 1988 the distinctions between two dimensions underpinning social relationships, namely the structure and the function (as cited in Lumino et al., 2016). According to Leahy-Warren (2007) the structural dimensions include the interpersonal social network, number of friends and acquaintances, extent of relationship between the network members, and frequency of contact. The functional dimensions of social support comprise exchange of activities such as informal, instrumental, emotional, and appraisal support as well as its appropriateness. An earlier work by Vaux in 1988 explains similar types of social support flowing through social relationships. Instead of appraisal support, the author emphasizes social companionship which provides possibilities for sociability like getting together with friends (as cited in Lumino et al., 2016). As Lumino, Ragozini, Van Duijn, and Vitale (2017) discuss, social support is mainly understood in terms of close and lasting relationships, which tend to be formed with family, friends, and neighbours. These are important for the health of individuals under stress, in crisis and in transition (Tietjen, 1985). Social support can be a buffer or form of prevention, which strengthens people’s well-being through the availability of resources or rather knowing that support exists (Geens & Vandenbroeck, 2014).

Positive effects of social support were also reported by a qualitative study of single young mothers (Schmidt-Tieszen & Schrag, 2014). It was found that social networks have ease
repercussions for mothers coping with stress of parenting. Social support is one of the primary ways through which families receive resources to cope with everyday life, make use of opportunities, and lower uncertainty, in particular when possible stressful events appear (Lumino et al., 2016). Generally, intimate relationships have the tendency to generate a greater variety of support than casual acquaintances. Close ties with romantic partner and other nuclear family members offer bonding, which comprises intimate forms of support like listening, care giving, and kind feelings. The more distant role-defined ties provide bridging. This includes practical assistance as well as a range of information and advice. That is based on the assumption that people who are ascribed with weak ties in the network branch outward into other information surroundings, while persons who are attributed with strong ties tend to share the same information (Gottlieb & Bergen, 2010). As Sarason and Sarason illustrated in 2009, both strong and weak ties contribute to social support (as cited in Lumino et al., 2017). According to Wellman (2007) individuals often have the choice with whom they would like to connect. Some of the support exchange with network members may be bi-directional. In other words, the support goes back and forth between individuals, each taking turns in offering and getting support. This can be illustrated with self-help groups. The members are supporters as well as supported (Gottlieb & Bergen, 2010).

3. Literature review

The following chapter gives an overview of previously performed literature. To the best of researcher’s knowledge, limited studies about mothers’ experiences of their social support networks in Sweden exist. Hence, it was decided to include international research. Just as well, there seems to be barely any literature available about the topic from a social work perspective. Therefore, studies from adjacent professionals like midwives were selected to get a broader view.

3.1 Social support networks of mothers

A great number of studies with single, married and/or first-time mothers identified family, friends, and peers as sources of support. As literature about single mothers shows, kinship networks play a serious role in meeting the basic needs, including instrumental and emotional support (Lumino et al., 2016; Lumino et al., 2017). The importance of these contacts is confirmed by Schmidt-Tieszen and Schrag (2014). The participants viewed their family network as the most supportive. Mother figures, in particular the own mother, are reported as a meaningful resource of inter alia emotional and informal support in several studies.
Besides the maternal backing further literature determines that the father of the child has a significant part in providing social support during the postpartum period (Leahy-Warren, 2007; Gee & Rhodes, 2003). This is underpinned by Darvill et al. (2008). The interviewed first-time mothers considered their partners as important encouragers and providers of appraisal support. Controversially, in a research by Keating-Lefler and Wilson (2004) single mothers describe feelings of resentment and anger for the child’s father’s behaviour. As latest research indicated, mothers classify the support of the child’s father in four categories, namely supportive, negative, minimal or absent (Schmidt-Tieszen & Schrag, 2014). Just as well, friends are either viewed as helpful or hindering. Studies show that many single mothers lose contact with their friends (Keating-Lefler & Wilson, 2004; Schmidt-Tieszen & Schrag, 2014). This may be inter alia due to reduced time, changes of interest or lack of understanding. Nonetheless, a study by Lumino et al. (2016) described friends as an important resource of social companionship and emotional support. Especially peers are recommended to be supportive. In a research by Price et al. (2017) first-time mothers state that they trust the advice of friends and other mothers with infants at the same age as their own as well as with a similar parenting style. In particular, postpartum mother-baby groups offer various benefits of helpful and empathic social networks like improving and strengthening mothers’ dealing with infant care and women’s self-care.

### 3.2 Social support and the welfare state

Despite the personal network of family, friends, and peers, the welfare state with its services and professionals is another source of support for mothers in their postpartum period. Especially mothers who do not experience a supportive social environment may benefit from the offers. The welfare states provide, depending on the type, different kinds of protection from basic social risks. One of the most well-known typologies of welfare regimes was established by Esping-Andersen in 1990. He distinguishes between a liberal, conservative, and social democratic welfare regime. The last-mentioned includes welfare states like Norway, Finland, Denmark, and Sweden. Its support is characterised by universality, a high level of egalitarianism and a commitment that covers all types of risk (as cited in Requena, 2010).

Additionally, Anttonen and Sipila developed a typology of different formal and informal regimes among social care-givers in 1996. This model suggests four categories, namely
Mediterranean, Anglo-Saxon, Scandinavian, and the Continental Western European countries. The authors mentioned different divisions of care-giving between family and the state within these types. While Mediterranean countries like Spain, Portugal, Italy, and Greece have a limited social care-giving system that leaves the majority of the care in the informal hands of families, Scandinavian countries for example Sweden provide a highly structured system of universal care-giving and uniformity in the level of services available (as cited in Requena, 2010).

This Mediterranean support system is also illustrated in an Italian study by Lumino et al. (2016). The interviewed single mothers referred to their families in providing backup and in compensating for the deficiencies of the welfare state. They attributed social work as a resource of emotional support and helping them to guide the social and health services available, giving advice and information. A contrasting opinion had young, unmarried mothers in an American study by Schmidt-Tieszen and Schrag (2014). The participants reported a lack of assistance from social workers. They found themselves dealing their problems and satisfying their needs independently.

4. Materials and methods

This qualitative study was carried out in a city in Northern Sweden from January until May 2018. Semi-structured interviews in combination with easyNWK, a software for recording and analysing social networks, were conducted with five mothers who experience currently their first year of postpartum period. The following chapter illustrates the chosen research procedure transparently from the very start to the presentation of the final results.

4.1 Pre-understanding

Researchers’ pre-understanding is an essential part of qualitative research. Therefore, it was important to consider own experiences of the phenomenon to be studied in order to minimize any bias. Since the researcher is trained in kindergarten education, she reflected upon her knowledge, attitudes and presuppositions to avoid effects on the process and the outcomes of the study (Bengtsson, 2016). By developing a healthy self-awareness and by investigating the own pre-understanding, the researcher increased the possibility of openness in the study. An open attitude was of great significance to see the spectrum of mothers’ experiences and to have an outward-looking of the own pre-understanding. The researcher challenged her existing horizons to overcome possible prejudices and to view the otherness of the
phenomenon. To see the variety in mothers’ telling, projective interpretations were avoided to best of researcher’s ability. During the whole research process reflections about the applied methods as well as the meanings found in the data were made (Nyström & Dahlgren, 2001).

4.2 Sampling strategy

With the research subject and its aim in mind, purposive sampling was carried out. In other words, the participants were chosen on the basis of specific characteristics (Arthur, Mitchell, Lewis, & McNaughton Nicholls, 2014, p.144). These included a search for women who are currently in their first year of postpartum period. In more detail, mothers with at least four months of experience after child birth were wanted. This is due to the reason that they enjoy some look back at the social support from their networks on a daily basis. Further, the inclusion of a diverse sample within the defined study population in terms of women’s age, number of children and available or non-existent partners was important. According to Ritchie, Lewis, Elam, Tennant, and Rahim (2014, p.117) diversity opens not only the chance to explore the phenomenon under study in full range, but also the opportunity to investigate the interdependency between various characteristics in more detail. In addition, participating mothers were required to have proper experiences of living in Sweden. This is significant because of a likely established social support network as well as the potential to reflect on their lives in a highly individualised society. Furthermore, an important criterion was the non-existence of a relationship between the researcher and the participants in advance to allow a study as unbiased as possible. In the further way of proceeding, the researcher’s awareness of her role in the interaction with the respondents was significant in order to identify and avoid for example possible influences on them which may in turn have effects on the study results (Kvale, 1997, p.112).

To recruit women who meet the above-mentioned characteristics, several services which provide offers for mothers in their postpartum period in a city in Northern Sweden were contacted. Emails with pieces of information about the study were inter alia sent to respective heads of swim courses, sport classes as well as pre-schools for mothers and their infants. After written and/or telephone exchanges, some of the services issued an invitation. Through visits personal contact with potential participants was established. Besides a presentation of the study, information leaflets were both distributed to the present mothers and placed in the premises of the service to reach currently absent mothers. The promotional material offered the mothers necessary information which is easy to understand and enabled them to make an
informed decision whether they want to participate in the research or not. Additionally, the leaflets were provided with different kinds of contact details like telephone number and email address to simplify a possible response. Interested women were checked on the previously mentioned criteria. The further way of procedure was explained to mothers who met the specific characteristics.

4.2.1 Participants

Five women who are currently in their first year of postpartum period were selected for the study. Their age ranges from 27 to 39 years. Three of them experience their first-time motherhood, whereas two of them have more children. From the five respondents two are single and three named to be in cohabitation with the father of the children. Four mothers were born and raised in Sweden, while one woman has her roots in a foreign country. She has already stayed in Sweden for many years. All of them are currently living in a city in Northern Sweden. A detailed description of the participants is given in table 1.

Table 1: Presentation of the participants

<table>
<thead>
<tr>
<th>Participants</th>
<th>P1</th>
<th>P2</th>
<th>P3</th>
<th>P4</th>
<th>P5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>27 years</td>
<td>29 years</td>
<td>30 years</td>
<td>39 years</td>
<td>35 years</td>
</tr>
<tr>
<td>Motherhood</td>
<td>First-time mother → 9 months old infant</td>
<td>First-time mother → 6 months old infant</td>
<td>Mother of two children → 7 months old infant → 3 years old child</td>
<td>First-time mother → 8 months old infant</td>
<td>Mother of three children → 9 months old infant → 3 and 8 years old children</td>
</tr>
<tr>
<td>Relationship status</td>
<td>Cohabitation</td>
<td>Cohabitation</td>
<td>Cohabitation</td>
<td>Single</td>
<td>Single</td>
</tr>
<tr>
<td>Education</td>
<td>Bachelor’s degree</td>
<td>Master’s degree</td>
<td>Bachelor’s degree</td>
<td>PhD</td>
<td>Bachelor’s degree</td>
</tr>
</tbody>
</table>

4.3 Data collection

Data from the participants was collected through easyNWK. The software for recording and analysing individual social networks was devolved by the Ilse Arlt Institute on Social Inclusion Research at the University of Applied Science St. Pölten in Austria (EasyNWK, 2018). The use of easyNWK was completed with semi-structured interviews which gave a more detailed picture of mothers’ experiences regarding their social support networks. As recommended by Magnusson and Marecek (2015, p.21) both pre-tests with people outside the
study population like friends as well as a pilot test with a respondent were carried out. This opened up the opportunity to screen the content, the order, clarity as well as duration of the approach. After a refinement and revision of the procedure further meetings with participants in a location of their choice were conducted. Some of the women preferred to be interviewed in their homes whereas others favoured a neutral setting. A quiet, private and comfortable environment which supports an interview procedure without distraction was created by the researcher (Yeo, Legard, Keegan, Ward, McNaughton Nicholls, & Lewis, 2014, p.207). The duration of the interviews including easyNWK varied from 90 to 120 minutes. All of them were hold in English.

4.3.1 EasyNWK

In the first part of the meeting easyNWK was applied with the mothers. The software helped to visualise and in a next step analyse, as further described in chapter 4.4, the social networks of the participants. It is divided in four sectors including family, friends, colleagues, and professionals. The participants find themselves in the centre of the social network card. In a guided talk the mothers were motivated to name people who are part of their lives. These were marked in the social network card with regard to the instructions of the interviewees by the researcher. During the drawing up questions were asked to get a perfectly possible picture of the mothers’ social networks: “Are there any other family members, friends, colleagues or professional assistance you want to draw in your network card?, Maybe someone you see regularly?, Or perhaps someone you have persistent chats?”. Further, the plausibility of the positions was tested: “Does A play a more important role than B?”. In some cases the participants may give people a desirable instead of a real position in the network card. Therefore, it is good to check the interviewees’ details. Additionally, the relationships between the persons in the network card were drawn in. In other words, people that are regularly in contact without the help of a third person were clustered or more precisely connected with each other through lines (Pantucek-Eisenbacher, 2009, pp.186-197; EasyNWK, 2018). Detailed illustrations of participants’ network cards are presented in chapter 5.2.

With a picture of participants’ personal networks, the researcher continued with questions about their experiences of social support. The network cards gave an overview of the interviewees’ relationships and corroborated their telling. It helped to understand their social support networks in more detail both during the interview and later in the analysis.
4.3.2 Interviews

Semi-structured interviews were used to explore mothers’ experiences of their social support networks in more detail. This method seemed to be most suitable since it allows the researcher to investigate participants’ values, background, circumstances, reasoning, feelings, options and beliefs (Yeo et al., 2014, p.184). A topic guide was developed using the review of previous literature and the research questions as an inspiration. As an addition to easyNWK, short, clear and open formulated questions aimed to encourage the interviewees to talk freely about their social support networks. Follow-up questions were asked inter alia to show respect, elicit more information, get deeper understanding, clarify uncertainties as well as challenge inconsistencies (Yeo et al., 2014, pp.194-195). The interview was conducted in as neutral language as possible. Wording was chosen without forcing participants in a particular direction. The interview process itself was flexible in order, but with the intention to cover all relevant research issues. A full version of the interview guide is presented in the appendix. All the interviews were audio recorded and written down with the participants’ names or other identifying characteristics removed from the transcripts to guarantee anonymity.

4.4 Analysis design

The collected data was analysed with thematic analysis which involves discovering, interpreting and reporting patterns and clusters of meaning within the material. Due to these characteristics it seemed to be an appropriate method for exploring mothers’ experiences of their social support networks in greater detail. The researcher worked systematically through the data in order to identify topics that are progressively integrated into higher-level themes. During the process it was important to address the research questions and the aim of the study. (Spencer, Ritchie, Ormston, O’Connor, & Barnard, 2014, p.271).

To manage the raw material the following steps of a general thematic analysis were carried out. First of all, the researcher got familiar with the data. The transcripts were reviewed for determining topics and issues that are of interest, recurrent across the texts and relevant to the research questions. Further, an initial thematic framework for organising the data was constructed. The identified themes were grouped and sorted according to different levels of generality. Themes and subthemes were labelled in a descriptive way. Accompanying notes were written to clarify their meanings. In a next step, indexing was applied. Each phrase, sentence and paragraph was assigned with a theme or subtheme. Afterwards, the data was
sorted to view material with similar content and properties. In addition, the data extracts were screened for coherence and further refinement of the framework. Abstraction and interpretation was conducted to construct categories and classes as well as to identify patterns of linkage between them. This process required a detailed investigation of the material to generate descriptions that are conceptually pure, make differences that are meaningful and show the content that is illuminating (Spencer, Ritchie, O’Connor, Morrell, & Ormston, 2014, pp.296-345). A graphic was drawn up to illustrate the developed themes of the approach. It can be found in chapter 5.

Additionally to the outcomes of the thematic analysis, the results of easyNWK were included. The software supports a calculation of the created social network cards. It computes inter alia the size and the density of the network in general as well as for each sector. In more detail, the size includes the number of people in the network and the density expresses the relation between possible and realised relationships. A density of 0,00 means that the network consists just of individuals who do not communicate with each other whereas a density of 1,00 indicates that all persons in the network have a relationship with each other. The density is an indicator of how close and centred a system is. It can only be interpreted in relation to the network size. Furthermore, the number of female and male contacts is calculated (Pantucek-Eisenbacher, 2009, pp.186-197; EasyNWK, 2018). General averages of all mothers together as well as single and cohabited mothers separately were calculated by the researcher. Therefore, the following formula was used $S ÷ N = A$. It is illustrated with an example of mothers’ network sizes: $S$ (sum of all participants’ network contacts) ÷ $N$ (number of participants) = $A$ (average of mothers’ network sizes), or shown with numbers: $(31+33+36+34+34) ÷ 5 = 33,60$. A detailed presentation of the computations of easyNWK is given in chapter 5.2.

4.5 Ethical considerations

To ensure high quality research, it is important to consider ethical issues. According to Webster, Lewis, and Brown (2014, pp.78-108) a study which guarantees integrity and transparency should be designed, reviewed and undertaken. Therefore, mothers were informed inter alia about the subject of the thesis, its aim, purpose and methods. Adequate pieces of information were given to allow a decision whether or not to participate in the study. The support of a gatekeeper enabled the researcher access to services for the study population in order to present her scientific project. An initial meeting in person with the mothers
ensured that the head of the services do not exclude potential respondents from taking part in the study. Promotional material which provides different kinds of contact details were handed out to the women to make a voluntary participation free from coercion and pressure possible. The mothers were not only informed about their right to withdraw their attendance, but also about the opportunity to reject questions in the interview at any time. It was put in the women’s hands how much they want to say about their social support networks. Confidentiality and anonymity was respected from early stages of the study to reporting and beyond. This includes the non-disclosure of identity and personal information of the participants. Since the sample size of this thesis is small, the mothers were provided with leaflets including contact details to get in touch with the researcher without the knowing of others. Further, the transcribing of the interviews as well as the reporting of the study was carried out in consideration of the concealment of participants’ identities. All of them were offered the opportunity of feedback on findings and use. During the whole way of procedure the data were safely stored in order to prevent unauthorized people’s access. Furthermore, the approach was geared to mothers’ needs. Hence, the researcher tried to stand in the shoes of potential respondents to consider their options from all perspectives. To enable participation in the study, the place, date and time of the meetings were oriented to the women’s everyday schedule with children.

5. Results and analysis

In the following chapter the results of the thematic analysis in combination with the outcomes of easyNWK are presented. Figure 1 shows the aim of the study and the research questions as a basis and connects them with the developed themes and sub-themes. For a better understanding every manifested type of support including instrumental, emotional, informational, and appraisal support as well as social companionship is assigned with a number from 1 to 5. This procedure helps to illustrate the relations amongst these kinds of support and the research questions, its themes and sub-themes. The findings presented in the figure below are individually described as well as analysed in more detail.
5.1 Mothers’ experiences of their social support networks

Interviews with the participants show that social support manifests itself in various forms like “the help with everyday life tasks and child care, listening and showing empathy, giving information or advice, being there for someone and also giving a good feeling” (P2). Therefore, five main types were identified with regard to mothers’ telling. These include, as named in previous literature, instrumental, emotional, informational, and appraisal support as well as social companionship (Leahy-Warren, 2007; Lumino et al., 2016). First thoughts of the interviewees signed that these are provided by “family and close friends. I guess this is what initially comes into my mind when I think about social support” (P4). Further considerations also comprise colleagues as well as professionals as resources of support. This raises three assumptions. Firstly, the initial expression of family and particular friends can be based on a possible closeness and importance of the relationship. It may be an automatic reflection of mentioning nearby people in the network before distant contacts. Secondly, it is
possibly due to the fulfillment of the main role as a support giver. Thirdly, a combination of both suppositions seems to be noteworthy. Family and close friends may be chosen because of an intimate relationship as resources of support.

Supporters provide not only “help in difficult situations with problems, but also in daily life” (P5). Their actual presence varies depending on the type of support. While some of them require a physical proximity like instrumental support, others can be performed irrespectively of closeness and distance, for example emotional backup. As mentioned in the interviews support givers are viewed as active as well as passive resources: “They help me, but they are also just there with their pure existence. In cases of need I can count on them, which feels good” (P2). It seems that besides the real carrying out of help, the knowing of available backers raises the feeling of being supported.

Further, interviews with the mothers identified factors that influence the experience of social support from their network: “It can differ how important your social support network is for you in your situation as a parent or well I mean in my situation firstly I feel quite confident in my role and I also mean my daughter she is also really satisfied or she is very calm and she sleeps well and all that kind of things… it are small things, but it matters in the long run I think how you experience your situation and how important your social network gets” (P1). External circumstances, the perception of the own mother role as well as available resources may have inter alia an effect on mothers’ experiences of their social support network. The following chapter explains the five noted categories of social support covering instrumental, emotional, informational, and appraisal support as well as social companionship in more detail.

5.1.1 Instrumental support

As earlier research noted instrumental support refers to the aid and assistance for the fulfilment of ordinary responsibilities (Lumino et al., 2016). According to interviews with the mothers these include “help with housekeeping like washing, cleaning and help with child care or more general help in daily life like shopping” (P3). People who live in the same household or in the immediate vicinity were considered as dominant instrumental support givers of the participants. This may be based on the requirement of an actual presence for carrying out practical backup. Therefore, partners as well as parents-in-law who share the same accommodation were seen as great resources by mothers in cohabitations: “They help me a lot in daily life with things like in the household because we are living in the same
house. So they are there when I need them” (P3). A contrasting view had single interviewees with spatial distant families: “We don’t have any family here so those people here (pointing at friends and neighbours in their network card) are my sorts of backup plan with child care and so on” (P4). Mothers without a partner tend to fall back upon these resources when it comes to the provision of instrumental support. That is possibly not an indication for a closer relationship with friends and neighbours, but rather due to their physical proximity.

Interviews with the mothers exemplified families, in particular the own parents, living long way away as a recurrent topic in connection with instrumental support: “They are living in X (distant village). So it is a little bit outside, but we try to see each other as often as possible. It is difficult for them to help me with babysitting” (P2). A reason for this may be an ongoing redistribution of the population. Latest research shows that in developing and transitioning countries, urbanisation causes a migration of younger people from rural areas to urban centres in order to do an apprenticeship, complete studies or seek employment (Hokenstad & Choi, 2012, p.138). With regard to the interviews it is commonly held amongst the participants that the families are left behind in the countryside. Hence, this trend of moving seems to have an influence on the provision of instrumental support. In other words, the distance is likely to make it difficult for family members in rural regions to act as a supporter.

Nonetheless, the interviewees highlighted assistance from their own families as well: “When he (son) was born my mom came from X (distant village) and she helped us out for the first weeks.” (P4). Whereas participants considered their visiting mothers as an important backup for arranging everyday life activities as well as managing child care, fathers were appreciated for helping with craftsmanship: “He has been a really good support more a practical support like I mean he is very handy. We had a great help in our apartment” (P1). Just as well, research findings suggest that family and friends, in particular with older children, provide independently of spatial closeness and distance instrumental support in form of material presents like clothes and toys.

Generally, mothers reflected all these manifestations of instrumental support as great resources. Sharing as well as the acceptance of tasks helped to lighten participants’ workloads and enabled them to take out times for themselves or rather to make purchases without the children. This may have positive effects on the well-being of the mothers.
5.1.2 Emotional support

According to the statements of the participants, another source of good feelings was emotional support through social contacts: “So if you are upset you can phone her (friend) and Skype and you feel better afterwards. She is very helpful” (P4). As previous literature state this type of backup comprises inter alia empathy, sympathy and possibilities for discussing personal matters (Lumino et al., 2016). This was likewise discovered in the interviews with the mothers: “Emotional support...well I would say is for me when someone listens to me, understands me in my situation, has understanding words for me, talks with me and is there for me” (P3). Such actions were preferred to be performed by people who have closer relationships with the participants. These include according to mothers’ statements their family, especially the own mother, and friends. Additionally, interviewees in cohabitations viewed their partner as a great resource of emotional support: “Well I can talk with him about everything and he supports me really well emotionally” (P3). The research results suggest that all these contacts provide reassurance not only with regard to child related topics, but also in personal matters. Participants, mainly single mothers, considered professionals as emotional supporters in the context of child care: “My son I had a lot of troubles because he didn’t sleep that well in the beginning. So I had some talks with her (preschool teacher) about that...I guess she gave me also a good feeling and I felt better afterwards” (P5). They did not ask professionals for help with personal/private issues besides child care which marks a difference in comparison to family and friends. This conjectures that the extent of emotional support depends on the closeness of the relationship. The more intimate a connection between individuals is the wider seems to be the variety of emotional support.

Furthermore, the findings of the interviews indicate differences in the provision of emotional support between male and female contacts. Beside the partner who was viewed as one of the main supporters by mothers in cohabitations, the own father as well as male friends were commonly held as less supportive regarding this kind of support. Although these contacts were recurrently seen as an additional perspective, women were favoured partners with emotional concerns, especially respecting child related matters: “When it comes to my daughter or well also more generally I think I turn more often to my mother, my sister or best friend when it comes to emotional support...less to my father /.../ It is more because they are women I think” (P1). This raises the assumption that the type and scope of emotional support depends on the sex. Women may be more greatly appreciated by other female persons. That
seems to be due to similar experiences and stronger sympathy for circumstances. Further elaborations to women’s role in the social network, in particular maternal support, are made in chapter 5.2.1.

In the interviews participants discussed not only face-to-face talks, but also conversations via modern mediums of communication like Skype as ways of performing emotional support. Mothers were consistent with getting words from people living nearby and far away. It can be assumed that emotional support is autonomous of spatial proximity and distance.

### 5.1.3 Informational support

The independence of physical range is also reflected in the context of informational support amongst the mothers. They discussed this type of backup not only in connection with people in their immediate vicinity, but also in relation to persons who live further away. Their own mothers, friends with older children and peers were identified as the main providers of informational support. This may be due to their previous and current experiences of motherhood. With their gained or rather existing knowledge they appear to be great resources of informational support. Just as well, professionals were recurrently illustrated as backers: “Our nurse helped a lot with health issues. My son was ill in the beginning and she helped with information and advice /…/ She has a good knowledge about things” (P5). Because of their subject-specific expertise they seem to be appreciated providers of informational support. Both other mothers and professionals giving support are separately discussed in chapter 5.2.1 and chapter 5.4 in more detail.

According to interviews with the participants as well as previous literature (Lumino et al., 2016) informational support includes the provision of advice and information for particular needs like available services or handling difficulties. It was commonly considered to be an important form of support regarding first-time parenthood: “I ask her (mother) a lot for advice especially when I got my first child. Everything was so new and I did not know exactly how to handle everything. With the second child it is a bit easier. I have some experience now” (P3). Being a first-time mother seems to increase the need for information. This may be due to the ongoing transition to motherhood, which requires amongst other things the takeover of a new role. Related to these changes mothers have to fulfil new expectations and meet unknown demands. Possible lack of assurance and overtaxing can lead to challenges, which raise the need for advice. Information is probably a great resource to cope with difficult situations and in turn to get security and feel more confidence in the role as a mother.
Besides facing challenges, research findings note the exchange about offers and services oriented to mothers as part of informational support: “We (mothers from pre-school and participant) give each other advice where to find what or where you can get these and those things. Where this and that event takes place or where you can turn to when you want to get this” (P5). This indicates an expansion of knowledge inter alia about the range of choices, potential offers of assistance and meeting points.

5.1.4 Social companionship

Providing opportunities for sociability like getting together with friends is defined as social companionship in former research (Lumino et al., 2016). In the interviews mothers ascribed positive effects to meetings with others: “Since we (friend and participant) have our children so close we have the chance to see each other very often because it can be when you are at home with your child it can be a little bit alone sometimes. We see each other quite often and hang out with each other. So we don’t feel lonely“ (P1). It was commonly held amongst the participants that women with children are one of the main providers of social companionship. This may be based on similar daily routines and with it the simplicity to coordinate or arrange dates. On the contrary interviewees considered friends without children as less supportive. That can be due to dissimilar time schedules, different circumstances, divergent interests and a potential lack of understanding.

Further, the findings of the research suggest that organisations like pre-schools are preferred platforms for social companionship: “I meet them (mothers) weekly in the pre-school and we do activities together. That is a really great opportunity to get in contact with others“ (P3). With their offers organisations enable space and time for mothers’ exchange. According to participants’ statements these facilities are close to their homes. This seems to be an important criterion for providers of social companionship. Interviewees identified nearby people as favoured resources, which may be due their physical proximity and easier availability. Therefore, family members including partners who live in the same household were regarded as valued company by participants in cohabitations. Nonetheless, also spatial distant contacts were appreciated supporters in form of personal visits or virtual meetings for example via Skype. Independent of the kind, mothers explained gatherings as ways against loneliness. This may have positive effects on their well-being.
5.1.5 Appraisal support

Mothers’ comfort was also strengthened through appraisal support. According to latest research, it refers to affirmation or expressions of agreement or rightness of some act or point of view (Leahy-Warren, 2007). These manifestations are, with regard to participants’ statements, mainly provided by other mothers: “We (sister and participant) talk about experiences and I see that she experiences the same. So I feel more normal and not different, a bad mother or so” (P3). Exchanges with people in similar situations enable a social comparison. That in turn gives the mothers a feeling of normality. Feedbacks can open the possibility for self-evaluation. It may support the women to testify their actions and/or encourage them to make changes in their behaviours. This empowers probably mothers’ self-confidence in their own responses and with the child.

Additionally, partners contribute likely to an encouragement of self-assurance. They were seen as great resources of appraisal support by mothers in cohabitations: “He gives me a good feeling, yeah that I am doing a good job with our child, that I am good mother” (P2). With their positive assertion they seem to support the mothers in their role. This strengthening may confirm or rather give the women more competence in the care of the common child.

5.2 Contact preferences in the social support network

Results of easyNWK show a general average of 33,60 contacts in mothers’ social networks. This is similar to both mothers with a partner who have a mean value of 33,33 people and single mothers who count an average of 34 persons. These contacts are divided amongst all four sectors including family, friends, colleagues, and professionals. Differences between single and cohabitated mothers are discernible in their networks. While the family sector of mothers in cohabitations includes 19,33 members, the one of single mothers comprises less by half, namely 10 relatives on the average. These dissimilarities may be because of additional or absent family members from partners. On the contrary, single women have an average of 13,5 friends which is twice as much contacts in this sector compared to cohabitated women who have an average of 5,67 friends. This reflects the information conducted from the semi-structured interviews. Mothers’ views on their preferences of the sectors were dissimilar. Whereas mothers with partners commonly prioritized their families before friends, single mothers dominantly favoured the friends sector on the first and the family sector on the second place: “I would maybe say friends since most of them live here in X (current home town of participant), but also the family sector because they are really close to me...maybe
friends because they are practically here and family second because they are close but not here at least not all of them” (P5). Therefore, their preference was influenced by the physical proximity of people. They gave friends more weight than family members, although they seem to have closer relationships with the last-mentioned. This may be based on friends’ possibilities to provide a greater variety of support since they tend to live in the immediate vicinity of the mothers.

These two sectors are followed by colleagues with an average of 5 contacts on the part of mothers with partners. That is almost similar to single mothers’ mean value of 4 people in the colleague sector. However, they considered their colleagues including other parents from preschool and diverse courses as at least important. They preferred professionals with an average of 6.5 contacts in their social network card. A contrasting view had women with partners who put people belonging to the professional assistance sector with an average of 3.33 on the last place. This may indicate that cohabitated mothers have less need of support from professionals because of potential other available backers in the family, friends, and colleague sector. On the opposite single mothers seem to make more use of professional help in order to compensate possible missing support from other contacts like the child’s father in their network.

A comparison of the sectors including all participants results in a general average of 15.60 family members, followed by 8.80 friends and each 4.60 contacts in the colleague as well as professional sector. This raises the assumption that the family sector provides the most potential resources for support. With it the density needs to be taken into consideration. The colleague sector has the largest overall density with a mean value of 0.55. In particular the colleagues of mothers in cohabitations show the greatest amount with 0.81. This high value suggests that the number of people who are in contact with one another is big. The colleague sector seems to be close and centred. The family sector shows the second highest value amongst the participants with a general average of 0.36. Findings of easyNWK noted that the density in single mothers’ networks with an average of 0.47 is twice as high as the one of cohabitated mothers with a central value of 0.28. The third largest density has the professional sector with 0.29. Women in cohabitations display a significantly higher number with 0.39 than single women with 0.15. This may be due to the fact that cohabitated mothers have fewer contacts in the professional sector compared to single mothers. It raises the supposition that the smaller the number of professionals in women’s network is, the higher is the probability that they have interactions with each other. On the contrary, the likelihood of exchanges
between professional assistances seems to fall with more contacts in this sector. According to the density of the friends sector a general average of 0.22 is determined including single and cohabitated mothers. However, single women count significantly more friends to their social network. This indicates several groups of friends who have the potential to provide various resources. Different backers may share the loading of support.

Further, semi-structured interviews illustrated more details about preference contacts within the sectors. Participants in cohabitations considered their partners, followed by the own mother and other women with children as important support givers: “I would say my partner is most supportive, well next also my mother, my mother-in-law and my bigger sister since she also has children and our friends and neighbours with the kids” (P3). Similar views had single mothers. They recurrently mentioned their own as well as other mothers as most serious backups. These contact preferences of single and cohabited mothers are also reflected in their networks cards. As apparent in figure 2, 3, 4, 5 and 6 mothers put their favourite supporters close to them.

Figure 2:
Network card of participant 1
Figure 3: Network card of participant 2

Figure 4: Network card of participant 3
Figure 5: Network card of participant 4

Figure 6: Network card of participant 5
In general, mothers seem to favour mainly support from other women, especially mothers. The results of easyNWK confirm this tendency. Mothers have an average of 23.20 female contacts in their network, while the mean value of male contacts is 10.40. The comparison between single and cohabitated participants shows even higher differences. In particular, single mothers’ networks count with 25.5 significantly more female persons than male persons who comprise only 8.5 contacts. The dissimilarity between the two sexes is much lower amongst mothers in cohabitations. Their networks include 21.67 women and 11.67 men. This may be inter alia due to single mothers’ absent or rather lack of contact with the fathers of the children, which is explained in chapter 5.3.2 in more detail. A complete presentation of easyNWK’s results is given in table 2.

Table 2: Results of easyNWK

<table>
<thead>
<tr>
<th></th>
<th>P1</th>
<th>P2</th>
<th>P3</th>
<th>P4</th>
<th>P5</th>
<th>General average</th>
<th>Cohabitated mothers’ average</th>
<th>Single mothers’ average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male contacts</td>
<td>14</td>
<td>11</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>10.40</td>
<td>11.67</td>
<td>8.5</td>
</tr>
<tr>
<td>Female contacts</td>
<td>17</td>
<td>22</td>
<td>26</td>
<td>25</td>
<td>26</td>
<td>23.20</td>
<td>21.67</td>
<td>25.5</td>
</tr>
<tr>
<td>Whole network size</td>
<td>31</td>
<td>33</td>
<td>36</td>
<td>34</td>
<td>34</td>
<td>33.60</td>
<td>33.33</td>
<td>34</td>
</tr>
<tr>
<td>Network size - family</td>
<td>20</td>
<td>19</td>
<td>19</td>
<td>7</td>
<td>13</td>
<td>15.60</td>
<td>19.33</td>
<td>10</td>
</tr>
<tr>
<td>Network size - professional assistant</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>7</td>
<td>4.60</td>
<td>3.33</td>
<td>6.5</td>
</tr>
<tr>
<td>Network size - colleagues</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>5</td>
<td>3</td>
<td>4.60</td>
<td>5.00</td>
<td>4</td>
</tr>
<tr>
<td>Network size - friends/relatives</td>
<td>6</td>
<td>5</td>
<td>6</td>
<td>16</td>
<td>11</td>
<td>8.80</td>
<td>5.67</td>
<td>13.5</td>
</tr>
<tr>
<td>Whole density</td>
<td>0.153</td>
<td>0.116</td>
<td>0.132</td>
<td>0.116</td>
<td>0.064</td>
<td>0.12</td>
<td>0.13</td>
<td>0.09</td>
</tr>
<tr>
<td>Density - family</td>
<td>0.326</td>
<td>0.24</td>
<td>0.281</td>
<td>0.714</td>
<td>0.218</td>
<td>0.36</td>
<td>0.28</td>
<td>0.466</td>
</tr>
<tr>
<td>Density - professional assistant</td>
<td>1</td>
<td>0.167</td>
<td>0.2</td>
<td>0.095</td>
<td>0.29</td>
<td>0.29</td>
<td>0.39</td>
<td>0.1475</td>
</tr>
<tr>
<td>Density - colleagues</td>
<td>1</td>
<td>1</td>
<td>0.429</td>
<td>0</td>
<td>0.333</td>
<td>0.55</td>
<td>0.81</td>
<td>0.1665</td>
</tr>
<tr>
<td>Density - friends/relatives</td>
<td>0.067</td>
<td>0.2</td>
<td>0.4</td>
<td>0.333</td>
<td>0.109</td>
<td>0.22</td>
<td>0.22</td>
<td>0.221</td>
</tr>
</tbody>
</table>

The following chapter explores mothers’ contact preferences including maternal support, which was favoured by all participants, and paternal support, which was dominant amongst women in cohabitations.

5.2.1 Maternal support

Semi-structured interviews determined participants’ preference of maternal support. The interviewees considered their “own mother, sister and friends well they have all older children or at similar ages” (P2) as main support givers. The results of easyNWK strengthen the mothers’ statements. Participants’ networks consist of predominately female contacts including other women with children. They drew in other mothers close to them. These contacts supply all of the five identified types of support, namely informational, emotional, instrumental, and appraisal support as well as social companionship. Two groups who provide
maternal support were examined in the interviews including mothers as role models and mothers as peers. Both of them are described in the following chapters.

5.2.1.1 Mothers as role models

Women with older children were considered as role models in the interviews. It was commonly held amongst the participants that these include family members, neighbours and friends: “I mean she (friend) gave birth to her daughter just four months before me. She has been a great support and kind of role model as well. She has been through all the things that I went through as well” (P1). Previous experiences with child related obligations and a common sense of belonging to the same group, more precisely mothers, seem to be criteria for being a role model. These fulfil also grandmothers who were recurrently explained as someone worth imitating: “She is a really important person in my life, but I think she is more kind of a role model I think and it is not that we talk with each other every day. It is more when I go to X (distant village) that we see each other there, but I think I would say that she is more of an emotional support in the way that I can look at her and how she carried it all out in raising children on her own and they turned out quite well, my mother and her siblings. Yeah I think she is a big role model for me” (P1). With their great variety of experiences and successful strategies of child care they represent great resources for mothers. Just as well, the own mothers were dominantly described as role models. However, views on these ranged from the appreciation of passing on knowledge at the one extreme to disagreements concerning ways of child care at the other: “I think that my mom tries hard to not say anything because I think that things were maybe a bit different when she raised us /.../ I have the feeling that in the previous generation you can just put the kid in the crib in a different room and they went to sleep and came back in the morning, whereas we are you know it is not the rule, but it is recommended to share a room. I think some of the sorts of recommendations are different” (P4). This indicates that women with older children are seen ambivalent. Their old-fashioned views on child care may not be favoured by all mothers. The ways of raising children seem to be in the course of time. Therefore, peers were viewed as great supporters.

5.2.1.2 Mothers as peers

Participants defined peers as women with “children at similar ages and more recent experiences” (P4). According to interviewees these mothers share “the same values and views of life” (P1). Family members, friends and neighbours are viewed as peers. Apart from these, organisations offer a platform for meeting other mothers: “The mothers from the pre-school. I
meet them weekly /…/ They tell me about their experiences and I tell them mine and we see a lot of parallels between us...children with sleeping problems, testing boundaries and so on. That makes me feel that I am not the only one with these problems” (P3). The affiliations to a group as well as the talks with women who are in similar situations give them positive feelings. Mothers support each other with the exchange of experiences. This seems to strengthen their role as well as gives them suggestions for changes. Because of similar values and views their opinions may be respected and held in high regard.

5.2.2 Paternal support

Beside the maternal support, the fathers of the children were reported as one of the main resources by women in cohabitations: “He gives me the most support I think. He is always there when I need him. He helps me with child care, in the household I can talk with him about everything. He gives me a good feeling and we spend a lot of time together with the child” (P2). Interviews identified that fathers provide a great variety of support, which makes them favoured backers. Cohabitated mothers recurrently mentioned the physical proximity of their partners. They are living in the same household which may make it easier for the fathers of the children to act as support givers. Just as well, participants dominantly reflected intimate relationships with them. Both the immediate vicinity as well as the close connection between the mothers and their partners seem to strengthen the preference of paternal support. Further explorations of the part of the child’s father are shown in the next chapter.

5.3 The part of the child’s father in the social support network

According to the research results, partners are appreciated supporters of mothers in cohabitations. This prioritization confirms findings of easyNWK. Cohabitated participants placed their partners very close to them in their network card. Single women had a contrasting view on things. They considered the child’s father either as absent or experienced a lack of support. This is also reflected in their created network cards. Here, the child’s father has no place or a marginal position. The following chapter puts a more precise focus on the different perceptions of children fathers’ parts in the social network.

5.3.1 Support from the child’s father

According to mothers’ in cohabitations the child’s father was explained as a great provider of support: “He is my life partner. So he is my greatest support I think. He is always there and he is very...he is my rock yeah he is” (P1). The participants appreciated the social
companionship and emotional, appraisal, as well as instrumental support of the partner. The last-mentioned included, as explained in chapter 5.1.1, inter alia the sharing of the work load in the household and the division of child care activities. This distribution of tasks may be due to the realisation of gender equality, which seems to be an important value for Swedes. The Swedish welfare state and its offers support these equal opportunities for women and men. This train of thoughts is further elaborated in chapter 5.4.

Beside the variety of help, mothers discussed the relationship with their partners in the context of support: “He knows me into my bones. He has seen all my sides. He knows what I have been trough like with all the things regarding birth and everything” (P1). The relationship with the fathers of the children was commonly seen as intimate. Mothers seem to have a strong bond with them, which is amongst other things built by shared knowledge and experience. According to the participants’ statements partners were involved in the whole process of becoming parents and the managing of everyday life afterwards. As fathers of the children, they seem to have expectations and obligations that need to be fulfilled. Hence, both the close relationship as well as the accomplishment of their own roles as fathers may make them the favoured support givers.

5.3.2 Absence/lack of support from the child’s father

Contrasting views were recurrently held amongst single mothers. They described the fathers of the children either as absent or that they experience lack of support: “He is not a father type I would say. He was not that interested or helpful with the children since the beginning /…/ he is still not helpful. No support from his side and I don’t really need him. I have such other great people around me like my mother and all the others” (P5). This raises the assumption that the child’s father does not fit the expected role. With his diminished or rather missing parenting skills he seems to be more of a burden than support. The lack of backup was with regard to the participants’ comments taken over by other people in the network.

Nevertheless, apart from these resources, interviews with single mothers dominantly identified their need for a second pair of hands: “It would be nice to have someone yeah like a partner on my side who helps me in house, someone around me who helps with house working. It is hard when you have the baby in one hand yeah someone who helps with child care like watching him (son) and play a little bit with him” (P4). According to this statement, it seems as if single women are missing support from an individual who fulfils the unmet role of the father. Interviews identified that they would like to share the parental tasks as well as
handle routine housework with a partner. Despite of other support givers in the network, the part of the child’s father is likely not an easy one to compensate.

5.4 The role of the Swedish welfare state/social work in the social support network

The Swedish welfare state and its offers seem to be another supporter for mothers, especially for single women with children. These have with regard to the results of easyNWK twice as many contacts with professionals than women with a partner. This is also reflected by the semi-structured interviews within this study. In contrast to mothers in cohabitations, single mothers spoke more often about the use of professional assistance. The following chapter discusses mothers’ perspectives on the role of the Swedish welfare state including social work in more detail.

5.4.1 Available resources of professional support

From all professionals, the interviews with mothers recurrently identified nurses and pre-school teachers as most helpful: “They are supportive I would say in ways like they give me advice and tips about child care and also support me emotionally have an open ear for me when I have some problems with the child” (P2). Additionally, research findings suggest social workers as support givers. Similar to nurses and pre-school teachers, participants appreciated their informational and emotional backup. In contrast to the other professionals, they were favoured supporters in crisis concerning family related topics: “The social worker was a great support with all that troubles. I could talk with her about the difficulties and she helped me to sort everything. She has really a good knowledge about things” (P5). Subject-specific expertise and well founded experiences were not only attributed to social workers, but also ascribed to the other mentioned professionals in the interviews. These characteristics seem to be important criteria, which make nurses, pre-school teachers and social workers to preferred supporters of mothers.

However, with regard to easyNWK all of them have marginal positions in participants’ networks. This confirms interviewees’ statements like: “I see her (nurse) sometimes and she helps me with health, yes I would say with health related things when the kids are ill or she gives me some advice or pieces of information, but to be honest I am not that close to her” (P3). That raises the supposition that rare meetings in possibly exclusive professional
contexts as well as less close relationships in comparison to other persons in the network give professionals a more insignificant role.

Nonetheless, the great variety of welfare state offers was commonly appreciated by the mothers: “I think there are a lot of services for mothers available. Sweden is quite good in it. /.../ It is a good feeling to know that there are services available in case you need them” (P1). Therefore, just the knowledge about available services seems to give the mothers a feeling of being supported. Though, according to findings of easyNWK and semi-structured interviews single mothers tend to use professional assistance more often than cohabitated mothers. This may be due to certain circumstances and potential missing support. The welfare state and its offers are likely to compensate these and give them backup. Places for individual meetings with professionals and platforms for exchanges with other mothers, as further described in chapter 5.1.4, are provided.

5.4.2 Individualised support offers

Results of the research suggest that participants are consistently satisfied with the Swedish welfare system and its services: “Here in Sweden is quite a good offer for women with children or families with children. I mean women and men have the opportunity to take parental leave and look after their children and you can visit, you know you can visit doctors, nurses, organisations. I would say you have a great choice here in Sweden” (P2). This variety of offers seems to meet the needs of mothers and their families. The Swedish welfare system enables inter alia freedom of choice, autonomy and self-realization. Just as well, it allows gender equality. Mothers in cohabitations commonly reflected on a shared parental leave. They divided child care related obligations between them and their partners. Not only the possibility of shared family times, but also the orientation of the service regarding individualized values apparently characterise the support of the Swedish welfare system.

6. Discussion

The following chapter discusses the results with regard to the research questions and in connection with the theoretical framework as well as previous conducted studies. Additionally, the methodological strengths, scopes and limitations of the thesis are reflected.
6.1 Discussion of the results

Research findings identified that mothers experience five types of support, which are named instrumental, emotional, informational, and appraisal support as well as social companionship in previous literature (Leahy-Warren, 2007; Lumino et al., 2016). The provision of these is carried out by networks with essentially female contacts. Several studies confirm that women tend to be more likely members of women’s networks (Wellman 2007; Lumino et al., 2016). Mainly female formed networks in connection with participants’ statements suggest that these perform the most support. Mother figures were reported both in interviews and former research (Schmidt-Tieszen & Schrag 2014) as one of the main backers who provide the identified types of support. That seems to be inter alia due to similar experiences and possibly greater understanding of circumstances. Above all others, own mothers were commonly seen as principle support givers. These as well as women with older children were illustrated as role models. On the one hand their experiences in particular with child care related obligations were appreciated, and on the other hand their partly old-fashioned opinions were questioned. More recent experiences have peers who were defined as women with children at similar ages by the participants. With their shared values and views of life they were favoured support givers. A study by Price et al. (2017) found resemble results. It shows that mothers trust the advice of friends and other mothers who have infants of similar age as their own and an equal parenting style.

Beside the maternal support, the child’s father was described not only in previous research (Leahy-Warren, 2007; Gee & Rodes, 2003), but also in the interviews as a primary support giver for mothers in cohabitations. According to the participants’ statements their physical proximity and intimate relationship make them favoured backers of instrumental, emotional, and appraisal support as well as social companionship. The Swedish welfare system with its family policies including shared parental leave seems to enable and strengthen these backups. These equal opportunities for women and men are appreciated by mothers and their partners. Nonetheless, not all fathers of the children enlist the offer of the welfare state or rather fulfil their expected roles. Single mothers attributed absence and lack of support to them. With regard to fathers’ diminished or missing parenting skills, they are apparently more of a burden than backup. Former studies illustrate mothers’ problems with the fathers of the children ranging from disappointment over unmet expectations (Gee & Rhodes, 2003; Schmidt-Tieszen & Schrag, 2014). It raises the assumption that fathers who do not meet their role are viewed as unsupportive, while fathers who fulfil their parts are seen as helpful by mothers.
Both identified types of fathers were attributed to the family sector in easyNWK. This sector was identified as one of the main support givers on the part of mothers in cohabitations. Single mothers explained their friends as most important resources followed by family. This finding is contrary to the latest studies about single women with children. They consider family support as key sources that offer the principle support (Schmidt-Tieszen & Schrag, 2014; Lumino et al., 2016; Lumino et al., 2017). This tendency is also reflected in interviews with the participants. They favoured their friends because of the physical distance to families who live mainly in the countryside. This raises the assumption that an ongoing trend of urbanisation, which is described as migration of younger people from rural areas to urban centres in the literature (Hokenstad & Choi, 2012, p.138), influences the provision of support. Spatial distance may make it difficult for family members in rural regions to act as supporters. Therefore, mothers see people who share the same accommodations or stay in the immediate vicinity as great resources in emergency situations and everyday life. The spatial availability seems to influence mothers’ contact preferences. However, whereas some types of backup require a physical proximity like instrumental support, others can be performed irrespectively of distance, for example emotional support. This raises the supposition that not only people in the immediate vicinity, but also persons with whom they enjoy close relationships are preferred support givers. According to Lumino et al. (2017) social support is often conceptualised in terms of intimate and enduring relationships which have the tendency to provide a greater variety of support than casual acquaintances with regard to both previous literature (Gottlieb & Bergen, 2010) and research findings of the thesis.

Nevertheless, also more distant contacts can facilitate support (Oakley, 1992, p.27). Mothers referred to emotional and informational backup provided by professionals. These were associated with certain criteria like well founded experiences and subject-specific knowledge. As previous literature noted, professionals need to be competent (Wampold & Budge, 2012; Frank & Frank, 1993, p.40). They have to fulfil mothers’ expectations to be experts in the particular fields. Meeting these characteristics is necessary to give mothers a secure feeling when they ask for help. Thereby professionals are likely to become a part in mothers’ support networks. They are actors in the Swedish welfare system which seems to allow inter alia freedom of choice, autonomy and self-realization thanks to the variety of its offers. These individualised services are likely to meet the needs of mothers and their families. The interviews discussed amongst other things pre-schools as favoured places that enable space and time for mothers’ exchanges. Social companionship in form of mama-baby groups was identified as a buffer against loneliness, a provider of good feelings and a gain of role...
confidence in latest studies (Price et al., 2017) as well as in the talks with the interviewees within this study. Pre-school teachers, nurses, and social workers were recurrently reported as most helpful amongst the professionals. Last-mentioned offered informational and emotional support, especially in crisis concerning family related obligations. This finding is strengthened by a study from Lumino et al. (2016). The authors identified that mothers relate these two types of support to the presence of social workers. As the International Federation of Social Workers (IFSW) in 2001 stated, social work is a profession that promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being (as cited in Mohan, 2008). With their knowledge and skills social workers seem to be ideal support givers in crucial times like the postpartum period.

Generally, single mothers tended to use professional assistance more often than mothers in cohabitations, which may be due to their current circumstances and possible compensations of missing support. However, all mothers appreciated the support offers of the Swedish welfare state and hereby social work. Apart from the use of the services, the knowing about availability of resources gave them a feeling of being supported. This effect is also described by Geens and Vadenbroeck (2014) and concerns not only the awareness of existent professional support, but also the knowledge about available family members, friends, and colleagues. Hence, mothers seem to experience active support in form of real activities and passive backup which includes the knowledge about potential resources. Additionally, they may also receive invisible support. It indicates the provision of support without mothers’ awareness.

Regardless of the type of backup, results of the research suggest that support has positive effects on mothers in their postpartum period. Instrumental support, comprising assistance for fulfilment of responsibilities, helped inter alia to lighten mothers’ workloads and enabled them to take time for themselves. Emotional support, which contains possibilities for discussing personal as well as child care related matters, gave the women for example feelings of being valued, warmth, and nurturance. Last-mentioned was also provided through social companionship. The opportunity for sociability was amongst other things appreciated as a way against loneliness. Further, informational support, which is related to the offering of advice, helped the mothers to cope with difficult situations and daily life. Just as well, it expanded their knowledge about range of offers and choices. Appraisal support, including feedback relevant for self-evaluation, opened inter alia the chance for social comparison which gave in turns the mothers a feeling of normality. As previous literature states the
provision of social support through personal networks plays an important role in furnishing resources and in generating possibilities to share problem-solving and to help with arrangements for coping with everyday life (Lumino et al., 2016). Interviews with the mothers lead to the assumption that backup from family, friends, colleagues, and professionals has beneficial effects on mothers’ well-being. An early research by Tietjen (1985) confirms that social support is important for the health of individuals under stress, in crisis and in transition. For mothers who are situated in their first year after child birth it can be a buffer or form of prevention, which strengthens their well-being.

6.2 Methodological reflections

This study made use of easyNWK, which was considered to be a gain for the exploration of mothers’ social support networks. The software supported a visualisation of participants’ networks. It gave the mothers not only a stimulus to think about available contacts, but also raised their awareness of possible resources. Further, the application of easyNWK helped to introduce the topic to the participants and made a natural transition to the semi-structured interview. The topic guide with short, clear and open formulated questions encouraged the mothers to talk freely about their social support networks. The produced network cards corroborated their telling and enabled a greater understanding of mothers’ social support contacts both during the interview and later in the analysis. In addition to the visualisation of the network cards, the software evaluated data, for example the size and density of the network. These findings supported the results of the interviews which were analysed with thematic analysis. This method was considered to be suitable for handling and evaluating the interview transcripts.

All the interviews were conducted in English which might have been a hinder for some mothers to participate in the study. Although the sampling strategies were oriented to include women with children from different backgrounds, mainly mothers with higher education decided to take part. This seems to be due to their willingness and self-assurance in the use of English language.

6.2.1 Reliability and validity

Researcher’s responsibility is to maintain the quality of the research process by assuring validity and reliability throughout the whole study, as the results have to be as rigorous and trustworthy as possible (Bengtsson, 2016). The concept of reliability refers to the extent to which the results are consistent and dependable. It is interested in the repetition and the extent
to which the study can be recurred to get similar findings (Carey, 2009, p.42). Related to this thesis, the participants’ were chosen with purpose. Specific characteristics, for example mothers’ current experiences of their first year of postpartum period, were applied to recruit interviewees. Particular methods were used for data collection. The meetings with the mothers took place under resemble circumstances including the application of the same software and questions. Despite this procedure, qualitative studies cannot guarantee that the repetition of the same data collection activity leads to similar outcomes. This stated Dahlgren, Emmelin, Winkvist, and Lindhgren (2007, p.50). They continue that the researcher and study participants are interrelated and inseparable, hence affecting each other. Therefore, reliability in qualitative research needs to be reflected with a critical eye. The researcher has to account for constantly changing conditions of the phenomenon examined, for the interaction with the participants and for the whole study process performed with an emergent design.

Furthermore, it was important that the results truthfully reflect mothers’ experiences of their social support networks (Bengtsson, 2016). The validity in this study is considered to be well-founded, authentic and reflective. Its achievement was attempted through exploring the subject under study with a recruitment of a smaller sample over a longer time. This allowed a description of the participants’ views in great detail. Links were made between the themes and conclusions were developed. Examples were drawn from the data from which these have been derived (Lewis, Ritchie, Ormston, & Morrell, 2014, pp.354-357). As Bloor in 1978 suggested, the participants were contacted for discussing findings and conclusions with them. This increases any likelihood of knowing if the results are truly accurate (as cited in Carey, 2009, p.43).

As Bengsston (2016) stated the generalization of the results in qualitative research have to be viewed with caution. Instead of aiming at a singular truth, this study was more interested in depth understanding of mothers’ experiences and in showing their different views. The researcher created a suitable study design through accurate planning. Self-reflections inter alia about her pre-understanding, attitudes and knowledge were important in order to avoid effects on participants and the interpretations of the results. This way of procedure directs at making this study and its findings as trustworthy as possible.

7. Conclusions and recommendations

The question that has been raised in the introduction was: How do mothers who live in a highly individualised society like Sweden experience support during their postpartum period?
As stated in the beginning, western societies seem to undergo a shift from traditional values to more individualistic ones like independence, autonomy and self-realization. Latest research shows that Sweden has been at the forefront of changes towards individualisation. It is one of the most individualist countries (Heinö, 2009; Ohlsson-Wijk, 2015, p.17; Strandell, 2018). The Swedish welfare system with its services provides universal support which enables mothers and their families inter alia freedom of choice, self-expression and gender equality. Last-mentioned comprises for example shared parental leave. The offers of the welfare state allow the individual independence from conventional and familial support networks. They have the possibility to create their own lives. In cases of need women with children can decide which way of support they want to claim for themselves. Although people believe themselves to be autonomous decision makers, they may be in fact embedded in complex relationships and traditional expectations and ideals (Strandell, 2018). That seems to be shown with mothers’ preferences for family and friends. These are the two most important social support networks which carry out backup for mothers in their postpartum period. Nevertheless, the knowledge about other available resources may give the women both feelings of security and independence. This in turn can strengthen the women personally as well as in their mother role.

Social workers make a considerable contribution to the provision of services. As Sheppard noted in 2004, the profession offers not only direct support, but also indirect backup by activating formal resources (as cited in Geens & Vadenbroeck, 2014). The latter can be conducted with the help of easyNWK. The software is apart from use in the research, a well founded method for the work on people’s networks in practice. According to the International Federation of Social Workers (IFSW) in 2000 social work intervenes at points where people interact with their environment (as cited in Geens & Vadenbroeck, 2014). They may be not only parts of mothers’ networks, but also mediators. On the one hand social workers can contribute to the support of individual networks and on the other hand they can strengthen the orientation of professional networks. Professionals like nurses and pre-school teachers are apparently important partners in the provision of backup for mothers. A specialist exchange with these can make the development and implementation of services according to the needs of mothers in their postpartum period possible. As previous literature indentified, it is a time of major transition which comprises several challenges for women and their families like the adjustment to new roles, caring for an infant and coping with physical, emotional, and social change (Sethi, 1994, p.14; Leahy-Warren, 2007). The postpartum period is an exciting still stressful time, and although the women have different experiences, all of them may appreciate
support during this crucial period (Price et al., 2017). Therefore, further research about potential missing or favoured support is recommended in order to create well-directed concepts for practice as well as establish or rather improve adequate services for mothers.

References


Appendix

The following presents the complete interview guide which was carried out in addition to easyNWK with the mothers.

-Personal understanding of social support

-First of all, I would like you tell me about your understanding of social support!

Follow-up questions: -How would you define social support?
-What includes social support for you?
-Can you tell me about situations you feel supported!

-Experiences of social support network in general

-If you take a look at your network card, can you tell me about people who support you after the birth of your child!

Follow-up questions: -What kinds of support do you receive from them?
-How do they support you?

-Preference of contacts in the social support network
-With a look at your network card, I would like you to tell me about contacts that are most important for you since you have a child!

Follow-up questions: -Why are they important for you?

-Who would you consider as most supportive and why?

-The part of the child’s father in the social support network
-Can you tell me about your relationship with the child’s father!

Follow-up questions: -Do you feel supported by the child’s father?

-If yes, in what ways?

-If not, why?

-The role of the Swedish welfare state/social work in the social support network
-If you take a look at the sector “professional assistance” in your network card, I would like you tell me more about these contacts!

Follow-up questions: -What role do they play when it comes to support after your child birth?

-What types of support do they offer?

-How do they support you?

-Did/Do you have contact with social workers after the birth of your child?

Follow-up questions: -If yes, how did/do they support you?

-If not, can you think about possible ways they can support you during this time?

-General view on the social support network
-If you view your network card from a more general perspective, can you tell me, what sectors (family, friends, colleagues, and professional assistance) are most important for you!

Follow-up questions: -Why is sector “X” more important for you than sector “Y” when it comes to support after the birth of your child?
-I would like you to tell me more about your preferences!

-Is there any support you are missing/would like to have?

*Follow-up questions:* -If yes, what support would you wish to have? Which sectors from your network card could offer you this support?

-If not, can you think more general about support for first-time mothers during the first year after child birth! What would be good to have regarding support? Who could provide that support?

-Ending questions

-Have you anything to add that have been not mentioned so far?

-Is there anything you would like to ask me?

Thank you!

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