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‘Mothering’ in a culture of (dis)connectivity: Online parenting forums, maternal guilt, and parental competency

by

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A Dissertation submitted in fulfilment of the requirements for the degree of Master of Arts by Dissertation (in the field of Psychology) in the Faculty of Humanities, University of the Witwatersrand, Johannesburg, 30 April 2021.

Declaration

I declare that this research report is my own, unaided work.

It is being submitted for the degree of Master of Arts by Dissertation (in the field of Psychology) at the University of the Witwatersrand.

It has not been submitted previously for this or for any other degree or for examination at this or any other university.



T. Wilde

29 April 2021

Abstract

Motherhood is a complex period of transition during which many social, physical, and emotional changes take place (McDaniel et al., 2012; Waddell, 2002). During this sensitive period, mothers may experience feelings of maternal guilt and inadequacy, often as a result of perceptions of having failed to live up to socially sanctioned notions of a "good mother" (Elvin-Nowak, 1999; Sutherland, 2010). Mothers may also feel incompetent in their roles as parents and unable to meet the demands of raising their children successfully in ways that provide them with a sense of satisfaction and efficacy (Gibaud-Wallston & Wandersman, 1978; Johnston & Mash, 1989). These feelings of maternal guilt and parental incompetence have been shown to have deleterious effects on overall maternal wellbeing (Amaro et al., 2019; Martins & Gaffan, 2000; Waddell, 2002).

Increasingly, mothers are using online parenting platforms as a means to connect with a wider maternal community (Price et al., 2018; Wellman & Haythornthwaite, 2002). Online parenting platforms provide opportunities for mothers to share their parenting experiences whilst being encouraged and supported by other mothers and also offer anecdotal information and advice on a variety of childrearing topics (Hall & Irvine, 2008; Madge & O'Connor, 2006). Whilst these online communities can provide mothers with much needed perinatal support and information, they can also be places of judgement and critique, leaving mothers feeling more vulnerable and disconnected from the empathetic support they desire (Verduyn et al., 2015; Verduyn et al., 2017). These adverse online experiences can have deleterious effects on overall maternal wellbeing as well as on both maternal guilt and perceived maternal competence.

A healthy mother-child attachment and optimal childhood development are important outcomes in childrearing and activities that leave mothers feeling increased maternal guilt or incompetence or that protect against these, warrant further investigation. As such, this study investigated the potential relationships between reported levels of maternal guilt, perceived parental

competency, and online parenting platform usage and also explored mothers' subjective experiences of maternal guilt and parental competency in relation to their online interactions.

This study used a convergent, parallel mixed-methods research design to investigate the aforementioned relationships (Creswell & Plano Clarke, 2011; Tashakkori & Teddlie, 2010). The research design for the quantitative aspect of the study was non-experimental, correlational, and cross-sectional. As the qualitative aspect of this study investigated the participants' subjective experiences of their maternal identities while navigating online parenting platforms, a feminist approach was chosen. The sample consisted of 309 participants from a variety of different demographic backgrounds and nationalities, all of whom answered a set of online questionnaires that included a self-developed demographic questionnaire, an adapted online parenting platform use questionnaire, the Parental Sense of Competency Scale, the Parenting Guilt Scale, and three open-ended questions to collect qualitative data.

The analysis revealed that parental guilt correlated significantly, positively, and weakly with increased amounts of time spent on online parenting platforms as well as with the number of online parenting platforms accessed. The results also indicated a significant, positive, and weak correlation between parental guilt and the use of informal online parenting platforms. Parental satisfaction (an aspect of parental competency) was significantly, negatively, and weakly correlated with the amount of time spent on online parenting platforms as well as with the level of engagement on these sites. Parental satisfaction also correlated significantly, positively, and weakly with parental efficacy (another aspect of parental competency). No significant relationships were found between parental efficacy or total parental sense of competency and online parenting platform usage. Themes that emerged from the qualitative analysis of the data suggested that feelings of parental guilt and/or incompetence were more common in situations where the discussion or advice on online parenting platforms was perceived as dictatorial, judgemental, and/or elicited upward social comparison. Reduced guilt and/or enhanced

competence were described in cases where downward social comparison, lateral social comparison, and supportive community environments were experienced. Participants also outlined strategies they used to manage engagement with online sites in a constructive way.

The mixed-methods research design used in this study allowed for a more complex understanding to emerge when investigating the relationships between the main variables in this study. The findings indicated that online parenting platform use can have both positive and negative associations with parental guilt and competency depending upon the way in which these platforms are used. Discernment is therefore needed when engaging with these online communities. The findings from this study also suggested a need for increased training on how to use online parenting platforms safely, including informing users of the potential risks and benefits that online engagement may have for their maternal wellbeing. The findings also contribute to the paucity of literature on the important topic of online parenting platform usage and maternal wellbeing, particularly given the prolific way in which the internet is accessed in the digital age.

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Table of Contents

Declaration **2**

Abstract **3**

Acknowledgments **6**

List of Tables **10**

List of Figures **11**

Chapter 1: Introduction & Literature review **12**

1.1 Introduction 12

1.2 Problem statement 15

1.3 Literature Review 16

1.3.1 Online parenting platforms: Access to knowledge and social support *18*

1.3.2 "Mommy Blogs" *19*

1.3.3 Parenting ideologies and online communities *20*

1.3.4 Online discursive spaces and counter-cultural motherhood ideologies *21*

1.3.5 Internet usage and maternal wellbeing *22*

1.3.6 Digital empowerment and parental competency *23*

1.3.7 Types of social media usage and maternal wellbeing *26*

1.3.8 Social comparison, maternal guilt and online discursive spaces *27*

1.4 Conclusion 32

1.5 The current study 33

Chapter 2: Methods **34**

2.1 Research Design 34

2.1.1 Mixed methods research designs *34*

2.1.2 Quantitative research approach *35*

2.1.3 Qualitative research approach *36*

2.2 Theoretical approach and paradigmatic assumptions 37

2.3 Sample and sampling 39

2.4 Data collection and procedure 43

2.5 Ethical Considerations 50

2.6 Data analysis 52

Chapter 3: Results **61**

3.1 Exposure to online parenting platforms 61

3.2 Time spent on online parenting platforms 62

3.3 Engagement: Type of online parenting platform usage (active or passive) and utility of online advice 63

3.4 Topics of engagement 65

3.4.1 Childrearing praxis *65*

3.4.2 Breastfeeding and weaning *66*
3.4.3 Childbirth *68*
3.4.4 Sleep routines, co-sleeping, and sleep training *69*
3.4.5 Nutrition *70*
3.4.6 Developmental milestones *71*
3.4.7 Screen Time *71*
3.4.8 Stay-at-home mothers versus working mothers *72*
3.5 Online skill and literacy 74
3.6 Participants' perceptions of their ability to discern, critically compare and assess information 75
3.7 Participants' motivations for using online parenting platforms 77
3.7.1 Information seeking and "crowd-sourcing" parenting *79*
3.7.2 Belonging to the "Virtual Village" of online mothers: Support in reality or fantasy? *80*
3.7.3 Maternal role formation, exploration, and affirmation (modelling and mirroring processes) *81*
3.7.4 Managing healthcare: Hybridising medical knowledge with peer experience *83*
3.8 Type of sites, time spent and engagement 85
3.8.1 Descriptive statistics *85*
3.8.2 Percentage of total time spent online on parenting platforms *86*
3.8.3 Estimated amount of use of online parenting platforms *86*
3.8.4 Estimated level of engagement on online parenting platforms *87*
3.8.5 Number of types of online parenting platforms used *87*
3.8.6 Number of types of formal and informal parenting sites used respectively and registration requirements *87*
3.9 Parental guilt and perceived parental competence 91
3.9.1 Descriptive statistics *91*
3.9.2 Reliabilities *92*
3.9.3 Normality *93*
3.10 Relationships between online parenting platform use, parental guilt, and parental competency 94
3.10.1 Relationships between online parenting platform use and parental guilt *95*
3.10.2 Relationships between online parenting platform use and parental competency *96*
3.10.3 Online parenting platform use and overall parental competency *97*
3.10.4 Relationships between parental guilt and parental competency *98*
3.11 Narrative accounts of parental guilt and parental competency 98
3.11.1. Narrative accounts of parental guilt *99*
3.11.2 Acceptance, belonging and rejection in online parenting platforms *99*
3.11.3 The process of upward social comparison *101*
3.11.4 The process of idealising the "perfect" mother who "gets it right" *102*
3.11.5 The process of retrospective comparison *104*
3.11.6 Narrative descriptions of subjective experiences of parental competence *105*
3.11.7 Downward social comparison *106*
3.11.8 Process of lateral peer comparison *106*

3.11.9 Role integration and maternal experience *107*
3.11.10 Intuitive parenting *108*
3.12 Managing online dynamics: Defending against internal feelings of parental guilt and incompetence 109
3.12.1 Ambivalence and avoidance *110*
3.13 Engaging with online parenting platforms in a constructive way 111
3.13.1 Reality checking, discernment, and contextualising information *112*
3.13.2 Courageous vulnerability *114*
3.14 Conclusion 114
Chapter 4: Discussion 116
4.1 Online parenting platform patterns of usage 117
4.1.1 Information-seeking and topics of engagement *119*
4.1.2 Motivations for accessing online parenting platforms and the importance of discernment *121*
4.2 Subjective experiences of parental guilt and competence 125
4.3 Online parenting platform use and processes of parental guilt and competency 127
4.3.1 Navigating online parenting platforms *131*
4.4 Conclusion 135
4.4.1 Summary of findings *135*
4.4.2 Implications of the study *138*
4.4.3 Strengths and limitations of the study *141*
4.4.4 Recommendations for further research *144*
References 148
Appendix I: Participant Information sheet and Informed Consent 159
Appendix II: Access Request Letter 162
Appendix III: Brief Invitation to Participate 164
Appendix IV: Online Survey 165
Appendix V: Ethics clearance certificate 172
Appendix VI: Histograms for the study's main variables of interest 173
Appendix VII: Demographics 180

List of Tables

Table 1 *Frequencies for current and previous online parenting platform use* 62
Table 2 *Frequencies for amount of time spent on each online parenting platform* 63
Table 3 *Frequencies for level of engagement* 64
Table 4 *Frequencies for level of engagement-offer/ask advice n = 308* 64
Table 5 *Frequencies for level of engagement-utility of online advice* 65
Table 6 *Frequencies for online skill and literacy* 75
Table 7 *Frequencies for motivations to use online parenting platforms* 78
Table 8 *Descriptive statistics for Type of sites, time spent and engagement* 86
Table 9 *Online parenting platform involvement requiring registration (n = 309)* 89
Table 10 *Descriptive statistics for levels of parental guilt and levels of perceived parental sense of competency* 92
Table 11 *Reliability coefficients for parental guilt, overall parental competence, parental satisfaction, and parental efficacy* 93
Table 12 *Relationships between online parenting platform use and guilt* 95
Table 13 *Relationships between online parenting platform use, parental satisfaction, and parental efficacy* 96
Table 14 *Relationships between parental satisfaction and parental efficacy (n = 309)* 96
Table 15 *Relationships between online parenting platform use and total parental competency* 97
Table 16 *Relationships between parental guilt and total parental competency, parental satisfaction, and parental efficacy (n = 309)* 98
Table 17 *Nationality of participants* 180
Table 18 *Participants Race* 181
Table 19 *Participants marital status* 181
Table 20 *Participants number of children* 181
Table 21 *Child age categories* 182
Table 22 *Pregnancy* 182
Table 23 *Father involvement* 182
Table 24 *Employment status* 182
Table 25 *Participants level of education* 183
Table 26 *Participants socio-economic status* 183
Table 27 *Mental illness prevalence among participants* 183
Table 28 *Type of mental illness experienced by participants* 184
Table 29 *Severity of participants' mental illness* 184

Table 30 *Prevalence of mental illness in participants' children* 185
Table 31 *Type of mental illness experienced by participants' child* 185
Table 32 *Severity of participants' child's mental illness* 186
Table 33 *Participants gender* 186

List of Figures

Figure 1 Distribution of parental guilt scores 173
Figure 2 Distribution of Total Parental Sense of Competency 173
Figure 3 *Distribution of Parental Sense of Competency Satisfaction subscale scores* 174
Figure 4 *Distribution of Parental Sense of Competency Efficacy subscale scores* 174
Figure 5 *Distribution of Total Online Parenting Platform Usage scores* 175
Figure 6 *Distribution of online parenting platform usage scores* 175
Figure 7 *Distribution of number of online parenting platform sites usage scores* 176
Figure 8 *Distribution of informal online parenting platform usage scores* 176
Figure 9 *Distribution of formal online parenting platform usage scores* 177
Figure 10 *Distribution of level of participant online engagement scores* 177
Figure 11 *Distribution of Participant's Full Usage scores (sum of usage and engagement)* 178
Figure 12 *Distribution of Participant's Online Literacy scores* 178
Figure 13 *Distribution of Participant's Online Skills scores* 179

Chapter 1: Introduction & Literature review

1.1 Introduction

This research study aimed to investigate the potential links between accessing online parenting platforms and potential feelings of perceived maternal guilt and parental competency which may arise in relation to the online content and interactions occasioned by a mother's involvement in various online parenting communities. The presence or absence of these feelings may, in turn, leave mothers feeling more positively connected and supported by their online communities or, alternatively, may lead to feelings of disconnection and isolation that impact their overall sense of health and well-being (Hall & Irvine, 2008; Johnson, 2015; McDaniel et al., 2012).

The transition into motherhood is a challenging period during which many psychological, social, and physical changes take place (McDaniel et al., 2012; Waddell, 2002). Many mothers, especially pregnant and first-time mothers, look to online sources for social and educational support to foster a sense of preparedness for birthing and raising a child (Baker & Yang, 2018; McDaniel et al., 2012; Price et al., 2018). Social media sites are one such online resource that continues to grow in popularity among internet users (Boyd & Ellison, 2008; Lee, 2018; Mansfield, 2016). Social media sites such as Facebook, which recorded over 1.79 billion active users in 2016, create various online platforms that members use to engage, communicate, and stay in touch with one another (Lee, 2018, p. 199; Mansfield, 2016; McCay-Peet & Quan-Haase, 2017). In a social media statistics publication, Mansfield (2016) reported that "97 percent of online adults aged 16–64 say they have visited or used a social network within the last month … Around 1 in every 3 minutes spent online is devoted to social networking and messaging with digital consumers engaging for a daily average of 1 hours and 58 minutes" (Mansfield, 2016, para 1). Internet usage rose by almost 500 million internet users in the short space of six years between 1995 and 2001 and continues to grow (Wellman & Haythornthwaite, 2002). More recently, Baker and Yang (2018) describe the attraction of 24/7 accessibility to online support, information and knowledge

resources that may, in part, contribute to 88% of North Americans being connected to the internet (Baker & Yang, 2018, p. 32).

These statistics highlight how prolifically the internet is utilised on a daily basis. It has become an important tool in the home and workplace, as well as for social and leisure activities when connecting with friends and family (Price et al., 2018; Wellman & Haythornthwaite, 2002). Mothers are among this staggering number of growing internet users particularly in the realm of social media sites (Abetz & Moore, 2018; Baker & Yang, 2018; Price et al., 2018) as ever-increasing numbers of parents access online parenting platforms and communities through social media sites, such as Facebook, "Mommy Blogs", Instagram, Twitter and YouTube, to inform their parenting choices and grow in their maternal roles (Abetz & Moore, 2018; Baker & Yang, 2018; McDaniel et al., 2012). Recent statistical research conducted by Edison Research (2018) found that "For many women, their community exists online, with as many as 9 in 10 mothers using social media and up to 62% of the mothers checking social media accounts multiple times per day." (Edison Research, 2017, as cited in Amaro et al., 2019, p. 144)

Various studies have shown that mothers access the internet for a variety of reasons (Abetz & Moore, 2018; Baker & Yang, 2018; McDaniel et al., 2012; Wellman & Haythornthwaite, 2002). Some studies have shown that mothers who access social media sites report feeling less isolated and more connected to a community outside of their home lives, thus increasing overall maternal wellbeing (McDaniel et al., 2012). Other studies have shown that "... the internet merely affirms norms of femininity and consumerism, which could negatively influence the mother's feelings of parenting stress, competency, and adjustment to the transition in general" (McDaniel et al., 2012, p. 1509; Pitts, 2004). Being connected online can also mean being exposed to a world of interactive media suggesting numerous ways to be a better mother. When these cyber ideals differ from the lived realities of online mothers, feelings of disconnectedness and guilt can arise for not measuring up to the seemingly utopic experiences of their online peers (McDaniel et al., 2012; Pitts, 2004).

The paucity of research on the impact of social media on maternal wellbeing, particularly in relation to maternal guilt and parental competency, exposes a gap in existing literature that this study hopes to address. This study also framed its findings within the realm of feminist research which has largely been under-represented in this field of endeavour. As this study sought to give women a voice when discussing their experiences of guilt and competency in a way that is both emancipatory and empowering, a feminist theoretical approach was utilised throughout the study. This approach considers gender roles as both socially constructed and performed (Butler, 1988; Edwards & Mauthner, 2012; Johnson, 2015; Olesen, 2000). Feminist research emphasises "reflexivity, methodological diversity and innovation, [and] the prioritisation of feminist political goals" (Clarke & Braun, 2019, p. 13). This includes the way in which the data were collected and analysed, as well as prioritising the researcher's position in relation to her participants' experiences by remaining reflexively aware of her own subjectivities and how these might impact on the study's analysis and findings (Clarke & Braun, 2019; Darawsheh, 2014).

Findings of the study may also serve to inform mothers of the potential links between exposure to social media platforms and their maternal wellbeing, enabling them to make informed decisions about when, why, and for how long they use these online sites. Given that perceived feelings of guilt and parental competency are related to both positive and negative outcomes in maternal wellbeing (Bornstein et al., 2003; Eastwood et al., 2013; McDaniel et al., 2012; Meadows, 2011; Sutherland, 2010), as well as child developmental outcomes (Bornstein et al., 2003), this study was well positioned to examine the links between social media exposure and these important outcomes.

Both internationally and locally, research on the effects of internet exposure on its users is in its infancy, particularly in the area of maternal wellbeing. Given the paucity of literature on this important topic, and the prolific nature in which social media sites are accessed, this research study aimed to contribute to the much-needed empirical research endeavours in this field. The qualitative aspect of this study also sought to provide critical insight into the experiences of mothers who access online parenting

forums, which may, in turn, provide an important theoretical base for future research. Should the findings of this study show conclusive correlations between the main variables of interest, certain evidenced-based recommendations for safe internet usage in motherhood are proposed.

1.2 Problem statement

Given the importance of maternal well-being on child developmental and attachment outcomes (Bornstein et al., 2003; Eastwood et al., 2013; McDaniel et al., 2012), activities, such as engaging in social media platforms that may have both positive and negative effects on perinatal mental health, warrant further investigation. Research has shown how maternal wellbeing can be negatively impacted by feelings of maternal guilt and parental incompetency, having deleterious effects on mother-child attachment (Amaro et al., 2019; Martins & Gaffan, 2000; Waddell, 2002). Healthy mother-child attachment has been shown to have a significant impact on a child's ability to form healthy social connections with others, develop optimal cognitive functions and demonstrate adequate behaviour regulation across the lifespan (Erickson et al., 2018; Martins & Gaffan, 2000). Given the importance of healthy mother-child attachment on childhood developmental outcomes, activities that exacerbate feelings of maternal guilt and parental incompetency, or buffer against them, should be investigated to determine if they form potential risk or protective factors in childrearing. This study aimed to investigate the potential relationships between reported levels of maternal guilt, levels of perceived parental competency, and online parenting platform usage. The study also aimed to explore mothers' subjective experiences of maternal guilt and parental competency in relation to their online interactions. The feminist approach of this study focused on maternal experiences and the importance of bolstering maternal wellbeing, where mothers are seen as subjects to be considered in and of themselves, and not only as objects of care for their infants.

This research study also hopes to add to the paucity of research on this topic. To date, very limited research has been conducted on maternal guilt and parental competency and how online

parenting platform use may act as a risk factor increasing feelings of guilt and incompetence or as a protective factor, potentially reducing feelings of guilt and enhancing feelings of competency in mothers. Persistent feelings of guilt and parental incompetence may potentially lead to increases in maternal psychopathology, directly affecting perceptions of how mothers see themselves in the maternal role, which, in turn, may affect their actions as caregivers.

1.3 Literature Review

The transition into motherhood is a complex and challenging period. Not only is early motherhood an emotionally demanding time, but post-natal stressors may be exacerbated by a lack of access to usual modes of social support commonly found in one's environment (McDaniel et al., 2012; Meadows, 2011). New mothers may feel cut off from their usual support networks whilst attending to the schedule of a new-born, leaving them unable to venture out of the house (McDaniel et al., 2012). Feelings of isolation and loneliness can ensue, creating a potential risk factor contributing to the onset of postnatal depression as well as overall decreased subjective wellbeing (Eastwood et al., 2013; Hall & Irvine, 2008; Meadows, 2011; Verduyn et al., 2017; Wellman & Haythornthwaite, 2002). With social support being a well-documented factor in preventing postnatal depression and increasing emotional resilience, many mothers are looking to the internet to facilitate access to online social support as a way of increasing their sense of connectedness, social capital, and overall wellbeing (Hall & Irvine, 2008; McDaniel et al., 2012; Pettigrew et al., 2015; Verduyn et al., 2017; Wellman & Haythornthwaite, 2002).

Increased access to online parenting platforms, including those provided by social media sites, may see mothers having to negotiate the social sphere in which they bring up their children differently, finding their way through a multitude of information sources, many of which provide conflicting views alongside dominant socio-cultural ideologies on the "right way" to raise a child (Johnson, 2015; Luthar & Ciciolla, 2015; McDaniel et al., 2012; Wellman & Haythornthwaite, 2002). While information gathered from online sources has been shown to increase overall feelings of self-efficacy and parental

competence (Amaro et al., 2019; Hall & Irvine, 2008; McDaniel et al., 2012; Pettigrew et al., 2015), other studies have shown that online exposure can also create the need to compare which may lead to feelings of guilt and shame (Amaro et al., 2019; Hall & Irvine, 2008; Johnson, 2015; Sutherland, 2010; Verduyn et al, 2015; Verduyn et al., 2017). The majority of mothers want to raise their children as best they can and access to knowledge and social support may leave them feeling empowered to do so (Madge & O'Connor, 2006; Verduyn et al., 2015; Verduyn et al., 2017). Online parenting platforms and online support groups provide endless possibilities to seek out new social connections and information that may lead to mothers feeling more competent as parents (Hall & Irvine, 2008; Madge & O'Connor, 2006; McDaniel et al., 2012; Meadows, 2011; Wellman & Haythornthwaite, 2002).

Accessing online parenting platforms may, however, also lead to comparisons between readily accessible idyllic portrayals of motherhood with these platforms showcasing mothers with perfect children who seem to know exactly how to raise them (Madge & O'Connor, 2006; Verduyn et al., 2017; Wellman & Haythornthwaite, 2002). In striving to conform to social ideals as portrayed on various online communities, mothers may be led to compare themselves to others, leaving them with feelings of guilt and inadequacy for not living up to various social imperatives on what constitutes "good mothering" (Elvin-Nowak, 1999; Sutherland, 2010; Verduyn et al., 2015; Verduyn et al., 2017). These feelings of guilt, shame and inadequacy may leave some mothers feeling more isolated than ever before despite their exposure to purportedly supportive online parenting communities (Elvin-Nowak, 1999; Madge & O'Connor, 2006; Sutherland, 2010; Verduyn et al., 2017).

Given that the mental, emotional, and physical health of a mother is critical in raising healthy children (Amaro et al., 2019; Bain et al., 2016a; Bain et al., 2016b; Bornstein et al., 2003), this study is well positioned to examine the links between exposure to online parenting platforms and mothers' experiences of wellbeing. As discussed, there are a multitude of studies arguing both for and against the benefits of the internet in providing social support and information when mothers may need it most, but

this online exposure also carries with it various risk factors that may, in certain instances, outweigh the benefits.

1.3.1 Online parenting platforms: Access to knowledge and social support

> The internet has the potential to democratize access to health information and resources allowing for a more pluralized version of medical truth and self-understanding where individuals not only have access to a broader range of medical information, but also to other types of information such as patient narratives and non-medical therapeutic information. (Johnson, 2015, p. 237)

This quote from Johnson (2015) highlights the potentially transformative power the digital age of online connectivity offers contemporary society. Online support groups are particularly popular, with a platform like Usenet recording how "… members participated in more than 80 000 topic oriented collective discussion groups in 2000" (Wellman & Haythornthwaite, 2002, p. 13). Online topics cover a wide range of knowledge arenas with "mothering" being just one of the millions of online communities that exchange information, advice, and support on a daily basis (Boyd & Ellison, 2008; Chen, 2012; Chen 2015). These online communities encourage participant interaction through their online platforms where writing comments and receiving feedback from other mothers widens a mother's potential circle of social support (Madge & O'Connor, 2006; McDaniel et al., 2012).

Social media sites are a type of online parenting platform which is prolifically utilised by internet users (Sloan & Quan-Haase, 2017). Social media sites "[p]rovide a mechanism for the audience to connect, communicate and interact with each other and their mutual friends through instant messaging or social networking sites" (Correa et al., 2010, p. 247–248). This study focused on the most prolifically accessed social media sites that provide online parenting platforms for their users. These included WhatsApp parenting groups, Facebook parenting sites, Facebook parenting groups, Twitter parenting groups and online parenting blogs. This study also included other online parenting platforms that were

not social media based. These sites included YouTube parenting content, infant/child development sites, parenting advice sites and parenting counselling sites. This study adopted a similar conceptualisation of online parenting platforms as Correa et al. (2010) and defines online parenting platforms as being any forum or platform offered online that allows users to interact with one another, receive feedback, share comments, advice and experience, as well as gather information around the topic of childrearing and parenting (Correa et al., 2010).

Over the decades, online parenting platforms have grown in popularity the world over. In 2006, for example, Babyworld was one of the largest online parental support platforms in the United Kingdom. It is run by a group of mothers who monitor content and facilitate site administration (Madge & O'Connor, 2006). Babyworld has enabled parents to connect with one another around shared experiences, "swop" information, and retrieve medical and non-medical information via a panel of experts who regularly post articles and videos on the site **(**Madge & O'Connor, 2006**).** It is argued that members benefited from the online support and encouragement received by other parents who were experiencing similar challenges thus alleviating some of the stressors associated with motherhood and child rearing. "In sharing stories, women offer each other mutual support, a forum for exploring issues of the body, psyche, relationships and community that are relevant to them, a sense that their knowledge and experience are resources for others" (Madge & O'Connor, 2006, p. 209). One study found that information seeking practice predominated motivations for internet usage with 71% percent of respondents turning to the internet for advice rather than asking their own mothers, peers, and neighbours (Madge & O'Connor, 2006).

1.3.2 "Mommy Blogs"

Internet access in the home is growing at a rapid rate and, as discussed, affords mothers the opportunity to form supportive connections with online communities without ever leaving the home (Chen, 2012; Chen, 2015; Friedman, 2010; McDaniel et al., 2012; Pettigrew et al., 2015). Many mothers

read, participate, and create their own online parenting platforms called “Mommy Blogs” to allow friends and family to stay in touch with them and to share their experiences of motherhood with the wider community (Friedman, 2010; Lopez, 2009; Madge & O’Connor, 2006**;** Pettigrew et al., 2015). Often this facilitates a connection between online social network users which may counteract feelings of loneliness and emotional distress often associated with motherhood.

When investigating motivations for mothers’ participation in “Mommy Blogs”, Pettigrew et al. (2015) reported these to include “… developing connections with others, experiencing heightened levels of mental stimulation, achieving self-validation, contributing to the welfare of others and extending skills and abilities” (Pettigrew et al., 2015, p. 1025). These motivational factors were found to contribute to overall maternal wellbeing, affording mothers who blog the opportunity to engage online in ways that allowed for meaningful expressions of their experiences whilst receiving supportive feedback from others who shared similar hardships and triumphs (Pettigrew et al., 2015). Pettigrew et al. (2015) outline the measurable positive benefits of online blogging and suggest that various governmental organisations and non-profit initiatives promote online interaction as a way for mothers to share their parenting experiences whilst increasing their support base through online social networking.

1.3.3 Parenting ideologies and online communities

In her article entitled “Intimate Mothering Publics”, Johnson (2015) looks at the differences between “face-to-face” and online support groups for first-time mothers and the impact overarching traditional narratives have on how these women navigate and integrate information on parenting. “The decisions women make during the transition to first-time motherhood are complicated by pressures to conform to cultural expectations and self-imposed expectations” (Johnson, 2015, p. 238). Johnson (2015) argues that the internet allows women anonymity and thus becomes an emancipatory agency that allows for them to challenge normative gender narratives around the roles “good” mothers should assume when raising their children. She describes how various online platforms allow for the formation

of "… intimate publics, which act as compelling sites through which women are able to share stories of the labors of pregnancy and mothering which are typically considered as private by the public sphere ..." (Johnson, 2015, p. 239). These online discursive platforms allow women to challenge existing narratives on conventional motherhood protected by the anonymity that the internet affords them whilst establishing intimate connections with other mothers through shared experiences (Johnson, 2015).

1.3.4 Online discursive spaces and counter-cultural motherhood ideologies

Hall and Irvine (2008) describe how online platforms afford mothers an opportunity to "disrupt expert narratives about mothering" (p. 176) and "escape restricted views of motherhood and negotiate their changing selves while being grounded in day-to-day concerns …" (Madge & O'Connor, 2006, p. 176). As Madge and O'Connor (2006) explain, "… cyber technologies can enable a radical re-negotiation of gender relations and challenge patriarchal hegemony" (p. 206). This statement further reiterates Johnson's (2015) notion of how the internet can provide a "discursive space" where counter-cultural narratives challenge socially sanctioned parenting praxis (Johnson, 2015, p. 239). These so-called "discursive spaces" may also allow women the freedom to express their subjective realities in an honest and open way. Facilitated by the level of anonymity that online personas afford, it is proposed that women feel safe when disclosing maternal identities that challenge the cultural status quo (Johnson, 2015; McDaniel et al., 2012). In these collaborative online environments, mothers may thus be empowered to express their embodied maternal subjectivities in a way that is relatively free from overarching cultural parenting pejoratives (Johnson, 2015; McDaniel et al., 2012).

These collaborative cyber-environments can also allow for marginalised women from different sexual orientations and relationship statuses to feel supported by groups that form around shared identities not considered "main-stream" (Johnson, 2015). The traditional notion of the nuclear family is only one way in which individuals are choosing to raise children. Same sex parents, single parents, and those who adopt or foster children, all present their own childrearing ideologies that may not be

supported by traditional, mainstream narratives (Johnson, 2015; Madge & O'Connor, 2006). The internet has the potential to offer a socially supportive, non-judgmental space for those differing from the "norm" and may become a place where they can nurture their maternal identities and have these affirmed and validated (Johnson, 2015; Madge & O'Connor, 2006). As Madge and O'Connor (2006) state: "… cyberspatial technologies can enable a radical renegotiation of gender relations and challenge patriarchal hegemony …" (p. 199). This open and fluid cyberspace essentially allows women to experience their identities as mothers in ways that are not restricted by socially driven imperatives on child rearing that may be present in face-to-face relationships with spouses, other family members, peers, and colleagues (Johnson, 2015).

1.3.5 Internet usage and maternal wellbeing

Another study that assessed the associations between internet usage (social networks and blogging in particular), and maternal well-being is that of McDaniel et al. (2012). This study investigated mothers' motivations for blogging and social media usage and showed that these activities were associated with increased feelings of connection to extended family and friends that are often geographically removed from them (Chen, 2012; McDaniel et al., 2012). These feelings of connection were linked with perceptions of social support, which, in turn, had positive effects on other aspects of maternal well-being such as "… marital conflict, marital satisfaction, parental stress and finally depression" (McDaniel et al., 2012, p. 1516). Social support has also been shown to be an important protective factor increasing maternal resilience and decreasing the likelihood of experiencing post-natal depression (McDaniel et al., 2012; Pettigrew et al., 2015; Wellman & Haythornthwaite, 2002). Various studies have also highlighted the utility of government policies and community programs that encourage mothers to access online platforms to increase maternal well-being that is so often associated with increases in supportive social networks (Hall & Irvine, 2008; Madge & O'Connor, 2006; McDaniel et al., 2012; Verduyn et al., 2017).

Information seeking and self-disclosure practices amongst mothers have also been highlighted as motivating factors for blogging and social media usage (Chen, 2012; Chen, 2015; Hall & Irvine, 2008; Madge & O'Connor, 2006; McDaniel et al., 2012). One study showed that "… 71% of respondents indicated that the internet was an important source of parenting information …" (Madge & O'Connor, 2006, p. 205). Mothers have also cited feeling empowered to ask seemingly unimportant questions online bolstered by the anonymity an online presence affords internet users (Johnson, 2015; Madge & O'Connor, 2006). The internet has also been positioned as the ideal platform for mothers to challenge traditional medical notions on infant health, often swopping advice, information, and personal experiences that differ from doctor's orders (Johnson, 2015; Madge & O'Connor, 2006; Pettigrew et al., 2015).

1.3.6 Digital empowerment and parental competency

The ability to access information and social support at any time is another benefit of online parenting platforms (Hall & Irvine, 2008; Madge & O'Conn0r, 2006). This may assist new mothers in feeling more adequately prepared for their transition to motherhood, which, in turn, may foster feelings of parental competency and parenting efficacy (Amaro et al., 2019; Johnston & Mash, 1989; Knoche et al., 2007; Madge & O'Connor, 2006; McDaniel et al., 2012). Parental competence and efficacy have been shown "… to be important variables in child developmental outcomes. It is suggested that parents who report high levels of parental self-efficacy also demonstrate high levels of parental competence, which in turn foster positive developmental outcomes in their children ..." (de Montigney & Lacharite, 2005, p. 389).

Gibaud-Wallson and Wandersman (1978) created the Parenting Sense of Competence scale (PSOC). This 17 item scale consists of "… two rationally derived scales, Skill-Knowledge and Value-Comforting". In their investigation of the Parenting Sense of Competence Scale, Johnston and Mash (1989) referred to these two sub-scales of the PSOC as "Efficacy and Satisfaction" (p. 168). They

described parenting efficacy as "… reflecting the degree to which the parent feels competent, capable of problem solving, and familiar with parenting" (Johnston & Mash, 1989, p. 171). Parenting satisfaction was described as "… reflecting the degree to which the parent feels frustrated, anxious and poorly motivated in the parenting role" (Johnston & Mash, 1989, p. 171). This study's definition of parental competence aligns with that of Johnston and Mash (1989), Amaro et al. (2019) and Rogers and Matthews (2004), seeing it as concomitant of both parenting efficacy and parenting satisfaction, two important components that describe how mothers feel in relation to their preparedness to parent successfully and in a way that meets the needs of their children and provides them with a sense of fulfilment in their roles as mothers (Amaro et al., 2019; Gibaud-Wallson & Wandersman, 1978; Johnston & Mash, 1989; Rogers & Matthews, 2004).

Studies have shown higher levels of parenting efficacy are correlated with more positive emotional and cognitive outcomes in relation to one's role as a parent, positively impacting on the parent-child relationship as well as improved child development outcomes across the lifespan (Amaro et al., 2019; Bornstein et al., 2003; Johnston & Mash, 1989; Knoche et al., 2007; Rogers & Matthews, 2004, p. 88). Bornstein et al. (2003) investigated various "self-perceptions of parenting" (p. 313) and noted how exposure to knowledge and information on parenting increased participants' sense of preparedness and overall perceptions of competence (Bornstein et al., 2003). This study also described how

> possessing more parenting knowledge, feeling less dissonant in terms of the difference between how they actually parented socially with their child and how they would ideally like to parent, and having a higher socioeconomic status proved to be important contributors to mothers' satisfaction with their parent-child relationship. (Bornstein et al., 2003, p. 313)

These results affirm the negative effects of so-called upward social comparisons often made on social media and parenting platforms and highlight the importance of protective factors such as

exposure to relevant knowledge on parenting as well as increased familial and social support (Bornstein et al., 2003; Verduyn et al., 2017).

Amaro et al. (2019) investigated how parenting satisfaction was impacted by social comparison. They found that mothers who engaged with social comparison "on social network sites in general reduced parenting satisfaction" (Amaro et al., 2019, p. 152). Reduced levels of parenting efficacy and satisfaction have been linked with feelings of frustration in mothers when they review their ability to parent adequately, as well as a loss of interest in their roles as parents and feeling as if they are unable to discern their child's needs and meet them adequately (Gibaud-Wallson & Wandersman, 1978; Johnston & Mash, 1989). Higher levels of parental efficacy have been shown to "… directly affect children by leading to more positive maternal behaviors, including more responsive and less-punitive caretaking, attention to infant signals and more active and directive parenting interactions" (Coleman & Karraker, 2000, as cited in Knoche et al., 2007, p. 687).

As the aforementioned studies have shown, parental competence is an important component in a mother's overall wellbeing and her parent-child relationship (Amaro et al., 2019; Coleman & Karraker, 2003; Knoche et al., 2007; Rogers & Matthews, 2004). Parental competence also impacts on optimal developmental outcomes for the child across the life span (Amaro et al., 2019; Knoche et al., 2007; Rogers & Matthews, 2004). Given the importance of parental competence and its two components, parenting efficacy and satisfaction, in the maternal role, further research is warranted when looking for ways in which to both protect and enhance an overall parental competence as well as protect against situations, activities and environments that could negatively impact it (Amaro et al., 2019; Ponomartchouk & Bouchard, 2015, as cited in Amaro et al., 2019, p. 146). This study also hopes to contribute to the paucity of academic literature on the potential risk and protection factors that engaging with online parenting platforms may bring to bear on the experiences of parental competence in mothers.

1.3.7 Types of social media usage and maternal wellbeing

Numerous research studies have examined the impact that exposure to online social networking has on experiences of subjective well-being (Kross et al., 2013; Verduyn et al., 2015; Verduyn et al., 2017). Social networking platforms have been described as being

> well suited for increasing bridging social capital by allowing users to maintain large networks of connections and even possibly bonding social capital by allowing users to stay in touch with friends and providing a medium through which support can be sought and provided. (Verduyn et al., 2017, p. 288)

The majority of social media studies cite Facebook as the main social networking platform under investigation, as it is most the most prolifically used with users spending at least 50 minutes per day on the site (Verduyn et al., 2017). Kross et al. (2013) have illustrated how Facebook users experienced both a decline in positive experiences of subjective well-being alongside an overall decline in life satisfaction measures over time.

Verduyn et al. (2015; 2017) took the existing research on social media exposure a step further and examined how the type of social media usage (active usage versus passive usage) might impact on experiences of subjective wellbeing. They investigated whether measures of subjective well-being were affected by moderator variables such as "social capital and connectedness" (Verduyn et al., 2017, p. 287), and "social comparison and feelings of envy" (Verduyn et al., 2017, p. 290) and how these variables might moderate outcomes of active and passive social media usage. In both of these studies, active social media usage was defined as "activities that facilitate direct exchanges with others (e.g., posting status updates, commenting on posts)" (Verduyn et al., 2015, p. 480), with passive usage defined as "… consuming information without direct exchanges (e.g. scrolling news feeds, viewing posts)" (Verduyn et al., 2015, p. 480).

Verduyn et al. (2017) describe how active social media usage created increases in social capital (the strength and quality of social connections and support systems) by increasing the likelihood of expanding online support networks (p. 288). These users actively commented on other users' posts and updates, shared information, asked questions, and described their lived realities of parenthood. "Mommy blogs" are a good example of where social media users actively engage with other users offering information, advice, and words of encouragement and support to those in similar situations (Chen, 2012; Chen, 2015; Pettigrew et al., 2015). These active social media users expressed increases in overall subjective well-being and cited feeling more supported by, and connected to, a broader online community (Verduyn et al., 2017, p. 288).

Verduyn et al. (2017) found that passive social media usage engaged in both "upward and downward" social comparisons by comparing themselves to other users perceived to be both better and worse-off than themselves which had various implications for their emotional wellbeing (Verduyn et al., 2017). Upward comparisons left users feeling less satisfied with their lives and experiencing more envy when they perceived other users to have lives that were more successful and fulfilling than their own (Verduyn et al., 2017). Social media sites are well positioned to promote social comparisons in that they provide a constant stream of information which is readily accessible and generally portray other users in very complimentary ways (Verduyn et al. 2017). These platforms provide "asynchronous communication" opportunities where users are able to edit their lives and appearances before posting them, often sharing content reflecting successes and triumphs as opposed to hardships and trials (Verduyn et al., 2017, p. 290). These posts therefore do not accurately reflect the dualistic nature of reality where both positive and negative aspects of life are experienced on a daily basis.

1.3.8 Social comparison, maternal guilt and online discursive spaces

One of the more deleterious potential effects of exposure to online parenting platforms is that they increase the tendency to compare oneself to others in ways that undermine one's own reality and

negatively impact on subjective well-being and life satisfaction (Verduyn et al., 2015; Verduyn et al., 2017). "[P]articipants also often practice social comparison to discover their 'fit' within the norms of motherhood, a practice that can negatively influence mothers' perception of their parenting practices" (Coyne et al., 2017).

Although envy is cited as one of the negative emotional outcomes of social comparison, mothers also grapple with another negative emotion that derives from not living up to social standards of good mothering (Sutherland, 2010). Maternal guilt is one such negative emotion and has been described as "… being so pervasive in our culture as to be considered a 'natural component of motherhood'" (Seagram & Daniluk, 2002, p. 310). Guilt and has been shown to negatively impact on all aspects of a mother's mental, emotional, and physical wellbeing (Dunford & Granger, 2007; Seagram & Daniluk, 2002; Sutherland, 2010). Persistent maternal guilt may translate into more severe psychopathologies which may, in turn, negatively impact child development outcomes in both cognitive and social realms as well as on a child's ability to form secure attachments (Dunford & Granger 2007; Harper & Arias, 2004; Sutherland, 2010). Dunford and Granger (2017) investigated the relationship between maternal guilt and shame and postnatal depression and found that mothers who felt they had not lived up to societal expectations of good mothering, or felt as if they had failed as parents, were more likely to experience maternal guilt. Dunford and Granger (2007) describe guilt as "… specific behaviors that the individual has carried out and are the focus of negative evaluations as opposed to the entire self. Guilt is therefore accompanied by feelings of remorse or regret over one's actions" (p. 1693). They highlight that maternal guilt is often associated with negative internal self-evaluations where mothers feel they have not lived up to internalised standards of good parenting (Dunford & Granger, 2007, p. 1693). This notion of maternal guilt is consistent with the findings of Verduyn et al. (2017) who also describe how social comparison can often lead mothers to feel as if they are inadequate as parents

when compared to peers who are perceived as more successful parents (Verduyn et al., 2015; Verduyn et al., 2017).

In a recent study investigating maternal wellbeing, Luthar and Ciciolla (2015) looked at measures of parenting experiences as well as measures of perceived support to understand how these factors might impact on a mother's wellbeing. Among the measures investigating negative indices of parenting experiences, was the Parenting Guilt Measure, a scale that measured affective feelings of guilt in relation to the role of parenting a child (Luthar & Cicolla, 2015). Luthar and Ciciolla (2015) were able to quantify, through their development of this scale, the extent to which parental guilt was pervasively experienced in their sample group and the resultant impact it had on participants' overall parenting experiences (Luthar & Cicolla, 2015). They illustrate how parental guilt is associated with mothers' perceptions of not doing enough for their children to meet their needs and is also associated with "… higher levels of maternal depression, anxiety and stress" (Luthar & Cicolla, 2015, p. 1818). They described how maternal guilt left mothers feeling inadequate as parents and unable to trust their parenting decisions and childrearing choices. This study defines maternal guilt similarly to Dunford and Granger (2007) and Luther and Cicolla (2015) as a negative affective experience based on negative self-evaluations in relation to one's role as mother that leaves one feeling inadequate and failing to live up to societal expectations of what constitutes a "good mother" (Dunford & Granger, 2007; Luther & Cicolla, 2015).

Some scholars have argued however that maternal guilt is not that easy to quantify although it is experienced by every mother in a very visceral, persistent way (Elvin-Nowak, 1999; Sutherland, 2010). Elvin-Nowak (1999), in her phenomenological investigation on working mothers' experiences of guilt, described guilt as emerging out of "socialization process(es) and identity formation in women" (Elvin-Nowak, 1999, p. 73). This study also investigated the multiple roles that women fulfil and how the outcomes of these are often at right angles to each other (Elvin-Nowak, 1999). Women have historically

been positioned in care-giving roles and generations of "good mothering" ideologies have centred on presumed maternal responsibility (Arendell, 2000; Elvin-Nowak, 1999; Sutherland, 2010). As Sutherland (2010) states "… mothers operate under the gaze of society – a society that has adopted clear characterizations of the 'good mother'" (p. 311). If a mother deviates from the socially acceptable standard of what constitutes a "good mother", she runs the risk of being shamed, rejected, or excluded from interacting with other "good mothers" (Sutherland, 2010).

Working mothers are often compared to stay-at-home mothers who are able to engage in "intensive mothering" practices (Arendell, 2000, p. 1194). "The mother portrayed in this ideology is devoted to the care of others; she is self-sacrificing and not a subject with her own needs and interests" (Bassin et al., 1994, p. 2 as cited in Arendell, 2000, p. 1194). Working mothers deviate from this deeply embedded societal notion as they are seen to be fulfilling their own desires for autonomy outside of the home environment which is perceived to come at the cost of taking care of their children (Arendell, 2000; Guendouzi, 2006). Feelings of guilt and internal conflict are pervasively present in working mothers as they try to live up to the societal dictates of the "good mother" which are often in conflict with their career interests (Arendell, 2000; Guendouzi, 2006; Sutherland 2010). These nuanced and richly textured experiences of maternal guilt have attracted qualitative investigations that allow for a more multifaceted understanding of the phenomenon to emerge.

Sutherland (2010) describes how the institutional spaces of the home and the workplace become co-conspirators in upholding maternal ideologies and how gendered narratives operate in these spaces to facilitate experiences of maternal guilt. She describes how "good mothering ideologies" need "spaces" to be defined, expressed, and reinforced (Sutherland, 2010). One such space, as Johnson (2015) and Verduyn et al. (2017) have illustrated, is the cyberspace of the internet. This research raises a question about how these readily accessible and prolifically utilised virtual spaces impact on a mother's

well-being, given the way in which they expose mothers to various culturally mandated expressions of perfect parenthood (Johnson, 2015; Verduyn et al., 2015, Verduyn et al., 2017).

It is often mothers themselves who uphold these maternal ideologies online. It has been noted that a gendered discourse around motherhood is maintained through "performative acts" (Butler, 1988, p. 519). Butler (1988) describes gender as being "… an act, as it were, which is both intentional and performative" (p. 522), and that being a woman is an embodiment of historical, political and socio-cultural notions of femininity that are interjected and then lived out through various intentional individual and communal acts (Butler, 1988). These performative acts occur on a daily basis in a variety of settings and contexts. Some acts conform to gender normative ideologies on motherhood, whilst other acts serve to challenge the status quo. "It seems fair to say that certain kinds of acts are usually interpreted as expressive of a gender core or identity, and that these acts either conform to an expected gender identity or contest that expectation in some way" (Butler, 1988, p. 527).

Online communities are another social sphere or "stage" upon which these gendered performances can be enacted (Butler, 1988; Johnson, 2015). These online social spheres are concomitant of collective acts of gender performance and serve to reiterate, reinforce or refute socially constructed narratives around gender (Butler, 1988; Johnson, 2015; Verduyn et al., 2015, Verduyn et al., 2017). These acts are accepted or rejected by the collectives in which they are performed, with resultant implications being that identities are changed, moulded, or concretised by these performances (Butler, 1988). In this way, the internet can serve to emancipate those who find normative motherhood ideologies restrictive whilst offering a discursive space to facilitate the performance of a truer self that challenges these ideologies in radical ways.

As the aforementioned studies have shown, maternal guilt has multifaceted, long-lasting implications on both a mother and a child's wellbeing. To date however, very little research has been conducted on maternal guilt and its relationship to online parenting platform usage, although these

modes of online social support are increasing exponentially in popularity. This study hopes to contribute to the discussion around potential protective and risk factors associated with online parenting platform use and their potential relationship to maternal guilt.

1.4 Conclusion

As the literature has shown, perceptions of parental competence and maternal guilt both play an important role in how a mother experiences and perceives herself in her maternal role. This perception is often informed and validated by normative ideologies on what constitutes a "good mother" that are performed by mothers, both in the world and online. Online parenting platforms are increasing in their popularity among mothers seeking an understanding community as well as information on how to raise their children. These online platforms have been associated with both protective and risk factors in maternal wellbeing, with the benefits of belonging to a supportive online community often being offset against negative online interactions that can leave mothers feeling judged and feeling inadequate as parents. The resultant emotional experiences of guilt, envy, and low life-satisfaction have all been shown to negatively correlate with successful child developmental outcomes as well as overall measures of subjective well-being (Madge & O'Connor, 2006; McDaniel et al., 2012; Verduyn et al., 2017). Higher scores on measures of parental competence and its components, parenting efficacy, and satisfaction, have been shown to correlate with more positive mental and physical health outcomes in both mothers and children. Higher measures of maternal guilt have also been shown to have deleterious effects on mothers' wellbeing as well as children's developmental outcomes across their lifespans. Given the importance of these measures on both maternal and infant wellbeing, as well as the growing popularity of online parenting platform use, this study is well positioned to examine how an online parenting platform use can be both a protective factor as well as a risk factor in maternal wellbeing. This study also hopes to contribute toward the current paucity of literature on this important

topic. The following section will discuss this study's research questions and how they contribute towards a greater knowledge base on the topic.

1.5 The current study

Given the focus of the argument presented in the literature review above, and the need for contemporary research to add to the paucity of knowledge on maternal wellbeing and online parenting platform usage, the research questions for this study were as follows:

1.5.1. What are the patterns of, and motivations for, the use of online parenting platforms reported by participants?

1.5.2 What are the nature of the relationships between reported online parenting platform use, maternal guilt, and parental competency in the sample?

1.5.3 What are the participants' subjective experiences of maternal guilt and parental competency in relation to contemporary discourses on mothering as expressed through online parenting platform use?

1.5.4 What are the processes through which participants perceive that online parenting platform use impacts their feelings of maternal guilt and/or parental competency?

Chapter 2: Methods

The following chapter describes in detail the methods used in the study to answer the four research questions above. This chapter focuses on the mixed-methods research design of the study, the theoretical and paradigmatic assumptions, the sample and sampling strategy, as well as the data analysis strategy used to analyse the qualitative and quantitative data collected and reported on in the next chapter. This chapter also discusses the ethical considerations of the study as well as the processes of reflexivity, trustworthiness and credibility employed by the researcher for the duration of the study.

2.1 Research Design

The study followed a mixed-methods research design and captured both quantitative and qualitative data relevant to the topic. The research design for the quantitative aspect of the study was a non-experimental, correlational, and cross-sectional design based on empirical measurement (Creswell & Plano Clark, 2011). Due to the fact that this study did not manipulate any independent variables, had no control and experimental groups, and did not make use of random assignment, the design was deemed non-experimental (Creswell & Plano Clark, 2011; Rosenthal & Rosnow, 1991).

The qualitative aspect of the study made use of Interpretive Thematic Analysis which was informed by feminist research theory (Braun & Clarke, 2006; Butler, 1988; Edwards & Mauthner, 2012; Johnson, 2015); this will be discussed in further detail in the sections that follow.

2.1.1 Mixed methods research designs

Mixed methods designs allow for the integration of both qualitative and quantitative data to provide a more complex, nuanced understanding of the concepts (constructs and/or variables) of interest (Creswell & Plano Clarke, 2011; Tashakkori & Teddlie, 2010). Mixed methods designs aim to address the individual weaknesses of quantitative and qualitative designs, whilst drawing on their respective strengths to facilitate more comprehensive results (Creswell & Plano Clarke, 2011; Tashakkori & Teddlie, 2010). The study utilised a convergent parallel mixed methods design (Creswell, 2015;

Creswell & Plano Clarke, 2011; Tashakkori & Teddlie, 2010). This design involved the concurrent timing of both quantitative and qualitative data collection, with the merging or integration of the results taking place after each data strand had been individually analysed (Creswell & Plano Clark, 2011).

This type of mixed methods research design was best suited to the study as it harnessed the positive characteristics of both quantitative and qualitative research (Creswell, 2009; Creswell & Plano Clarke, 2011). It also mitigated the weaknesses of quantitative and qualitative research as the positives in one research type generally accounted for the weaknesses in the other (Creswell, 2009; Creswell & Plano Clarke, 2011). For example, quantitative research has been critiqued for reducing subjective experiences to mere numbers, whereas qualitative research is known for generating in-depth narratives that capture the subtle nuances contained within the data (Creswell, 2009; Creswell & Plano Clarke, 2011). This research design allowed for numerical representations of the constructs under investigation to be analysed statistically, whilst ensuring that rich, narrative data were collected from participants' self-reports. This ensured that both breadth and depth emerged from the data. In this way, the "reductionistic" weaknesses of quantitative research were offset against the strengths of qualitative research which highlighted the complex, subjective experiences of individual participants and provided a more nuanced, detailed perspective of the data (Creswell, 2009; Creswell & Plano Clarke, 2011).

2.1.2 Quantitative research approach

For the quantitative component of the study, numerical data were collected in order to allow comparisons and broad trends in the data to be identified (Creswell, 2009; Field, 2009; Haslam & McGarty, 2014). As none of the variables in the study were manipulated, a non-experimental research design was used and, as such, the variables were only measured (Creswell, 2009; Creswell & Plano Clark, 2011). There was also no comparison groups or random assignment (Creswell, 2009; Creswell & Plano Clark, 2011). The research design was however correlational and examined the relationships between

the study's main variables which utilised cross-sectional measurements taken at one point in time (Creswell, 2009; Creswell & Plano Clark, 2011; Field, 2009).

This type of non-experimental design was useful as it was both practical and convenient, and allowed for relationships between variables to be observed and quantified (Creswell 2009; Field, 2009). The limitations, however, were that correlation does not imply causality and, without being able to manipulate the variables of interest in a controlled way, the results were confined to relational observations rather than causal claims and predictions in variation (Creswell, 2009; Creswell & Plano Clark, 2011; Rosnow & Rosenthal, 2005).

2.1.3 Qualitative research approach

Given that the research study aimed to investigate women's subjective experiences of their maternal identities and how these are situated in, and affected by, various socio-cultural contexts, a qualitative, feminist approach to the study was chosen. Feminist researchers are interested in how women are situated within various patriarchal, political, and socio-historical contexts and how these contexts affect their being and becoming as women (Butler, 1988; Edwards & Mauthner, 2012; Johnson, 2015; Olesen, 2000). "Feministic perspectives view as problematic women's diverse situations and the institutions that frame those situations" (Creswell, 2009, p. 62). Feminist research objectives seek to emancipate the marginalised voices of the women, whilst focusing on empowering those oppressed by skewed political hierarchies and power imbalances (Rojeska, 2019). Feminist studies are also particularly interested in the way heteronormative gender roles are discursively refuted, confirmed, and upheld in the social milieu (Butler, 1988; Johnson, 2015).

> Feminist theory has sought to understand the way in which systemic or pervasive political and cultural structures are enacted and reproduced through individual acts and practices, and how the analysis of ostensibly personal situations is clarified through the situation of the issues in a broader shared cultural context. (Butler, 1988, p. 522)

Butler (1988) notes that gender identity, and aspects of this identity, such as motherhood, are not biologically assigned, but rather understood as a series of acts or performances based on overarching narratives that drive and direct participation in the social arena (Butler, 1988). Thus, women are not only recipients of discourse, but also contribute to this discourse in how they choose to perform gendered acts of motherhood (Butler, 1988).

A key component of feminist research is that of reflexivity and researchers are encouraged to practice reflexivity in all aspects of their research endeavours (Edwards & Mauthner, 2012). This allows the researcher to be aware of his/her social position in relation to their research participants and how this may prejudice both the collection and interpretation of data (Bloomberg & Volpe, 2016; Finlay, 2002). Feminist researchers are also concerned with how their research will impact their participants, how accurately their voices are represented, and elucidating the potential emancipatory power of their findings (Edwards & Mauthner, 2012). “Feminist writers on ethics, however, have put forward another basis for reflecting on ethical issues … with an emphasis on care and responsibility rather than outcomes, justice or rights” (Edwards & Mauthner, 2012, p. 19). Feminist researchers highlight the importance of considering the context in which the research takes place and how various contextual implications inevitably impact on the complexity of assessing components of ethical consideration (Edwards & Mauthner, 2012). Feminist literature also suggests that subjective bias cannot be eliminated but should rather be acknowledged and taken into consideration during the analysis and reporting of the study in order to uphold feminist ideologies when representing the voices of participants (Edwards & Mauthner, 2012; Finlay, 2002; Johnson, 2015; Olesen, 2000).

2.2 Theoretical approach and paradigmatic assumptions

As outlined by Creswell and Plano Clark (2011), pragmatism is considered the “best practice” paradigm when conducting a convergent parallel mixed methods design (CPMD) which informed the overarching theoretical framework of the study. “It (pragmatism) draws on many ideas, including

employing ‘what works’, using diverse approaches and valuing both objective and subjective knowledge” (Creswell & Plano Clark, 2011, p. 43). This philosophical foundation allowed for different theoretical approaches to be utilised for each data type (quantitative and qualitative) producing a more in-depth understanding of the overall research question (Creswell & Plano Clark, 2011; Tashakkori & Teddlie, 2010).

As the quantitative phase of this study aimed to describe and analyse trends in the collected numerical data, post-positivism was identified as a suitable paradigm in which to locate this aspect of the research study. “Post-positivism refers to the thinking that developed from logical positivism, a school of thought that maintains that all knowledge can be derived from direct observation and logical inferences based on that observation” (Phillips & Burbules, 2000, as cited in Bloomberg & Volpe, 2016, p. 42).

The qualitative phase of the study was located within the Social Constructionist paradigm (Bloomberg & Volpe, 2016; Creswell, 2009) and investigated the subjective experiences of participants and how these experiences were shaped by overarching social and cultural ideologies on motherhood and childrearing. Qualitative researchers are interested in investigating the lived, subjective experiences of participants (Bloomberg & Volpe, 2016).

> These (qualitative) approaches to research are often used to explore, describe, or explain social phenomenon; unpack the meanings people ascribe to activities, situations, event or artifacts, build a depth of understating about some aspect of social life; build “thick descriptions” (see Clifford Geertz, 1973) of people in naturalistic settings. (Leavy, 2014, p. 2)

Social constructionism (SC) is a useful paradigm often utilised within the feminist research approach, and is concerned with how individuals come to understand themselves and others, through the complex interplay of their own subjective realities and how these realities are discursively created and recreated by interacting with the world around them (Bloomberg & Volpe, 2016; Creswell, 2009).

"The central assumption of this paradigm is that reality is socially constructed, that individuals develop subjective meanings of their own personal experience, and that this gives way to multiple meanings" (Bloomberg & Volpe, 2016, p. 43).

The world, as seen from a SC lens, is constructed by a complex interplay of socially and culturally sanctioned norms and ideologies that shape the behaviour of its inhabitants in notable ways (Creswell, 2009; Johnson, 2015). Researchers conducting studies within this paradigm are also encouraged to remain cognisant of their position (Bloomberg & Volpe, 2016, p. 42) in relation to their participants. This includes being reflexively aware of their biases and social prejudices that could interfere with both the collection and the analysis of data (Bloomberg & Volpe, 2016, p. 42). Researcher reflexivity plays a critical role in ensuring that qualitative research (particularly research conducted in the feminist tradition) is trustworthy and gives voice to the participants' described experiences accurately (Hertz, 1996). Given these tenets of the SC paradigm, it was deemed suitable for the qualitative phase of the study as social constructions of what constitutes so-called "good" and "bad" mothering appeared to be actively negotiated through a variety of online parenting communities.

2.3 Sample and sampling

This study focused on a target population of contemporary mothers who accessed social media online parenting platforms either currently or in the past. The study made use of a convenience, non-probability sampling strategy to recruit online volunteers who agreed to participate in the study (Terre Blanche et al., 2016). This sample was appropriate for the study because it sampled women who were currently mothers who used online parenting platforms at the time of taking the online questionnaire or at some point in the past. The demographic characteristics for the sample are summarised in Tables 17 to 33 (see Appendix VII).

Nine types of online parenting platforms were identified as possible sites to recruit participants. These sites were WhatsApp parenting groups, Facebook parenting sites, Facebook parenting groups,

Twitter parenting groups, YouTube parenting content, online parenting blogs, infant/child development sites, parenting advice sites and parenting counselling sites. The study also made use of a snowballing technique which allowed participants to assist in locating other participants (through forwarding an email link to the online questionnaire to those who met the inclusion criterion for the study (Babbie & Mouton, 1998). These online parenting platforms consisted of both formal and informal parenting platforms. The formal online parenting platforms required permission from site administrators before the questionnaire link could be posted on their platforms whereas informal sites did not. Snowballing was also carried via WhatsApp parenting groups and online "Mommy Blogs" that agreed to share the questionnaire link with their user network. Invitations to participate in the study were also circulated via email to all staff at a large tertiary educational institution located in Johannesburg, South Africa.

As the study focused on contemporary mothers, the age range for participant inclusion in the study was 18 to 55 years. To be eligible for inclusion in the study, mothers needed to have at least one child aged 10 and below at the time of participation. The exclusion criteria for participation in the study were as follows: women who were pregnant and had no other children, women who were not mothers, as well as mothers who did not know how to use or have access to social media. A racially and ethnically diverse sample was desirable, and every effort was made to access potential participants from diverse backgrounds. The sample was however, limited to participants with online access and those sufficiently fluent in English to complete the questionnaire.

A sample size as large as possible was preferable and ideally greater than 30, which, given the Central Limit Theorem (Field, 2009; Haslam & McGarty, 2014) would enable parametric statistical analyses to be run on the quantitative data provided the data met the other necessary assumptions (Field, 2009). A concerted effort was made to obtain as many participants as possible and, using the above sampling strategies, these efforts yielded a sample size of 309 participants in total.

After the aforementioned sampling strategies were employed, a total of 329 participants answered the questionnaire but only 309 participants' responses were included in the study as some respondents did not meet the inclusion criterion or had not answered enough of the questions in order for their questionnaire to be used. Of the 20 participants' responses excluded, three participants left out at least one of the questionnaire sections relating to the main variables in the study, and one participant left out the entire demographic questionnaire. The remainder were excluded due to being male (two) or not having children under 10 years of age (14).

The average age in the sample was 34.28 with a standard deviation of 5.043. The minimum age was 21 and the maximum 49. The majority of the participants were White (n = 261; 84.5%), followed by Indian (n = 16; 5.2%), Asian (n = 11; 3.6%), Coloured (n = 10; 3.2%), Black (n = 5; 1.6%), Mixed race (n = 3; 1%) and Hispanic (n = 1; 0.3%).

As well as trying to sample participants from diverse race groupings, the study also looked to sample participants from different nationalities. Alongside the majority of South African participants in the sample (n = 160; 51.8%) were other predominant nationalities such as the United Kingdom (n = 98; 31.7%), Mauritius (n = 15; 4.9%) and the United States of America (n = 8; 2.6%). Minority nationalities in the sample included Canada (n = 3; 1%), Germany (n = 2; 0.6%) India (n = 1; 0.3%) with 0.6% (n = 2) of participants reported having a dual citizenship.

It is noted from the varying nationalities above, that the participants were from both developing countries, such as Mauritius, India and South Africa, as well as from developed countries such as the United Kingdom, the United States of America, Canada and Australia.

The overwhelming majority of the participants were married (n = 250; 80.9%) and had at least one child (n = 162; 52.4%) while 34.6% (n = 107) of participants had at least two children, bringing the cumulative percentage of participants with two children to 87.1% (n = 269). A minority of participants had 4 (n = 3; 1%) and 5 (n = 2; 0.6%) children. Children under the age of two accounted for 63.8% (n =

197) of the participants' dependents, with children under the age of five accounting for 23.6% (n = 73) of participants' dependents. Twenty (6.5%) of the participants were pregnant at the time.

Regarding their husbands' levels of engagement in raising their children, 71.2% (n = 220) of participants indicated that their husbands were very involved in parenting with a further 20.7% (n = 64) indicating that they were somewhat involved. This statistic challenges many contemporary narratives about paternal avoidance of parenting tasks (Sanderson & Sanders Thompson, 2002).

The sample group was well educated with 23% (n = 71) of respondents having obtained an undergraduate degree and 46.9% (n = 145) of participants having obtained a post graduate degree. Only three participants (1%) of the sample group had less than a grade 12 with 3.9% (n = 13) having some formal educational training once leaving school. The majority of participants were engaged in some form of work activity with 42.4% (n = 131) being employed full time, 19% (n = 59) employed part time and 16.8% (n = 52) being self-employed. The majority of participants were from either medium (n = 176; 57%) or high (n = 102; 33.0%) socio-economic backgrounds, with the minority percentage of 8.7% (n = 27) coming from a low socio-economic background.

The online questionnaire also assessed the presence of mental illness in both the participants and their children. Forty-one percent (n = 128) of the sample group had experienced some form of mental illness, with 35.9% (n = 111) experiencing mild to moderate symptoms. Anxiety and depression were the most common mental illnesses to be reported (n = 74; 23.9%), whilst 10.4% (n = 32) of respondents had suffered some form of postnatal depression and/or postnatal depression comorbid with another mental illness. The second most frequent mental illnesses reported were Post Traumatic Stress Disorder (PTSD) and PTSD comorbid with another mental illness (n = 9; 2.9%). This could be accounted for by many of the participants living in South Africa, a country known to have high domestic violence, rape and crime rates (Kaminer & Eagle, 2010).

Only 7.8% (n = 24) of respondent's children had experienced mental illness, most of which were either mild or moderate (n = 15; 4.9%). The most prolific mental illness was Attention Deficit Hyperactivity Disorder (ADHD) (n = 6; 1.9%), followed by Sensory Processing Disorder (SPD) (n = 3; 1%). A physical concern associated with mental distress, namely Gastroesophageal Reflux Disease (GERD) (n = 3; 1%) was also reported.

2.4 Data collection and procedure

Data collection

The online questionnaire comprised a self-developed demographic questionnaire, three standardised questionnaires administered to participants to collect the quantitative data for the study, and three open-ended questions in order to collect the qualitative data for the study. The quantitative questionnaires included an Online Parenting Platform use questionnaire (Appendix IV) as well the Parental Sense of Competency Scale (PSOC) (Gibaud-Wallston & Wandersman, 1978; Johnson & Mash, 1989) (Appendix IV) and the Parenting Guilt Scale (PGS) (Luthar & Ciciolla, 2015) (Appendix IV).

Demographic questionnaire (see Appendix IV)

The self-developed demographic questionnaire (see Appendix IV) included questions that requested the following information from the participants: age, gender, race, nationality, marital and pregnancy status, number of children and their ages, level of education, type of employment, and income level. In addition, participants were asked to indicate the presence of any mental illnesses or physical disorders they, or their children may have had and the severity of these illnesses and disorders. In order to facilitate a rapport with the participants, these questions were only asked at the end of the questionnaire.

Online parenting platform use questionnaire (see Appendix IV)

The first standardised questionnaire was a self-developed measure of online parenting platform use that included a series of closed-ended questions with various response formats. A number of the

questions in the questionnaire were adapted from the Internet Experiences Questionnaire (IEQ) created by Feuls et al. (2016); however, all of the original items drawn from this scale were adjusted to refer specifically to the use of online parenting platforms (as opposed to use of the internet generally). The original IEQ is a self-report questionnaire that consists of 36 items answered using a 7-point Likert-type scale (ranging from 'on a daily basis' to 'never') for some items and a 5-point Likert-type scale (ranging from 'absolutely applies' to 'does not apply at all') for other items (Feuls et al., 2016). The scale consists of two major subscales: motivations of usage, and skills and literacy; as well as several further subscales within the major subscales. Internal consistency reliabilities for the original subscales ranged from .73 to .83 except for the 'information and help' subscale, which had an internal consistency reliability of .48 (Feuls et al., 2016). A number of items from the original IEQ were also excluded from the questionnaire, as they were not deemed relevant for the current study. Additional questions, based on the underlying theory, were also included to capture as comprehensive an overview of online parenting forum use as possible.

The questionnaire in the study began with a general question assessing broad internet use (participation in various internet-based platforms and the time spent on this), as well as a question about the amount of time spent specifically on online parenting sites (ranging between 0% and 100%). The next question focused in detail on types of online parenting platform sites used (type of site, type of registration, and time spent). This was followed by a series of questions about how often respondents read posts, created posts, and sent personal messages on online parenting platforms (answered on a six-point Likert-type scale ranging from "Never" to "On a daily basis"), as well as the extent to which they asked for and received advice on these platforms (answered on a five-point Likert-type scale ranging from "Never" to "More than once a day"). Respondents were also asked to indicate whether they felt the advice they received and comments from other users were helpful or not.

The final 20 questions (in the form of short statements) were all answered on a five-point Likert-type scale ranging from “Does not apply at all” to “Absolutely applies”. The statements focused on participants’ motives for accessing online parenting platforms, their perceived capabilities (skills) for performing various tasks on online parenting sites (for example, uploading videos or posting content online), and their level of awareness around security and information accuracy (for example, using security settings and disclosure of personal information online). All of these questions were adapted directly from items present in the Internet Experiences Questionnaire (IEQ) (Feuls et al., 2016), specifically the motivations for internet usage, online skills and literacy subscales.

As the questionnaire was self-developed, there was no pre-existing structure for scoring the items. The answers to the questions were thus converted to numerical values and summed in various ways to represent different aspects of “online parenting forum use” (for example, the number of types of online parenting forums used, the percentage time spent on online parenting forums and whether the online parenting platforms were formal or informal). Online parenting platform use was thus represented by multiple variables in the study (see section 3.8 and 3.9 in the results chapter for a more detailed description of these variables).

Parental Sense of Competence Scale (PSOC) (see Appendix IV)

Gibaud-Wallston and Wandersman (1978) used measures of parenting efficacy alongside measures of parenting satisfaction in their creation of the Parental Sense of Competence Scale (PSOC) (Gibaud-Wallston & Wandersman, 1978; Johnston & Mash, 1989). The PSOC was used in this study to assess participants’ levels of parental competence (see Appendix IV). This psychometric scale was designed to measure parents’ perceptions of their abilities to parent successfully and has been shown to do so in both a reliable and valid way (Gilmore & Cuskelly, 2008; Johnston & Mash, 1989; Karp et al., 2015). The PSOC is a scale used extensively across a variety of settings and establishes a parent’s overall sense of competence in their role as parent by measuring two components of parental competence,

namely, parenting efficacy and parenting satisfaction (Gibaud-Wallston & Wandersman, 1978; Ohan et al., 2000; Rogers & Matthews, 2004). Studies using the PSOC have shown that "… a strong connection was found between parent satisfaction and all aspects of child behavior, parent wellbeing, and parenting style" (Rogers & Matthews, 2004, p. 96).

The PSOC is a 17-item scale comprising two subscales (Gibaud-Wallston & Wandersman, 1978). The scale utilises a six-point Likert-type scale ranging from "Strongly disagree (1)" to "Strongly agree (6)" (Gibaud-Wallston & Wandersman, 1978). The scale also makes use of reverse scoring (phrasing some items in a negatively worded way) on nine of its items to improve overall scoring accuracy (Gibaud-Wallston & Wandersman, 1978).

The two sub-scales of the PSOC that measure parenting efficacy and satisfaction have defined these constructs as follows: "Efficacy was defined as the degree to which a parent feels competent and confident in handling child problems" (Johnson & Mash, 1989, p. 251 as cited in Rogers & Matthews, 2004), and satisfaction as "the quality of affect associated with parenting" (Johnson & Mash, 1989, p. 251 as cited in Rogers & Matthews, 2004). Bui et al. (2017) found that the PSOC had a Cronbach's α coefficient of 0.85 for the total score, and 0.82 and 0.78 for the efficacy and satisfaction subscales, respectively, which corroborates with Vukusic's (2018) findings of an acceptable internal reliability of 0.798 and a good internal reliability of 0.809 for the same subscales (Vukusic, 2018, p. 4). Temporal stability measures for this scale have also been found to be very good, with a Pearson's Correlation coefficient score of 0.81 ($p < 0.0001$) between first and second assessments (Bui et al., 2017, p. 464).

Parenting Guilt Measure (PGM) (see Appendix IV)

The online questionnaire also made use of the Parenting Guilt Measure (Luthar & Cicciola, 2015) (see Appendix IV) to assess feelings of guilt associated with being a parent. The scale contains six items that are answered on a five-point Likert-type scale ranging from "Strongly disagree (1)" to "Strongly agree (5)" (Luthar & Cicciola, 2015). Luthar and Cicciola (2015) include the Parental Guilt Measure in a

battery of four other tests which reported acceptable internal reliability measures to ranging from .78 to 0.95 with a .86 median (Luthar & Cicciola, 2015, p. 1814). Evidence for convergent and discriminant validity was found "in the patterns of correlations among conceptually related constructs" (Luthar & Cicciola, 2015, p. 1814). To illustrate this, Luthar and Cicciola (2016) showed that parental guilt was positively correlated with constructs of anxiety, depression and stress, and negatively correlated with constructs of parenting satisfaction and fulfilment (Luthar & Cicciola, 2015).

Open-ended questions

The final section of the questionnaire was used to gather the qualitative data for the study. Participants were asked to answer three open-ended questions that invited them to reflect on their subjective experiences of maternal guilt and competence in relation to their internet usage, the narrative account of which constituted the qualitative data of the study. These open-ended questions were as follows:

1. Please tell me about a time where after/during accessing an online parenting platform you felt guilty or less competent as a parent? What was happening at that time and why do you think you had that particular response? Please be as detailed as possible in your response.
2. Please tell me about a time where after/during accessing an online parenting platform you felt more competent as a parent or less guilty? What was happening at that time and why do you think you had that particular response? Please be as detailed as possible in your response.
3. Is there anything else you would like to say about using online parenting platforms?

The online questionnaire

Individuals who volunteered to participate in the study were asked to access the questionnaire and complete it within four weeks of receiving the initial invitation. Completion took approximately 10–15 minutes and was done online by following the prompts given on the questionnaire platform.

Participants were not asked for any identifying details and computer IP addresses were deleted as soon as the data were downloaded, making all data collected completely anonymous. Participants were able to withdraw up until the point that they submitted the questionnaire. As this study made use of a snowball sampling technique, participants were asked to forward the invitation, participant information sheet, and link to any other mothers they knew who met the inclusion criteria for the study and who might have been interested in participating. The data collected were entered into a password-protected electronic spreadsheet for analysis ensuring that it was kept safe and confidential at all times. If participants wished to obtain feedback, they were able to email the researcher and/or supervisors and a summary of the findings would be sent to them electronically.

Hertz (1997) describes how "… reflexivity implies a shift in our understanding of data and its collection, and is achieved through detachment, internal dialogue, and constant scrutiny of 'what I know' and 'how I know it'" (Hertz, 1997, as cited in Jootun, McGhee & Marland, 2009, p. 43). In order to uphold the importance of researcher reflexivity throughout the data collection process, the researcher first conducted a pilot study on a small sample of participants to check for issues of cultural and heteronormative bias before collecting data for the main study (Bloomberg & Volpe, 2016, p. 65). This is discussed in more detail in the procedure section below.

Procedure

As mentioned, a small pilot study was conducted with the researcher's supervisors to refine the questionnaire content and check that the language and descriptions used were accessible for a variety of cultures and education levels. The feedback from the pilot study saw the qualitative questions diversified slightly from two questions to three, with the third giving participants a chance to share any other online parenting platform experiences they felt were relevant. These were the only changes made to the questionnaire items.

After ethical clearance to conduct the study was obtained from the University of the Witwatersrand HREC (non-medical) and clearance certificate number H19/11/70 was issued (see Appendix V), a brief invitation to participate in this study (see Appendix III) with a full participant information sheet (see Appendix I) and a link to an anonymous online questionnaire was posted on suitable online parenting platforms. The nine types of online parenting platforms identified as sampling sites represented both formal and informal online parenting platforms. The more formal platforms were closed, meaning one had to answer a series of questions related to the group topic in order to become a member. These sites were run by administrators who were approached for permission to upload the questionnaire link onto their platform to invite participation in the study on a voluntary basis. They were contacted via a suitable messaging platform and, along with a link to the questionnaire, they were sent an access request letter (Appendix II) as well as a brief invitation to participate in this study (see Appendix III). Once the administrators had granted permission for their users to have access to the questionnaire, they posted the link on their platforms. As very few formal online parenting platforms allowed the questionnaire link to be published on their platforms, a more aggressive snowball sampling strategy had to be employed. Informal online parenting platforms were found through online searches and did not require permission for the questionnaire link to be uploaded onto their sites. In these instances, the questionnaire link was published on their discussion boards and/or home pages without approaching site administrators. Snowballing was also carried out by asking key members of WhatsApp parenting groups and a popular online “Mommy Blog” to post the invitation to participate in the study for all of their site members (with a request to forward the invitation to others who met the inclusion criteria). The more informal sites did not require permission for the questionnaire link to be posted therefore it was simply uploaded onto their platform for their users to participate in the study voluntarily.

Potential participants were also invited to complete the questionnaire via email through snowball sampling, as per the request in the participant information sheet, or through a large tertiary-level educational institution in Johannesburg, South Africa. Permission to access this data base was obtained from the University Registrar through an access request letter (see Appendix II). Once permission was granted, the various Heads of Schools were emailed with the questionnaire link, a brief invitation to participate (see Appendix III) and a participant information sheet (see Appendix I) which they circulated to their staff. Participants were asked to complete the questionnaires within four weeks of receiving the invitation to participate in the study and the data were collected over a period of five months. At the end of this time, all of the data were compiled on a password-protected Excel spreadsheet and cleaning and analysis of the data then commenced.

2.5 Ethical Considerations

"For any inquiry project, ethical research practice is grounded in the moral principles of respect for persons, beneficence and justice" (Marshall & Rossman, 2011, p. 47). These ethical principles were upheld in order to ensure that the study prioritised and honoured participants' rights at all times. The study also utilised the following principles as per the APA Ethical Guidelines for Human Research (APA, 2002; Smith, 2003): In order to ensure that the study had considered all ethical considerations as pertaining to potential participants, the University of the Witwatersrand HREC (non-medical) was approached for ethics clearance for the study (APA, 2002; Smith, 2003). Ethics clearance was granted and protocol number: H19/11/70 issued (see Appendix V). In order to increase the number of participants in the sample, an access request letter was sent to a large tertiary education institution's registrar to obtain permission to access the staff email address data base. Once permission was granted, an email containing the questionnaire link, a brief invitation to participate (see Appendix III) and a participant information sheet (see Appendix I) was emailed to the institution's heads of school who forwarded the link to their respective staff members. The questionnaire links that were distributed via

closed, online parenting platforms included approaching site administrators for permission to post the link on their sites where necessary.

In order to ensure that informed consent was obtained from each participant in the study, each participant was given a participant information sheet (see Appendix I) containing information about the study and what they were required to complete on the online questionnaire (APA, 2002; Smith, 2003). Eligibility to participate in the study was also outlined, as well as various counselling resources that participants could contact should they wish to discuss anything during or after completing the questionnaire. They were also informed that their responses would remain confidential and that there would be no way of identifying who they were as the questionnaire was completely anonymous and that there would be minimal risks and no benefits to taking part in the study. Participants were informed as to what their involvement in the study required and were also informed about their rights as participants throughout the process. These rights included the right to withdraw at any time up to the point where the questionnaire is submitted and the right to decline answering any questions. They were also asked for permission to use direct quotes where appropriate provided all identifying information was removed. Participants were shown the Participation Information Sheet at the start of the online questionnaire after which they were asked to tick a box which indicated that they had read the conditions of partaking in the study and agreed to participate before proceeding with the study.

In order to protect participants' confidentiality and allow for anonymity, participants were made aware that the answers to the questionnaire would be kept on a password protected computer and would only be seen by the researcher and research supervisors (APA, 2002; Smith, 2003). As the questionnaire did not require any information about the participants' identities, they would remain anonymous throughout the study. Any information they shared that might divulge their identity was changed in the final report in order to ensure their anonymity at all times. Participants were also asked if

their responses could be anonymously and permanently stored in an electronic archive for use in future research projects.

To ensure that participants had access to de-briefing, participants were given the details of various non-profit counselling services to speak to after taking the questionnaire should they feel the need to or want to do so. The options included both free and partially subsidised counselling services (APA, 2002; Smith, 2003).

No deception was utilised in conducting the research (APA, 2002; Smith, 2003).

In order to ensure participants had access to feedback, the participants were given the researcher's and supervisors' contact details on the participant information sheet and were informed that they could contact them to request a summary of the feedback if they wished to do so. It was made clear that individual feedback was not possible (APA, 2002; Smith, 2003). The contact details of the researcher and her supervisors were also given in the participant information sheet should the participants have had any queries about the study. Participants' email addresses were not linked to their questionnaire responses in any way.

2.6 Data analysis

The following section will outline how both the qualitative and quantitative data in the study were analysed with reference to each of the study's four research questions, and how they were answered. Data analysis began once a suitable number of online questionnaires had been answered, which was 309 in total. Both qualitative and quantitative data sets were analysed simultaneously in a concurrent fashion (Creswell & Plano Clark, 2011).

The data collected from the self-developed demographic questionnaire and the standardised questionnaires constituted the quantitative data for analysis. This data, in conjunction with the qualitative data, were used to address the first two research questions in the study. In order to answer the first research question, which enquired about patterns of and motivations for use of online

parenting platforms, descriptive statistics were used to identify broad trends in the data (Field, 2009; Haslam & McGarty, 2014). Categorical data were analysed using frequencies and percentages (Field, 2009). Standard descriptive statistical techniques, such as mean, standard deviation, and range (minimum and maximum score), were used to represent the continuous data (Field, 2009; Haslam & McGarty, 2014). The shape of the distributions for the continuous variables was also assessed using skewness coefficients, kurtosis estimates, and histograms (Field, 2009; Haslam & McGarty, 2014).

In order to answer the second research question regarding the nature of the relationships between parental guilt, parental competence, and online parenting platform use, it was first necessary to evaluate the data to determine whether it were suitable for parametric analysis (Field, 2009; Haslam & McGarty, 2014). This ultimately determined the inferential statistical technique used to analyse the relationships (Haslam & McGarty, 2014).

Normality checks for each continuous variable in the study were carried out using the skewness coefficients, kurtosis estimates, and histograms (DeCarlo, 1997; Haslam & McGarty, 2014; Kim, 2013). "Skewness is a measure of the asymmetry of the distribution of a variable … " (Kim, 2013, p. 53) and is often assessed alongside kurtosis which has been defined by Kim (2013) as "… a measure of the peakedness of a distribution" (Kim, 2013, p. 53). Acceptable skewness co-efficients range between -1 and 1, and acceptable kurtosis estimates range between -3 and 3 (DeCarlo, 1997; Kim, 2013). Satisfactory skewness co-efficients were obtained for all of the variables in this study with the exception of online parenting platform usage (Skewness co-efficient was 1.178). Histograms represent the distribution of a variable in graphic form and can be evaluated relative to the extent to which they match the shape of a standard normal distribution (Field, 2009). All generated histograms with the exception of online parenting platform usage and parental efficacy (which was only slightly positively skewed), were found to be symmetrical.

A Central Limit theorem was also used to support normality of the data as the sample consisted of 309 participants which is greater than 30 (Field, 2009; Haslam & McGarty, 2014). Other relevant parametric assumptions included assuming at least an interval scale of measure for the continuous variables, independent sampling, and linearity (Field, 2009).

As parametric assumptions were met for the data (with the exception of online parenting platform usage), parametric statistical analyses were utilised to examine the relationships between almost all of the main variables in the study (except in cases where online parenting platform usage was one of the variables). For all parametric analyses, Pearson's Correlation Coefficients were calculated to establish the strength, direction, and significance of the relationships between scores for parental guilt, parental competence, and online parenting platform use (Field, 2009; Haslam & McGarty, 2014). Pearson's Correlation Coefficients are calculated on a scale between 0 and 1, with a score closer to one representing a stronger relationship between the variables (Field, 2009). The direction, positive or negative, represents whether the variables move in the same direction or in opposite directions, in other words, whether scores for both variables increase at the same time or whether scores for one variable decrease when scores for the other variable increase (Field, 2009). The significance level used for all analyses was an Alpha of 0.05 (Field, 2009). In any cases where online parenting platform usage was included as a variable, a suitable non-parametric alternative, Spearman's Rank Order Correlation Coefficient, was calculated instead of a Pearson's Correlation Coefficient (Field, 2009). Although calculated differently, the interpretation of the results for these two techniques is identical in terms of the strength, direction, and significance of the relationship between the variables (Field, 2009).

Although not a direct question in the study, it was also important to establish the internal consistency reliability of the Parental Guilt Scale (Luthar & Cicciola, 2015) and the Parental Competence Scale (Gibaud-Wallston & Wandersman, 1978; Johnston & Mash, 1989) in the sample for the study. This was done by calculating Cronbach Alpha Coefficients for the total scale and, where relevant, subscales,

for each measure (Field, 2009). Cronbach Alpha estimates are calculated on a scale of 0 to 1, with values closer to 1 representing a higher level of internal consistency reliability (Field, 2009). Cronbach Alpha estimates above 0.7 usually indicate acceptable internal consistency reliability for an instrument in a study; however, there are instances where estimates above 0.6 can be justified as representing sufficient internal consistency reliability for the instrument to be used (Hair et al., 2006).

The third and fourth research questions of the study enquired about the participants' subjective experiences and processes of parental guilt and parental competence in relation to their roles as mothers when accessing online parenting platforms. To answer these qualitative research questions, the rich narrative data participants gave when answering the three open-ended questions on the online questionnaire were analysed using Interpretive Thematic Analysis (ITA) (Creswell et al., 2006).

To conduct the ITA successfully, the study adopted the steps outlined in Braun and Clarke's (2006) publication entitled *Using thematic analysis in psychology* to inform the step-by-step process of the qualitative data analysis (TA) (Braun & Clarke, 2006). TA is compatible with the social constructionist paradigm and enabled the researcher to analyse the rich narrative data that were gathered from the qualitative research questions (Braun & Clarke, 2006). The six steps of Braun and Clark's TA (2006) include: "1. Familiarizing yourself with your data; 2. Generating initial codes; 3. Searching for themes; 4. Reviewing themes; 5. Defining and naming themes; and 6. Producing the report" (Braun & Clarke, 2006, p. 87). These steps were followed by the research in order to answer the third and fourth research questions and are summarised as follows:

Step 1 encouraged the researcher to immerse herself in the data as much as possible. This was a time-consuming process where the data were read and re-read multiple times. It allowed the researcher to get a nuanced feel for what the participants were trying to say and enhanced the likelihood that the steps that followed accurately portrayed thematised content into concise descriptions of the participants' narratives.

Step 2 allowed for a coding back bone to be developed from the process of immersion and allowed the researcher to become aware of any patterns emergent from the data. Particular attention was paid to the discourses or social constructions of motherhood upon which the participants drew. These patterns, along with the coding back bone, formed the foundations for defining and naming the themes of the data. The researcher felt that these themes accurately and descriptively encapsulated the common patterns that emerge from the coded data. These themes were then reviewed again in step four and checked with the researcher's supervisors to ensure that they accurately captured the meanings portrayed in the coded data and were relevant to the study's research questions. Step 5 included defining and naming themes in ways that captured and reflected the essence of the participants' responses across the data set. These overarching themes were then discussed, and the final results were produced (Braun & Clarke, 2006).

The research study assumed both a deductive, "top-down" as well as an inductive, "bottom-up" approach to analysing and interpreting the data (Denzin & Lincoln, 2013; Padgett, 2004). The inductive process allowed for themes to emerge from the data free from being conditioned by pre-existing theory, much of which is viewed as patriarchal and potentially oppressive from the feminist perspective (Denzin & Lincoln, 2013; Padgett, 2004). The deductive approach allowed for the data to be analysed and interpreted alongside the existing theoretical frameworks that may corroborate or refute the research findings (Denzin & Lincoln, 2013; Padgett, 2004). The deductive approach was utilised later in the analysis where study findings were compared against pre-existing theory to inform some of the interpretations made in the data analysis. The researcher guarded against undue influence by other more dominant voices in the field through the use of both inductive and deductive methods. This utilisation of both approaches (inductive and deductive) made the thematic analysis of this study interpretive. As previously discussed, the interpretive approach of this study was informed by a social

constructionist approach from a feminist theoretical perspective that informed various aspects of the study accordingly.

Feminist researchers eschew theoretical imperatives that drive data analysis in predetermined directions, although the feminist position is a position in and of itself which also has its own agenda (Gorelick, 1991). This agenda, focused primarily on giving voice to the oppressed and marginalised, may also subconsciously drive the interpretation process resulting in the very result it seeks to avoid – a misrepresentation of participants' experiences. However, as Gorelick (1991) maintains, "Confining research to induction-based methods ignores the limits to such research; ideologies of oppression are often internalised, while the underlying structures of oppression are hidden" (Gorelick, 1991, p. 459).

Thus, this study endeavoured to take into account the dynamic tension that existed between the aforementioned inductive and deductive processes, which allowed for the delicate balancing act of accurately presenting participants' meanings and examining how these meanings are socially constructed. This was done throughout the data analysis process and the researcher remained aware and reflexive about her position in response to research findings, as well as any biases that existed toward dominant theories in the field. It is acknowledged that the research findings were therefore a co-construction between the participants and the researcher, who utilised a feminist approach. An approach was assumed that focused on considering subjectivities and biases throughout the research process as well as bringing about social change, displaying human diversity, all the while acknowledging the position of the researcher through the practice of conscious reflexivity (Denzin & Lincoln, 2013; Finlay, 2002; Padgett, 2004).

Reflexivity, trustworthiness and credibility

Reflexivity has been described by Finlay (2002) as a "methodological self-consciousness in the form of 'confessional accounts'" (Finlay, 2002, p. 533). These "confessional accounts" of self-consciousness or awareness assisted me to acknowledge my biases, subconscious subjectivities,

stereotypes, and prejudices that may have influenced the analysis and reporting of the study's findings (Finlay, 2002; Jootun et al., 2009). In order to portray the voices of the participants as accurately as possible, Speziale and Carpenter (2007, as cited in Jootun et al., 2009) highlight that, "… at the outset of the research it is in the researcher's best interests to make clear his or her thoughts, ideas, suppositions, or presuppositions about the topic, as well as personal biases" (Speziale & Carpenter, 2007, as cited in Jootun et al., 2009, p. 44). Reflexivity has also been shown to improve the trustworthiness and credibility of a study and to reduce distortions as a result of subjective biases when analysing, discussing, and reporting findings (Creswell & Miller, 2000; Hertz, 1996; Marshall & Rossman, 2011).

As the researcher, throughout this research study, I kept a reflexive journal for noting any initial preconceptions I had of the data and paid careful attention to any personal biases I had whilst collecting, reporting on, and analysing the data. As suggested by Patnaik (2013), I found it beneficial to operationalise reflexivity by introspectively enquiring about how my race, gender, social standing, personal history, and value systems may influence my understandings of the research topic and participants' experiences (Patnaik, 2013, p. 105). As a white female in my late 30s with no children of my own, at times I was concerned that I would not be able to fully empathise with my participants as I had no direct childrearing experience or knowledge. I was aware that I did not experience the demands of juggling working life and maternal duties as so many of the working mothers in the sample group did. I often marvelled at the abilities of these women to do so much in a day.

I also felt cautious of over identifying with participants who were a similar age to myself and who also had postgraduate training and I therefore needed to guard against using their narratives too prominently in my results section. I actively tried to represent the diversity of the sample group by choosing narratives from participants who were of different education levels, age groups, nationalities, and races.

There were times where I journaled about my gender role biases and how these might impact my understanding of working mothers or same sex households. I grew up in a home where my mother was a stay-at-home mom, and my father the primary bread winner. These very traditional gender roles were a prominent feature in my life and informed much of my childhood desires to get married young and be a “mom”. I noticed, at times, that I had emotionally invested in the stories of working mothers who so desperately wanted to be at home with their children and could not because the family needed the money.

I also think that having a fascination about the maternal world of pregnancy, birth, and maternal wellbeing made me more emotionally connected to my data. I felt excited and passionate about the stories my participants courageously shared with me, a complete stranger they had never met. I felt like I had been let into the secret world of motherhood and this fuelled my desire to portray my participants’ narratives as honestly and accurately as possible.

When I felt that any of the aforementioned biases may be impacting my understanding and accurate representation of the data, I contacted my supervisors to discuss my experiences. Regular supervision sessions and collegial discussions with other students about my research project facilitated a deeper awareness of both myself and what my participants were trying to convey through their storied narratives (Bloomberg & Volpe, 2016; Creswell & Miller, 2000; Darawsheh, 2014; Marshall & Rossman, 2011).

I felt that the careful process of continued self-reflexivity ultimately assisted in the data analysis process as I was made aware of my subjective “blind spots” and the way in which they affected my data analysis and reporting. This process enabled me to examine my position in relation to the research process thus enhancing the overall credibility and trustworthiness of the study as discussed below (Creswell & Miller, 2000).

Credibility, trustworthiness, and confirmability were established in this research study by adhering to the following methodological procedures of “thick description”, “peer debriefing and member checking” and developing an “audit trail” (Babbie & Mouton, 1998; Creswell & Miller, 2000, p. 126; Darawsheh, 2014; Marshall & Rossman, 2011). The researcher endeavoured to describe the participants’ narratives in as rich as possible a manner, portraying the themes emerging from the data in a way that accurately reflected the voices of the participants (Creswell & Miller, 2000). An audit trail also documented the various procedures that were followed at all stages in the study to ensure transparency throughout the research process and enhance the confirmability of the study’s findings (Babbie & Mouton, 1998; Creswell & Miller, 2000).

When the analysis had been conducted on both sets of data, the results of each analysis were merged and integrated to answer the research questions in a rich, multifaceted way. This process included “directly comparing the separate results or transforming results to facilitate relating the two data types during additional analysis …” (Creswell & Plano Clark, 2011, p. 78). The final step of the study looked at the results and investigated ways in which “… the two sets of results converge, diverge from each other, relate to each other, and/or combine to create a better understanding in response to the study’s overall purpose” (Creswell & Plano Clark, 2011, p. 78).

This chapter looked at the mixed methods research design used in this study in depth and explained the study’s theoretical orientation. Sampling strategies as well as the demographic characteristics of the study were discussed alongside the data collection and data analysis procedures. Important ethical considerations pertinent to the study were also described, and issues of credibility, trustworthiness and reflexivity were outlined.

Chapter 3: Results

Descriptive and inferential statistics were run on the quantitative data in order to identify broad trends in the data and to examine the nature of the relationships between the variables of interest in the study. These quantitative results answered the first two research questions. Interpretive thematic analysis was used to analyse the qualitative data in order to answer the third and fourth research questions as well as aspects of the first two research questions. In the chapter that follows, the results of both sets of analyses are presented concurrently to address the main research questions in the study.

3.1 Exposure to online parenting platforms

The variable "internet exposure" looked at contemporary internet sites commonly used for parenting and participants were asked to state which of these sites they frequented currently or previously, how much time they had spent on these sites each day, and whether or not these online platforms required registration. Most of the participants (n = 303; 98.1%) of the sample reported having been a member of or having used online parenting platforms at some point during parenthood. The parenting platforms that were examined in this study were WhatsApp parenting groups, Facebook parenting sites, Facebook parenting groups, Twitter parenting groups, YouTube parenting content, online parenting blogs, infant/child development sites, parenting advice sites and parenting counselling sites. The term "sites", "online forums" and "online parenting platforms" are used interchangeably throughout the study to represent the same construct.

As shown in Table 1 below, the most popular online platforms used for parenting in the sample either currently or previously, included sites that required registration to become a member, such as Facebook parenting groups (67.3%; n = 208), as well as sites that did not require registration to become a member such as infant/child development sites (59.5%; n = 185) and Facebook parenting sites (52.4%; n = 162). The least popular sites included Twitter parenting groups (1.9%; n = 6) and YouTube parenting content (19.4%; n = 60).

Other online parenting platforms accessed by participants include Pinterest, “Mommy Blogs”, and various phone apps like Glow and Baby Centre.

Table 1

Frequencies for current and previous online parenting platform use

Online parenting platform	Previously use	Currently using	Total exposure
WhatsApp parenting groups	22 (7.1)	94 (30.4)	116 (37.5)
Facebook parenting sites	41 (13.3)	121 (39.2)	162 (52.4)
Facebook parenting groups	19 (6.1)	189 (61.2)	208 (67.3)
Twitter parenting group	4 (1.3)	2 (0.6)	6 (1.9)
YouTube parenting content	23 (7.4)	37 (12)	60 (19.4)
Online parenting blogs	51 (16.5)	91 (29.4)	142 (46)
Infant/child development sites	65 (21)	120 (38.8)	185 (59.9)
Parenting advice sites	43 (13.9)	103 (33.3)	146 (47.2)
Parenting counselling sites	13 (4.2)	17 (5.5)	30 (9.7)

3.2 Time spent on online parenting platforms

In Table 2 below, participants’ time online was spent across a variety of different platforms with varying lengths of time spent on each one. Most participants spent between 10 and 30 minutes on the various platforms each day with very few participants spending more than two hours a day on any given platform. Participants’ time was spent mostly on platforms such as Facebook parenting groups, parenting advice sites and Facebook parenting sites. Online parenting blogs were also of some interest

to participants. Participants spent the least amount of time on platforms such as Twitter and parenting counselling sites.

Table 2

Frequencies for amount of time spent on each online parenting platform

Online parenting platform	1–10 mins	20–30 mins	30 mins–1 hour	1–2 hours	2–3 hours	3–4 hours	4–5 hours	5+ hours
WhatsApp parenting groups	2 (0.6)	1 (0.3)	- -	- -	- -	- -	- -	- -
Facebook parenting sites	31 (10)	21 (6.8)	5 (1.6)	7 (2.3)	- -	- -	- -	- -
Facebook parenting groups	37 (12)	28 (9.1)	14 (4.5)	8 (2.6)	- -	- -	- -	- -
Twitter parenting group	2 (0.6)	1 (0.3)	- -	- -	- -	- -	- -	- -
YouTube parenting content	14 (4.5)	8 (2.6)	3 (1.0)	2 (0.6)	- -	- -	1 (0.3)	- -
Online parenting blogs	27 (8.7)	14 (4.5)	7 (2.4)	6 (1.9)	- -	- -	- -	- -
Infant/child development sites	34 (11)	19 (6.1)	12 (3.9)	4 (1.3)	1 (0.3)	- -	- -	- -
Parenting advice sites	33 (10.7)	17 (5.5)	11 (3.6)	5 (1.6)	- -	- -	- -	- -
Parenting counselling sites	3 (1.0)	5 (1.6)	4 (1.3)	2 (0.6)	- -	- -	- -	- -

3.3 Engagement: Type of online parenting platform usage (active or passive) and utility of online advice

When asked about their involvement in reading, writing, and sending personal messages across the various online parenting forums, participants indicated that most of their time was spent reading the contributions of others as opposed to writing their own contributions, with the majority of

participants avoiding sending personal messages online. Table 3 below summarises participants' levels of engagement across the various online parenting platforms.

Table 3

Frequencies for level of engagement

Activity	Never	Rarely	Once per month	Several times a month	Once a week	Several times a week	On a daily basis
Send personal messages	110 (35.6)	153 (49.5)	19 (6.1)	9 (2.9)	10 (3.2)	5 (1.6)	3 (1)
Read Contributions	4 (1.3)	43 (13.9)	25 (8.1)	50 (16.2)	16 (5.2)	68 (22)	103 (33.3)
Write contributions	109 (35.3)	120 (38.8)	33 (10.7)	19 (6.1)	11 (3.6)	9 (2.9)	8 (2.6)

These results also indicated a reluctance to ask for advice with 66% (n = 203) of participants never asking for advice and 34% (n = 104) asking for advice once or twice a week. Participants also preferred not to give advice, with 84% (n = 261) offering no advice or doing so only once or twice a month (see Table 4 below).

Table 4

Frequencies for level of engagement-offer/ask advice n = 308

Activity	Never	Once or twice a month	Once or twice a week	At least once a day	More than once a day
Ask for advice	203 (65.7)	- -	104 (33.7)	- -	- -
Give advice	121 (39.2)	140 (45.3)	38 (12.3)	5 (1.6)	4 (1.3)

Participants were also asked to rate the utility of the advice they received from online parenting platforms. The majority of participants felt that the advice they received online, as well as the questions

and comments of online peers, were helpful. The obvious utility participants received from their online interaction is echoed in section 3.5, where mothers describe information seeking as one of their main motivating factors for going online. Table 5 below summarises these findings.

Table 5

Frequencies for level of engagement-utility of online advice

Activity	Yes	Sometimes	No
Found advice received helpful	94 (30.4)	191 (61.8)	13 (4.2)
Found others' questions or comments helpful	104 (45.3)	157 (50.8)	140 (45.3)

3.4 Topics of engagement

While the results above give an indication as to the kinds of sites accessed and the type of engagement on these sites, the qualitative data gave an indication as to what was being discussed and the various discussion topics that interested participants most. The overarching theme identified in the discussion topics focused on childrearing praxis and the impact that lifestyle choices (such as sleep training, weaning processes and participants' return to work post-partum) might have on their and their children's wellbeing.

3.4.1 Childrearing praxis

Participants found online parenting platforms particularly useful when looking for information and advice on a number of childrearing topics. The most prolifically discussed topics included breastfeeding and weaning, birth and infant care, nutrition, developmental stimulation, milestones, screen time, and sleeping.

3.4.2 Breastfeeding and weaning

Breastfeeding was one of the most widely discussed topics amongst participants, particularly among new mothers who were breastfeeding for the first time. This topic contained both emotive and practical content with participants seeking emotional support and advice whilst breastfeeding. Information sought ranged from feeding routines to how to breast feed correctly, as many mothers found the act of breastfeeding challenging and not as naturally achievable as they had hoped.

> I was having a few issues establishing breastfeeding and understanding what normal breastfed newborn baby is. I took to a private breastfeeding Facebook group for advice and received the reassurance I needed from mothers who had been in similar situations. (Participant 33)

When breastfeeding was particularly challenging, medical information was also sought when participants struggled with health complications. They found the knowledge received online to be beneficial when supplementing health care advice from medical practitioners or when seeking second opinions on diagnosed conditions. Some participants found that the additional online support gave them the courage they needed to advocate for their own wellbeing when healthcare providers had let them down.

> Support via a breastfeeding group gave me the knowledge and courage to advocate for the correct treatment when I had mastitis followed by deep thrush, and the GP was being useless, and suggesting I stop feeding, which I really didn't want to. (Participant 56)

Participants also valued the supportive input from their online peers and found the encouragement they received reassuring and affirming. They felt they were able to learn and grow in an encouraging environment. First time mothers were particularly vocal about the support they received online and how it made them feel encouraged, uplifted and less isolated.

> I really struggled with breastfeeding with my daughter when she was first born … I never knew how hard it is for both mum and baby to learn … The responses really uplifted me. (Participant 54)

The reassuring presence of other online mothers during times which would otherwise have been isolating and lonely, were of particular comfort to the participant below, as she describes her experience of late-night breastfeeding with the support of her online community.

> I found them particularly helpful when I was breastfeeding and up late at night in the new-born phase. It was comforting to feel there were other people awake at the same time feeling the same as you. It made it less lonely. (Participant 155)

Participants also spoke about feeling less geographically isolated when they were able to access much needed social support through online parenting platforms where no face-to-face perinatal groups were otherwise available. This provided participants with much needed assistance and information.

> There was no breastfeeding support in my area, so I accessed online Facebook groups (Participant 36).

This participant went on to describe how much she valued the strength of the online community when it rallied behind her, giving her the self-belief and determination she needed to persevere with breastfeeding and to keep going and not give up.

> I received lots of comments telling me to keep going, that it gets better, and that they've been there too, in addition to practical tips which worked and enabled me to carry on feeding. I wouldn't have managed breastfeeding without it. (Participant 36)

At times however, the online interactions around breastfeeding were not always positive. Debates around exclusive breastfeeding or supplemented bottle feeding were also common among participants. Some mothers felt excluded from certain groups that promoted exclusive breastfeeding if they wanted to explore feeding in different ways that might be better suited to their unique situations.

Instead of receiving the information and support they needed, many of them felt judged and at a loss for where to turn for appropriate advice.

> I do think some of the more specialised closed groups (such as breastfeeding, baby-led weaning) can have some more militant members who prevent others from speaking out for fear of being shot down. (Participant 49)

These closed, specialised groups also saw the following participant judging mothers who were doing things differently to other group members:

> I was judging mothers who were not breastfeeding as a choice and it made myself feel good that I was doing my best for my son. (Participant 139)

Other participants felt empowered by their choice to exclusively breastfeed when others had vocalised their decisions not to. They experienced a sense of achievement and satisfaction in continuing to breastfeed even though it may have been challenging and were able to openly share their feelings of accomplishment.

> Again Instagram – reading posts about moms who have struggled with breastfeeding or haven't wanted to, or their kids have self-weaned. I'm still breastfeeding my son and it's one of my greatest accomplishments and something I'm very grateful for. (Participant 303)

3.4.3 Childbirth

Another contentious topic of engagement was childbirth. Much like exclusive breastfeeding, opinions on the best ways to give birth were also polarised and often emotionally charged creating clear "in-groups" and "out-groups" based on birthing choices. Some participants expressed the difficult feelings of self-doubt when choosing to give birth in different ways and felt their unique choices and circumstances were not respected.

> Sites that advocate for natural birth and exclusive breastfeeding in fanatical ways make me doubt my experiences and this makes me feel angry, as these sites do not take into account experiences of many women who could not give birth naturally or breastfeed. (Participant 182)

3.4.4 Sleep routines, co-sleeping, and sleep training

Sleep routines, co-sleeping and sleep training was another popular topic amongst participants. Mothers often sought advice on how to sleep-train, co-sleep and implement healthy sleeping routines with their babies. These participants often turned to online resources to improve their knowledge in this arena and valued the information they received when it came from trusted sources.

> I am in a few "science based" groups which focus on "best practice" and knowing I am doing the best that I can and have evidence and research to confirm this (such as following safe sleep guidelines). (Participant 250)

Many participants debated the merits of sleep training whilst others preferred the more natural and comforting approach of co-sleeping. As with the topic of breastfeeding, mothers here had very strong ideas on what was best for their children when it came to sleeping and sleep training as the following participant describes.

> In some parenting groups, I read about parents letting their kids cry it out or sleep training. I strongly disagree with sleep training and have always shared my bed with my child and now the new baby. (Participant 293)

Again, those participants who were of a differing opinions to the dominant group narrative had to fight to have their voices heard and often felt deflated and dejected after sharing their differing views and experiences.

> Co-sleeping. Was made to feel like I was signing my baby up to a death sentence as it was the only way he would sleep. (Participant 9)

Participants who felt empowered to make choices based on their unique needs, even when these differed from dominant discourses, found practical information online to inform the safest and most effective way of implementing these choices. These participants appeared to feel supported and better informed about the various options available and both mother and baby benefitted from the online advice.

> It made me aware of the safe way I can sleep in the same bed with my baby in the safest way possible making night-time feeds and sleep during the night so much easier for both of us. (Participant 39)

3.4.5 Nutrition

Participants also sought advice on appropriate nutrition for their children and debated what types of food to feed, when to feed and how much or how little. The feedback received on this topic was that online parenting content was generally supportive, especially when mothers struggled with fussy eaters or children who had food allergies. Often the advice was taken and implemented by first time mothers or mothers whose children had particular allergies and they were at a loss about what to do.

> I asked for advice on whether it was acceptable to start the weaning journey with my baby who was four months old. I am a first-time mum and I have no friends that have children … I took on board the general consensus which was [that] it was too early to start weaning. (Participant 89)

Some participants were able to share their experiences with other mothers as well as supplement online comments and advice with other knowledge sources such as books and healthcare providers. These participants were able to share their broad knowledge base with other online mothers, enriching the debate around nutrition and allowing them to share their expertise with others.

> I often read comments about baby weaning and parents often give too many foods at one go even if their child is more inclined to allergies. My baby is also inclined to allergies, but I have introduced every single food for days just to observe for reaction. Not only that, but I have read

> multiple books on healthy eating and meeting nutritional needs of babies so I can actually wean properly my baby while lots of parents just follow the guidelines from their health advisors. (Participant 13)

3.4.6 Developmental milestones

Participants were also interested in discussing developmental milestones with other online mothers. This, however, often lead to comparisons which left some mothers feeling like they were not doing enough to enhance the developmental progress of their children as the following participant described:

> I would read parenting groups where the moms were talking about how many hours of tummy time their child had done and how they'd read them three books that day and played with four different interactive toys and I felt like I was doing my children a disservice and placing them at a disadvantage because I hadn't given them as good of a developmental start as these kids were getting. (Participant 161)

Other participants sought information on behavioural challenges and milestones their children were navigating. They found useful feedback that reinforced their own parenting abilities whilst normalising their child's behaviour, where appropriate.

> I have two newly teenage children. I felt that I had failed to parent them appropriately in this stage of their development as their behavior was different to their previous behavior. The online parenting forum I was on showed me that this was entirely age-appropriate behavior and, as a parent, I was managing this stage better than I thought as there was still lots of positive behavior that was spontaneous rather than enforced. (Participant 142)

3.4.7 Screen Time

The discussion around screen time was a popular topic particular to the digital age. Screen time is understood as the amount of time one is exposed to televisions, iPads, cell phones and computers

(LeBlanc et al., 2017). There have been numerous debates as to how much screen time is appropriate for various age groups and what type of content is beneficial for infant and child development. Participants had differing ideas on just how much screen time should be allowed and many felt strongly that they knew what was best for their children.

> I belong to a screen free parenting forum, even though we do allow our child screen time. The people on the group can be quite extreme, in my opinion, regarding screen free time as well as very outspoken in regard to the dangers of screen time. (Participant 59)

Some participants were also aware of using screen time as a distraction for their children when they were not able to give them the attention they needed. The TV or iPad entertained their children, giving the participants time to rest, or focus on other tasks.

> I do find, at times, I use the TV as a babysitter for my six year old when I am looking after my baby and trying to get him to sleep. The older child demands a lot of attention and struggles to play on his own, so I find technology an easy way out sometimes. I also feel like I get manipulated by him to give in to him. (Participant 38)

As mentioned, the debate on screen time is also highly polarised and contentious. The following participant highlighted how strongly held opinions on screen time had the ability to make her doubt her abilities to parent in a way that enhanced her children's wellbeing.

> The screen free parenting group always makes me feel like, if I was a better mother who cared more about her children, I wouldn't allow screen time ever and would have other ways of distracting my child, e.g., sensory play or whatever. So, I land up beating myself up while also just not having the energy to do anything else. (Participant 17)

3.4.8 Stay-at-home mothers versus working mothers

Some participants described how they struggled to juggle their work and home lives. Mothers who worked felt the demands of needing to keep up with the pressures of their careers, whilst

attending to the needs of their children and spouses. Some participants reported using online platforms to access support and advice as working mothers. The following participant, who was a first-time mother, struggled to continue breastfeeding when going back to work, and turned to online parenting platforms for help:

> Well, my baby is only five months old, and is my firstborn. So, I don't really have any experience like second or third time mothers. I feel bad for not being able to fully breastfeed my baby now that I'm resuming work and she is being very difficult in accepting the bottle. (Participant 116)

Anxiety about being a working mother having a negative impact on their home lives, and children was a common topic.

A mom had written a post about how she believed her six-year-old son displayed significant behavioural problems and anger management issues because she was a stressed and angry mother and that internalising her rage and despair had made him an angry, unhappy child.

> That freaked me out. I'm often angry. I just can't take it. The long hours at work, the traffic, the exhaustion, the yelling. I'm permanently tense. Am I ruining my boy too? (Participant 139)

Other participants feared that spending less time with their children was causing developmental delays and compared themselves to stay-at-home mothers who, typically, had more time to engage their children in extracurricular activities.

> When I read about milestones, I often feel my child is behind in gross motor skills and that a possible reason for this is due to my lack of dedication to my child's development because I am a working mom. (Participant 136)

A general challenge that emerged for working mothers, who accessed online parenting platforms, was that these platforms were an ever-present reminder of how much more engaged with their children stay-at-home mothers were as the following participant experienced:

> As a working mother, I constantly feel guilty for spending less time with my children than stay-at-home mothers, and online forums are a constant reminder of this. (Participant 201)

3.5 Online skill and literacy

The majority of participants in the study were highly computer literate and were able to analyse information found online for its accuracy and applicability. This indicates high levels of discernment amongst participants when assessing the validity of the information they are exposed to. This may be due to the fact that the majority of the sample were well educated and had been taught how to critically evaluate information in their post-school training (for additional details, please refer to section 2.3 in Chapter 2).

Participants were aware of the dangers of interacting online and knew how to mitigate them. Participants also knew what types of data were not appropriate to share online. The study's participants were a "tech savvy" group, the majority of whom knew how to write and edit online social media content but relatively few women knew how to protect their personal data highlighting the need for greater General Data Protection Regulation (GDPR) awareness for online content. The above information is summarised in Table 6 below:

Table 6

Frequencies for online skill and literacy

Skill/Literacy Item	Does not apply at all	Tends not to apply	Applies in some cases, not in others	Tends to apply	Absolutely applies
Know if information is credible	14 (4.5)	19 (6.1)	88 (28.5)	134 (43.4)	54 (17.5)
Critically compare Info	16 (5.2)	12 (3.9)	62 (20.1)	125 (40.5)	94 (30.4)
Assess information accuracy	12 (3.9)	7 (2.3)	70 (22.7)	142 (46)	78 (25.2)
Recognise information relevance	9 (2.9)	5 (1.6)	38 (12.3)	157 (50.8)	100 (32.4)
Aware of dangers	9 (2.9)	21 (6.8)	32 (10.4)	75 (24.3)	172 (55.7)
Know how to reduce dangers	36 (11.7)	32 (10.4)	36 (11.7)	76 (24.6)	129 (41.7)
Know what not to post	14 (4.5)	13 (4.2)	19 (6.1)	82 (26.5)	180 (58.3)
Able to protect personal data	29 (9.4)	31 (10)	36 (11.7)	93 (30.1)	120 (38.8)
Able to create/edit texts	53 (17.2)	25 (8.1)	23 (7.4)	49 (15.9)	158 (51.1)
Able to write posts	34 (11)	20 (6.5)	18 (5.8)	60 (19.4)	117 (57.3)
Process videos	21 (6.8)	13 (4.2)	11 (3.6)	55 (17.8)	209 (67.6)
Upload videos	36 (11.7)	14 (4.5)	10 (3.2)	59 (19.1)	190 (61.5)

3.6 Participants' perceptions of their ability to discern, critically compare and assess information

The following narratives saw participants describing how important it was to be able to discern the credibility of online information which allowed them to take comments from online peers with a

balanced perspective. Discernment was often highlighted as a critical online skill that allowed participants to stand back from online content and assess its applicability to their own unique situations.

> Much discretion is needed when choosing which platforms to be part of. There is a lot of information out there and many differing opinions. This makes it harder to know which platforms are better ... or will be helpful. (Participant 127)

Participants' descriptive accounts around the theme of discernment fell into two approaches; the first appeared to rely on research and appeared to advocate for a "correct" way to mother, while the other was more flexible and allowed for multiple "correct" ways to mother. In the first approach, participants valued research and evidence-based approaches and encouraged an active role in researching parenting best practices.

> In response to our take on punishment (corporal). But then I've researched these on scientific databases in order to make an educated decision regarding the same. Many of these online forums are fearmongering and – to be honest – a load of bulls***. (Participant 168)

Many participants described the prolifically available advice found on various online parenting sites posted by unqualified online peers. This type of information was often "proof tested" with what they considered to be more reliable sources such as doctors, paediatricians, and other health care providers.

> Medical advice is too freely given without any qualification. I feel it's dangerous to ASK as well as GIVE advice, especially on meds. (Participant 89)
>
> People are full of misinformation, and the child's doctor should be consulted in many cases. (Participant 50)

The second narrative sub-theme highlighted the approach that every child is unique, and that information should be used on the basis of what would work in a particular situation. This dissuaded participants from adopting a unilateral approach to applying advice received from online peers. As the

following participant described, a mother's ability to know both her and her child's needs was central to being able to discern what advice and information to take on board and what to leave behind:

> I do not take online parenting forums as a source of knowledge for raising my child. They are more a place to say "this is what I did", and it worked or didn't. It is then my job as a parent to decide if that applies to my situation. (Participant 88)

Discernment also appeared to be linked to the notion of perspective and "taking the advice from whence it comes". One participant described various kinds of mothers online and implied that it was important to evaluate advice based on the position and perspective of the mother giving it and on their levels of parenting experience:

> There are a few types of online moms. There are the newbies who are just doing their best at figuring out which way is up, and which is down. There are the experienced moms who have been around the block and have seen a lot of things (they give great advice!). There are the supportive moms who get that, if you're coming to an online forum for help, you probably don't have many other people to turn to. Then there are the judgmental moms who seriously just want to make you feel like crap and blame you for Every. Single. Thing. They also love to tell you to divorce your husband, cut off your family forever, and go raise your baby on your own in the mountains somewhere. (Participant 125)

3.7 Participants' motivations for using online parenting platforms

The participants in the sample group reported using online parenting platforms for a variety of reasons. The adapted internet usage questionnaire assessed these motivations for internet usage alongside participants' general computer skills and literacy. These results are presented in Table 7 below.

Table 7

Frequencies for motivations to use online parenting platforms

Motivations	Does not apply at all	Tends not to apply	Applies in some cases, not in others	Tends to apply	Absolutely applies
Meet other mothers	190 (61.5)	63 (20.4)	46 (14.9)	8 (2.6)	2 (0.6)
Communicate beyond acquaintances	132 (42.7)	40 (12.9)	74 (23.9)	45 (14.6)	18 (5.8)
Meet like-minded people	95 (30.7)	36 (11.7)	87 (28.2)	57 (18.4)	33 (10.7)
Occupy time	108 (35.0)	64 (20.7)	86 (27.8)	44 (14.2)	7 (2.3)
Entertain oneself	124 (40.1)	61 (19.7)	78 (25.2)	36 (11.7)	9 (2.9)
Forget worries	168 (54.4)	69 (22.3)	45 (14.6)	25 (8.1)	2 (0.6)
Seek information	5 (1.6)	13 (4.2)	38 (12.3)	122 (39.5)	131 (42.4)
Find help	19 (6.1)	31 (10.0)	73 (23.6)	114 (36.9)	71 (23.0)

As Table 7 shows, participants used online parenting platforms predominantly to seek information, find help and communicate with like-minded people. They were least interested in going online to meet other mothers, forget their worries, and entertain themselves.

These results were echoed in the following participant narratives which highlighted the intricacies of the participants' motivations for accessing online parenting platforms. The main themes that emerged from these narratives were information-seeking, support, maternal role formation, and managing health care advice. Each of these is discussed below.

3.7.1 Information seeking and "crowd-sourcing" parenting

Many of the participants described information seeking as the main motivation for accessing online parenting platforms. Participants would gather information to inform their parenting choices and check with online peers if what they were doing was acceptable or advisable. However, not all mothers appeared to prefer obtaining their information solely online. While many participants felt that online forums could connect them to a wealth of information and experience from other mothers, some preferred asking for advice from friends and family as opposed to relying too heavily on online peers.

> I am a first-time mum and I have no friends that have children. My support/advice comes from family members who were encouraging me to start introducing food to my baby. (Participant 243)

Another participant who also preferred obtaining advice from family and friends, as opposed to online, described the process of online community sourced information as attempting to "crowd-source" parenting.

> I prefer to find solutions myself or ask IRL [in real life] friends or look to established sites rather than community sourced groups. Everybody has different styles and wants and needs for their families, and one can't crowd-source their parenting. (Participant 137)

Some participants did, however, appear to "crowd-source" information on childcare, especially around unfamiliar topics (weaning, co-sleeping etc.) to inform their parenting choices and help make informed decisions such as when to wean and how to sleep train.

> I was gathering information and advice for night weaning my son from breastfeeding. I was feeling increasingly desperate and helpless in the situation. (Participant 120)

In many instances, online platforms were used to confirm parenting decisions. Mothers often went online seeking validation and affirmation when they felt unsure about a topic or needed to have a particular behaviour explained.

> When you are searching for an answer and you find one that makes sense, you feel empowered and it can ease your worry. For example ... my children were very cranky during their first week back at schools after the holidays ... I searched this and found that it is normal with an excellent explanation attached and it relieved my worry. (Participant 108)

Information gathering appeared to be a double-edged sword, however. Sometimes it left mothers feeling more supported, empowered, and prepared, and other times it left them feeling inadequate, confused and overwhelmed, especially if they were not able to discern if the information would work for their particular situation.

> Seeing others' advice but not knowing how to implement it in my own life or seeing advice but failing to implement it made me feel like a less competent parent. (Participant 120)

3.7.2 Belonging to the "Virtual Village" of online mothers: Support in reality or fantasy?

Another motivation for going online was in order to access support. Many participants described the support, encouragement, and affirmation they received from being part of a virtual village of other online mothers. The theme of mothers connecting online, sharing information, and forging supportive relationships in these online communities was evident:

> It's a great support system for when you're not 100% what you're doing or need advice or guidance with something. Our mothers (we grew up on a remote farm) didn't have the internet, online support groups or anything like we have today. We've created a virtual village where someone is there to support and guide even at 2am in the morning when your child has a ferocious temperature, and you can't remember what order to give the Neurofen and Panado! (Participant 175)

However, this support was not always helpful, as some participants reported feeling more isolated, rejected and less supported when reaching out online and asking for help. New mothers appeared to be particularly susceptible to harsh, dismissive, and critical comments, as their fantasies of

the support they might find online were, at times, met with the harsh reality of the online parenting world; not every comment was helpful, and not everyone was supportive, kind and reassuring:

> I felt guilty when I reached out for help for tips when my daughter was one and breastfeeding. I asked for help about being engorged and pumping. One response was to just give her cow's milk and that would solve everything and not my anxiety around leaving her. I feel sad about leaving her and wanted comforting responses. (Participant 17)

Some participants, however, were able to find virtual villages that worked for them, providing them with the encouragement, affirmation, and reassurance they needed. The following participant describes how she knew which villages contained her "tribe" and which villages did not and chose to avoid negative online communities in favour of more supportive ones.

> I think there is definitely a need for common sense at times, to know when to scroll past and ignore any haters … But then, equally, there are some wonderful parenting groups online which are a godsend for many parents. That's where it goes back to common sense ... stick with the groups that make you feel good, put a smile on your face and know when to walk away from the negative ones. (Participant 49)

3.7.3 Maternal role formation, exploration, and affirmation (modelling and mirroring processes)

Many of the participants spoke about how finding a group of online peers helped them to develop their identities as mothers. These participants found online parenting platforms to be places where they could share their maternal hardships and triumphs honestly and in generally supportive environments. Positive online support from other mothers allowed participants to feel validated and their challenges normalised through shared experiences.

> I was having difficulty getting baby to sleep and settle. He was wanting to feed a lot at night and sleep on me. I was being told by lots of people that I needed to let him cry it out and was being too soft. Support from a fb breastfeeding group reassured me that these were normal stages for

> a baby to go through, especially a breastfed baby. And reassured my own view that babies need that love and physical contact to feel safe and secure. (Participant 49)

When engaging online, participants spent time asking for advice as well as giving advice on various topics which allowed these women test their parenting decisions and have these decisions affirmed by other mothers. This, in turn, reinforced their own maternal identities. Giving advice that was helpful to others was also affirming and validating.

> I have given advice on BabyCenter that was taken well, and the mother contacted me and said that I must be an amazing mother and I had really helped her. It made me feel validated. (Participant 289)

In the journey to developing a maternal identity, the notion of following their own maternal intuition or "gut" feel emerged when it came to discerning what was best for their children. These narratives reflected the way online peers affirmed their intuitive parenting choices and appeared to engender a sense of competence in the participants. These narratives also displayed the courage it took for participants, like the one below, to trust her "gut" and go against an online community of mothers childrearing differently in order to do what was best for her and her child:

> I think it's more important to spend time getting to know your own child's needs better than wasting time online figuring out what worked for other parents and other children. Every child and family is unique. What works for one family might not work for another. I prefer to do things the way we all feel comfortable in our family, rather than copying other people or trying to keep up with "standards" other people have set out. (Participant 102)

While using the virtual village as a means of finding a maternal identity, a sense of belonging emerged and the idea of finding their own unique identities within the village of mothers was also

evident. However, within the notion of forging one's own path, there was also evidence of some idealisation of mothers who could stick to their parenting choices in the face of criticism:

> There are also the all-natural moms who seem to be in a league of their own. Honestly, I really look up to them for their strength and determination in the face of judgey moms and grandparents who want things done their own way. All-natural moms are unicorns to me. They have the shiniest spines. (Participant 125)

However, trying to live up to these idealised maternal identities was not always helpful. Although online peer support was useful in some instances, having a strong sense of one's own maternal identity proved beneficial to understanding that not everything that is disclosed online is an accurate representation of reality.

> It's great to be able to ask other moms going through something similar for advice or just if they battled with the same things but it's also important to know what's real and genuine and that what people say on Facebook is not necessarily an accurate representation of their life. (Participant 91)

3.7.4 Managing healthcare: Hybridising medical knowledge with peer experience

Another popular motivation for using online parenting platforms saw participants asking online peers about diagnoses, advice, and medication they received from various healthcare providers. Participants would describe their or their child's symptoms, prescribed medications and behaviour issues and ask for input from other online mothers. This advice was then open to public scrutiny and comment.

> My son is only 18 months and I'm a first-time mum. When he was under one and I was on mat leave, I must have googled every thought in my head relating to the well-being of my son and what is what. (Participant 60)

Participants also used online platforms to help them diagnose their children's physiological issues by asking if other online peers had experienced similar things with their children and what had worked to ease their distress.

> My youngest daughter made a strange noise when feeding. I thought it was a cute quirk, until one day, I posted up a video asking if it was normal (by this point I was getting worried as I had noticed her breathing had been strange). Another mother on the forum informed me of a life-threatening illness my little one might have and told me to get her to the docs ASAP. (Participant 27)

Some participants would choose advice and input from online peers as opposed to medical advice they had been given as described below:

> Given medication and then, for the recommended dose, I consulted social media instead of a doctor. (Participant 302)

In other circumstances, participants would choose to combine given health care directives with the opinions and advice of other online mothers. This combination of online advice and medical expertise allowed them to form new hybrid solutions for their child's health care needs. These solutions were reinforced when they worked particularly well as the participant below experienced first-hand:

> My daughter had VERY bad nappy rash, I went into a fb mums' group and asked for alternatives for what I'd already tried. One of the suggestions worked like a bomb! (Participant 135)

The choice to take advice given by an online peer over a medical professional highlighted the power of shared experience from other mothers to determine parenting praxis even if these were in opposition to medical advice. This also illustrated the trust that participants placed in their respective online communities of mothering.

At times, participants felt overwhelmed with the amount of information available online as well as conflicting views on the same subject matter. Some participants were left feeling confused about what advice to take and who to listen to.

> When I had been advised that my child did not need to be fed during the night after reaching a certain age but then I read (online) that some breastfed babies do need to feed at night which made the sleep situation more confusing as I wasn't sure whether I should feed or not and then felt guilty if I didn't feed. (Participant 166)

In summary, participants' motivations for accessing online parenting platforms appeared to vary widely and also appeared to depend on a number of factors such as levels of experience and their own particular context of parenting.

3.8 Type of sites, time spent and engagement

3.8.1 Descriptive statistics

Descriptive statistics were used to analyse and highlight broad trends in the sample data, namely, levels of general internet usage, time spent on online parenting platforms, and levels of engagement with online parenting platforms. Descriptive statistics that were calculated in the sample included the mean, standard deviation, and range as well as measures for normality (skewness and kurtosis coefficients); these are reflected in the table below. Histogram plots for each of the variables examined can be found in Appendix VI.

Table 8

Descriptive statistics for Type of sites, time spent and engagement

Variables	N	Mean	Std. Dev.	Min.	Max.	Skewness	Kurtosis
Percentage Time Spent	307	44.31	25.221	0	99	0.093	-1.065
Usage	309	9.66	6.358	0	38	1.178	2.466
Engagement	309	7.77	4.630	0	23	0.687	0.354
Number of Site Types	309	6.13	3.578	0	16	0.132	-0.421
Formal Site Types	309	3.17	2.377	0	10	0.332	-0.585
Informal Site Types	309	2.74	1.750	0	7	0.140	-0.668

In addition to reporting direct frequencies to describe online parenting platform use in the sample, a series of continuous composite variables was created to represent various measurements of online parenting platform use in the sample. These variables were as follows:

3.8.2 Percentage of total time spent online on parenting platforms

This variable explored the self-estimated amount of total time spent on the internet allocated to parenting sites and reported as a percentage. The theoretical range was 0–100. In the sample, participants averaged 44% with a very large standard deviation of 25%. This illustrated that the average self-estimated time spent on online parenting platforms was just under half the total time spent on the internet with a high degree of variation (anywhere from approximately a quarter of the time to three quarters of the time).

3.8.3 Estimated amount of use of online parenting platforms

This variable explored the estimated amount of use of online parenting platforms by participants in the sample. It was represented by a combined score based on the different types of sites used, and the amount of time spent on these sites. The theoretical range for these scores was 0–93, however no participant in the sample received a score higher than 38, and the average was low at 9.66. This indicated that most participants in the sample did not use a large number of different types of

parenting sites and/or did not spend much time on these sites. This is not a contradiction to the estimate for the percentage of total time spent on parenting sites because this was relative to the total amount of time participants spent on the internet, whereas an estimated amount of use of online parenting platforms was based on actual reported use and time spent online.

3.8.4 Estimated level of engagement on online parenting platforms

This variable represented a combined score that was based on how often participants reported sending personal messages, reading contributions, writing contributions, asking for advice, and giving advice on parenting sites. The theoretical range for these scores was 0–26, and the highest score in the sample was 23. There was a low average of 7.7 which indicated that most participants did not engage that much on the online parenting platforms they visited, preferring to read the comments and input from other online peers as opposed to creating content themselves.

3.8.5 Number of types of online parenting platforms used

This variable represented the total number of different types of online parenting platforms that the participants used. This study focused on nine different types of online parenting platforms, plus an unlimited number of other sites that participants could self-report if they did not find them in the given list of online parenting platforms. The range was therefore taken from the range in the sample which was 0–16. The average number of types of sites used in the sample was six, which is high given the relatively low levels of usage and engagement. This showed that participants accessed a reasonable number of different types of online parenting platforms, but not for long periods of time and did not, on average, engage much on these sites.

3.8.6 Number of types of formal and informal parenting sites used respectively and registration requirements

These variables were created using the same logic as for the overall number of sites therefore using the sample range and then reporting the average. For formal online parenting platforms, the

range was 0–10 with an average of three, and for the informal online parenting platforms, the range was 0–7 with an average of three. The variable number of sites was created by calculating the total number of types of online parenting forums or sites participants reported using. Informal parenting sites (M = 2.74; SD = 1.75) and formal parenting sites (M = 3.71; SD = 2.38) represented the number of accessed informal and formal online parenting platforms, respectively.

Formal online parenting platforms were platforms that were closed groups that required registration in order to join as well as an agreement from participants to abide by the group rules and respect the views of online peers. These groups were often topic and content specific (exclusive breastfeeding for example) and were found mostly on Facebook and WhatsApp. Some of these sites asked for the reasons that participants wanted to join before allowing them access into the group. These platforms also vetted submitted content before making the posts public and site administrators would moderate conversations between online peers, diffusing any inflammatory interactions, as necessary.

Informal groups were open to anyone who wanted to join and did not require any registration before joining. They rarely had any content moderated and typically allowed a variety of different topics and discussions to be posted on their platforms. These groups were found across all social media sites examined in this study.

Popular informal online parenting platforms included Twitter, Facebook groups, and online blogs. The most popular formal online parenting platforms included Facebook parenting forums, YouTube, infant/child development sites, and parenting advice/counselling groups. These results are summarised in Table 9 below.

Table 9

Online parenting platform involvement requiring registration (n = 309)

Online parenting platform	Yes	No
WhatsApp parenting groups	101 (32.7)	128 (41.4)
Facebook parenting sites	162 (52.4)	89 (28.8)
Facebook parenting groups	216 (69.9)	51 (16.5)
Twitter parenting group	1 (0.3)	191 (61.8)
YouTube parenting content	57 (18.4)	154 (49.8)
Online parenting blogs	140 (45.3)	99 (32.0)
Infant/child development sites	188 (60.8)	58 (18.8)
Parenting advice sites	149 (48.2)	85 (27.5)
Parenting counselling sites	30 (9.7)	163 (52.8)

In their narrative accounts, participants voiced their concerns over online parenting platforms that did not require registration and that were largely unregulated. These were experienced as being less secure and the information less reliable than their regulated counterparts. This perception may account for why formal sites were accessed more regularly.

Online parenting forums are largely unregulated and can be dangerous as misinformation can be shared that many mothers read as fact. It also runs the risk of being used a parenting tool that is not

agreeable to the community as a whole, and people are often much nastier online than in real life. However, it can also be a great source of advice, love, and support.

While participants noted that harsh comments might be made on informal, unregulated sites, closed groups were also critiqued for being over-regulated at times and critical of opinions that diverged from their own:

> I do think some of the more specialised closed groups (such as breastfeeding, baby-led weaning) can have some more militant members who prevent others from speaking out for fear of being shot down. It can potentially be toxic and leave vulnerable mums feeling guilty and isolated. (Participant 49)

A need to be “educated” prenatally about how to manage online advice and discussions was noted, as new mothers were regarded as vulnerable as the following participant describes:

> That it *[online parenting forums]* needs to be regulated, new mums are fragile and often reading posts alone at nights during very tired feeds. More information about online advice should be spoken about prenatally and with dads and families too. (Participant 23)

Participants also expressed concern over how inflammatory comments around contentious issues easily escalated into attacking arguments on informal, unregulated sites. These comments tended to polarise viewpoints and could lead to expulsion from the group if dominant narratives were opposed.

> They can be incredibly toxic environments if not moderated adequately but I've found a small number of groups to be "safe spaces." You will also find some groups are just echo chambers but if you try to present facts and evidence against the grain you can be met with exclusion from the group or even insults and threats. Antivax groups are particularly prone to this, and US based groups often end up banning discussion about routine infant circumcision too as it gets very heated. (Participant 177)

Formal, regulated sites and apps, however, were associated with learning and gathering information. The content on these sites was more factual and fostered supportive engagement. Apps and sites that contained pre- and post-natal topics written by experts in the field were also found to be helpful while other scientific groups based on best practice, informed some of the participants parenting choices.

> The Baby Centre UK app is brilliant as it has many articles written by doctors on a large variety of topics. There have been many, many times when bub was doing something strange (read: new to us) and we weren't sure if it was normal…. It put my husband and I at ease SO OFTEN. (Participant 127)

> I am in a few "science based" groups which focus on "best practice" and knowing I am doing the best that I can and have evidence and research to confirm this (such as following safe sleep guidelines). (Participant 147)

3.9 Parental guilt and perceived parental competence

3.9.1 Descriptive statistics

One of the key research questions in the study was to examine the nature of the relationships between online parenting platform use as represented by the six aforementioned composite variables and parental guilt and parental competence.

Descriptive statistics for levels of parental guilt and parental sense of competency that were calculated in the sample again included the mean, standard deviation, and range as well as measures for normality (skewness and kurtosis coefficients); these are reflected in the table below. Histogram plots for each of the variables examined can be found in Appendix VI.

Table 10

Descriptive statistics for levels of parental guilt and levels of perceived parental sense of competency

Variables	N	Mean	Std. Dev.	Min.	Max.	Skewness	Kurtosis
Parental Guilt	309	21.26	4.227	6	30	-0.262	0.017
Overall Parental Competence	309	67.30	9.662	36	102	0.165	0.867
Parental Satisfaction	309	32.31	6.780	9	54	0.031	0.763
Parental Efficacy	309	35.00	4.941	20	48	-0.244	0.239

As illustrated by Table 10 above, levels of the variables parental guilt (M = 21.26; SD = 4.28) and total levels of parental competency (M = 67.30; SD = 9.66) were average with a small percentage of outlying participants reporting high or low levels of parental guilt and competence. That being said, all of the participants reported experiencing consistently present levels of guilt in relation to their roles as mothers, and even in small amounts, maternal guilt should not be considered as routine or standard for mothers to feel.

3.9.2 Reliabilities

Cronbach Alpha coefficients were calculated for parental guilt and parental competence and the parental competence subscales in order to determine the internal consistency reliability of the scales used to measure these variables (Haslam & McGarty, 2014; Rosenthal & Rosnow, 1991). Table 11 below summarises the Cronbach Alpha coefficients for the scales used in the study.

Table 11

Reliability coefficients for parental guilt, overall parental competence, parental satisfaction, and parental efficacy

Variables	Cronbach's Alpha	No. of items	Variables	Cronbach's Alpha	No. of items
Parental Guilt	.818	6	**Overall Parental Competence**	.735	17
Parental Satisfaction	.705	9	**Parental Efficacy**	.610	8

The results above indicate that parental guilt had a Cronbach Alpha coefficient above 0.8, indicating a high internal consistency reliability for this measure (Tavakol & Dennick, 2011). Total parental competency and parental satisfaction yielded moderate internal consistency estimates indicating moderate internal consistency reliability (Tavakol & Dennick, 2011). The parental efficacy subscale yielded a low internal consistency reliability estimate ($\alpha = 0.610$), but, according to Hair et al. (2006), although this indicates a somewhat low internal consistency, the scale can still be used in the novel academic context of this study (Hair et al., 2006). Given the aforementioned internal consistency alphas, all of the scales were deemed acceptable for use in this study.

3.9.3 Normality

In order to assess the relationships between the key variables of this study, namely, parental guilt, parental sense of competency, and online parenting platform use accurately, normality of the data needed to be established so that robust, parametric tests could be used during statistical analysis (Field, 2009; Haslam & McGarty, 2014; Howell, 2008).

Table 8 above shows that all variables analysed in the study had satisfactory skewness coefficients ranging between -1 and 1 (Kim, 2013), except for online parenting platform usage which had a skewness co-efficient of 1.178 (Black, 2012, p. 21). Kurtosis values were also within an acceptable range between -3 and 3 for all of the variables (Black, 2012, p. 25; Kim, 2013). Further analysis to

determine normal distribution of the data involved examining the histogram plots for each variable (see Appendix VI). All of the histograms were found to be symmetrical with the exceptions of online parenting platform usage and parental efficacy, which were only slightly positively skewed (Haslam & McGarty, 2014). Given these parameters, as well as the large sample size (n = 309) which allowed for Central Limit Theorem to be assumed, all of the continuous variables in the study were deemed to be sufficiently normally distributed to support parametric statistical analysis to address the main quantitative research questions, except for online parenting platform usage (Field, 2009; Haslam & McGarty, 2014). Due to the normality of the data, parametric Pearson's correlation coefficients were calculated to answer most of the quantitative research questions; however, a suitable non-parametric alternative, Spearman's rank-order correlation coefficient, was used for any analyses that included online parenting platform usage as a variable (Field, 2009; Haslam & McGarty, 2014).

3.10 Relationships between online parenting platform use, parental guilt, and parental competency

In order to identify the nature of the relationships between online parenting platform use, parental guilt, and parental sense of competency, Pearson's correlations (for parametric data) and Spearman's correlations, where relevant (for non-parametric data), were calculated (Field, 2009; Haslam & McGarty, 2014; Howell, 2008). The results of these analyses answered the second research question. It is important to distinguish between the variable estimated amount of use of online parenting platforms and online parenting platform use generally. The estimated amount of use of online parenting platforms is a composite variable as described in section 3.8.2 whereas online parenting platform use is a main variable in this study as represented by the percentage of time spent online, estimated amount of use of online parenting platforms, level of engagement, number of parenting site types, and formal and informal parenting site types.

3.10.1 Relationships between online parenting platform use and parental guilt

Table 12

Relationships between online parenting platform use and guilt

Variables	Percentage Time Spent	Usage	Engagement	Number of Site Types	Formal Site Types	Informal Site Types
Parental Guilt	.138*	.099	.005	.140*	.095	.183**
	.016	.084	.930	.014	.096	.001
	307	309	309	309	309	309

*p < .05, two-tailed. **p < .01, two-tailed.

When analysing the relationship between parental guilt and self-reported time spent on online parenting sites (as a percentage), parental guilt correlated significantly, positively, and weakly with increased amounts of time spent on these parenting sites (r = 0.138; p = 0.016). This suggests that increased amounts of time spent on online parenting platforms may be associated with increased experiences of parental guilt, although this relationship is not a strong one.

Parental guilt was also correlated significantly, positively, and weakly with the number of online parenting sites accessed (r = 0.140; p = 0.014). This suggests that accessing more types of online parenting sites, currently or in the past, may be weakly associated with increases in experiences of parental guilt.

When looking at parental guilt and the different types of online parenting sites (formal or informal sites), results indicated a significant, positive, and weak correlation with informal parenting sites only (r = 0.183; p = 0.001). There was no significant relationship between parental guilt and the use of formal parenting sites. These results suggest that accessing informal parenting sites, as opposed to formal sites, may be weakly associated with increased experiences of parental guilt.

Neither the estimated amount of use of online parenting sites nor the estimated level of engagement was significantly correlated with the variable parental guilt.

3.10.2 Relationships between online parenting platform use and parental competency

Table 13

Relationships between online parenting platform use, parental satisfaction, and parental efficacy

Variables	Percentage Time Spent	Usage	Engagement	Number of Site Types	Formal Site Types	Informal Site Types
Parental Satisfaction	-.165**	-.053	-.117*	-.018	.017	-.083
	.004	.352	.040	.754	.763	.145
	307	309	309	309	309	309
Parental Efficacy	.050	-.066	.061	-.020	-.011	-.035
	.383	.245	.282	.721	.851	.544
	307	309	309	309	309	309

*p < .05, two-tailed. **p < .01, two-tailed.

Table 13 above summarises the findings of the relationships between parental satisfaction and parental efficacy (subscales of the PSOC scale), and online parenting platform use. The results illustrate that parental satisfaction was significantly, negatively, and weakly correlated with the amount of time spent on online parenting sites (r = -0.165; p = 0.004) as well as significantly, negatively, and weakly correlated with the level of engagement on these sites (r = -0.117; p = 0.040). Parental efficacy was not significantly associated with any of the composite measures for online parenting platform use.

As shown below in Table 14, parental satisfaction was also shown to correlate significantly, positively, and weakly with parental efficacy (r = 0.343; p = 0.000).

Table 14

Relationships between parental satisfaction and parental efficacy (n = 309)

Variables	Parental Efficacy
Parental	.343**
Satisfaction	.000

**p < .01, two-tailed.

The results summarised by Tables 13 and 14 suggest that the more time participants spent on various online parenting platforms, and the more they actively participated and engaged on these sites, the less likely they were to feel satisfied in their roles as parents, although the relationships were weak in nature. The positive correlation between parental efficacy and parental satisfaction suggests that the more efficacy participants felt in their role as parents, the more likely they were to experience greater satisfaction from parenting.

3.10.3 Online parenting platform use and overall parental competency

Table 15

Relationships between online parenting platform use and total parental competency

Variables	Percentage Time Spent	Usage	Engagement	Number of Site Types	Formal Site Types	Informal Site Types
Total Parental Competence	-.090	-.067	-.051	-.023	.007	-.076
	.114	.240	.375	.687	.908	.182
	307	309	309	309	309	309

*p < .05, two-tailed. **p < .01, two-tailed.

When investigating the relationships between total parental sense of competency and online parenting platform usage, no significant results were found. These results suggest that total parental competency was not significantly associated with levels of online parenting platform usage in the sample.

3.10.4 Relationships between parental guilt and parental competency

Table 16

Relationships between parental guilt and total parental competency, parental satisfaction, and parental efficacy (n = 309)

Variables	Total Parental Competency	Parental Satisfaction	Parental Efficacy
Parental	-.523***	-.555***	-.261***
Guilt	.000	.000	.000

***p < .001, two-tailed.

The results in Table 15 above show that parental guilt correlated significantly, negatively, and moderately with overall parental competency (r = -0.523; p = 0.000). Parental guilt also correlated significantly, negatively, and moderately with parental satisfaction (r = -0.555; p = 0.000); and significantly, negatively, and weakly with parental efficacy (r = -0.261; p = 0.000). As expected, these results suggest that, when parenting, increases in parental guilt are related to decreases in overall experiences of parental competency, including decreases in parental satisfaction and parental efficacy.

3.11 Narrative accounts of parental guilt and parental competency

In their narrative accounts, the participants in this study spoke openly about how accessing online parenting platforms affected their perceived experiences of guilt and competency in relation to their roles as mothers. The relationships established statistically above were corroborated by the participants' subjective experiences as described in these narrative accounts.

Mothers appeared to feel guilty and less competent on some occasions, and more competent and able to cope on others. The following themes highlight the processes through which participants felt that social media impacted their feelings of maternal guilt and competence. In addition, the ways in which these mothers appeared to cope with these online dynamics also emerged from the data and are presented below.

3.11.1. Narrative accounts of parental guilt

Feelings of guilt, and incompetence were common themes in the participants' narrative accounts, particularly when they compared themselves to online peers that they perceived to be more successful than they were at parenting their children. Participants also experienced a sense of self-doubt and rejection when they received harsh and judgmental comments from other online peers which exacerbated their levels of guilt.

3.11.2 Acceptance, belonging and rejection in online parenting platforms

As helpful as some participants found online parenting platforms, others described their involvement as a double-edged sword.

> They can be wonderful, but also, not at the same time! (Participant 212)

As previously mentioned, one of the motivations for seeking out online parenting platforms was to enjoy the advice and support offered by online peers. However, receiving the desired online support was not always guaranteed. At times, participants found themselves vulnerable to harsh, critical, and judgmental comments which made them doubt themselves and their parenting choices.

> It can be a very useful tool and especially for expats like me who have no family close by, but it can also make you doubt yourself when some people judge you harshly or have strong opinions different to yours. (Participant 115)

Online parenting platforms that were particularly judgmental were those that advocated for certain approaches to childrearing. Here, deviations from dominant discourses on the topic were often met with harsh and rejecting comments.

> Also breastfeeding support groups can be a bit of a minefield! With my first son, I felt hugely inferior to all the other bf mums … All the advice in the support groups was simply "whatever you do, don't give up". It made me feel worse, like a failure, added to the double dose of mum guilt (feeling guilty at "failing" to feed) and also guilty … I felt totally isolated and as though no

> one got what I was going through. I'm pleased to say, the second time around, I avoided certain groups and made a conscious decision to only join more supportive groups as well as filtering/ignoring the "breastachpo" keyboard warriors! (Participant 50)

First time mothers were particularly susceptible to feelings of guilt as their struggles to birth naturally, exclusively breastfeed, and successfully wean their children were often met with criticisms:

> I have found breastfeeding forums can be so in favor of that method that another choice feels like it would be terrible and equally terrible parenting. I am successfully breastfeeding my second child but only managed to combination feed my first child. I felt incredibly vulnerable as a new first-time mum and did not find the forums supportive but instead judgmental and like I could succeed at breastfeeding but I wasn't dedicated, or determined enough. This feeling lingered for months. (Participant 37)

One of the processes through which participants experienced parental guilt was through "mom-shaming". This process was described in the narratives as involving a member of an online group that would actively shame another for a parenting choice that deviated from those commonly practiced in the group. Participants would gang up on the perceived offender, with their comments becoming increasingly attacking and personal. As previously discussed, closed groups that advocated for certain childrearing praxis, like exclusive breastfeeding, or sleep training, were more often linked to mom-shaming incidents.

> So, when I read the messages on the Facebook Group about how you should not sleep train, it hurt. I personally sleep trained both my kids – it was painful, but it worked … But seeing how other MOTHERS were cruelly attacking Mothers who did sleep train HURT. It hurt that we judge each other; parenting is hard; aren't we supposed to be there for one-another? (Participant 258)

As highlighted in the excerpt above, mom-shaming appeared to have a detrimental effect on the ethos of the group, rendering it a competitive, as opposed to a supportive space:

> My biggest problem with them is that people mom-shame even when saying they aren't mom shaming. It also often feels like a competition instead of a supportive community. (Participant 150)

Mom-shaming was a very visceral, guilt provoking experience and many had either experienced mom-shaming personally or had seen others being mom-shamed online. However, online communities were not always the source of shaming. Mom-shaming was also reported to take place in real life and, as the following participant described, sometimes the online community helped to manage these incidents, assuage guilt and reinstall confidence in parenting abilities.

> I remember reading an article that explained the differences between baby-led and parent-led schedules and a mix of both (eating/sleeping/play). An old school midwife had mom shamed me into feeling guilty about using a mostly baby-led schedule but, when I researched it afterwards, I found a lot of positive stories on how beneficial it is for both mom and baby – something I already felt but it was so nice to see it online too. That gave me confidence in my parenting. (Participant 142)

3.11.3 The process of upward social comparison

Social media contains many online platforms where users can create profiles that are edited to their liking, with imagery and content often devoid of any of the hardships common to everyday life. One participant in the study aptly described social media as follows: “They only play the highlights reel!” (Participant 32). Participants found themselves comparing their lives to those of online peers who portrayed themselves as coping exceedingly well with the daily challenges of motherhood far better than they were.

> With my first baby, I used an online breastfeeding forum. It was terrible! I really was struggling with BF, it was draining & not good for my mental health. When I wanted to switch to formula, I felt so incredibly judged & good moms would push through & put their own mental health &

> needs aside for the benefit of their baby. Mom bloggers on Instagram also make me feel incredible guilty. (Participant 173)

These upward social comparisons were also common in relation to online "Mommy Blogs" (Abetz & Moore, 2018) and "Influencers" (Chae, 2018) who portrayed a favourably edited version of their reality that was best described by one participant as follows:

> Nobody is what they say they are. Everybody has an agenda, even if that is simply to make themselves feel better about life. Forums must be taken with a pinch of salt. (Participant 118)

Social media influencers or "micro-celebrities" are people to whom others look for advice and inspiration and motivation on how to live in a desirable way (Chae, 2018, p. 246; Freberg et al., 2011). Participants suggested that online platforms highlight various Mommy Influencers' parenting successes and omit any of the challenges and hardships associated with the reality of parenting. This process seemed almost always to occasion experiences of guilt, shame, and a sense of incompetence in participants.

> When following pages of moms on Instagram, I often feel like I am not engaging my child in enough activities outside of the house or with other children. Mainly, these pages are those of "influencer" moms … I know in my head that they are just sharing the best, most appealing parts of their life, however it still causes me guilt. (Participant 92)

3.11.4 The process of idealising the "perfect" mother who "gets it right"

Like "Influencers" and "Mommy Blogs", online parenting platforms were a place where many mothers boasted about their superior parenting abilities. These women commonly posted their parenting triumphs and successes in ways that would make onlookers admire the lifestyles they lived and felt they could never achieve (Chae, 2018). Minimal attention was given to any information that might tarnish their image of being a good mother. Participants described these online peers as the

epitome of the maternal ideal of a “coping” mother. They would be the picture of parenting perfection whilst some participants felt they were struggling with the most menial of childrearing tasks.

> Well, there is always THAT mother ... the one who posts a picture depicting perfectly cooked Chicken a la King with perfect fluffy rice and salad, with a perfectly neat and tidy kitchen in the background, children at the table eating their broccoli with forks and knives while she dishes food wearing impeccable makeup. Of course, it makes one feel inadequate. I watch my kids eating toasted cheese that I barely mustered while am in my pyjamas and feel like a failure. (Participant 46)

Two sub-narrative themes emerged where participants described encountering the perfect mother online. The first sub-theme contained narratives that saw participants comparing themselves to portrayals of maternal perfection and how they paled in comparison, which often left them feeling inadequate and resentful:

> Usually, it is when people humble-brag that their precious little offspring is practically perfect in every way, and they are able to hold down a full-time job, keep the house tidy, have a good relationship with their partner, have a social life and any number of extra things all at the same time. I was suffering from postnatal depression at the time and feeling totally inadequate. (Participant 189)

Certain types of social media content, such as blogs, also occasioned guilt in some participants as they failed to live up to choreographed online ideals:

> I have had to unfollow certain blogs because the mothers on that blog made me feel guilty that I was not being a good enough mother. I realise they are trying to help mothers like me by giving ideas on how to be more involved, but it made me feel guilty for not being good enough. (Participant 2)

The second, sub-narrative theme suggested some resistance to the ideal of the "perfect mother". Some comments illustrated how, although these women realised that they may not have been coping as well as other mothers at times, they acknowledged that their journey was unique and that they encountered challenges that made coping a relative process. These narratives attempted to make space for harder, more challenging experiences and normalised them:

> On social media, everyone tends to be the perfect parent whereas, in real life, we know we are struggling to be a good example and a good mom to our kids ... seeing others act like they are so perfect and pure. It does make you feel like you are failing but, when you meet them in real life, you see the difference in the bond that they have with their kids. Either the kids are scared to do something as they are too strict or they turn out to be completely different … which make you realise you are not failing and should not believe everything on social media. (Participant 295)

Participants' attempts to normalise the realities and anxieties of their childrearing experiences appeared to empower them to shift the discourse around the "ideal" mother narrative. This seemed to give them permission to embrace their own distinct experiences. When participants realised that their particular challenges were also shared by others, they were able to see their hardships as universal, shared experiences rather than something to feel guilty and ashamed about.

> Sometimes the "influencer" type platforms have been damaging to my mental wellbeing because they have caused me to question my ability as a mother. I have also found a lot of pages where there are groups of mothers sharing problems they have and some people share advice, but mostly it's a bunch of other moms saying, "yes I have been there or am currently and it's hard. I see you. We will get through this". (Participant 88)

3.11.5 The process of retrospective comparison

The following narratives described a time when online parenting forums did not exist or access to them was limited. When these participants engaged in retrospective comparison, they would

consider how they raised their children in the past in light of more current advice from contemporary online parenting platforms, and often find themselves lacking.

> I think, there are times when I read online information and feel that I could have done more to stimulate my child's early development. I have learned a lot over the past couple of years about early childhood stimulation and development and I wish I knew then what I know now. (Participant 107)

As evidenced above, these types of narratives conveyed a palpable sense of guilt and regret over perceived missed opportunities that could have helped them parent more successfully.

Other participants voiced how exposure to contemporary online parenting platforms could create more self-doubt and peer comparison than those who raised their children in a generation that did not have access to the internet. These sentiments further highlight how, at times, access to an online world of parenting advice can be beneficial, but it can also promote feelings of guilt and inadequacy:

> I think this generation of mothers have positives and negatives because of using online platforms. On one hand, we are striving for perfection, to be better than perhaps our own mothers were, or previous generations in general. Knowing better, so we can do better. But with that comes self-doubt and comparison – am I doing a good job? I don't believe my mother's generation had those problems to such an extent. They did what felt right and trusted their instincts. (Participant 132)

3.11.6 Narrative descriptions of subjective experiences of parental competence

Although participants experienced feelings of guilt and inadequacy in their roles as mothers, they also experienced a sense of parental competence and achievement in relation to their roles as mothers. The following processes highlight how parental competence was occasioned in relation to their online interactions.

3.11.7 Downward social comparison

Similar to upward social comparison, downward social comparison occurred as participants compared their lives to the lives of other online peers who seemed to be struggling to raise their children whilst making seemingly poor parenting decisions:

> I'm cognisant that the reassurance I get from online parenting forums is borne out of a somewhat snobby humor. I know it's dark and I have genuine sadness for desperate woman who are seeking genuine help. (Participant 117)

Accounts from online peers who struggled with the hardships of daily childrearing also made participants feel more competent in their maternal role when their experiences were shared and normalised by others:

> Reading other moms' responses regarding feeling overwhelmed and emotionally drained by motherhood makes me feel less guilty. (Participant 300)

The following narrative excerpt describes a participant's sense of achievement and competency occasioned by another mother's perceived failures. This sense of competency was not based on empirical standards, but their own internal ideas on what constituted being a good mother. If other online peers were doing things a participant would never do, or going against a dominant discourse in childrearing, it seemed to tacitly reinforce their beliefs that they were a more competent parent.

> People have really dysfunctional families; I mean drugs, alcohol, divorce, abuse. My husband and I have a stable marriage and do not struggle with any addictions ... I just don't know how people can bring kids into that dysfunctional world and expect them to be stable or normal. (Participant 82)

3.11.8 Process of lateral peer comparison

Participants also described how support and reassurance from online peers made them feel more competent and less guilty:

> When I read other mothers' comments or questions that are the same as I am experiencing, it makes me feel less alone and like what I'm doing is right. Makes me feel way less guilty. (Participant 273)

Supportive online communities encouraged participants to be more vulnerable with their online peers. When this vulnerability was met with sense of shared experience, they felt understood and validated in their maternal roles:

> Some platforms and moms like "the new normal" (Instagram account) shines light on plenty of challenges mothers face and makes me feel like there are others going through the same experience as me. (Participant 149)

Online community members who were able to display their vulnerability and openly share the dualistic, ambivalent nature of motherhood, left participants feeling less lonely and more able to do the same in their own lives:

> I'm South African but I live in the UK. I follow an Instagram account of an OBGYN who is a mum of two babies under two. Her stories are raw and transparent, and she's often described situations that are tough and hard and so relatable. Makes you feel like you are not alone in this parenting journey. (Participant 146)

3.11.9 Role integration and maternal experience

Online parenting platforms are accessed by mothers with varying degrees of maternal experience. Some mothers are first time mothers, whilst others have been parents for many years to multiple children. The following narratives were common among participants who had more than one child and seemed to be more comfortable in their roles as mothers. They appeared to have found ways to parent that worked for them and their families and were happy to share advice, support, and empathy with others:

> I am extremely lucky that my two children are very well behaved; they know how to have fun and be cheeky, messy, upset, argumentative etc. ... It makes me proud to be able to give advice to other mums about possible ways to handle a behavioural situation, with a young child, well. (Participant 25)

The process of offering advice and receiving affirmation served to validate their maternal identity and reinforce experiences of maternal competence:

> Once my twins were a little older and I felt more comfortable with my role as a mum, I found I was able to offer advice to new mums seeking how to manage feeding and sleep patterns with twins. No expert but at least I'd been through it! I was comforted to read others giving the same advice. (Participant 52)

Some of these participants seemed to go on to become the seasoned "matriarchs" of virtual villages and have had ample exposure to online interactions both positive and negative. Over time, they have developed a sense of how online communities work and developed a thick skin, resistant to inflammatory and judgmental comments:

> I'm a mother to five and step mum to three aged between 21 & 8. I've been using, building, and running online parenting communities since about 2003. The days of me feeling inadequate because of something said online are long gone. (Participant 30)

3.11.10 Intuitive parenting

Role integration and supportive online communities empowered some participants to parent intuitively and raise their children in ways best suited to their unique situations. When these choices proved best for all concerned, they felt more competent as parents:

> I was having difficulty getting baby to sleep and settle. He was wanting to feed a lot at night and sleep on me. I was being told by lots of people that I needed to let him cry it out and was being too soft. Support from a fb breastfeeding group reassured me that these were normal stages for

> a baby to go through, especially a breastfed baby. And reassured my own view that babies need that love and physical contact to feel safe and secure. (Participant 42)

Many participants wanted to follow their gut instincts when it came to making the right choices for their children but, when these choices deviated from group norms, many were afraid to follow through as some feared being mom-shamed and rejected. When participants ignored their own intuition to the detriment of their child's wellbeing, they felt less competent in their abilities to trust themselves and care for their children:

> When online forums bully you into doing something you don't really want to, like giving medication to sort reflux out, I felt guilty that, by trying to choose a natural way, I was harming my child. I went with the group's suggestions and he suffered horrible side effects. I felt so awful for not following my gut and, from that day on, I chose my audience according to my questions and always followed my gut. (Participant 132)

3.12 Managing online dynamics: Defending against internal feelings of parental guilt and incompetence

Given the great importance society places on motherhood and doing motherhood "right", feelings of parental guilt and incompetence were commonplace when participants felt they were not living up to societal expectations. These deleterious feelings appeared to have obvious negative consequences on the participants' overall experiences of wellbeing. These complex internal experiences of guilt and feelings of incompetence were, at times, associated with anxiety within these mothers, which necessitated the use of defence mechanisms to mediate the internal discomfort (Hollway & Jefferson, 2013). These internal processes or defence mechanisms emerged in the qualitative data in the following ways.

3.12.1 Ambivalence and avoidance

A fair degree of wariness was evident in some participants' approach to online forums. While some participants described a hesitancy to be involved in online parenting communities, avoiding the risks of conflict, others were able to hold in mind and tolerate both the good and bad aspects of the forums.

As previous discussed, online parenting platforms can be toxic environments where participants are shamed, rejected, and judged for a variety of reasons. These painful internal experiences appeared to cause some participants to view all online parenting platforms as bad and thus, to be avoided:

> I can't think of a parenting platform ever making me feel more confident about my own parenting. That's why I don't access them. (Participant 290)

Some participants stayed in the forums but chose to limit their online interactions through fear of exposure to negativity from others:

> I like to use them for advice. I'll search groups or platforms to see if I find anything similar. I never post on forums asking for advice. Responders tend to be unnecessarily harsh and I am not the type of person who can handle that negativity from strangers. (Participant 53)

Other mothers managed the dangers of online interactions by acknowledging the risks associated with sharing personal content publicly. The availability of many differing opinions on a topic was acknowledged as one of these risks:

> I think online parenting platforms can be a blessing and a curse because there is so much conflicting information out there that makes things confusing. (Participant 60)

The dual nature of online parenting platforms was acknowledged as a risk. Participants knew these forums could be a wealth of information and support, but were also aware that they could be judgmental and critical:

> When using an online parenting platform, you are faced with many kinds of people. The information that you get may not work for a mother while other solutions might work. And on these platforms, we usually see other mothers degrading other mother's skills or parenting method. Mothers tend to bash other mothers easily. (Participant 65)

3.13 Engaging with online parenting platforms in a constructive way

Through repeated exposure to online parenting platforms, some participants seemed to have learned how to be a part of online communities in constructive ways. They became aware of the different types of online peers and what to expect from their interactions with them.

These participants also appeared more resilient in the face of harsh and critical comments and felt more confident in their parenting choices even if they deviated from the norm. They didn't take offence easily and were able to own their experiences without fear of offending others or being shamed and rejected by them.

> I think people take offense too easily ... I feel that we apologise for our actions and opinions because we don't want to offend. For example, I'd say, "breastfeeding is my greatest joy" and the immediately follow it but with "but fed is best" to make sure no one is left out or offended. That's such bull – offence is taken, not given. We should stop being so damn sensitive to strangers' opinions & start believing in ourselves. (Participant 151)

Discerning the applicability of advice from online peers was often challenging for some participants, whereas others were able to discern where and when to use this information. This empowered them to get the best out of online parenting platforms without the overwhelming feelings of guilt and parental incompetency commonly experienced when interacting on social media.

> It's easy to discern which ones are stupid and insane (I find American FB groups the weirdest), whereas, on Twitter, I've found a support network of like-minded parents. Even though Twitter

> can be a toxic place, I have found parenting advice and support invaluable. Same with Instagram to a certain extent (if you do not follow the fake mommy bloggers). (Participant 139)

Participants who appeared to engage with online parenting platforms in healthy ways seemed to have developed resilience in the face of online criticism. They were also able to display empathy and offer support and advice to fellow online peers:

> Don't compare yourself to other people. Everyone is in the same boat; none of us really know what we're doing. We should just be there to support other mums and not judge. (Participant 111)

3.13.1 Reality checking, discernment, and contextualising information

Being able to discern trustworthy and reliable sources of information was an important factor in building the resilience participants required to successfully navigate online parenting platforms. This has been discussed previously, but bears mentioning as a critical component of being able to approach online content and feedback in an informed way. The process of reality checking enabled participants to hold in mind the complexities associated with motherhood and that the daily challenges and hardships of raising a child are not often showcased on online parenting platforms:

> Facebook, in particular, felt extremely judgmental and cruel. The mothers commenting on the group did so from some ivory tower of BS. It needs to be ok to not be ok. It needs to be ok to make a mistake, to shout at your kids from pure exhaustion and not have to pretend all day like everything is perfect. We, as mothers, need to create the forums (especially for new mothers) that are safe, welcoming, and kind. And that send you in the direction of paediatricians and specialists for help. (Participant 161)

The process of reality checking saw participants evaluating online content and parenting platforms in ways that empowered them to discern their value in relation to their own needs and those of their children. Participants who actively engaged in reality checking knew that many people who used

social media often edited their experiences to portray themselves in socially desirable ways. Platforms that encouraged disingenuous content were avoided and online communities were carefully chosen:

> They have their benefits and their disadvantages. It's great to be able to ask other moms going through something similar for advice or just if they battled with the same things but it's also important to know what's real and genuine and that what people say on Facebook is not necessarily an accurate representation of their life. I find that choosing your groups and communities carefully goes a long way to getting the right type of support and advice and avoiding negativity. (Participant 91)

Some of the participants also discussed the importance of knowledge in context. Some felt they could not relate to the online parenting content as it was too westernised and not relevant to their context as the participant below described. This seemed to impact on their sense of belonging and potential for relatability to other online peers, factors of which they were aware:

> Most of the online [sites] are very Americanised and deal with "First World Problems"... being from South Africa, I don't really relate. (Participant 256)

Given that not everyone has access to education, basic medical knowledge or sound healthcare, participants highlighted the potential impact this could have on their ability to discern the credibility of information sourced online. This is particularly pertinent in low-income countries where populations are largely uneducated and must rely on overburdened government facilities for their health care advice:

> I think too many mums ask for advice on them without limits on what is asked ... e.g., medical advice, especially in SA where not everyone has access to adequate health, care can be dangerous especially when it involves babies or very young ones and that can be frustrating to me. Because not everyone is as educated or aware as lay persons on the basics of medical treatments or what's permissible and sometimes the advice given can make u cringe. (Participant 182)

3.13.2 Courageous vulnerability

The following narrative excerpts described a similar process to discernment and reality checking. Here, participants were able to discuss their daily struggles in a transparent way that actively resisted and challenged the notion of the "perfect mother" through courageously sharing their imperfect maternal realities:

> Being a new parent is stressful enough and all you really want to hear are "me too" – that's what parenting platforms offer for the anxious minded. There is a hidden code of conduct within the platforms that are not filtered within your personal circles. One being the fear mongering that we're so used to. Parenting sites/forums (mainly fb comments) don't do that. (Participant 128)

Instances where parenting struggles were validated by other online peers provided comfort, support and advice and enabled participants to feel like their struggles were valid and normal. These proved to be some of the most beneficial and supportive online experiences for participants and encouraged them to remain members of online parenting communities.

> Someone once sent me a private message with a Tree of Life picture tandem feeding my two children. It was a lovely gesture, meant as a gift, and it was heart-warmingly kind. (Participant 119)

3.14 Conclusion

The results section has discussed the findings of both the qualitative and quantitative data in relation to the research questions, giving an overview of the main outcomes of the data analysis processes. Descriptive statistics examined broad trends in the quantitative data whilst inferential statistics were used to examine nature of the relationships between the online parenting platform use, maternal guilt, and parental competency. The main themes emergent from the qualitative data were also discussed and provided a more nuanced understanding of the variables of interest than would have

been possible using quantitative data results alone. The following section will discuss the interpretation and implications of the study's results.

Chapter 4: Discussion

The following chapter will discuss and offer an interpretation of this study's findings in the context of existing academic literature on the topic as well as gaps in the literature that the study hoped to address. The study's main strengths and limitations will be discussed whilst highlighting the implications of the study's findings and offering recommendations for further research.

The study's aim was to investigate the potential links between accessing online parenting platforms and feelings of maternal guilt and parental competency in the sample group. The study was a mixed methods study making use of concurrently collected quantitative and qualitative data. Within an overarching feminist approach, the quantitative aspect of the study was located within the post-positivist paradigm (Phillips & Burbules, 2000, as cited in Bloomberg & Volpe, 2016, p. 42), whilst the qualitative aspect was situated within the social-constructionist paradigm (Creswell, 2009; Bloomberg & Volpe, 2016). Both data strands (quantitative and qualitative) were collected concurrently through an online survey accessible on various social media and email platforms which yielded a sample size of 309 participants.

The data collection, analysis and interpretation of the study's findings answered the study's research questions which were as follows:

1. What are the patterns of, and motivations for, usage of online parenting platforms reported by participants?
2. What are the nature of the relationships between reported online parenting platform use, maternal guilt, and parental competency in the sample?
3. What are the participants' subjective experiences of maternal guilt and parental competency in relation to contemporary discourses on mothering as expressed through online parenting platform use?

4. What are the processes through which participants perceive that online parenting platform use impacts their feelings of maternal guilt and/or parental competency?

This discussion section will explore how the findings of the qualitative and quantitative aspects of this study answered the aforementioned research questions. This section will also situate this study's findings within contemporary academic literature to further make sense of the analysed data. The discussion that follows will address participants' motivations for, and usage of, online parenting platforms and their subjective experiences of maternal guilt and parental competency in relation to their online platform usage, whilst capturing the complex dynamics that inform these experiences. Finally, this section will also note what participants learned about navigating online parenting platforms and how this informed the way in which they engaged with online communities.

4.1 Online parenting platform patterns of usage

Motherhood is a time of change, challenging transformation and growth, and much support is required to navigate this transition successfully (McDaniel et al., 2012; Meadows, 2011; Waddell 2002). Research has shown that mothers are increasingly turning to social media to inform their parenting choices and increase their knowledge base on how to parent more successfully (Madge & O'Connor, 2006; McDaniel et al., 2012; Pettigrew et al., 2015). The findings of this study corroborate this existing research, as 98% of this study's sample accessed online parenting platforms currently or in the past. Social media sites, such as Facebook, WhatsApp and Instagram, are growing in popularity and this is evidenced in the online platform choices the participants made (Abetz & Moore, 2018; Madge & O'Connor, 2006).

Participants engaged in varying degrees of online activity. Overall, participants in the study chose a more passive type of online engagement, preferring to read the contributions of others over writing their own. Although they found online comments and advice helpful, they infrequently asked for or gave advice, preferring to simply read posted content. This type of online engagement or usage is

known as “passive social media usage” (Verduyn et al., 2017, p. 282). As Verduyn et al. (2017) describe, different types of social media usage have different impacts on subjective wellbeing (Verduyn et al., 2017). Passive social media usage has been found to foster upward social comparisons where users compare themselves to others who seem to be living more successfully than they are, whereas active social media usage is associated with increases in social connectedness and wellbeing (Verduyn et al., 2017). Participants in the sample spoke openly about their experiences with comparing themselves to online peers, and often described being left with feelings of guilt and incompetence in their roles as parents. These findings echo those of Vogel et al. (2015) who describe how social media platforms provide ample opportunity to engage in social comparison and that the tendency toward upward social comparison may negatively impact on measures of wellbeing (Vogel et al., 2015, p. 250). Thus, it is possible that maternal guilt in the sample is exacerbated by participants’ passive online engagement that may not allow for comparison with others in ways that take into consideration the overly favourable ways in which online social media users portray themselves (Vogel et al., 2015). Actively engaging with their online communities in healthier ways may help participants to get to know their online peers in a more realistic light as dialoguing with them may counter idealised fantasies of perfection they hold about their online counterparts (Madge & O’Connor, 2006; Vogel et al., 2015).

Passive engagement on online parenting platforms may also be a defensive stance adopted by participants who have been hurt by online peers in the past. Avoiding direct interactions and maintaining a safe distance from online peers may mitigate the internal anxieties participants felt when thinking about actively being part of online communities and how this might leave them vulnerable to attack and mom-shaming (Hinshelwood, 1998). These fears were very real for participants who had been mom-shamed in the past and who cited these experiences as the main reasons they did not actively participate with other online peers.

When participants did engage more actively and received positive feedback, they described how encouragement from online peers bolstered their self-confidence and reinforced their personal parenting choices. They felt more connected and socially supported – two protective factors that are critical in preventing post and pre-natal depression as well as other mental health issues associated with motherhood (McDaniel et al., 2012; Meadows, 2011; Wilkins, 2005).

4.1.1 Information-seeking and topics of engagement

Information seeking was one of the most prolific motivations for participants accessing online parenting platforms. Various topics of engagement provided forums for participants to passively read online content, to actively engage in discussion groups or ask for feedback and post questions. The ability to seek out much needed information online has been shown to empower mothers in their desire to be better parents (Archer & Kao, 2018; Madge & O'Connor, 2006; Price et al., 2018). This desire to seek out information online to help one parent more effectively and share experiences with others was evident in the sample as participants reported being a part of various childrearing discussion groups. Participants sought out information on birthing, breastfeeding, sleep training and nutrition to bolster their feelings of competency as mothers.

A noteworthy topic of engagement among participants centred on healthcare and medical advice. As Johnson (2015) highlights, the internet can provide individuals with a myriad of options when it comes to healthcare advice by giving users access to medical and lay information sources. Participants described how they would seek advice or comments from others on doctors' prescribed medications, dosage amounts, as well as whether or not the given treatment had worked for them. At times, participants would venture online for their medical and healthcare advice, preferring to ask online peers for input over their traditional doctors and midwives. This echoes Johnson's (2015) sentiments on the power of the internet to "democratize access to health information" (Johnson, 2015, p. 237), giving individuals a choice of opinions and options to address their healthcare needs. This often-facilitated

feelings of empowerment among participants and led them to report feeling more competent in their abilities to take care of themselves and their children.

Online forums also seemed to be a place where participants could challenge the medical fraternity in an emancipatory way, describing how input from online peers helped them to advocate for their needs, where they may normally have been too intimidated to do so (Jenson et al., 2003; Pitts, 2004). This notion also corroborates Hall and Irvine's (2008) research that describes how online platforms allow women to challenge existing normative medical discourse founded on asymmetrical power dynamics in patient-client relationships that often leave women feeling disempowered to ask for what they need.

However, this instant access to differing healthcare opinions was not always valued as some participants described the perils of taking advice from non-medically trained online peers which could potentially harm themselves and their children. Some participants actively warned against taking advice from peers who were not professionally trained and cited that much discernment was needed when information seeking online.

Given that the majority of the sample was engaged in some form of work activity, the topic of being a working versus a stay-at-home mother was a popular one. Here participants described the salient challenges associated with having a career and being a mother at the same time. Participants reported feeling overwhelmed by trying to meet the demands placed on them by their work and home lives. Being at work meant spending time away from their children and commonly left participants feeling guilty for not being able to devote more time to their children's needs. Working participants would often compare themselves to online peers who had more time to devote to their children's wellbeing. There was a tangible sense of regret that they were not able to engage in more nurturing activities with their children due to career time constraints, and many of them described fears that they were doing their children a disservice by not staying at home with them. When coupled with upward

social comparison, these feelings of regret and being overwhelmed may have left participants feeling guilty for having to work and made them doubt their ability to parent in ways that was expected of them by both society and their children.

Feelings of guilt, regret, and self-doubt are common among working mothers particularly in societies that value "intensive mothering" as the primary mode of childrearing (Arendell, 2000; Elvin-Nowak, 1999; Guendouzi, 2006; Luthar & Ciciolla, 2015). There also seemed to be no definitive end to working mother guilt, as there was a sense that this particular experience of guilt requires negotiation and re-negotiation on a daily basis, for as long as participants juggled career and maternal responsibilities against the backdrop of societal pressures to raise children in ways that do not traditionally support the working mother (Arendell, 2000; Elvin-Nowak, 1999; Guendouzi, 2006). Some mothers in this study appeared to use online resources and spaces to help them navigate these negotiations.

4.1.2 Motivations for accessing online parenting platforms and the importance of discernment

As discussed in much of the literature on the topic, mothers access the internet prolifically and for a variety of different reasons (Hall & Irvine, 2008; McDaniel et al., 2012; Pettigrew et al., 2015; Wellman & Haythornthwaite, 2002). Social connectedness has been noted as a key motivating factor of internet usage and has been known to act as a protective factor against mental health issues commonly experienced during the transition to motherhood (McDaniel et al., 2012; Waddell, 2002). These findings are congruent with this study, which showed that participants used online parenting platforms predominantly to seek information, find help and communicate with like-minded people. Communicating with like-minded people online, and the encouragement they received from them, was described by participants as helping them navigate their way through the challenges of motherhood in supportive online communities.

Participants also described how being able to access the internet at any time of day or night reduced feelings of isolation and loneliness. Shared experiences helped them normalise more challenging parenting experiences and encouraged them to keep going when parenting was particularly difficult (Hall & Irvine, 2008). In this way, online communities, as described by Pettigrew et al. (2015), provided much needed support during the often-intense transition into motherhood whilst reducing feelings of isolation and fostering a sense of competency in their maternal roles (Pettigrew et al., 2015). Interestingly, participants in this study were least interested in meeting other mothers online but were interested in communicating beyond acquaintances which may indicate that participants were using a broad range of internet platforms to source their information, not just online social media sources exclusively used by mothers.

Environments in which women can explore their maternal identities through mirroring and modelling processes are particularly helpful when forging their maternal identities and coping with the stresses of childrearing (Hall & Irvine, 2008; McDaniel et al., 2012; Pettigrew et al., 2015). Participants described how online parenting platforms or "virtual villages" allowed them to develop their maternal selves and enhanced their competency in their roles as mothers. Participants who offered advice and modelled maternal identities in helpful ways were, in turn, validated by the gratitude they received from online peers. These findings are similar to those of Wilkins (2005) who describes how "becoming a mother" is an evolving process facilitated by supportive role models that help the new mother form her own unique maternal identity (Rubin, 1984, as cited by Wilkins, 2005, p. 170). First time mothers are particularly susceptible to the pressures of needing to parent successfully with limited knowledge and experience to do so (Wilkins, 2005). Online parenting communities provide ample opportunity for both first time and seasoned mothers to interact with potential maternal role models. These opportunities were evident as participants described, albeit somewhat idealised, mothers whom they wished they could emulate.

As mentioned above, information seeking was a key motivation for accessing online parenting platforms among participants. Participants would venture online to seek expertise and experience among online peers, swopping stories, asking for advice, and reading through community members' posts. Participants voiced how having constant access to a world wide web of information was both enriching and daunting. In certain instances, participants felt that the information they found online helped them parent more effectively, enhancing their sense of parental competence. In other instances, the amount of information on childrearing topics, and the exposure to many varying opinions made participants feel overwhelmed and, at times, guilty if they did not measure up to the assumed expertise of other online peers.

The majority of the study's participants were highly educated, with 74% having at least an undergraduate degree. Madge and O'Connor (2006) reported over a decade ago that the women who volunteered to participate in their study and who used the Internet were predominantly white academic professionals (Travers 2003, as cited by Madge & O'Connor, 2006, p. 200). Interestingly, 15 years later, the sample in this study again aligns with this finding. Further research is needed to establish if this is an ongoing trend or merely coincidental. Elevated levels of tertiary education in the sample may, in part, explain participants' motivations to seek information online. Participants in the study also reported high levels of competence in their online skill and literacy abilities which may also be attributed to exposure to post school training giving them the confidence they needed to seek information online. Access to higher education may also have taught them the importance of critical thinking and the need to discern the validity and reliability of knowledge sources, and empowered them to do so.

Many of the participants described the importance of using discernment when accessing online parenting platforms which was critical to their ability to navigate these virtual spaces safely. Similar findings were reported by Walton et al. (2018) who described the importance of being able to critically evaluate many different online knowledge sources for their credibility, trustworthiness, and applicability

to their unique circumstances (Walton et al., 2018). When participants were unable to discern which sources of information might be applicable to their circumstances, they were left feeling overwhelmed and less competent as parents. This may be especially true for first-time mothers, who, with newly emergent maternal identities, may not yet have enough confidence in their parenting abilities to critically evaluate online content for its applicability to their circumstances (Waddell, 2002).

Participants who critically evaluated the content they were exposed to were able to discard potentially harmful comments and advice in favour of more accurate and supportive sources of information and input. These participants felt empowered to make informed choices that left them feeling more knowledgeable and competent as parents. The ability to evaluate and reject inappropriate comments and advice also reduced participants' experiences of guilt and enabled them to avoid potentially harmful online interactions. Practicing discernment also enabled participants with a strong sense of self to deconstruct idealised maternal identities in favour of affirming their own imperfect, but authentic, maternal realities (Wilkins, 2005). These sentiments echo that of Wilkins' (2005) research on intuitive parenting that maintains that there is no "one-size-fits-all" approach to motherhood and that maternal identities should be allowed to evolve naturally and in accordance with the unique needs of the mother and her child whilst being supported and encouraged to do so (Wilkins, 2005).

The importance of discernment was also highlighted with regards to the navigation of formal and informal online parenting platforms. Formal platforms required registration to join while informal sites were open to the general public. Formal sites engendered both positive and negative experiences with positive aspects being more regulated topic-focused discussions. On these sites, moderators or site administrators were able to screen content before posting and provide direction for comments and discussion points. When formal sites worked as they should, participants felt encouraged, supported, and experienced an enhanced sense of competency in their maternal roles as these sites often had specialised information on particular topics and helpful, engaging discussions. Some formal sites,

however, were experienced as promoting particular ideologies or "ways to mother", often upheld by group members. Mothers who (un)wittingly expressed opinions contrary to the values or opinions of the group experienced shaming and rejection, and, in some instances, feelings of guilt and incompetence. So, while some formal sites were experienced as rich sources of knowledge on particular topics, they could also be experienced as judgmental spaces.

4.2 Subjective experiences of parental guilt and competence

There was no doubt that the online parenting platforms provided what Johnson (2015) described as "discursive spaces" that allowed participants to challenge information received offline in healthy ways whilst feeling supported and encouraged to do so by online peers. Whilst online interactions had the potential to be supportive, participants also faced potential conflict when they challenged dominant discourses around childrearing praxis in particular online forums. Dominant discourses often created clear "in-groups" and "out-groups", membership of which was largely dictated by participants' willingness to conform to these discourses (Flowerdew & Richardson, 2018, p. 3). Participants described how they ran the risk of being rejected or shamed for their parenting choices if they disclosed their deviations from the norm. As explained by McDaniel et al. (2012), negative online experiences, such as these, can leave mothers feeling more isolated and disconnected and potentially at risk for negative impacts on their overall wellbeing and as this study has shown, can also lead to feelings of guilt and inadequacy (Elvin-Nowak, 1999; McDaniel et al., 2012).

Butler's (1988) ideas around how gender is performed and enacted through social interactions emerged clearly in this study; many examples of how gendered ideologies are performed in cyberspace became evident when analysing topics such as working versus stay-at-home moms. Feelings of guilt, regret, and self-doubt were reported by working mothers who were grappling with societal expectations of "intensive mothering" as the primary mode of childrearing (Arendell, 2000; Elvin-Nowak, 1999; Guendouzi, 2006; Luthar & Ciciolla, 2015).

The overwhelming majority of participants in this sample were married and mothers in what is known as a traditional nuclear family (Guendouzi, 2006; Holmes, 1997). The long-upheld ideals of the traditional nuclear family have been known to subsume the needs of the mother, whether it be to work or to engage in other fulfilling activities outside of the home (Guendouzi, 2006; Sutherland, 2010). The "perfect" mother has been described as one whose entire identity is derived from, and reinforced by her intensive childrearing activities (Arendell, 2000; Orenstein, 2000, as cited in Sutherland, 2010). Meeting one's needs as a mother when these needs are perceived to come at the cost of not fulfilling one's gendered duties of care, may have caused participants in nuclear families to experience feelings of guilt more prominently. This may, in part, account for some of the experiences of guilt among the sample, particularly among those who chose to work and mother at the same time (Guendouzi, 2006). Guilt almost always seemed to be present when participants wrestled with their own desires to deviate from internalised gendered role ideologies.

As discussed, participants reported feelings of incompetence and guilt as they struggled to negotiate deeply embedded societal ideals of motherhood with the realities and unique challenges of their day-to-day lives. A discursive cyberspace where this was evident was formal online parenting platforms that required registration to join a topic-specific group. These closed, members-only forums had very clear ideas on how certain childrearing practices should occur. For example, exclusive breastfeeding groups were vehemently against bottle feeding and natural birthing groups were against caesarean section births. Where participants voiced differing views from the dominant narrative in these groups, they were shamed, rejected, and often verbally attacked. This had obvious negative consequences for their wellbeing and made them doubt their ability to raise their children in ways best suited their needs. Similar research, conducted by Pitts (2004) and Sutherland (2010), confirms how these exclusive online platforms can become pejorative arenas that reinforce dominant societal

ideologies on childrearing at the expense of those who cannot or chose not to parent according to the so called “should of mothering” (Pitts, 2004; Sutherland, 2010, p. 312).

As previously discussed, being a part of an online community or virtual village motivated participants to venture online. When receiving positive feedback from other online peers, participants reported feeling supported and validated as well as understood by others facing the same childrearing challenges. Some participants voiced how they were able to discern the motivations of other online peers which allowed them to recognise the trustworthiness of their posts. Online mothers who were more experienced and able to parent intuitively seemed to be more trustworthy. They were easily discerned by their wealth of knowledge, comments, and advice. New mothers were, at times, described as vulnerable and anxious, and in need of much support. Participants also described that judgmental online peers were a common occurrence and indicated that they should be avoided as they had the ability to make the participants feel guilty and incompetent.

4.3 Online parenting platform use and processes of parental guilt and competency

Feelings of social inclusion and camaraderie also fostered feelings of parental competency in participants, particularly when they were able to share their experiences and give and receive feedback from online peers. The process of role integration and maternal experience among participants allowed them to grow in their roles as mothers through shared experiences and community engagement. Here participants described how receiving positive feedback from the advice they had given reinforced their feelings of competency as parents. This was perceived as very validating for participants and also allowed them to embrace parenting more intuitively.

The process of intuitive parenting was something that almost all participants wanted to do but were too afraid to as they might be seen to be deviating from dominant group narratives on childrearing. However, when they were able to “trust their gut” as parents, they were often affirmed by online peers for their courageous acts. This, in turn, solidified their intuitive parenting abilities and they

felt more comfortable trusting in themselves. Wilkins (2005) also found that the affirmation of parenting choices associated with an increased sense of parental competence could be a benefit of online parenting platform use (Wilkins, 2005). The positive impact online parenting platforms could have on the participants' sense of parental competency and overall wellbeing is evident in these instances. These findings are also congruent with Archer and Kao's (2018) study that describes social media as a place to foster social support and a sense of connectedness to a larger online community of care where one can grow and develop through validating interactions (Archer & Kao, 2018, p. 123).

However, despite these positive encounters, many participants' narratives in this study also revealed experiences of guilt in relation to interactions or content found on online parenting platforms, particularly after interacting on formal online sites. These findings are similar to previous research that has illustrated how social media (sites like Facebook, in particular), may have detrimental effects on the wellbeing of its users (Kross, 2013; Verduyn et al., 2015; Verduyn et al., 2017). As discussed, these sites facilitate asynchronistic posting of material that occurs outside of real time and is often edited to reflect a more socially desirable reality and to position the author in a more favourable light (Verduyn et al., 2017; Vogel et al., 2015). "Mommy bloggers" and "influencers" (Chae, 2018) were the two types of online peers that participants described as portraying themselves as living perfect lives. Common to social media users as well as the participants in the sample, was the activity of social comparison and self-evaluation (Vogel, 2015). Upward social comparison (Verduyn et al., 2017) occurred among participants when they compared their lives to those of other online mothers who appeared to be parenting more successfully than they were. This often resulted in participants feeling as if they were not meeting their maternal responsibilities adequately which made them feel guilty. Studies have also shown how online images and personas reinforce socially sanctioned maternal ideals and when mothers feel like they are not living up to these ideals, they form negative evaluations of themselves which may have deleterious effects on their maternal wellbeing (Coyne et al., 2017; Hicks & Brown, 2012). Liss et al.

(2012) investigated the relationships between engaging in negative self-evaluation and maternal guilt and shame and found that "[d]iscrepancies between self and both personal ideals and internalized socially sanctioned ideals of motherhood were related to anxiety, depression, role conflict, and poor coping skills" (Polasky & Holahan, 1998 as cited in Liss et al., 2012, p. 1113).

This link between upward social comparison and negative self-evaluation was clearly identified in the narrative accounts provided by participants in the current study. These accounts clearly demonstrated that comparing one's own mothering to idealistic portrayals of motherhood put forward by others, even in cases where it was recognised that the other person might have a specific financial or social motive for doing so, still largely resulted in experiences of guilt and shame. Although the initial study conducted by Verduyn et al. (2017) describes associations between upward social comparisons and envy, as opposed to guilt, envy is still an emotion that negatively impacts on overall wellbeing (Chae, 2018; Verduyn et al., 2015; Verduyn et al., 2017). This study has clearly shown the presence of guilt among participants when they engaged with upward social comparison and the reported detrimental effects this had on their wellbeing.

Participants also described experiencing parental guilt when they compared themselves to online representations of the perfect mother. Rock (2007) describes the "good mother" ideal as being created by cultural paradigms that are bought into and upheld by the societies in which they are enforced (p. 20). She also described how the good mother ideal is predominantly white, middle to upper class, and distinctly westernised (Rock, 2007, p. 22). These are characteristics that the majority of this sample shares which may account for some of their maternal guilt for failing to meet these internalised ideals.

Butler (1996, as cited in Rock, 2007) describes how maternal ideals are performed through continuous acts that ultimately become so deeply engrained in society that they become normative and unquestioned (Rock, 2007, p. 22). These ideals then become the benchmark for what it means to be a

good mother and, at the same time, create a divisive category of “bad mother” for all of the parenting attempts that do not quite live up to the expectations of what constitutes good mothering (Rock, 2007). These kinds of divisions into good and bad can lead to greater anxiety, guilt and shame in the face of anything other than “good” mothering (Liss et al., 2013; Rock, 2007; Waddell, 2002).

At times, however, participants did show an awareness that perfectionistic maternal ideals were not always achievable or realistic and were thus able to adopt a more balanced position (Waddell, 2002). The participants who were able to question the “good mother ideal” from the stance of embracing their own imperfect parenting, described feeling more empowered to parent in ways that best suited their own unique situations which, in turn, made them feel more competent as parents. This balanced approach to seeing motherhood as made up of both “good” and “bad” maternal moments highlights the importance of disentangling oneself from rigidly upheld maternal ideals and embracing one’s own unique ability to parent (Waddell, 2002; Wilkins, 2005).

Unlike the aforementioned upward social comparison, the process of downward social comparison (Verduyn et al., 2017) left participants feeling more competent as parents in the face of the perceived failures and shortcomings of online peers. Here, participants would judge and criticise the parenting decisions of others as less worthy or effective than their own and assume that they were better parents. Some of the participants were aware of doing this, and alongside feelings of parental competency, they also felt a sense of guilt for judging other mothers as opposed to supporting them. More sensitive participants were aware of the need for online mothers to support one another as opposed to attacking, shaming, or judging one another. The importance of more inclusive online spaces is highlighted in McDaniel et al.’s (2012) research that shows how feeling supported by others through one’s maternal journey is a potential protective factor against post-natal depression and other mental health challenges (Johnson, 2015; McDaniel et al., 2012; Pettigrew et al., 2015).

Participants not only compared themselves to others, but also compared themselves to a previous version of their maternal selves. Online parenting platforms were acknowledged as being inspiring sources of community and information that allowed them to enhance their parenting abilities. Exposure to knowledge on how to parent better may have made them feel more confident in their present-day parenting abilities, but this evolution of the self into a better mother made them feel guilty for not always parenting so competently. Participants also considered previous generations of mothers who did not have access to online parenting platforms and how this lack of online exposure may have been beneficial in some ways and harmful in others. Participants who retrospectively compared themselves presently with how they parented in the past and formed a negative self-image of their past parenting practices were more likely to describe feelings of guilt in relation to their maternal role formation.

4.3.1 Navigating online parenting platforms

Learning to use social media in effective ways enabled participants to navigate online parenting platforms with intention and resilience. Participants who were able to do this had more positive online experiences and were able to consider both the "good" and "bad" aspects of online parenting platforms. Participants shared how, through repeated exposure to online parenting platforms, they were able to discern the intentions of their audience and what type of online user they were engaging with. They were also able to discern the credibility of the information posted online, although this discernment may also have been bolstered by the high levels of education among participants in the sample. Research conducted by Guess et al. (2019) describes the importance of "digital media literacy" and how this particular skill set is sorely lacking in the majority of online social media users (Guess at al., 2019, p. 117). Similar to the findings of this study where participants spoke about discernment when using online parenting platforms, Guess et al. (2019) describe the importance of being able to critically evaluate the quality of online information. Social media literacy skills are seen as a protective measure

against not only poor-quality new sources such as fake news, but also against incorrect online health information (Chou & Gaysynsky, 2020; Guess et al., 2019).

As mentioned, participants in this study possessed high levels of online skills and literacy which helped them to step back from posted content and conduct reality checks on its credibility and applicability to their unique circumstances. Participants described how these reality checks enabled them to have more holistic and integrated views of online parenting platforms and their users. They understood that asynchronistic social media interactions were often not an accurate reflection of online peers' lived realities which enabled them to evaluate the trustworthiness of posted content.

Chou and Gaysynsky (2020) investigated internet users' susceptibility to believing misinformation online. They discuss the "deficit hypothesis" which describes how individuals who have not had access to trustworthy knowledge sources or have low levels of literacy may be susceptible to believing false and misleading information (Chou & Gaysynsky, 2020, p. 76). These sentiments were echoed by participants in this study who highlighted that not everyone has access to quality education and those who do not may lack a critical knowledge base to evaluate information sources effectively. Participants also highlighted how online parenting platform content was largely westernised in nature. This created a contextual chasm between some participants and their online peers. Those who felt culturally estranged from other parenting platform users described how they could not relate to the comments, questions, or suggestions on how to raise children. The assumption is that motherhood is universal, but traditional cultural and contextual differences shape and translate how motherhood is embodied cross-culturally (Bornstein, 2013). As globalisation and access to technology and the internet continues to increase, this study's findings highlight the importance of having access to both basic online literacy and digital media skills as well as providing the opportunity for social media users of all backgrounds access to culturally relevant and accurate online knowledge sources.

Understanding the duplicitous nature of online parenting platforms also enabled participants to find online communities of like-minded peers which became safe spaces for courageous self-disclosures. Participants who were able to be vulnerable with online community members they felt safe with found online parenting platforms to be supportive and enriching environments. These findings are echoed by Hall and Irvine (2008) who describe the socially supportive benefits of online communication and how these can act as protective factors for isolated or at-risk mothers. However, much discernment was needed to find these supportive spaces in the first place. This would be something that online literacy and digital media skills may help with in providing online users with the tools they need to navigate online parenting platforms safely and find safe online spaces that are beneficial to them (Chou & Gaysynsky, 2020; Guess et al., 2019).

This study sought to give women a voice when discussing their experiences of guilt and competency in a way that was both emancipatory and empowering. In line with this feminist approach to research (Clarke & Braun, 2019), the participants in this study took the opportunity to speak about the challenges associated with being a mother in the digital age and how online parenting platforms had the potential to be both supportive and enriching as well as rejecting, harsh and critical. Consistent with the findings of Johnson (2015) and Hall and Irvine (2008) who discuss contemporary maternal identity in cyberspace, participants expressed the difficulties they faced in having to continuously negotiate embodying socially sanctioned maternal ideals while honouring their own particular needs as both women and mothers, even if their needs were in opposition to these ideals. Online parenting communities have been shown to be spaces where an amount of anonymity is provided giving users the freedom to express their maternal identity without fear of personal attack (Hall & Irvine, 2008; Johnson, 2015; Madge & O'Connor, 2006). However, they have also been shown to be spaces that reinforce maternal ideologies through text and imagery that paint the picture of the "good mother" whilst policing, shaming, and rejecting those who veer away from these dominant narratives (Johnson, 2015;

Madge & O'Connor, 2006). In these more pejorative cyberspaces, the participants shared their internal struggles with wanting to belong to a supportive online community but being afraid to parent intuitively particularly if it meant parenting differently to those in that community. The fear of being attacked or mom-shamed for sharing their maternal experience that differed from the norm was very real. When participants were vulnerable and verbally attacked for self-disclosing actions or thoughts that challenged dominant narratives on childrearing, the effects were sometimes emotionally devastating, especially for first time mothers. Some participants spoke of the need for women to support each other, irrespective of their differences, and to provide an encouraging space to parent in ways they felt were best for themselves and their children. Some voiced their disdain at the visceral online attacks they saw between mothers who would single others out for having different opinions and shame them into a way of parenting that was aligned with the group perspective, as opposed to their own.

Given that motherhood is a time of finding one's new identity as a mother, as well as what works and what does not work when raising one's children, participants suggested that online parenting platforms should be used as supplementary to parenting needs for support and information and not as a primary go-to for maternal advice. Online parenting platforms provide emancipatory spaces for mothers seeking to challenge dominant maternal ideologies where they have the freedom to perform their gendered identities in a freer way but they can also be places that constrict the growth of unique maternal identities by upholding dominant discourses through mom-shaming, rejecting, and verbally attacking those who challenges these discourses.

This section has highlighted and explored the complex and multifaceted nature of accessing online parenting platforms and the impact this had on participants' experiences of maternal guilt and parental competency.

4.4 Conclusion

The following section will present the study's main findings whilst looking at the implications of the study, the study's strengths and weaknesses, and further recommendations for research.

4.4.1 Summary of findings

The research study aimed to investigate the nature of the relationships, process, and subjective experiences of maternal guilt, parental sense of competency, and online parenting platform use. The study used a mixed method approach and, as such, collected and analysed both quantitative and qualitative data.

The quantitative data allowed for broad trends in the data to emerge which showed the prolific use of online parenting platforms in the sample group. Ninety-eight point one percent of the participants had made use of both informal and formal online parenting platforms at the time of the study, spending between 10 and 30 minutes daily on the most popular sites such as Facebook parenting groups, parenting advice sites and Facebook parenting sites. Online parenting platform engagement among participants was mostly passive indicating that they preferred to read contributions as opposed to writing them and seldom asked or offered advice. When they did ask for advice, or reviewed comments, they found the information helpful illustrating an obvious utility for going online when information seeking.

Quantitative data were analysed to further investigate the relationships between online parenting platform use, maternal guilt, and parental sense of competency. The study's findings highlighted that there were significant, albeit weak, positive correlations between online parenting platform use and parental guilt. These suggested that an increased amount of time spent on online parenting platforms might be associated with increases in levels of parental guilt. Significant, weak, positive correlations were also found between parental guilt, the number of online parenting platforms accessed, and the type of online platforms accessed (formal or informal). This suggests that increases in

both the type of online platform and the amount of platform types accessed may be associated with increased levels of maternal guilt. Previous research into the negative impact of social media on affective wellbeing confirms these findings and illuminates how various interactions on social media can lead to feelings of guilt, shame and depression, and can leave its users feeling more isolated than socially supported (Coyne et al., 2017; Hicks & Brown, 2012; Kross et al., 2013; Madge & O'Connor, 2006; Verduyn et al., 2015). Bearing in mind that research exists that supports the complex etiology of maternal guilt, the quantitative data in this study established that guilt was associated (albeit weakly) with specific elements of online parenting platform use, suggesting that online parenting platform use could increase feelings of parental guilt. The qualitative data allowed for a more detailed exploration of this link, specifically probing how participants' experiences of guilt, as linked to online parenting platform use, were perceived. These weak correlations stood in contrast to the stronger theme of guilt that emerged in the qualitative data set where the participant narratives revealed numerous stories of feeling guilty after having engaged with online parenting forum content.

When investigating the relationships between parental sense of competency and online platform use, significant, weak, negative correlations were found between a subscale of parental sense of competency, namely, parental satisfaction, and online parenting platform use. This suggested that increases in the amount of time spent online may be associated with decreased levels of parental satisfaction. These decreases in parental satisfaction may, in some way, be linked to participants' tendency to engage in upward social comparison which may leave them feeling less able to parent effectively, which may negatively impact on their experiences of parenting satisfaction (Verduyn et al., 2015). More research however is needed to confirm this.

Parental satisfaction was also shown to correlate significantly, negatively, and weakly with the level of engagement on these sites. These findings suggest that, the more actively participants engaged on online parenting platforms, the less likely they were to feel satisfied in their maternal roles. These

findings are somewhat contradictory to research conducted by Verduyn et al. (2017) that showed how passive social media usage (where individuals scroll through content without posting, commenting, or engaging with other users) was known to have detrimental effects on wellbeing (Verduyn et al., 2017). It might be that, for this sample, more passive engagement is understood as discernment (knowing when and how to engage and which information to pay attention to), which emerged as an important theme in the qualitative data.

No significant relationship was found between online parenting platform usage and a total sense of parental competence which may suggest that there are other protective factors or benefits participants are deriving from using online parenting platforms that bolster their overall sense of competence in their roles as mothers, or that this sample of mothers based their sense of competence on offline factors. Again, more research is needed to confirm this.

As one would expect, parental guilt and parental sense of competency were significantly, negatively, and moderately correlated. Parental guilt also correlated significantly, negatively, and moderately with parental satisfaction and significantly, negatively, and weakly with parental efficacy.

On the whole, the qualitative data analysis yielded results that corroborated the quantitative findings whilst providing a more in-depth understanding of the participants' online experiences. Participants used online parenting platforms for a variety of different reasons, connecting with online peers over a variety of childrearing topics and discussions. Information seeking, managing health care advice and seeking peer support through connecting with like-minded people were some of the main motivations participants described for accessing online parenting platforms.

Participants also described how important it was to acknowledge the dualistic nature of online parenting platforms. At times, they were incredibly supportive and enhanced the participants' experiences of feeling more competent in their role as parents, validating their intuitive parenting choices and reinforcing their maternal identities. They could also be spaces where socially embedded

discourses on maternal ideologies were maintained and solidified. Going against these dominant discourses associated with these ideologies meant being rejected, shamed, and attacked. These challenging online interactions occasioned experiences of guilt in participants, making them doubt their abilities to parent in ways that were best for their unique situations.

Given that online parenting platforms could yield both positive and negative experiences, practising discernment and critiquing online knowledge sources for their credibility and trustworthiness were highlighted as key skills when navigating online sites safely. Informal online parenting platforms that were unregulated were highlighted as largely unsafe spaces given that content was not moderated and the information less reliable than the formal sites that required registration for membership. The study sample's overall online skill and literacy scores were high which, alongside the sample's high levels of education, could have accounted for their ability to discern and critique the credibility and trustworthiness of online information sources. When practicing discernment, participants were able to avoid relying on online parenting platforms too heavily, especially for medical advice. It was also evidenced that repeated exposure to the nature of online parenting platforms enabled participants to hold both the good and bad aspects of these online spaces in mind and navigate them in healthy ways.

4.4.2 Implications of the study

As discussed, the transition to motherhood is complex and multifaceted, and many women turn to online parenting platforms as a source of support and information. This study has shown just how prolifically these online sites were accessed by participants and that they were not always guaranteed to render positive experiences. Many participants described navigating guilt-provoking interactions that left them feeling rejected and more disconnected to their online peers. These negative experiences have obvious implications for mothers' wellbeing which may be seen as a potential risk factor by leaving them feeling isolated, rejected, and shamed for their parenting choices (Abetz & Moore, 2018). Discernment was a skill that was highlighted by participants that enabled them to safely navigate online parenting

platforms and could thus be a useful digital media skill protecting against potentially damaging online interactions (Eshet-Alkalai, 2004; Guess et al., 2020).

Much information is available on teaching safe internet usage to children and monitoring screen time exposure, but very little literature discusses interventions that could be deployed to educate mothers on safe social media usage (Verduyn et al., 2017). First-time mothers who may be approaching online parenting platforms for the first time could be particularly at risk for experiencing negative online interactions as they have relatively little experience with using social media in this way. Government guidelines and policy should ideally create awareness campaigns around safe social media usage for mothers and could run short, online digital media skills courses to foster online skills and literacy. These guidelines could educate mothers on the different types of online interaction, describing how passive or "non-discerning" social media usage may lead to a decrease in subjective experiences of wellbeing and therefore educate mothers on how to engage in active social media usage which has been shown to have positive benefits (Verduyn et al., 2015; Verduyn et al., 2017). Active social media usage should also be accompanied by discernment in judging when to engage with online peers on various topics and to be critical of the information sources from which they are obtaining advice and input.

This study builds on previous research conducted by Verduyn et al. (2015; 2017) and Vogel et al. (2015) and suggests that the type of online parenting platform (formal and regulated versus informal and unregulated) may also impact on users' wellbeing (Verduyn et al., 2015; Verduyn et al., 2017; Vogel et al., 2015). Formal sites, where content is submitted to site administrators for approval before posting, and comments are vetted for inflammatory remarks, should be encouraged over informal site usage, with active usage and critical digital media literacy skills further employed to facilitate positive online parenting platform use. Where possible, online parenting platform users should spend time getting to know the dominant discourses on these platforms to see if they align with their own ideologies on childrearing. This may reduce the chance of being attacked or shamed should they choose to parent

differently to the norms espoused on the various platforms. Users should also be made aware of any motivations site authors and administrators have for creating their online platforms. Some influencer blogs, for example, may be motivated to attract users and sell products for financial gains where eliciting certain forms of participant engagement may directly benefit them.

Participants in this study were also shown to have weak online privacy protection skills, something that is common among social media users (Arigo et al., 2018). Government policies on General Data Protection Regulation (GDPR) and how to protect sensitive personal data online should also become more mainstream informing online parenting platform users of the potential dangers of sharing sensitive information online.

Given the prolific way in which mothers access online parenting platforms for health advice, public health service providers could use these online platforms to disseminate much needed parenting advice from reliable, trusted sources (Arigo et al., 2018). Popular online parenting platforms should be approached, and potential partnerships formed that would allow online users access to accurate, relevant information and encourage those who are seeking medical advice to contact their health care providers first as opposed to relying on the opinions of online peers. These partnerships could be particularly useful in rural areas where individuals do not have access to regular perinatal courses, allowing geographically isolated individuals to feel more connected to other mothers and health care providers.

Mothers who access online parenting platforms should also be reminded of the asynchronistic nature of posted content which is often touched up and edited to portray idealised lifestyles which may not have any basis in lived reality. This will help users have more realistic expectations of social media and be mindful that they can be both positive, supportive encouraging spaces, but also potentially harmful ones and that much skilful discernment is needed to make successful use of them.

4.4.3 Strengths and limitations of the study

Mixed methods studies have been shown to "ensure that weaknesses of each method are minimized" (Creswell, 2015a, as cited in Doyle et al., 2016, p. 623), with strengths in one research method offsetting weakness of the other (Doyle et al., 2016, p. 623). In this study, potentially reductionistic weaknesses common to quantitative research were offset by the more in-depth understanding of the participants' experiences that the narrative-rich qualitative data captured (Creswell, 2015; Creswell & Plano Clark, 2011). The quantitative data aspect of the study allowed for broad trends to emerge from the data and for the nature of the relationships between the variables of interest to be quantified and reported. The combination of both quantitative and qualitative research strengths allowed for a deeper understanding of the complex phenomena under investigation than would have been possible using either method alone. Thus, this mixed methods research design was well suited to answer the research questions of the study. There was also good triangulation between the quantitative and qualitative data, where the quantitative findings supported the qualitative findings and vice-versa (Doyle et al., 2016). This is another strength of the mixed methods approach.

This study has also been useful in demonstrating that significant relationships exist between maternal guilt, parental sense of competency, and online parenting platform use in an international cohort of women. It also highlighted that these relationships are complex and multifaceted and warrant further research on the topic to deepen understanding of their impact on mothers and their wellbeing. Given the prolific use of online parenting platforms to inform parenting decisions, and the dearth of literature on the topic, this study has made a substantial contribution toward understanding the complexities of the impact of online parenting platform usage on mothers' experiences of maternal guilt and parental competency. As much of the research on social comparison focuses on the impact of envy on wellbeing, this study is well-positioned to contribute to a deeper understanding of the relationships between social comparison, parental guilt, and parental sense of competency in mothers (Verduyn et

al., 2015; Verduyn et al., 2017). The results of the study may also inform government guidelines and public health policies that educate mothers on safe online parenting platform usage in a way that enhances overall wellbeing as opposed to undermining it.

The study made use of a fairly large sample (n = 309) of contemporary mothers drawn from different countries who used online parenting platforms. The size of the sample was a strength of the study which allowed for robust statistical analysis to be run on the quantitative data, whilst providing a large number of nuanced narrative accounts which made up the rich, in-depth qualitative data. The sample of the study was also appropriate for the research study in that the participants had a sound knowledge of both how to use the internet and the types of online parenting platforms and their dualistic nature.

Although the sample was adequate to run the analysis required, a larger sample would have been preferable. The sampling strategy had to be adapted and aggressive snowball sampling utilised as very few formal online parenting platforms allowed the survey to be posted onto their sites. Gathering enough participants for the study was more time-consuming than initially thought and resulted in a delay in commencing analysis.

The demographics of the sample also presented a very real limitation to the external validity of the study. Both the population and ecological validity were negatively impacted by the largely homogenous demographic characteristics of the sample. The participants were mostly middle aged, white, well-educated, from a middle to upper socio-economic background and living in westernised contexts. The findings of the study are therefore most applicable to this segment of the population and not generalisable to mothers of other ethnic groups (negatively impacting population validity), socio-economic status or those who do not have access to the internet or are not necessarily computer literate (negatively impacting ecological validity). As one participant pointed out, as the content posted on online parenting platforms was largely westernised and came from a different ethnic background,

she felt that she could not relate to it. This sentiment clearly illustrates the challenge of obtaining an ethnically diverse sample from largely westernised online parenting platforms. This further highlighted the need for a greater understanding of the different ways in which ethnic groups create and maintain dominant discourse on motherhood and what constitutes being a "good" mother. This study was limited in that the narrative descriptions of what constitute a "good" mother were largely WEIRD (Western, Educated, Industrialised, Rich, Democratic) and those deemed to have expertise were only "experts" on parenting according to this dominant discourse. The study design also limited the extent to which cultural diversity could be considered in the analysis of the findings, in that this aspect of parenting experience was not specifically examined.

It is also important to note that the sample consisted predominantly of mothers of young children (under the age of 3) and also included a large number of first-time mothers. These aspects of the sample may have played an important role in determining the trends identified regarding online parenting platform use; for example, first-time mothers may be more inclined to seek online assistance based on a lack of experience or mothers of infants and very young children may seek additional assurance due to the non-verbal nature of their interactions with their children. Additional research is thus needed to establish the extent to which the trends identified in the current sample are generalizable.

Another limitation of the study negatively impacted on overall measurement validity (Adcock & Collier, 2001). When the study evaluated the internal reliability for the PSOC subscale, parental efficacy, results yielded a Cronbach's Alpha of 0.610. It would have been preferable if this score were higher; however, the scale was deemed permissible for use in the study's novel context (Hair et al., 2006).

The study was also limited in making claims of causality as the overall quantitative research design was non-experimental, examining correlations only (Creswell, 2009; Creswell & Plano Clark, 2011). This meant that the results of the study could not definitely state that the hypothesised cause

was responsible for the hypothesised effect, namely, that an increase in the use of online parenting platforms caused an increase/decrease in maternal guilt, and/or an increase/decrease in parental sense of competency (Creswell, 2009; Creswell & Plano Clark, 2011; Rosenthal & Rosnow, 1991).

Lastly, given that the researcher conducting the study did not have children of her own and had not personally engaged with any online parenting platforms, a predominantly etic perspective was taken in the research process. While an emic perspective may have allowed for greater levels of empathy for participants, it may also have introduced greater researcher identification and possible focus on these experiences.

4.4.4 Recommendations for further research

Even though the study sample consisted of 309 participants, larger sample sizes are always beneficial to gain an enhanced understanding of the variables under investigation. Government health providers could replicate this study and form strategic partnerships with larger online social media platforms and potentially look at ways of harnessing their large data repositories to better understand their online users. This would also allow a more varied sample to be obtained that would include a wider variety of cultures, ethnicities, ages, and socio-economic statuses giving a more refined understanding of the diverse needs of mothers who use online parenting platforms.

Participants in the study highlighted the benefit of being able to connect with caring online communities particularly when circumstances dictated that they had little support in real life. Further research into using online parenting platforms, as a way of reaching those who are geographically isolated or who feel socially disconnected from modes of support, may inform interventions that could assist isolated mothers to feel more connected and supported, and provide them with much needed health care advice. Previous research has also shown that low-income internet users rely on their smart phones to access online support and information (Baker & Yang, 2018). Public health interventions that

focus on cellphone apps to disseminate health care information may benefit low socio-economic communities making sure they have access to reliable, trustworthy information and advice.

Given the demographic homogeneity of the sample, further research would benefit from replicating the study or aspects of it to better understand how mothers of other ethnic and socio-economic backgrounds experience parental guilt and parental competency in relation to their online parenting platform usage. The results of this research could inform intervention strategies that specifically target the unique needs of individuals from differing backgrounds. The quantitative aspects of this study could also be replicated using different scales or measures that have been known to tap similar constructs. As the measures used in this study were created in western contexts, potential cultural bias in answering and understanding the questionnaire items could also be explored for participants from different ethnic backgrounds. The roles that other variables, such as existing maternal or child mental illnesses, severity of these mental illnesses as well as existing levels of parental experiences, play in moderating and mediating the relationships between the core variables in the study could also be explored. It would also be useful to examine the impact that pre-existing mental health conditions have among mothers and if these diagnoses moderate the relationship between online parenting platform usage and perceived experiences of maternal guilt and parental competence. The study found that nearly half of participants had experienced mental health challenges at some point in their maternal journey which reinforces existing literature on the impact having a child can have on a mother's mental health and the important role support plays in acting as a proactive factor for maternal wellbeing (McDaniel et al., 2012; Waddell, 2002). As 7.8% (n = 24) had children who had a mental health diagnosis, further research could also investigate the impact this might have on mothers' experiences of online parenting platform usage and if having a child with mental health challenges was a motivating factor of venturing online for information and support. Interventions that educate mothers through

inclusive online social media communities about the challenges associated with mental health conditions and childrearing may provide beneficial protective factors, enhancing maternal wellbeing.

The majority of the participants said that their husbands were actively involved in raising their children (71.2%; n = 220). Online parenting platforms examined in this study had a majority of female members, which highlights a need for more inclusive platforms for husbands/partners to enter into the conversation of childrearing. Perhaps they have veered away from these discursive spaces due to rigidly defined gender roles and do not feel comfortable interacting in environments and discussions they are historically excluded from. Further research might include fathers' perceptions of the utility of online parenting platforms as a knowledge source and support base for their unique parenting needs and how safe, gender neutral online forums can facilitate meeting these needs.

Discernment and digital media skills were highlighted by participants in this study as being critical to navigate online parenting platforms in a healthy way. Further research into existing online skill and literacy interventions could inform education programs that teach mothers how to use online platforms safely and in ways that would maximise their benefits, ultimately including them as protective factors against the challenges associated with motherhood (Guess et al., 2020; Verduyn et al., 2015; Verduyn et al., 2017).

The types of sites visited were also known, in part, to predetermine user experiences with formal online parenting platforms that required registration being described by some participants as "safer" when compared to their informal counterparts. Participants spoke about how these sites were often moderated by site administrators where posted content and comments were vetted before publishing. However, not all formal, administrator governed sites were free of mom-shaming and harsh, critical interactions. Formal sites where topics of engagement were informed by dominant discourses around particular childrearing techniques were known to be potentially hostile spaces to those choosing to deviate from these dominant childrearing ideologies. Training and educating online parenting

platform site administrators about the importance of moderating online interactions may be helpful in making online communities safer spaces. Interventions that focus on fostering resilience in online mothers may also provide a buffer effect against more harsh and judgmental online interactions.

Although the participants were well educated and portrayed high levels of online literacy, they were least adept at understanding GDPR policies and how to protect sensitive information online. Given that, being part of the digital age necessitates protecting one's identity and sensitive information online, educative interventions that focus on teaching users about privacy and privacy settings, particularly in social media contexts, would be beneficial to online users.

As mentioned in the study limitations section, the researcher of this study does not have any children of her own, which only gave her an etic understanding of her participants' experiences. This may have prevented her from deeply empathising and understanding her participants' lived realities. This limitation was consistently deliberated throughout the reflexive process. Future studies might like to include researchers both with and without children to incorporate both etic and emic perspectives.

The study also highlighted that mothers ventured online to obtain information on medical advice given to them by health care providers. Research into perinatal health care could inform online interventions that disseminate health care advice that is accessible and reliable, encouraging users to contact their primary health care providers should they need to as opposed to relying too heavily on social media platforms to diagnose and treat health complaints.

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Appendix I: Participant Information sheet and Informed Consent

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, WITS, 2050
Tel: (011) 717 4500 Fax: (011) 717 4559

Good day, Date:

My name is Tamaryn Wilde and I am completing my Master of Arts Degree in Psychology by Dissertation (Research) at the University of the Witwatersrand. I am conducting a research study which investigates the potential links between using online parenting forums and feelings of guilt and competency in mothers.
If you are a mother who has access to online parenting forums which you use at least some of the time to inform your parenting practice, I would like to invite you to participate in my study. Online parenting forums include online sites such as online parenting support groups, groups on Facebook, 'Mommy Blogs', and any other online parenting information forum that you may have visited or been a part of. Please note that to take part in this study, you will need to be over the age of 18 and under the age of 55. You also need to have at least 1 child under the age of 10 and access to the internet and some experience using online parenting forums and social media platforms. If you fit these requirements and are willing to participate in the study, please use the link below which will take you to an online survey to complete. The survey should take approximately 20-30 minutes to complete and you have 4 weeks in which to take the survey.

Please note that your participation in this study is completely voluntary and there are no direct benefits and minimal risks to participating in this study. The questions will be asked in English and there are no right or wrong answers to any questions asked. No identifying information, such as your name or I.D. number is asked for, which means that you will remain completely anonymous throughout your participation in this study. IP addresses will be deleted immediately and no-one, including myself as the researcher, will have access to your individual identity. The answers to your questions will be stored on a password-protected computer ensuring that the data is kept safe and your responses will be kept strictly confidential. You do not have to answer all the questions and you can leave out any questions you would prefer not to answer. You are also welcome to change your mind about participating in this study at any time until you submit the questionnaire.

Completing and submitting the survey will be considered as informed consent to participate in the study and to use the data you provide as follows. The data collected will be reported in the form of a research report that will be submitted to the University of the Witwatersrand; this report will be made publicly

available on the University's library website. Although your answers may be quoted directly, these will not be linked to you as an individual and will be presented using a pseudonym (e.g. Participant 1). Any information you share that may divulge your identity will be appropriately changed before being used in the final report. Your responses will be archived in anonymous, electronic form by the researcher and supervisors for future research use.

Please note that as the study is anonymous, it is not possible to give individual feedback. Feedback of the general results will be given in the form of a summary of the overall findings of the research. This summary can be emailed to you on request using the contact details below. Your email address will in no way be linked to your survey responses.

There are no direct benefits and minimal risks to participating in this study. However, if you feel worried about any emotions or concerns that may have arisen for you when completing the questionnaire, you can contact the following organizations for assistance:

South African help lines:

- **LifeLine (free of charge) 0800-322-322**
- **FAMSA (fees may be incurred) (011) 975 7106/7**

United Kingdom Help Lines:

- **Rethink 0300 5000 927**
- **Anxiety UK 03444 775774**

Other useful links and contact numbers can be found on the following website:
https://www.nhs.uk/conditions/stress-anxiety-depression/mental-health-helplines/

United States of America Help Lines:

- **National Hopeline Network: 1-800-784-2433**

Other useful links and contact numbers can be found on the following website:
https://www.bpdworld.org/helplines/usa-helplines.html

If you have any queries regarding the research, please feel free to contact me or my supervisors using the details below. Ethical queries can also be directed to the University of the Witwatersrand Human Research Ethics Committee (non-medical) – please contact Shaun Schoeman (011-717-4108; Shaun.Schoeman@wits.ac.za).

Your participation in this study will be greatly appreciated as your responses will provide information that could potentially help to better understand the wellbeing of mothers' who access online parenting forums.

If you know of anyone else who fits the requirements for the study and who might be interested in completing the survey, please forward the link, invitation, and this participant information sheet to them.

Yours sincerely,

Tamaryn Wilde
Email: info@tamarynwilde.co.za
Nicky.Israel@wits.ac.za

Supervisors: Prof Katherine Bain & Dr Nicky Israel
Email: Katherine.Bain@wits.ac.za;

Participant: Consent to Participate

I hereby consent to my responses being used for the purposes of Tamaryn Wilde's research study on the links between online parenting forums and feelings of guilt and competency in mothers.
I understand that:

1. My participation will involve completing and submitting the following online questionnaire.
2. My participation in this study is completely voluntary.
3. I do not have to answer any questions I do not want to.
4. I am able to stop my participation in this study at any time until I submit the completed questionnaire.
5. There are no direct benefits and minimal risks to participating in this study.
6. My identity will remain anonymous and my responses will be kept confidential in the write-up and publication of any work related to this study.
7. My answers may be quoted however these will be reported using a pseudonym (e.g. Participant 1) and will not be able to be linked to me as an individual.
8. I understand that my responses will be archived in anonymous, electronic form by the researcher and supervisors for future research use.
9. I hereby consent to participate in the study based on the conditions that have been explained to me.

I have read the above information and consent to participate in this study on a voluntary basis. I also understand that I may withdraw at any point until submission of the questionnaire.

YES	NO

Appendix II: Access Request Letter

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, WITS, 2050
Tel: (011) 717 4500 Fax: (011) 717 4559

Dear University registrar, Date:

My name is Tamaryn Wilde and I am completing my Master of Arts Degree in Psychology by Dissertation (Research) at the University of the Witwatersrand. I am conducting a research study which investigates the potential links between online parenting forums and feelings of guilt and competency in mothers.

To participate in this study, respondents must be mothers who have access to online parenting forums which they use at least some of the time to inform their parenting practice. Online parenting forums include online sites such as online parenting support groups, groups on Facebook, 'Mommy Blogs', and any other online parenting information forum that respondents have visited or been a part of. Respondents need to be over the age of 18 and under the age of 55 and have at least 1 child under the age of 10. They also need to have access to the internet and some knowledge on how to use online parenting forums and social media platforms.

As you have employees and students at your institution who meet these criteria, I would like to request your permission to please approach these employees and students to invite them to participate in my study. Participation will involve completing an online survey that should take approximately 20-30 minutes to complete. If you give permission for us to approach your employees and students, we will ask to make a suitable arrangement for an electronic invitation to be emailed to potential participants that includes a participant information sheet and a link to the online survey.

Please note that participation in this study is completely voluntary and there are minimal risks and no benefits associated with choosing to participate in this study. The questions will be asked in English and there are no right or wrong answers to any questions asked. No identifying information, such as participant's name or I.D. number is asked for and no-one at your university will be aware of whether participants choose to participate or not**.** The name of your institution will also be kept strictly confidential and will not be disclosed when reporting on the findings of the study. Participants will not be asked for their name or surname or any identifying information which means that they will remain completely anonymous throughout their participation in this study. IP addresses will be deleted

immediately and no-one, including myself as the researcher, will have access to participants' individual identities. The answers to the questions will be stored on a password-protected computer ensuring that the data is kept safe and responses will be kept strictly confidential. Participants do not have to answer all the questions and can leave out any questions they would prefer not to answer. They are also welcome to change their mind about participating in this study at any time until they submit the questionnaire.

Completing and submitting the survey will be considered as informed consent to participate in the study and to use the data provided as follows. The data collected will be reported in the form of a research report that will be submitted to the University of the Witwatersrand; this report will be made publicly available on the University's library website. Although participants' answers may be quoted directly, these will not be linked to participants individually and will be presented using pseudonyms (e.g. Participant 1). Any information participants share with me that may divulge their identity will be appropriately changed before being used in the final report.

Please note that as the study is anonymous, it is not possible to give individual feedback. Feedback of the general results will be given in the form of a summary of the overall findings of the research. With participants' permission, we will store their responses permanently in anonymous, electronic form and possibly use this for future research projects.

If you have any questions or concerns, please feel free to contact me or my supervisors using the details below – these will also be given to participants if they have queries or concerns. Ethical queries can also be directed to the University of the Witwatersrand Human Research Ethics Committee (non-medical) – please contact Shaun Schoeman (011-717-4108; Shaun.Schoeman@wits.ac.za).

Your assistance with this study will be greatly appreciated as responses will provide information that could potentially help to better understand the wellbeing of mothers' who access online parenting forums.

Yours sincerely,

Tamaryn Wilde
Email: info@tamarynwilde.co.za

Supervisors: Prof Katherine Bain & Dr Nicky Israel
Email: Katherine.Bain@wits.ac.za;
Nicky.Israel@wits.ac.za

Appendix III: Brief Invitation to Participate

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, WITS, 2050
Tel: (011) 717 4500 Fax: (011) 717 4559

Good day, Date:

My name is Tamaryn Wilde and I am completing my Master of Arts Degree in Psychology by Dissertation (Research) at the University of the Witwatersrand. I am conducting a research study which investigates the potential links between online parenting forums and mothers' feelings of competence and guilt.

If you are a mother who has access to online parenting forums which you use at least some of the time to inform your parenting practice, I would like to invite you to participate in my study. Online parenting forums include online sites such as online parenting support groups, groups on Facebook, 'Mommy Blogs', and any other online parenting information forum that you may have visited or been a part of.

Please note that to take part in this study, you will need to be over the age of 18 and under the age of 55. You also need to have at least 1 child under the age of 10 and access to the internet and some experience of using online parenting forums and social media platforms. If you fit these requirements and are willing to participate in the study, please use the link below which will take you to an online survey to complete. The survey should take approximately 20-30 minutes to complete and you have 4 weeks in which to take the survey.

The link below will take you to the online survey with the participant information sheet (also attached) and survey questions.

[link address to be inserted]

If you know of anyone else who fits into one of the categories above and who might be interested in participating, please forward this invitation to them.

If you have any questions or would like further information, please feel free to contact me or one of my supervisors. If you choose to participate in this study, your responses will be very much appreciated.

Thank you!

Yours sincerely,

Tamaryn Wilde
Email: info@tamarynwilde.co.za

Supervisors: Prof Katherine Bain & Dr Nicky Israel
Email: Katherine.Bain@wits.ac.za;
Nicky.Israel@wits.ac.za

Appendix IV: Online Survey

Please complete the questions below as honestly and accurately as possible. There are no right or wrong answers, and you do not have to answer any questions that you would prefer not to.

1.1. What Internet exposure do you have? Please select all relevant options and state approximately how much time you spend on these platforms per day?

	Use (please tick if this applies)	**Time per day**
YouTube		
Facebook		
Twitter		
Instagram		
WhatsApp		
Blogs (on any subject)		
General surfing on the Internet		
Other (please specify):		

1.2. How much of your daily Internet use would you say is related to parenting? Please indicate a percentage between 0% and 100% in the space given? _____%

1.3. Are you/have you ever been a member of or made use of any online parenting or infant development groups, forums, or blogs (i.e. any parenting platforms)? Please select the appropriate option:

Yes	**No**

1.3.1. If your answer to 1.3 was 'no', please explain why this is the case? _____

1.3.2. If your answer to 1.3. was 'yes', please indicate which parenting platform/s you use, whether these are open or closed (i.e. do you need to register to join), whether you are still currently using these platforms or not, and approximately how much time you spend/spent on these platforms?

Parenting Platform	**Registration required (yes/no)**	**Currently using (yes/no)**	**Time spent per day**
WhatsApp parenting groups			
Facebook parenting sites (formal)			
Facebook parenting groups			
Twitter parenting groups			
YouTube parenting content			
Online parenting blogs			
Infant/child development sites			
Parenting advice sites			
Parenting counselling sites			
Other (please specify):			

1.4. Please answer the questions below by selecting the option that most applies:

	Never	Rarely	Once a month	Several times a month	Once a week	Several times a week	On a daily basis
1. How often do you send personal messages on online parenting forums?							
2. How often do you read the contributions of others on online parenting forums?							
3. How often do you write your own contributions on online parenting forums?							

1.5. How often do you ask for advice/ ask questions on online parenting forums? Please select the option that most applies:

I never ask for advice	Once or twice a month	Once or twice a week	At least once a day	More than once a day

1.6. Do you find advice you receive from online parenting forums helpful? Please select the option that most applies:

Yes	Sometimes	No

1.7. Do you offer advice/ comment on online parenting forums? Please select the option that most applies:

I never give advice/ comment	Once or twice a month	Once or twice a week	At least once a day	More than once a day

1.8. Do you find other users' questions and comments helpful? Please select the option that most applies:

Yes	Sometimes	No

1.9. **Please answer the questions below by selecting the option that most applies:**

	Does not apply at all	Tends not to apply	Applies in some cases; not in others	Tends to apply	Absolutely applies
1. I use online parenting forums to meet other mothers.					
2. I use online parenting forums to communicate with people other than my acquaintances.					

3. I use online parenting forums to communicate with like-minded people.					
4. I use online parenting forums to occupy my time.					
5. I use online parenting forums to entertain myself.					
6. I use online parenting forums to forget my worries.					
7. I use online parenting forums to seek information.					
8. I use online parenting forums to find help.					
9. I know what information is credible on online parenting forums.					
10. I am able to critically compare information on online parenting forums.					
11. I able to assess whether information on online parenting forums is accurate.					
12. I recognize what information is relevant on online parenting forums.					
13. I am able to create and edit text with computer programs.					
14. I am able to write posts on online parenting forums.					
15. I am able to process my photos or videos on the computer.					
16. If necessary, I am able to upload my videos or photos to online parenting forums.					
17. I am aware of the dangers of online parenting forums.					
18. I am able to reduce the dangers of online parenting forums, by, for example, using pseudonyms or privacy settings.					
19. I know what data I should not post to online parenting forums.					
20. I know how I can protect my personal data on online parenting forums.					

2.1. Please rate the extent to which you agree or disagree with each of the following statements by selecting the option that most applies:

	Strongly Disagree	**Somewhat Disagree**	**Disagree**	**Agree**	**Somewhat Agree**	**Strongly Agree**

1. The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.						
2. Even though being a parent could be rewarding, I am frustrated now while my child is at his / her present age.						
3. I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.						
4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.						
5. My mother was better prepared to be a good mother than I am.						
6. I would make a fine model for a new mother to follow in order to learn what she would need to know in order to be a good parent.						
7. Being a parent is manageable, and any problems are easily solved.						
8. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.						
9. Sometimes I feel like I'm not getting anything done.						
10. I meet by own personal expectations for expertise in caring for my child.						
11. If anyone can find the answer to what is troubling my child, I am the one						
12. My talents and interests are in other areas, not being a parent.						
13. Considering how long I've been a mother; I feel thoroughly familiar with this role.						
14. If being a mother of a child were only more interesting, I would be motivated to do a better job as a parent.						

15. I honestly believe I have all the skills necessary to be a good mother to my child.						
16. Being a parent makes me tense and anxious.						
17. Being a good mother is a reward in itself.						

2.2. Please rate the extent to which you agree or disagree with each of the following statements by selecting the option that most applies:

	Strongly Agree	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly Disagree**
1. When my child does something bad, I feel as though it is my fault.					
2. I often feel guilty as I reflect on how I'm doing as a mother.					
3. When I lose my temper at my children, I feel guilty afterward.					
4. I worry that I should be giving more of myself as a mother.					
5. When my child fails at something, I question my own parenting.					
6. I worry about whether I make the right decisions in the way that I parent.					

3.1. Please answer the following questions any way you would like to. There are no right or wrong answers, and you can give as much or as little information as you feel comfortable to.

a) Please tell me about a time where after/during accessing an online parenting platform you felt guilty or less competent as a parent? What was happening at that time and why do you think you had that particular response? Please be as detailed as possible in your response.

b) Please tell me about a time where after/during accessing an online parenting platform you felt more competent as a parent or less guilty? What was happening at that time and why do you think you had that particular response? Please be as detailed as possible in your response.

c) Is there anything else you would like to say about using online parenting platforms?

4.1. Please answer the following questions by filling in the requested information or selecting the option that most applies. Please note that this information is requested for descriptive and analytic purposes only.

4.1.1. Age: _____

4.1.2. Nationality: _____

4.1.3. Gender:

Male	Female	Non-binary	Other (please specify):

4.1.4. Race:

Asian	Black	Coloured	Indian	White
Other (please specify):				

4.1.5. Marital status:

Single	In a relationship	Engaged	Married	Divorced	Widow/er
Other (please specify):					

4.1.6. How many children do you have? What are their ages? _____

4.1.7. Are you currently pregnant?

Yes	No

4.1.8. Paternal (father) involvement in everyday parenting:

Very	Somewhat	A little	Not at all

4.1.9. What is your current employment status?

Not employed	Employed full-time	Employed part-time	Self-employed

4.1.10. What is your highest level of education?

Less than Grade 12	Grade 12 (Matric)	Further education and training college (FET)	
Diploma	Other college	Undergraduate degree	Postgraduate degree
Doctorate	Post-doctoral studies		

4.1.11. Have you ever suffered from a mental illness?

Yes	No

4.1.12. If so, which one/ones?

_____

4.1.13. If so, how would you currently rate the severity of your mental illness?

Mild	Moderate	Somewhat severe	Severe

4.1.14. Has your child/children ever suffered with a physical or mental disorders?

Yes	No

4.1.15. If so, which one/ones?_____

4.1.16. If so, please rate the severity of this/these disorders:

Mild	Moderate	Somewhat severe	Severe

4.1.17. What is your approximate monthly household income? Please include the salaries of everyone in the household who works:

Low income	Medium income	High income

Appendix V: Ethics clearance certificate

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Wilde

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H19/11/70**
PROJECT TITLE	'Mothering' in a culture of (dis)connectivity: Online parenting forums, maternal guilt, and parental competency
INVESTIGATOR(S)	Ms T Wilde
SCHOOL/DEPARTMENT	Human and Community Development/
DATE CONSIDERED	15 November 2019
DECISION OF THE COMMITTEE	Approved Permission letter from the motherhood organisation/website required before data collection can commence
EXPIRY DATE	08 December 2022

DATE 09 December 2019 **CHAIRPERSON** _____ (Professor J Knight)

cc: Supervisor : Dr K Bain and Dr N Israel

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

_____ **Signature**

_____/_____/_____ **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

Appendix VI: Histograms for the study's main variables of interest

Figure 1

Distribution of parental guilt scores

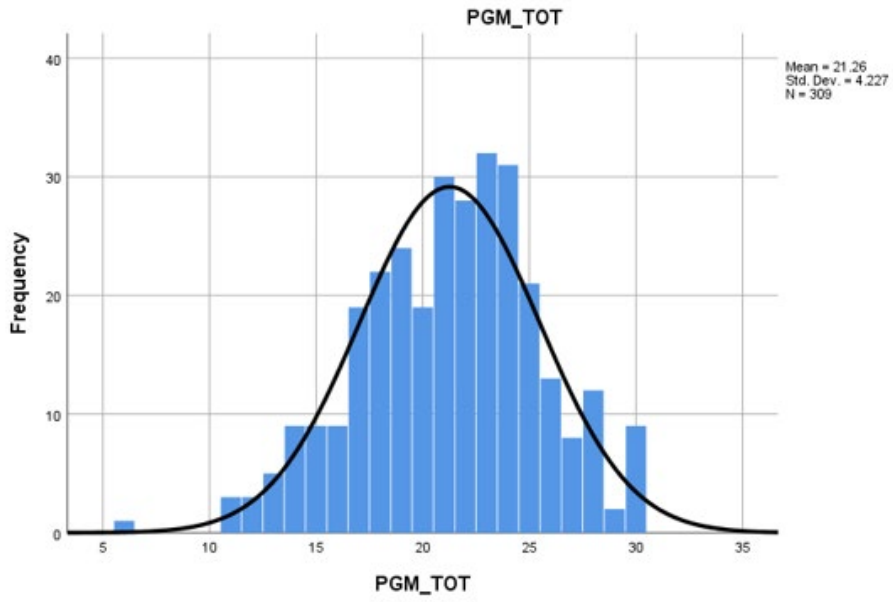


Figure 2

Distribution of Total Parental Sense of Competency

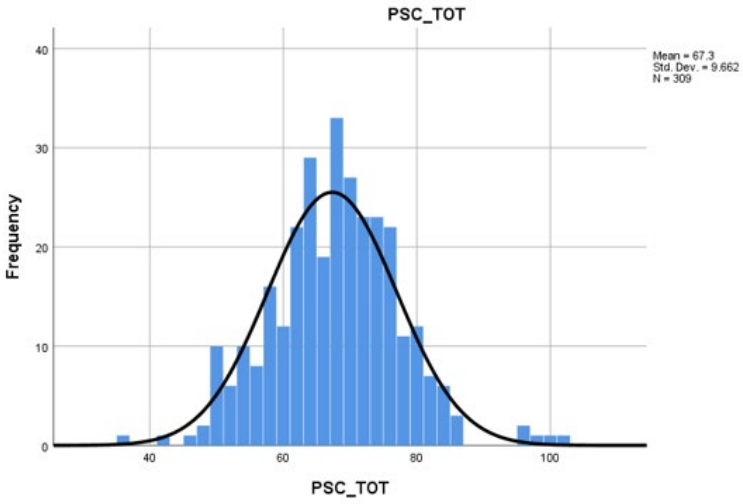


Figure 3

Distribution of Parental Sense of Competency Satisfaction subscale scores

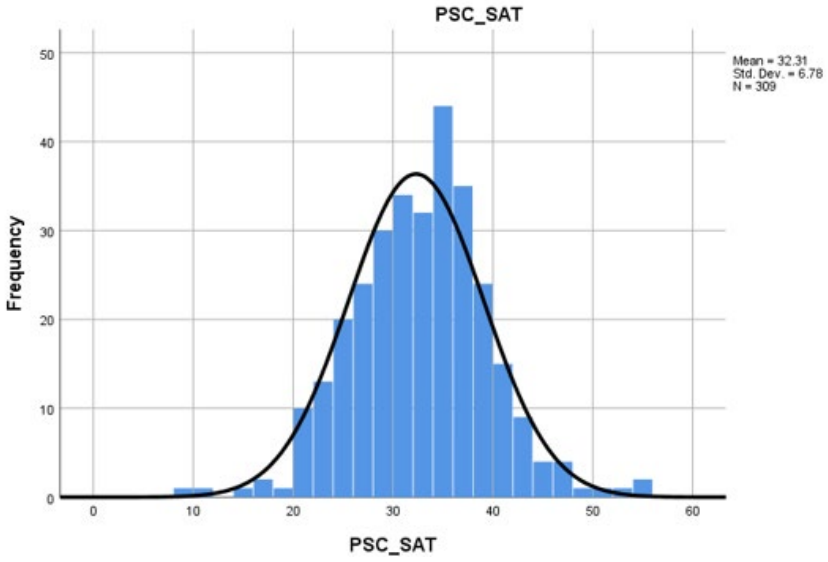


Figure 4

Distribution of Parental Sense of Competency Efficacy subscale scores

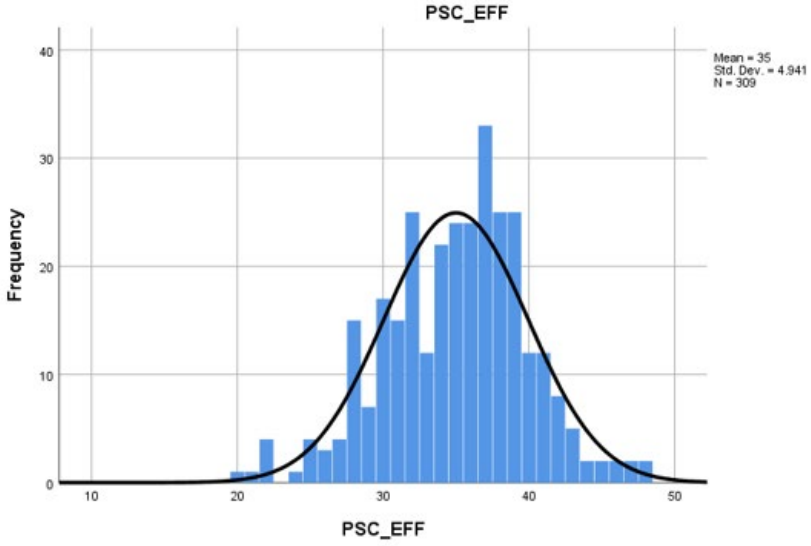


Figure 5

Distribution of Total Online Parenting Platform Usage scores

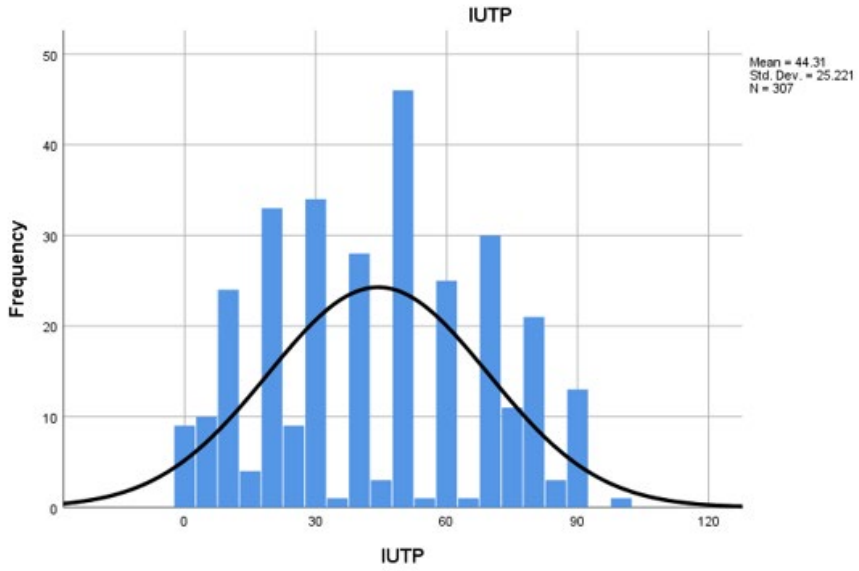


Figure 6

Distribution of online parenting platform usage scores

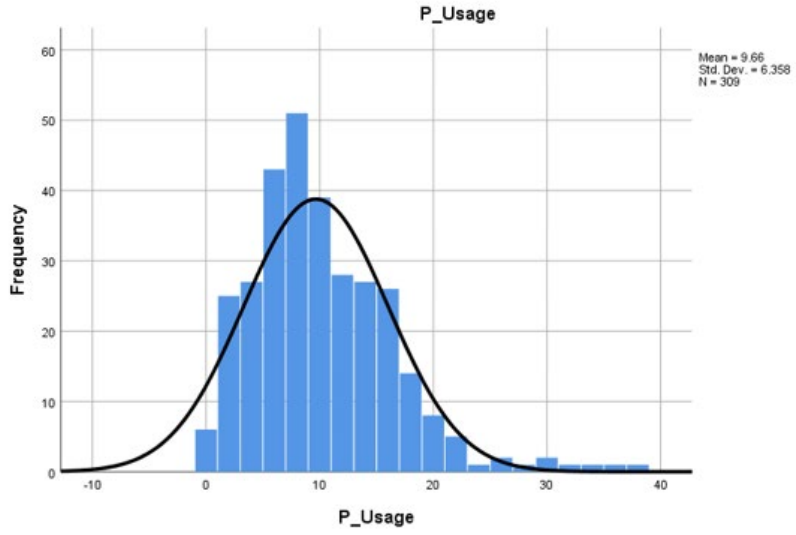


Figure 7

Distribution of number of online parenting platform sites usage scores

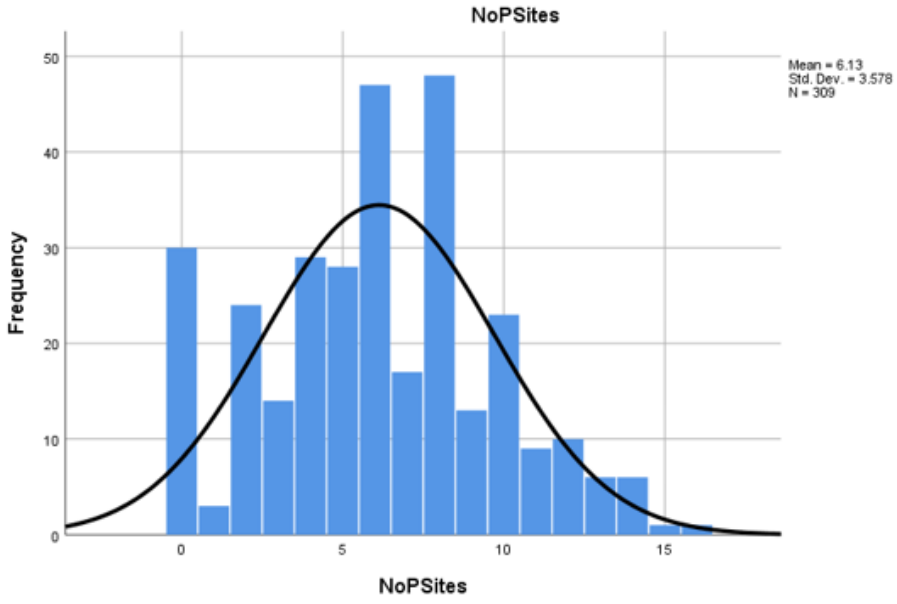


Figure 8

Distribution of informal online parenting platform usage scores

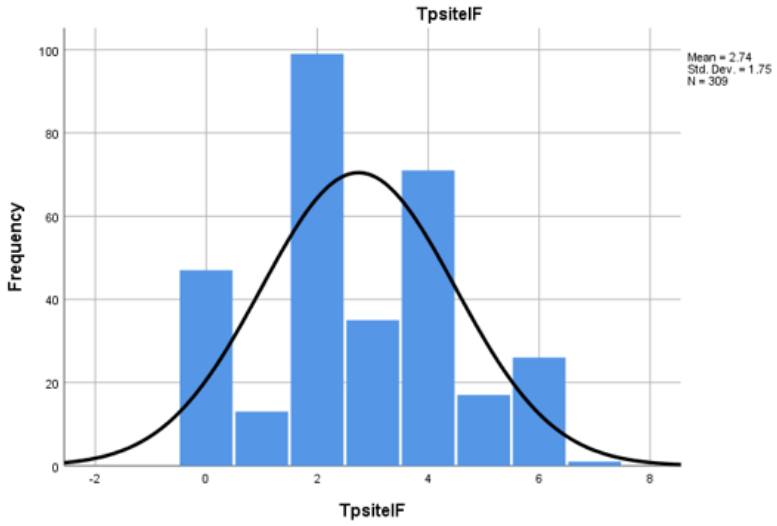


Figure 9

Distribution of formal online parenting platform usage scores

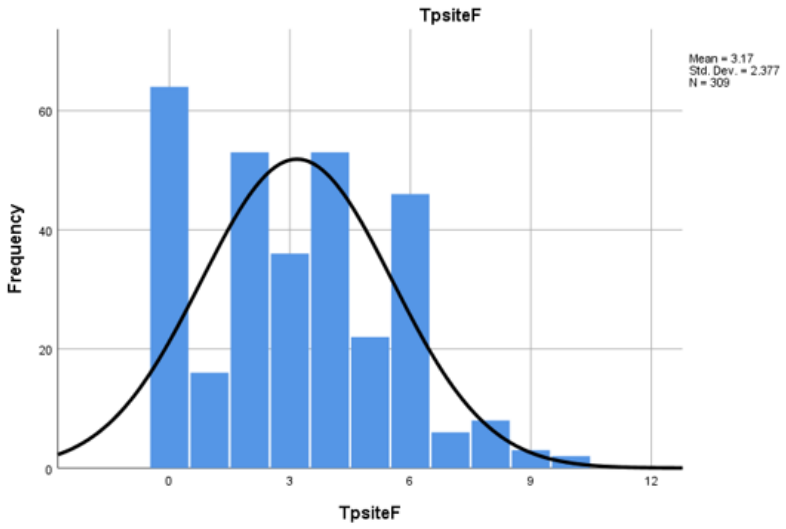


Figure 10

Distribution of level of participant online engagement scores

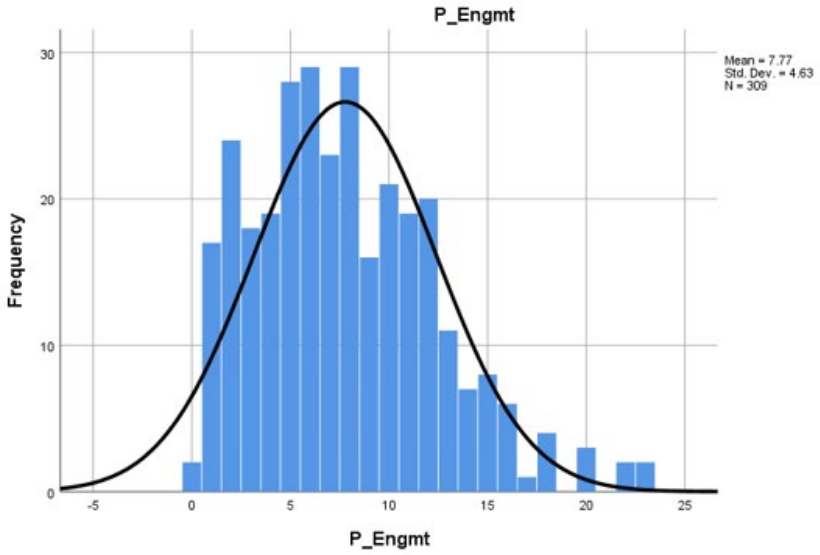


Figure 11

Distribution of Participant's Full Usage scores (sum of usage and engagement)

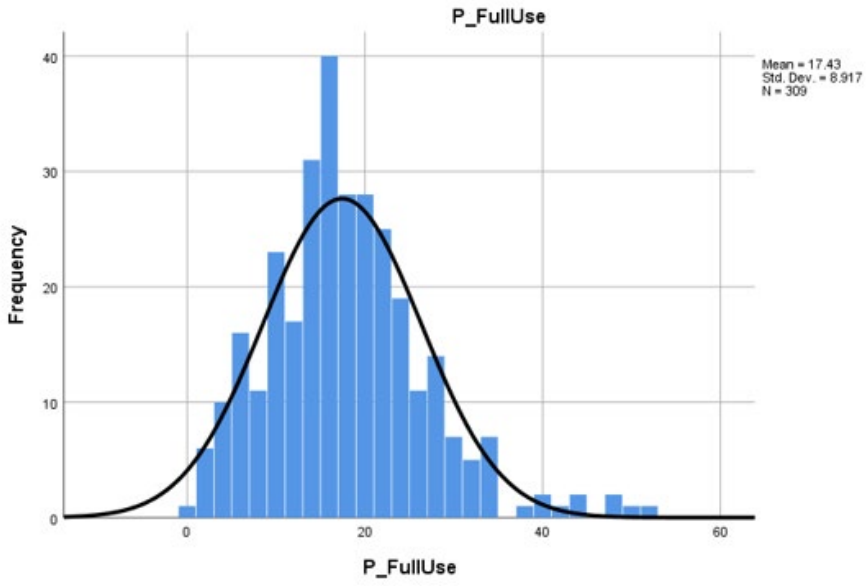


Figure 12

Distribution of Participant's Online Literacy scores

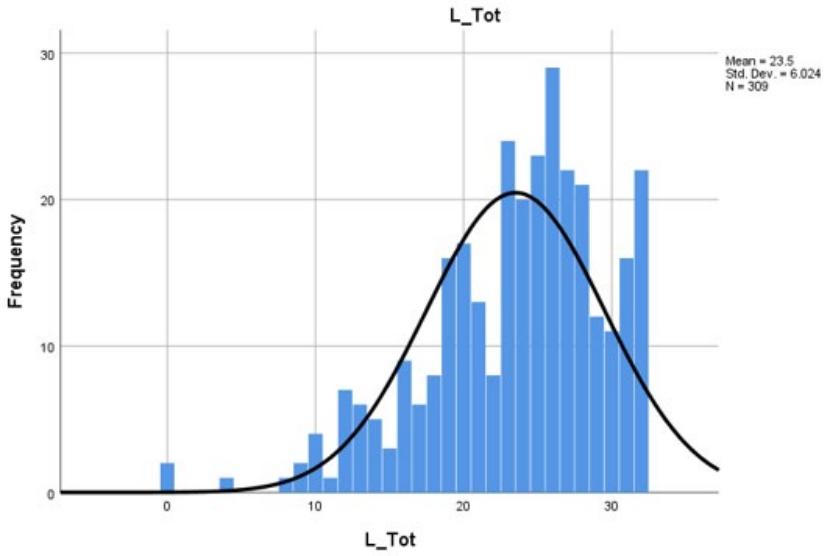
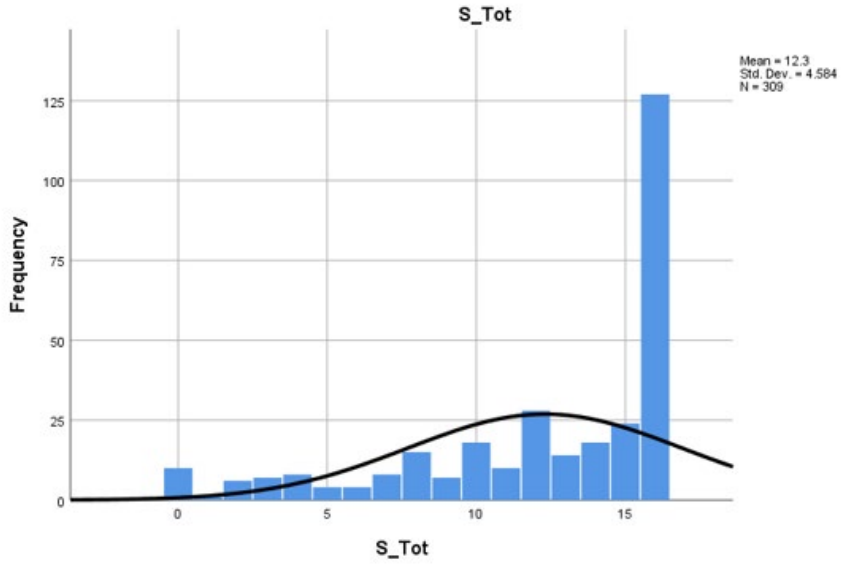


Figure 13

Distribution of Participant's Online Skills scores



Appendix VII: Demographics

Table 17

Nationality of participants

Gender*	**Frequency**	**Percentage**
Female	308	99.7

*Frequency missing = 1 (0.3%)

Nationality*	**Frequency**	**Percentage**
South Africa	160	51.8
United Kingdom	98	31.7
United States of America	8	2.6
Canada	3	1
Australia	2	0.6
Mauritius	15	4.9
Bulgaria	2	0.6
Austria	1	0.3
Finland	1	0.3
Germany	2	0.6
France	1	0.3
Sweden	1	0.3
India	1	0.3
Holland	1	0.3
Dual Citizenship	2	0.6

*Frequency missing = 11 (3.6%)

Table 18

Participants Race

Race*	Frequency	Percentage
White	160	51.8
Black	98	31.7
Coloured	8	2.6
Indian	3	1
Asian	2	0.6
Hispanic	15	4.9
Mixed	2	0.6

*Frequency missing = 2 (0.6%)

Table 19

Participants marital status

Marital status	Frequency	Percentage
Single	11	3.6
In a relationship	27	8.7
Engaged	15	4.9
Married	250	80.9
Divorced	5	1.6
Widowed	1	0.3

Table 20

Participants number of children

Number of children	Frequency	Percentage
1	162	52.4
2	107	34.6
3	35	11.3
4	3	1.0
5	2	0.6

Table 21

Child age categories

Child age categories	Frequency	Percentage
Less than 2 years of age	197	63.8
Less than 5 years of age	73	23.6
Over 5 years of age	39	12.6

Table 22

Pregnancy

Pregnancy	Frequency	Percentage
No	288	93.2
Yes	20	6.5

*Frequency missing = 1 (0.3%)

Table 23

Father involvement

Father involvement	Frequency	Percentage
No	8	2.6
Little	15	4.9
Somewhat	64	20.7
Very	220	71.2

*Frequency missing = 2 (0.6%)

Table 24

Employment status

Employment status	Frequency	Percentage
No	66	21.4
Employed full time	131	42.4
Employed part time	59	19.1
Self employed	52	16.8

*Frequency missing = 1 (0.3%)

Table 25

Participants level of education

Education	Frequency	Percentage
Less than Grade 12	3	1.0
Grade 12	11	3.6
Further education and training college	12	3.9
Diploma	36	11.7
Other college	18	5.8
Undergraduate	71	23.0
Post graduate	145	46.9
Doctorate	10	3.2

*Frequency missing = 3 (1%)

Table 26

Participants socio-economic status

Socio-economic status	Frequency	Percentage
Low income	27	8.7
Medium income	176	57.0
High income	102	33.0

*Frequency missing = 4 (1.3%)

Table 27

Mental illness prevalence among participants

Suffered with mental illness (mother)	Frequency	Percentage
No	180	58.4
Yes	128	41.4

*Frequency missing = 1 (0.3%)

Table 28

Type of mental illness experienced by participants

Type of mental illness (mother)	**Frequency**	**Percentage**
Anxiety/Depression	74	23.9
Post-natal depression	15	4.9
Post-natal depression comorbid	17	5.5
Post-traumatic stress disorder	1	0.3
Post-traumatic stress disorder comorbid	8	2.6
Eating disorder	4	1.3
Borderline personality disorder	3	1.0
Bipolar	2	0.6
Attention deficit hyperactivity disorder	2	0.6
Burnout and depression	1	0.3
Postpartum psychosis	1	0.3

*Frequency missing = 181 (58.6%)

Table 29

Severity of participants' mental illness

Severity of mental illness (mother)	**Frequency**	**Percentage**
Mild	76	24.6
Moderate	35	11.3
Somewhat severe	11	3.6
Severe	3	1.0

*Frequency missing = 184 (59.5%)

Table 30

Prevalence of mental illness in participants' children

Suffered with mental illness (child)	**Frequency**	**Percentage**
No	76	24.6
Yes	35	11.3

*Frequency missing = 6 (1.9%)

Table 31

Type of mental illness experienced by participants' child

Type of physical/mental illness (child)	**Frequency**	**Percentage**
Attention deficit hyperactivity disorder	6	1.9
		0.3
Post-traumatic stress disorder	1	0.6
Autism spectrum disorder	2	0.6
Gastroesophageal reflux disorder	3	1.0
Anxiety/depression	2	0.6
Sensory processing disorder	3	1.0
Allergies	2	0.6
Epilepsy	1	0.3
Heart defect	2	0.6
Other	2	0.6

*Frequency missing = 285 (92.2%)

Table 32

Severity of participants' child's mental illness

Severity of mental illness (child)	Frequency	Percentage
Mild	8	2.6
Moderate	7	2.3
Somewhat severe	5	1.6
Severe	3	1.0

*Frequency missing = 286 (92.6%)

Table 33

Participants gender

Gender	Frequency	Percentage
Female	309	99.7

*Frequency missing = 1 (0.3%)