Learning to be a Parent:
The role of the Internet in teaching new skills

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Abstract

It is now widely recognised that the use of the Internet as a source of health information is increasing. Parents form a high proportion of those using the Internet to seek health care advice for themselves and also for information about their children's health and well-being. Resources available for teaching new parents about the day-to-day aspects of childcare are limited and it is often not until parents are at home and experiencing difficulties that they are receptive to learning about aspects of childcare. At this point parents are increasingly turning to parenting websites to seek more information and support in caring for their children. This trend is reflected by the growth in the number of parenting websites providing virtual discussion arenas for parents and a wide range of relevant online information.

This paper presents findings from the Cyberparents research project. Using data collected via an online survey linked to www.babyworld.co.uk, the paper explores the ways in which mothers in particular are using the Internet to help them adjust to their role as new parents.

Keywords: Internet, parenting, mothers, social support, online community.

'My mum's thirty years out of date': The Role of the Internet in the Lives of New Mothers.

Introduction

The role of Computer Mediated Communication (CMC) in forming virtual communities is now well-documented (Rheingold, 1994; Jones, 1995, 1997, 1998; Loader, 1997; Baym, 1998; Burrows et al., 2000). For example, Jones (1997) has illustrated how certain disadvantaged or marginal groups are using the Internet as a means of social support, resulting in the formation of 'virtual communities' based around common interests such as an illness or disease, rather than geographical proximity. Indeed, as Shaw (1997:135) has suggested, 'Cyberspace is a world divided by interest rather than geography' because as Sharf (1997:73) notes, here '…the likelihood of connecting to others who share important commonalties is much greater than in a small local group'.

It is also widely recognised that the use of the Internet as a source of health information is increasing (Silke et al.,1998). Research by Rippen (1997) found that 37% of consumers were using the Internet to find health care and medical information, which given the wealth of information available online, is no surprise (Rippen, 1997; Silke et al., 1998; Burrows and Nettleton, 2000). There are many resources available for Internet users seeking support and information. These cover health and disease linked topics such as breast cancer (Sharf, 1997) and alcoholism (King, 1994; Pleace et al., 2000), or a new experience such as becoming a parent (Burrows et al, 2000; O'Connor and Madge, 2001). Indeed, parents form a high proportion of those who are using the Internet to seek health care advice for themselves and for information about their children's health and well-being; a trend reflected in the growth of the number of parenting websites (Lamp and Howard, 1999; Williams, 1999; Moorhead, 2000). The benefits of using the Internet for disseminating parenting skills have also been recognised by health professionals, aware that the resources available for teaching new parents about the day-to-day aspects of child care are limited (Lamp and Howard, 1999).

Given these trends it is surprising that little research exists in this area and, as Burrows (2000:12) has argued, '…we have little understanding of how and when people turn to the Internet for information and support and the relative weight they give to the sources of help they access in that medium.' This paper aims to address this research gap and contribute to the debate surrounding virtual communities and online self-help and social support. Unlike much previous research in to online and virtual communities which have focused on the use of usenets, MUDS and chat rooms, this research was based exclusively upon the use of one particular website. Specifically the paper has three

aims. Firstly, it will examine the usage patterns of a parenting website, www.babyworld.com. Secondly, it will discuss the implications of these patterns for gaining advice and parental support in pregnancy and the period immediately following childbirth. Thirdly, it will place these usage patterns and attitudinal trends within the context of more traditional support mechanisms such as family support.

This paper, which draws upon the findings from the Cyberparents project, is divided in to six sections. First the research context and the project are described. Second the research methodology is outlined. The third section presents the findings, examining in detail the reasons why respondents used the website. Next, respondents thoughts about the information, advice and support gained are analysed. The role of the Internet in relation to other, more traditional support systems is then discussed. Finally, we conclude that while parenting websites do provide a useful source of support, in particular for new mothers, they do not replace face-to-face communication or more traditional support structures, rather they serve to supplement them.

The Research Context and The Cyberparents Project

The Cyberparents project arose out of the recognition that whilst the number of parenting websites has increased, one aspect of this type of CMC that has received little research attention is the impact that such websites may have on parenting practices. In broad terms the projects aim was to examine how and why new parents made use of sites such as Babyworld.

Parenting websites offer users the opportunity to join an online 'community' providing information, support and advice. Indeed, Rheingold's (1994) book 'The Virtual Community' begins with an example from his own use of the Internet as a parenting tool and gives some indication of the role which the Internet can play in the lives of users. He was impressed with both the immediacy and precise nature of the information provided and, if needed, the twenty-four hour availability of this support which can be crucial after childbirth.

There is little doubt that the period after arriving home from hospital can be extremely challenging for new parents (Oakley, 1992; O'Connor, 2001). Consequently, it is usual for new parents to feel the need to seek support and advice after the birth of a child. As Lupton (2000:55) found in her study of first time mothers, '…most of them became highly aware of their own lack of knowledge in practical matters of infant care once the child was born…' and they had returned home after the birth. Her interviewees commented that '…Learning how to 'read' their infants cries and soothe them, and how to feed, change and bathe them, were more difficult tasks than … anticipated and many found the first weeks nightmarish'. Similarly, a study by Moran et al. (1997) found that

nearly 90% of first time mothers who had recently given birth felt the need for more information on parenting skills; for example, recognising when their baby was ill, calming a crying baby, feeding their new-born child and bathing.

However, whilst there are a range of ante-natal parenting classes available, it is often not until parents are at home and experiencing difficulties that they are receptive to learning about day-to-day child care. As Lamp and Howard (1999:34) suggest, it is at this point that, '…More and more, parents are accessing information about new born care through the Internet and a computer at home, at a library or in a hospital/clinical setting…'.

The Cyberparents project[i] focused on one pioneer UK parenting website: http://www.babyworld.co.uk (see Figure 1). 'Babyworld', which is now a subsidiary of a UK Internet service provider, was started by Radcliffe Medical Press, a medical publisher, '…determined to bring accurate and reliable advice to new parents' (http://www.babyworld.co.uk March 2001). It was selected as the case study site because it was the first UK-based parenting website, launched in 1995. At the time the research project was set up (June 1998) this site had a high profile amongst parents as it was advertised in parenting handbooks distributed by hospitals to new parents (Rodway, 1997). Current usage figures show that the site has a membership of approximately fifty thousand and receives an average of one hundred and sixty thousand visitors and four million page impressions per month (source: site providers).

Babyworld's mission is to support a community where: '…new and expectant parents can share experiences and support, women can learn about their bodies, their baby, and childbirth and parents can celebrate the joy of a new life' (<http://www.babyworld.co.uk> March 2000). The site's slogan is 'Babyworld: be part of it'. Membership of the 'community' is encouraged and members are invited to become involved in the community, for example, by becoming bulletin board moderators in areas with which they may have personal experience (e.g. post natal depression). Membership is, however, optional and it is possible to 'lurk' and post messages without formally joining, although certain areas are restricted to members only.

When originally launched the site provided four main facilities: online shopping, a discussion forum, an interactive 'ask the experts' section and a reference section providing information on topics such as pregnancy. During the time period in which the research was carried out (June 1998 – June 1999) the site expanded and was relaunched in April 1999. It now offers further facilities and the areas outlined above have been refined and improved. For example, the discussion forums are now organised in to a series of popular themes such as 'trying to conceive' 'toddler troubles' and 'working mums' (see: http://babyworld.co.uk/bbs). Box 1 is an extract from the site, which illustrates the kind of facilities available to members of the 'community'.

> **Becoming a babyworld member is free and allows you to join the thriving babyworld community.**
>
> **There are many benefits of joining babyworld. In joining our community you will be able to create your very own home page, feature your child in the kids gallery, keep an online update of your pregnancy in the form of a pregnancy diary, your birth story or even a baby diary. And that's not all, with your permission we will also email you with details of member only competitions, special product offers available only to members plus much much more.**
>
> **Remember, joining costs you nothing and offers you many privileges, so come on – why not be part of it!**

Source: http://www.babyworld.co.uk March 2001

The Research Process and Respondent Profile

The first stage of this research project involved setting up an online survey and a project website. The Cyberparents website provided a brief introduction to the project and the researchers and established our credentials through links to the University of Leicester website. Further pages gave a more detailed account of the research and included the online survey (http://www.geog.le.ac.uk/baby). In an attempt to encourage wide participation, hoping for responses from both members and 'lurkers', the survey was accessible to all Babyworld visitors over a period of six weeks. Strategic links to our website were placed on the babyworld homepage and other popular pages of the site, inviting 'cyberparents' to take part in the research. Clicking on the cyberparents link automatically opened the survey on the project webpages. The survey ended with a short message of thanks and a request to email us if the respondent was willing to participate in a further detailed interview. Overall 155 responses were received with a further 16 email responses[ii] from people expressing their interest in a further interview.

The second stage of the research process involved in-depth online interviewing, developing the themes introduced in the questionnaire. A series of group interviews, each lasting for approximately one hour, were facilitated using an online conferencing software package called 'Hotline'. Hotline Connect is a user-friendly application, available for both Apple Macintosh and Microsoft Windows based platforms. It enables users to chat, either in groups or one-to-one, to others simultaneously logged on to a specified server address. It does not have high power requirements and can be installed and used easily without the need for sophisticated hardware or a high level of technical ability. This was important to us because as Gaiser (1997) has commented, the use of alternative electronic spaces requires participants to learn new technological expertise.

The researcher is already reliant on the goodwill of the interviewees and so the process needs to be as simple as possible.   For our project we were, to some extent, relying on an assumption that our interviewees were competent users of computer technology and sufficiently motivated to install the software. Using Hotline meant that we could be relatively confident that they could log on without trouble. Only two participants dropped out at the installation stage, one because her baby was due and the second because, unusually, her computer was not able to run the software.

Another potential advantage of 'Hotline Connect' is that the facilitators have a high degree of control over proceedings. It is not possible for anyone to 'lurk'; users must identify themselves and the facilitators have the ability to disconnect those who do not. Neither is it possible to 'drop in' to the sessions because they take place at specified times known only to those invited and a private computer server is used. This level of confidentiality and control over the research process was important to us for ethical and practical reasons as, for example, we did not want others not involved in the interviews to be able to 'lurk' and follow the proceedings.

We sent each interviewee the software[iii] and a set of guidelines on installation and use. If problems arose email or telephone advice was dispatched. The interviewees were then emailed a list of possible dates and times for interview and we set up a series of 4 group interviews with between 2 and 4 respondents at different times of day and week to suit both the participants and researchers.

We allowed one hour for the interview but asked the interviewees to be online a few minutes early to ensure that everyone was successfully connected. Each interview began with a welcome message and an explanation of who was 'present'. We went on to introduce ourselves and provide guidelines about the interview, explaining the format of the questions and highlighting potential technological difficulties. We began the interview with a general question, which like the following eight questions, was linked to the themes raised in the original survey. At the end of each interview we thanked the participants, invited them to request a copy of the transcript and explained the publication process to them.

The interview extracts provided in the following analysis of our data are reproduced here 'verbatim'. We have not edited out the spelling mistakes, grammatical errors or abbreviations which appeared in the original transcripts. We have, however, changed all names for anonymity. For a more detailed account of the research process see O'Connor and Madge (2001).

Use of the Internet

Recent surveys show that there are around 22 million Internet users in the UK, a dramatic increase from the estimated one million users in June 1997 (NUA surveys and Nielsen Net Ratings, February 2001). Although access to the Internet is constantly widening, considerable socio-economic barriers to use persist. Graham and Marvin (1996) show how access to a computer is linked with household income and socio-economic background. Gender is another significant factor, more men than women were online initially although this balance is being redressed as the total number online increases. Ethnicity and age also have a role to play, those online have tended to be predominantly white and young, the majority under 35 years old (Mann and Stewart, 2000). With increasing access to the Internet this bias is changing and the overall user group moving towards a more representative cross section of society.

The Cyberparents research was carried out in 1998 when estimates of UK net usage showed approximately 4 million Internet users. The majority of our survey respondents were indeed young, with 76% aged under 35, though this age range also fits with the Babyworld target audience of parents to be or new parents. In contrast to the user trends at the time, our sample was predominantly female (94%) attributable to the 'mother-oriented' nature of the website. In keeping with other surveys of Internet use the majority of our respondents were white, some 81% classifying themselves as such. The majority had access to a computer either at home or at work, with 77% accessing the website from home in their leisure time as opposed to only 11% accessing the site from the workplace. Interestingly 3% of respondents were logged on from home but in work time perhaps suggesting a future trend as more and more people are able to work from home (Felstead and Jewson, 2000).

In terms of frequency of visits and time spent online at Babyworld some 67% logged on weekly or more often with 8% making daily visits. This reflects the national Internet use patterns which show an average of 12 visits per month (NUA). The majority of visits (86%) lasted less than one hour with only 38% of respondents spending 30 minutes or more on each visit. Again this reflects national trends which show that on average users spend 19 minutes on each site. Finally, in terms of usage patterns over half of respondents visited other parenting sites which were predominantly US based (parentsplace, ivillage.com, babycenter.com) and only one other UK site was mentioned (UKMumsonline).

The majority of respondents were in some kind of paid employment (42%) although only 23% overall were in full time employment as compared to 19% in part time employment. Almost a third classified themselves as house 'person' (28%) whilst 35% defined themselves as stay at home parents. Again not surprisingly the majority of the sample were married (63%) with only 16% living together as married. Geographically the sample was predominantly UK based (80%) and a further 13% were based in the USA.

Reasons for Using the Website

The first aim of this paper is to shed more light on the reasons why parents are using sites such as Babyworld, because there is little extant research explaining trends in Internet use.

Multiple Usage

We begin by examining respondents' explanations for using the site. As the interview extracts below illustrate, users tended to access the site for a combination of reasons.

Sam : I use babyworld basically
Sam : for information and fun
Rose: My husband found the site when we were first trying for a baby, about March 1998, and I've been hooked ever since. I mostly like to read other peoples stories. I found a pregnancy diary of a girl in very similar circumstances to myself and sent her an email - we've been corresponding ever since.
Sam .: I admit that I also read all the pregnancy stories
Sam.: I like the old wives tales and found a pen frienmd in Canada last year.

Amanda .: It's friendly - easy to find lots of info. I don't feel like an idiot asking questions I ought to knwo the answer to!
Kathy: I am keen to read all the parenting info there is going and because it is a GB site
Amanda .: Also, you can feel more involved than with a magazine - yes, agree with Kate, it being UK is a big plus
Hen and Clare: So it is for advice as well as support then?
Amanda .: Definitely - have had several daft questions answered on there so far!
Kathy: There are alot of US parenting sites out there but alot of the onfo is irrelevent and to subscribe to the newsletters etc you have to live in the US
Kathy: Yes for advice.

Rachel S. : i use for info, chatting and shopping - probably spend at least 1 hour per day - sometimes more
Becky R.: I used it when I was pregnant for info. Now I use it to read and join in discussions. I check it out most days

The discussion areas emerge as being important as does learning about the experiences of others in similar situations, for example, pregnancy stories. Oakley (1979) also found that new mothers were keen to talk to others about their own experiences, a theme discussed in more detail below.

The Role of Shared Experience

In the same way that online '…disease-focused groups provide unusual opportunities for information exchange and mutual support among people who face special health interests and vulnerabilities' (Sharf, 1997:66) it seems that parenting sites provide a

forum for expectant parents and parents of young children. Indeed, one the most important reasons for parents using the Internet for support and advice was the feeling of shared experience. Asking questions and joining in discussions was popular, as was hearing about the experiences of other people, perhaps because '…it's reassuring to read about other mothers' problems and a good source of solutions…' (Rose, interviewee).

The survey responses also suggested that the 'range of audience', defined in this case as 'access to a wide number of people and therefore advice based on a wide range of experiences', is important, with 73% indicating this. The interviewees expanded on this point.

Kathy: Yes suggestions from different kinds of people sometimes help you to think about something that you wouldn't have done before

Amanda T.: Very useful on the birth stories - although we discussed pain relief in ante-natal classes, no one there had ever tried any of it, so the information wasn't realy complete.

Amanda T.: It's nice to have different opinions on things, rather than absolute "do this" or "don't do that"

This virtual resource, a 'place' to visit where personal interests are shared with other users is an invaluable aspect of CMC. As Sharf (1997:73) comments 'Irreproducible in the face-to-face situation is the expertise and experience found on the list, with the advantage of interacting with hundreds of dispersed participants'. Some 76% of respondents in our survey considered 'support', defined as having 'contact with people who are in a similar situation', important.

Pamela: It is comforting to find you are not the only one experiencing the problem/issue.

Sarah D.: Exactly.

Pamela: Yes

Lisa: yes

Kathy: It also helps knowing that other people are having problems too

Amanda T.: Sometimes it's enough to know that you're not the only one!

As Amanda expresses above, part of this need comes perhaps from the desire to have your own thoughts and feelings confirmed as being 'normal'. In Tardy's (2000:455) research on mother and toddler groups she noted the importance of this confirmation. She comments that:

> '…The women's interactions not only provided assistance and created relationships but also provided the women with a sense that their experiences were normal. Sharing their experiences with women of similar values and lifestyles provided them with the assurance that they were usual…'.

There was also a sense amongst our interviewees that although other people can help and offer advice this is never satisfactory unless she/he has been through the same experience.

Kathy: Yes you can't describe giving birth until you have been there no matter how much researc you do
Amanda T.: TRUE

Becky: my health visitor doesn't have children, not always a bad thing but some things she just cannot appreciate

Sarah D.: The good thing about this advice is that you know it has come from someone who has dealt with the problem whereas your health visitor etc may not have children of their own or come across this before.

The importance of sharing your feelings with others who are going through the same experience at the same time was found to be important by the women in Oakley's (1979) study 'Becoming a Mother'. Amongst these women '…it was generally felt that husbands, mothers, friends, etc. did not provide a sufficiently sympathetic or interested audience for a detailed recounting of the experiences and difficulties of becoming a mother...' (Oakley 1981:50-51). In contrast, in the hospital, immediately after the birth, '… everyone is in the same boat. Strangers become confidantes, pooling the most intimate details of their lives, and united by common concerns: breast versus bottle, bowel movements, baths, beating the system' (Oakley 1979:130). This is precisely the kind of support offered on Babyworld, a place where everyone has recently been through the same experience and as such is deemed to have a special understanding or empathy with others. Our respondents were overwhelmingly parents with very young children, of those with children, 81% of the children were aged 2 or under. Many of these were first time parents (48%) or either pregnant or planning a pregnancy (28%). All these users therefore shared common concerns. However, these concerns tended to be short term. As parents become increasingly confident in the role and more advanced in their mothering careers' (Miller, 1998:63) they had fewer concerns and less in common with 'newer' parents. Importantly, they no longer shared the recency of experience deemed so important in using the website. This time limited need for support is also evident in other studies (O'Connor, 2001).

Timeliness

Rheingold (1994:16) describes, in some detail, his own use of the Internet to seek information about the health of his two year old daughter. He was particularly struck by the timeliness of the medium, both the speed of the response and the availability of advice at all hours of the day,

> 'What amazed me wasn't just the speed with which we obtained precisely the information we needed to know, right when we needed to know it. It was also the immense inner sense of security that comes with discovering that real people – most of them parents, some of them nurses, doctors, and midwives – are available, around the clock if you need them…'

This factor also emerged as being very significant for our group and time had an impact in two different ways. Firstly, like Rheingold, some 73% of the parents found the convenience of the Internet, for example, the ability to log on at any time and the immediacy of the responses to questions important. This was also stressed by the interviewees. As one mother commented '…you don't have to make an appointment and you can use it at a time entirely suited to you and not someone else…' (Sally D.)

Becky: Yes, also you can access it when and how often you want. It could be three in the morning or the 10th time that day.

Rachel S: yes definately - usually soome feedback by next day

Amanda T.: The timing does help. I wouldn't want to troubel the HV/GP in the night unless ti was important, but knowing there's someone there is reassuring, even though I haven't had to.

Sarah D.: … it is useful when it is late at night and there isn't anyone you wish to disturb for a trivial problem.

Amanda T.: Also, there are some things that are so little that you don't want to feel like you're wasting anyone's time. Askign the HV or GP might get in the way of something mroe important, whereas sending an e-mail, the person can answer it when convenient

Becky: You can feel more in control and not feel you are pestering people

Secondly, the mothers made comments to the effect that the information obtained via the net was more up to date than advice available elsewhere. There was a tendency to criticise other providers such as mothers and health visitors as being hopelessly out of date as the following extract illustrates:

Hen and Clare: does it compare well with info. from elsewhere (gp, health visitor, mother etc.)

Rachel S: yes - its great - other mums offer better advice tha HV etc

Becky: I think you have to realise other than the 'expert' advice it is peoples opinions

Rachel S: my mum's 30 years out of date!

Becky: so is my health visitor

Kathy: I also find that the HV advice sometimes sounds like it is coming from a text book as mt HV's children are grown up.

As the comment from Rachel suggests, users believe that the advice offered by other mothers is of more value than that provided by more traditional sources. Whilst new mothers continue to consult their own mothers and professional health carers there is a perception that the information which they can research for themselves on the Internet is 'better' as it is better reflects current childcare practice.

Attitudes towards Website Information

Having looked at the reasons why these mothers use Babyworld, we go on to examine in more detail their feelings about the information available online, for example, how it compares to advice and information provided in a more traditional context.

General Attitudes

Overall some 71% of our respondents indicated that the Internet represents an important source of advice for them. Perhaps as Oakley (1979:311) suggests, formal antenatal education provided by the NHS does not meet the needs of new parents adequately. However it could also be that '…there is a level of information that can only be given and received in a more personal context…' (Oakley, 1979:311) and that the Internet is seen by users as providing precisely that type of environment.

Crucially the advice and information respondents tended to mention, was provided not by 'experts' but by other parents. This is seen as a benefit by some, as one mother explained '… its great - other mums offer better advice than the health visitor etc.' (Rachel S.) and another stated that:

> '…The good thing about this advice is that you know it has come from someone who has dealt with the problem, whereas your health visitor etc may not have children of their own or come across this before'. (Sarah D.).

Further to this, for 78% of the respondents the feeling that the Internet provides a source of knowledge, defined as 'independent, authoritative, reliable advice' was deemed to be important or very important. This finding is particularly interesting given that the website is a commercial one and much of the 'knowledge' provided there is posted by other parents rather then childcare experts. Much of the debate around the use of the Internet to seek advice focuses on the dangers of doing so, given that the Internet is not regulated and information posted is not checked for medical accuracy (Rippen, 1997). However, as Wellman and Gulia (1999) have commented, people have always asked each other for advice and not necessarily consulted experts each time they needed it. The Internet offers a new forum from which to request non-expert advice in the same way that advice might be requested from friends. Parents using this site appeared to be aware that the advice offered does not come from healthcare professionals and as one parent commented '…I think you have to realise other than the 'expert' advice it is people's opinions…'. (Becky)

As a consequence of this, some mothers were more hesitant about accepting advice and although they used the net to find advice they would then discuss this in detail with a health professional.

Hen and Clare: do you think the info you get from webistes comapres favourably to that from yor midwife/HV/ doctor etc.?

Rose: sometimes it's contradictory, but can help to give a nore rounded view of things. I think I'd probably trust my heath carers more readily, but I have asked them about things I found on the web.

Rose: A good example was when I asked my midwife to have a look through the birth plan I'd made with a US site - she said she hadn't heard of some of the things they were suggesting, but she thought the idea was a good one.

Others found their health carers to be less enthusiastic about the information found on the Internet:

Rachel S.: yes - my HV dismisses anything I say I have got from the Internet

This is perhaps due to the lack of regulation of sites and therefore the danger of patients following incorrect information.

Weighing Up Advice

The parents, however, appeared to be under no illusion about the source of the advice but trusted their own judgement when it came to using the information. There was a sense that parents consulted a range of sources, including the Internet, before making decisions relating to the care of their children. As Burrows et al. (2000:9) have commented '…parents are keen to derive as much information as they can before making choices. Clearly these parents are not passive recipients of welfare in that they will not accept (information) uncritically'.

Becky: It is a useful tool, you just have to be able to use it the best way for you

Rachel S: yes - my HV dismisses anything I say I have got from the Internet

Hen and Clare: why do you think that is?

Becky: I suffered from Pre-eclampsia and had an emergency caesarean. I found this difficult to deal with, what I learnt from the Internet helped greatly

Hen and Clare: that must have been hard

Rachel S: ignorance - there can be misleading research around but i can usually detect this

Hen and Clare: how do you detect it?

Rachel S: well I wouldn't rely on one source - i read lots

Becky: I second that

It was clear that although advice was frequently sought, parents used their own judgement to decide on the value of that advice as this respondent explained, '…Having different sources of advice that differ means you can get all the info and then make up your own mind' (Kathy). Another commented that 'Like many new parents, I

sought advice from many sources i.e. health visitor, doctor Grandmothers, friends etc. and together with the advice I received from the people on Babyworld, I made my decision based on all of these sources' (Sarah D.). This evaluation of the information and advice found on the Internet was also found by Burrows et al.(2000:13) who suggest, '…it is likely that most people will … seek information from a range of sources and then assess the relative merits and demerits of what they have found'. Similarly, Grimshaw and McGuire (1998) found that parents used their own judgement regarding advice received. This judgement seemed to rely heavily on maternal instinct, as Lisa explained, '…You always end up following your instinct and what you think is the right thing to do'. However, as Tardy (2000: 454) found, it is unlikely that mothers will take advice which is not '…consistent with their own philosophies of child rearing'. The women in Tardy's study found it difficult if the advice did not fit with their own ideas and they chose not to utilise it because, in doing so they risked '…losing their autonomy or their network support'. This was a very real concern for these mothers because they needed their community to provide knowledge and advice. On the Internet, however, there is little risk of offending the advice provider or being ostracized for not taking the advice. The anonymity afforded by the Internet negates these concerns.

Unlike the parents in Grimshaw and McGuire's (1998) study who were not happy with generalised advice which was not specific to their children, our respondents did not seem unduly concerned about this aspect of CMC. They were confident that the appropriateness of the advice offered could be judged before being taken on board. Some 71% of respondents agreed with the statement, 'it doesn't matter that the people I talk to on the website have never met me or my family'. This response is of particular interest when compared to the findings of Grimshaw and McGuire (1998:29) who suggest that parents '…are suspicious of generalisations that are not tailored to knowledge of particular children and the their particular characteristics'. In fact for some of the mothers this was a distinct advantage of the Internet.

Hen and Clare: does it matter to you that the people you meet 'on-line' have not met your child in real life?

Rachel S: Not really - sometimes it helps

Becky: not necessarily, that is why the baby pages are good.

Hen and Clare: in what way?

Becky: you can show off your beautiful child, and no one can hear the tantrums!

Rachel S: you can see pictures - Natasha has her own website

Hen and Clare: what do you mean by it helps that they don't know your child (rachel)

Becky: I really want to get round to doing one for mari

Rachel S: my daughter is very difficult "high needs" but likes other people around so when I meet people they think she is wonderful and think i'm making up the problems!

Becky: I know that feeling!

In the same way that some parents liked the anonymity offered in this respect, it was also seen as an advantage in other ways. Respondents were asked if they felt that anonymity, defined as the ability to 'ask embarrassing/sensitive questions' was an important reason for using the website. For some 58% this was considered to be important. There is a sense that anonymity is important as it means that the mothers do not have to feel 'stupid' if they need help. As Amanda went on to explain, 'My HV is very good, but her voice does sound patronising. I'm sure she doesn't mean it, but it does get to me...'. The interviewees expanding on this point.

Kathy: It is nice to be able to ask questions as anon

Kathy: Being anon means that you don't get embarassed asking about a little point or something personal

Amanda .: It's friendly - easy to find lots of info. I don't feel like an idiot asking questions I ought to knwo the answer to!

Becky: you can really get things off your chest, and if you feel embarassed you know noone can see you blushing!

Becky: being able to log on and just read other peoples stories to start with helped. I didn't join in until later

Rachel S: sometimes i just browse - it nice not to have to take part if you aren't in the mood.

Amanda.: I feel better askign BW than my health visitor as they're not goign to see how bad I am at housekeeping!

It has been suggested that in cyberspace there is a tendency to be more open with others, often complete strangers, than in face-to-face communication (Nguyen and Alexander,1996; Wellman and Gulia, 1999). As Kitchin (1998:394) explains, the Internet '…provides social spaces that are purportedly free of the constraints of the body, you are accepted on the basis of your written words, not what you look like or sound like or where you live'. This lack of visual clues allows people to '… better control the presentation of self' (Nguyen and Alexander, 1996:104) and as a result individuals are more sociable, friendly and open online and candid interchanges develop.

Another issue which emerges is the importance of being able to ask questions and 'talk' in what is perceived as a non-judgmental arena. Certainly the idea that the support offered via the Internet was 'non-judgmental' was deemed important by our

respondents, with some 65% agreeing this point. In addition, in the quotes above it is implied by some and stated by others that professional health carers, such as health visitors, judge mothers on issues ranging from housekeeping to parenting.

Oakley (1979:50-51) recognised that amongst the mothers she interviewed '…A process of emotional recovery is endemic in the normal transition to motherhood and there is a general need for some kind of therapeutic listener that is not met within the usual circle of family and friends…'. As such, the women she interviewed about issues of pregnancy and childbirth were very willing to talk to her. She attributes this to the fact that they had serious concerns about themselves and their babies and '…found it either impossible or extremely difficult to ask questions and receive satisfactory answers from the medical staff…'. These respondents saw Oakley as a mother with some experience of what they were experiencing and as such believed that she '…could not only reassure but inform…'. Similarly O'Connor (2001) looked at the outcome of a 'Community Mothers Programme' operating in Ireland, whereby new mothers were visited by more experienced mothers, with the aim of providing the women with 'neighbourly' support. The new mothers in her study found talking to another mother, outside the professional health service, a valuable resource even when their partner, family and friends were local and supportive.

In general Babyworld represents a safe space for parents, usually mothers, to communicate. Most postings are responded to positively and responses are invariably supportive and encouraging. In general the practice of 'flaming' (making rude and abusive remarks to others) is not found in women dominated discussion groups (Sharf, 1997:76) and indeed flaming is rare on Babyworld. Therefore although the Internet is not always a 'safe' space users of Babyworld tend not to suffer the negative aspects experienced by some online self help groups (Burrows et al 2000).

If the Internet is providing this group of women with a much needed forum it is of interest to examine the extent to which this has replaced traditional support mechanisms, still relied upon by mothers who do not have access to this resource.

Is the Internet Replacing More Traditional Forms of Support and Advice?

The role of the Internet in providing information and advice, particularly on health related topics, has been highlighted by Rippen et al. (1997) and Silke et al. (1998). Some of the reasons put forward to explain how and why parents turn to Babyworld to seek advice have been identified in the preceding discussion. However, the debate surrounding the extent to which the Internet has replaced more traditional sources of advice such as health care professionals and other family members is less well researched.

Traditionally, in the period after the birth of a baby new mothers were helped not only by their partners but also by their own mothers and other close family members. For example, Grimshaw and McGuire (1998) found that parents cited their family as their main source of support and advice at this time. Very few of their respondents nominated friends, health services or the mass media such as books and magazines. Whilst men in Grimshaw and McGuire's (1998) study tended to rely on their partners as key providers of information, the women were more inclined to turn to other family members, particularly their mothers. As Oakley (1979:146) comments,

> '…The way we live now most women have only their husbands to turn to …
> Yet the strain is too much for the nuclear family to take; mothers, mothers-in-
> law, sisters, aunts, can be saving graces…'.

She goes on to explain how mothers provide more than just advice to their daughters, '… the advice is only the tip of the iceberg. It is the solid emotional support and the practical help that count. Homecoming is a time for mothers and daughters: nearly three quarters of mothers gave practical advice to their daughters at this time…' (p.147). This pattern of support and advice provision identified by Oakley was also found by Grimshaw and McGuire (1998) and O'Connor (2001) some twenty years later.

O'Connor (2001) found that new mothers mentioned their own mothers as being second only to their partners in the provision of support when the new baby arrived. However, few of the group mentioned their mother's role specifically. For our group, although the Internet was ranked as the important source of advice and support, the role of mothers was also highly rated, with 69% considering her to be important. However, amongst some interviewees it emerged that mothers and other family members played a less key role than might be expected. This was often due to the mother having died or not living nearby.

Amanda T.: The info has been good so far. My mother passed away and my nieces are 10 and 13, so their mum's are a bit rusty.

Hen and Clare: Are your family not close by you?

Rose: They live about 15-20 miles away so I don't see them an awful lot - my one sister lives in Reading as she's at uni so I see her even less.

Sam.: I had very little support from family or friends during my first pregnancy so the Internet

Sam.: was a great help

Becky: Both mine and my husbands family live a long way away too

Rachel S: Mine aren't close either and all parents/in-laws work

Nearly three quarters of respondents (71%) indicated that the lack of '(local) family support' (apart from mother), was not an important reason for their using Babyworld. This may suggest that as O'Connor (2001) found, even when family support is available it is not always either appropriate or sufficient support for new mothers.

Importantly, the advice provided by health care professionals was considered significant by this group, some 68% indicated that the health visitor represented an important source of advice and 65% nominated their midwife. The role of the health service is likely to be high amongst this group of new parents as the midwife plays a key role in pregnancy and the health visitor takes on a high profile role from the birth onwards.

It is evident then that the Internet is playing an important role in the provision of advice for new mothers, although this role is not significant enough to cause other forms of advice to become redundant. As one mother explained, '… I still go up the health clinic every other week, and talk with my friends at work. The Babyworld website is just like a lot of extra friends I wouldn't have had, and as I don't know many people where I live that's really nice' (Rose). However, the advice provided is welcomed by parents and serves to supplement other advice received. In a sense the Internet provides something extra, a little more information on which to base parenting decisions, as the following extract illustrates.

Hen and Clare: has using teh webiste replaced any advice/support you might have previously received from your family or neighbours?

Kathy: With people you meet at a toddler group you talk about other local things and people

Kathy: The website hasn't replaced any other advice sources just added to them

Amanda .: I wouldn't say it's "replaced", more "supplemented".

Hen and Clare: so on the net you talk more generally about parenting issues rather than general chit chat at mother and toddler groups?

Kathy: yes

Kathy: It is nice to have access to both

Again, it is clear from these extracts that while the mothers do still attend traditional mother and toddler groups and seek advice from many different people in a face-to-face context, the Internet serves an extra source for mothers to air their concerns and talk about their parenting issues.

Conclusion

It appears, then, that Babyworld is used by mothers for a number of reasons. Certainly, like other Internet sites, it serves as an information resource which, Pleace et al. (2000) argue, offers those with access to it an *alternative* source of information on health and social care. We suggest that rather than offering an alternative information source, Babyworld provides users with *additional* advice and information. This advice is evaluated by parents in much the same way as other 'offline' non-expert advice is assessed. The divide between online and offline advice and support may not be as great as is often proposed.

Perhaps more importantly, Babyworld facilitates the support of mothers by other 'non experts', usually also mothers, who are going through a similar experience. This type of support is not readily available elsewhere, because as Grimshaw and McGuire (1998:55) argue, although parenting has moved into public discourse '…there has not been a comparable development of ways for parents to share their experiences in a non-judgmental setting'. The Community Mothers Programme (O'Connor, 2001) recognised the need for new parents to discuss their concerns in a supportive and non-judgemental environment and succeeded in establishing such a facility, through home visits by mothers to mothers. The Babyworld website would also appear to provide this kind of non-judgmental and supportive forum which women can access from their own homes. Clearly these mothers are not using Babyworld solely as a source of information but also as a '…valuable outlet for the verbalisation of feelings' (Oakley, 1981:50). The importance of this is illustrated by the comment of one of our respondents, '…Sometimes it helps to ask the question even if you don't get an answer to get things straight in your head…' (Kathy).

As O'Connor (2001:64) argues:

> '… 'normal' … women's 'naturally' positive experience of motherhood has been seen as part and parcel of their 'maternal' instinct. Hence there has been little recognition of the need to provide direct or indirect support for them in their capacity as mothers…'.

She goes on to explain how even for those mothers with what appears to be a solid support network; partner, family and friends, this does not guarantee that the type of support needed is necessarily forthcoming. However, studies have shown that all mothers may welcome support which is not provided by traditional sources, for example partners, mothers, other family members or the NHS (Oakley, 1979, 1982, 1992; O'Connor, 2001). This goes some way towards an explanation as to why the Internet is increasingly being utilised as a source of social support. The Internet provides mothers with not only advice but also access to an audience who can offer support and reassurance at what can be a bewildering time. In addition, the anonymity afforded by the virtual venue creates a safe space in which to interact providing participants the opportunity to 'speak' candidly without fear of reprisals (Mann and Stewart, 2000).

Significantly, the mothers in our study were not using the site to replace more traditional support structures. Mothers, friends and professional health carers maintained an important role amongst the respondents. Rather than replacing existing support mechanisms, Babyworld is being used as an addition, a non-judgmental sounding board, a place to test out ideas and look for suggestions. In addition, the immediacy of the Internet, the wide range of audience and the increased likelihood of connecting with others in the same or a similar situation, were seen as important factors by these mothers.

Undoubtedly Babyworld is playing an important role in the lives of new mothers who do have access to the Internet, providing an important resource which is not available elsewhere. However, the Internet continues to be used by only a small percentage of the population and as long as Internet access continues to be restricted the usefulness of this resource to all new mothers remains limited.

Acknowledgements:

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ⁱ The research was funded through small internal grants from the University of Leicester and, as a result, the study is of a pilot exploratory nature.

ⁱⁱ Of the 16 respondents who agreed to be interviewed only 1 was male. However, he did not 'arrive' at the arranged time of interview, hence all interviewees in the end were female.

ⁱⁱⁱ Details of the installation guidelines may be obtained by writing to the authors.