



Need to Connect (NTC)
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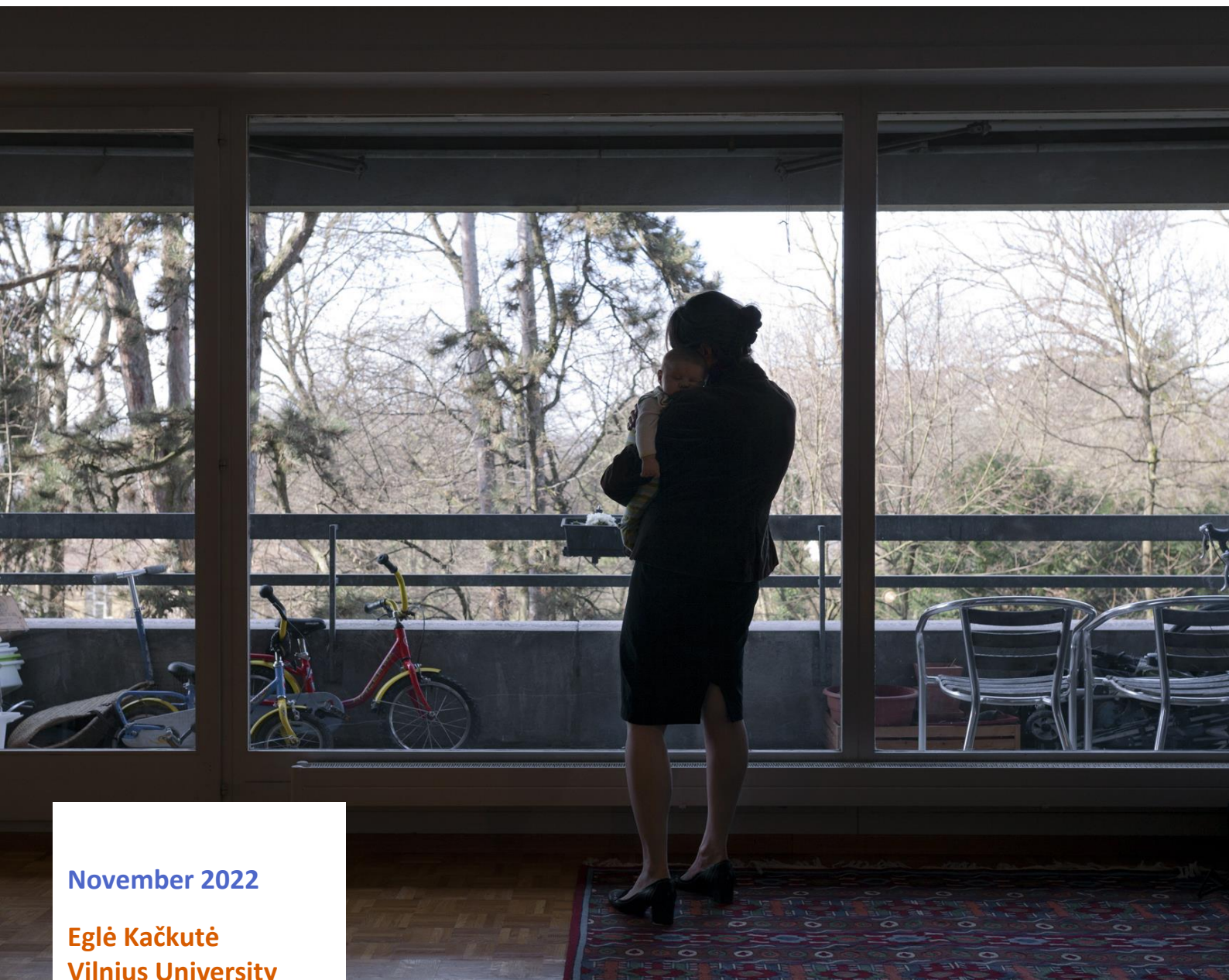
Need to Connect Desk Research Comparative Report



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1. Key Findings

The needs analysis of young mothers in partner countries has revealed that the formal support provided by the state and the basic health insurance focus on the physical mother and baby health and developing the very basic skills of looking after a baby. Therefore, the existing formal supports are mostly geared at mother and baby bodies, with a huge emphasis on the baby and not the mother. The Netherlands stands out in this respect in a positive way due to the *Kraamzorg* system, which is a very well developed and affordable postnatal maternity care system that supports pregnant people and new mothers at home.

Furthermore, the formal support is only available for a limited amount of time which in some countries is several months, in others up to a year. The support geared at mothers' mental health and emotional transformation as well as developing more advanced parenting skills is patchy and often left to mothers' own devices.

Maternity, paternity and parental leave are in place in all the European countries, but the regulations are very different. In countries like Iceland and Netherlands the model is designed to gain the maximum equality in sharing care and household work between mothers and fathers, while in other countries mothers are left very much on their own to care for their young children and household chores, thus putting a lot of pressure on them and pushing them into feeling rather lonely.

Existing informal supports are very diverse, unregulated, not based on research or reliable information. Some of the supports like mother and baby groups are effective and good but they are often designed for middle class mothers who are better and often very well educated as well as financially independent as opposed to working class and/or migrant women who are potentially more vulnerable and have different concerns than middle class women.

The dominant culture still sees motherhood as the main aspect of womanhood framing it as the apogee of a woman's existence. Motherhood is portrayed as a valued and fulfilling as well as happy experience.

The cyber space creates useful outlet for mothers to congregate around their maternal experience but can be alienating and toxic. Learning to navigate it is an important skill learn that is current not taught anywhere.

Art and community space prove a very healthy respite from intense, conflicting and limiting popular culture and cyber space in terms of processing the maternal experience and creating a space for more authentic expressions of what motherhood actually is and feels like.

Support helping young mothers to transition into motherhood in terms of their own identity, navigating intense and often toxic cyber space, conflicting demands, and expectations on mothers, are lacking in a major way.

Desk research

All partners conducted desk research on the needs of young mothers in partner countries in relation to loneliness, including the existing formal and informal support. The report was divided into 3 chapters looking at Motherhood and Loneliness, Adjustment to being a Mother, and Motherhood and Culture. Chapter 1 looked at the maternity care and maternity leave provisions as well as specific groups of vulnerable mothers in each partner country. Chapter 2 looked at the transition into motherhood and the supports available to young mothers in terms of acquiring parenting skills, childcare provisions, whilst Chapter 3 looked at cultural maternity discourses and ways in which it impacts young mothers' experiences of motherhood in each partner country.

2. Motherhood and Loneliness

a. Maternity Leave

Research suggests that there is a strong link between new motherhood and loneliness (Lee et al. 2019; Arimoto&Tadaka 2019). This has largely to do with the reduced social contact due to caring responsibilities. However, in most EU countries women, even young women are often employed at the time when they have their first baby. As such, their time of intense social isolation is limited to the length of their maternity leave which varies a great deal from one partner country to the other and there are significant disparities between countries of Western and Eastern Europe. This chapter will go over the maternity leave regulations in partner countries.

Working parents in Europe are entitled to a paid leave that allows them to care for their new-born babies for a short period of time and resume their professional activities with the same employer after that. Thus, all partner countries have well developed maternity leave schemes. However, the conditions of maternity and paternity leave, the length, the financial remuneration, access to paid maternity leave differ greatly across partner countries. Furthermore, "Some Member States aim for an almost gender-neutral leave policy (e.g. Sweden), with most of the available leave designated as parental leave. Other Member States have leave-system designs that identify mothers as primary carers, with emphasis on a long period of maternity leave before the parental leave." (*The Gender Equality Index*, 2019). This has a significant impact on young mothers' feelings of loneliness.

In some countries mothers enjoy paid pregnancy leave: Bulgaria – 45 days or 1.5 months, Slovenia (28 days), Netherlands (6 to 4 weeks, in the case of multiple birth –10-8 weeks),

Iceland (1 month and both parents are entitled to it). In all partner countries some paid time off work immediately after birth is reserved to mothers/birthing parents as a health measure. That time is longest in Bulgaria and Italy – 6 and 5 months respectively and shortest in Iceland – 2 weeks. In other countries it varies between 10 weeks (Netherlands) and 15 days (Spain and Slovenia).

In all partner countries fathers have the right to remunerated time off work they can spend with their new-born baby and the mother/birthing parent of the baby. In some countries it is conceptualised as paternity leave

- Slovenia – 1 month (15 days to be used immediately after the birth)
- Bulgaria – 15 days
- Italy – 10 days
- Netherlands – 1 week + 5 weeks paid by the employer

and in others as part of the shared parental leave that is not attached to a specific gender of parent

- Iceland – 6 months per person with 6 weeks that are transferable between partners
- Spain – 16 uninterrupted weeks (3 to 4 months), of which six weeks must be immediately after the birth and the rest can be distributed as the applicant wishes).

Thereafter in all partner countries both parents enjoy paid parental leave. However, as mentioned before, in some countries it is a highly gendered affair whereby mothers are much more conditioned to take remunerated time off work to look after young children and in others, parents of both genders have similar rights to paid parental leave. For example, in Bulgaria only the mother has the right to be paid to look after the baby in the first 6 months of the baby's life and the remainder of the 410 days can be transferred to the father only with the mother's consent. On the other side of the spectrum are Iceland and Spain where paternity and maternity leave defies gender binary and is entitled "leave for childbirth and childcare" (Modification of Organic Law 3/2007).

The paid parental leave in partner countries varies from several months

- Netherlands – 16 weeks (circa 4 months) for the mother and 6 weeks for the father
- Slovenia – 105 days (circa 3.5 months)

to about year

- Iceland – 12 months
- Italy – 10 months to two years of paid parental leave
- Bulgaria – fully paid 1st year and the minimum salary through all the 2nd year

and in exceptional cases (Bulgaria), parents have the right to the third year of paternity leave which is not remunerated but during which the employer is supposed to secure the same job for the person on maternity leave.

Significant changes in terms of promoting gender equality through parental leave seems to have taken place around 2019 and continues to this day. For example, in the Netherlands, parental leave was introduced in August 2022. During 9 weeks (2 months) both parents are partially paid during the child's first year of life. Parents who want to make use of this arrangement can apply to the Dutch Labor Office (UWV) for a benefit amounting to 50% of their daily wage (up to 50% of the maximum daily wage). This comes on top of the already existing 16 weeks of paid maternity leave for the mother and the 6 weeks for the partner/father. In the Netherlands, both the pregnancy leave and maternity leave periods are 100% paid.

However, not everyone has access to paid maternity and parental leave. In order to avail of this privilege one needs to have paid tax for a specific amount of time prior to having a baby. In some countries, like Iceland, the threshold is very low (6 consecutive months prior to the birth of the child, with at least 25% employment participation), whilst in others, like Bulgaria (24 calendar months without insurance and 12month with insurance) it can be rather penalising. Those mothers who have no access to paid maternity leave are very vulnerable and potentially isolated.

Furthermore, the desk research revealed significant gender inequality when it comes to actually using the maternity and paternity. It transpired, not at all surprisingly, that despite very flexible laws, in most partner countries mothers do the absolute lion's share of caring for babies in the first year of their lives.

In Spain as little as 1% of men take parental leave, in Bulgaria only 2% of all those taking parental leave are men, Netherlands – 11% of fathers take their paternity leave, in Italy – 20.5. Similarly, in Slovenia the majority of the fathers transfer their half of the parental leave to the mothers. Iceland is a remarkable exception in this context. In 2016 nearly 90% of men took parental and since the introduction of equal parental leave to all, the number of men caring for young babies is like to be near equal to that of women.

The partner desks research reports have also revealed that the circumstances of either resuming or launching professional and/or educational activity for mothers in different countries are rather different as well as their financial means to do so. In some partner countries early motherhood is experienced as a more vulnerable state than in others. In Bulgaria it is “a stage in a woman's life full of uncertainty, anxiety about the future and conflicting feelings. [...] At the same time, there is a lack of services related to childcare, the amount of money for maternity and childcare is insufficient.” (*Need to Connect Desk Research. Bulgaria*, p. 4) In others, like in Iceland or the Netherlands, for example, mothers are much better supported in terms of sharing the caring responsibilities with

their partners as of an early age of the baby and in terms of financial supports during and after pregnancy as well as accessible and affordable child care facilities.

The ability to mother whilst being financially stable and independent has a lot to do with the way early motherhood is experienced. The authors of the *Need to Connect Desk Research. Spain* note that “[a]ccording to an ILO study, only 55% of women return to their old working hours after having a child compared to 100% of men. The rest of the mothers either return to their old job with a part-time contract or reduced working hours (35%) or give up working in general (7%). In addition, at least 3% of them lose their jobs once they start childcare. Only few of them take up self-employment.” (p. 5) Similarly, “many mothers in Italy do not go back to work after maternity leave as they struggle to reconcile their professional life with the family and care work. Among the main reasons behind their resignation are: the absence of relatives supporting the mothers in taking care of their children, the scarcity of spots at nursery schools, the high costs of supporting services, the incompatibility of conditions at work with the conditions necessary to take care of a child” (Save the Children, 2021, *Need to Connect Desk Research. Italy*). All partner reports support this finding. Mothers of young children are more likely to work part time in all partner countries. This is also reflected in the surveys conducted by the partners. However, the *Needs to Connect Desk Research. Slovenia* interprets part time work as a positive rather than a negative thing for mothers of young children. Flexible forms of work such as the right to breastfeeding breaks, part time work for parents of children with disabilities or financial supports to parents of many children in Slovenia facilitate the mothers’ ability to look after their children while providing for the children and for themselves at the same time.

In conclusion, parental leave is a prolonged period of professional inactivity that can result in loneliness and isolation regardless of gender. Although the number of men/fathers taking parental leave in all EU partner countries represented in the project is growing steadily, with the exception of Iceland where since recently men take up paternity leave almost in equal measure to women, it is by far more women/mothers/birthing parents who take the parental. Thus, considering big numbers of women taking parental leave in comparison to a still very low percentage of men – women/mothers/birthing parents are much more at risk of loneliness and isolation as well as financial and psychological vulnerability following the birth of a child or children. Furthermore, there seems to be a further difference between former EU states and the widening countries. Whilst the maternity benefits in the former EU states cover the basic needs of the mother/birthing parent and the baby, the benefits fail to provide full security for the mother/birthing parent in widening countries, potentially resulting in higher levels of anxiety, higher dependence on (most often) male partners of sustenance and thus higher levels of vulnerability.

b. Vulnerable and Marginalised Mothers

Some groups of new or simply young (in terms of age) mothers are affected by loneliness even more than others due to intense and prolonged social isolation, loneliness and even marginalisation. Those groups include migrant mothers, mothers from ethnic minorities, teenage mothers, mothers of children with disabilities, disabled mothers, impoverished mothers, and mothers with various degrees and types of mental illness, such as anxiety and depression, including post-partum depression. This chapter will identify the groups of vulnerable and marginalised mothers in partner countries and describe them briefly.

All partners of the project have access to some of those groups.

In **Bulgaria underage mothers** is a vulnerable group of mothers. No other EU country has as many underage mothers as Bulgaria (and Romania). In both countries, sex education classes in schools are extremely unpopular. According to Eurostat, Bulgaria and Romania are the countries with the highest percentage of underage mothers in the European Union. 12.5% of all births of the first child in 2017 in Bulgaria are for women under 20 years of age. On average in the EU, teenage mothers make up only 4% of all mothers. In general, since the end of the 20th century, the number of child marriages and early births has decreased as an absolute value and as a percentage of all marriages and births in the country (UNICEF). This applies mainly to the births of Roma, which dominate these statistics. The authors of the *Needs to Connect Desk Research Bulgaria* believe that it is necessary to develop and implement complex and integrated health-social-educational programs aimed at vulnerable adolescent girls. Children and young people should have access to systematic health education as part of compulsory training in public schools. More health mediators are also needed. Unfortunately, *Need to Connect* partners in Bulgaria do not have access to this group of mothers.

In **Iceland** 5 groups that are especially vulnerable have been identified. They are **women with substance abuse issues, women with mental health problems, migrant mothers**, especially refugee mothers, women with little to no social network, and **young mothers**. The groups identified all have specific and different challenges, though they are all in a vulnerable position because they are more at risk of developing mental health issues throughout the pregnancy and after, and often have limited or no social support. The problem also lies with the fact that most classes or help offered by the government is not free, is not for a special target group but more made to fit all and does not take into consideration the specific situation of the mothers. Even though all mothers in Iceland receive care during pregnancy and some after birth, the mothers from these groups apart from those with substance issues don't receive any special support, and the support offered does often not fit the mothers to be or new mothers, for example for mothers who are not born in Iceland. *Need to Connect* partner in Iceland have access to some young migrant mothers.

A particularly vulnerable group of women and mothers in **Italy** is represented by women survivors of human trafficking, as the country, and in particular Sicily – a region in the South – constitute important destination and transit hubs for international criminal

networks involved in this international crime. Nigerian criminal organizations are particularly active in human trafficking for the purpose of sexual exploitation, especially in Palermo and Catania, two major cities in Sicily. Many Nigerian women are exploited sexually from a very young age, and sex trafficking modalities have progressively moved from the streets indoor, to the so-called Connection houses. With regard to childcare, mothers who are survivors of human trafficking are not just unable to access quality childcare for their children; as migrant women, they are far away from their social and family networks that, hence, cannot support them in child-rearing. This condition deepens their loneliness in facing the multiple layers of oppression, exploitation and discrimination that come with the trafficking experience but also in raising their children away from relatives and friends. Unfortunately, *Need to Connect* partner in Italy does not have access to this group of mothers.

In the **Netherlands**, each year approximately 1700 children are born with vulnerable or young mothers. Despite the Netherlands is one of the countries with the lowest number of teen moms, young and vulnerable motherhood remains an important public health concern (Picavet, Van Berlo, & Tonnon, 2014) Vulnerable and young motherhood (usually under age 24) is characterized by an accumulation of several risk factors among which: lower level of education, lower income or welfare dependency, lack of social support, inadequate parenting skills, parental stress, parental mental health problems. *Need to Connect* partner in the Netherland has access to members of this group.

Roma people in **Slovenia** are the poorest group of population in Slovenia. They mostly still live in isolated settlements in the outskirts of towns. The Roma community in Slovenia is not homogeneous, just as the majority population is not homogeneous Roma and women report different experiences with family life and children. Family is basic social norm in the Roma community and they will do everything in their power to live within their primary and secondary family, to help each other. Children are considered very important in the community and the more children women have, the more rights they enjoy. Roma women in Slovenia are burdened with social and economic problems (unemployment, inadequate housing, being a single parent, problematic relationship with a partner, difficult upbringing and uncertain future of children, unenviable situation in Roma communities and beyond) (Zaviršek et al. 2019). Unfortunately, *Need to Connect* partner in Slovenia do not have access to this group of mothers.

Unemployed mothers are considered the most vulnerable group of others in **Spain**. The Public Employment Services offer training itineraries for the long-term unemployed and women who have taken a break in their careers to manage family responsibilities. The Ministry of Labour's RE-INCORPORA-T Plan includes efficient mechanisms for improving employability for re-entry into the labour market of long-term unemployed women who, due to different circumstances, such as having taken a break in their professional career due to family care, face strong obstacles trying to access a new job.

3. Adjustment to Being a Mother

a. Formal Supports

All partner countries have a well-established system of antenatal care and classes. Antenatal care is covered by the basic social insurance, whereas antenatal parenting classes usually involve a fee. In some countries this service is offered by the state or municipality (Iceland, Italy) and in some they are private (Bulgaria) but in most countries it is the mix of the two.

Hospital stay varies from country to the next from several days (3 days in Bulgaria and 2.5-3.5 days in Spain) to 24 hours (Iceland, Slovenia). In some countries young mothers are provided with reliable information on the supports on leaving the hospital (Netherlands, Iceland, Italy) and in others, like Bulgaria, where “young mothers’ awareness of motherhood and baby care is their personal commitment” (*Need to Connect Desk research. Bulgaria*) they are not. However, even in the cases anti and post-natal supports are readily available and provided by the state, the quality and availability of the services is still contingent upon the municipality funding (Italy) and/or the geographical location of the young mothers (isolated areas are poorly serviced in Iceland, for example, but not only there).

Furthermore, the *Desk Research Report. Iceland* points out that the anti and post-natal supports are offered exclusively in Icelandic which makes it inaccessible to migrants who have not mastered the language yet. This may also be true in other partner states.

In all partner countries immediately after the hospital discharge young mothers are looked after midwives in their home environments free of charge. Midwives are also the ones who screen mothers for signs of mental health issues, but it is noteworthy that midwives are only there for a very short period of time (7-10 days after discharge in Iceland, 12 months in Italy). Thereafter mothers are transferred to gynaecologists and paediatricians, who are not necessarily trained or instructed to look for signs of depression.

Parenting classes exist in all partner countries but they are run privately or by NGOs and involve a fee.

The *Desk Research Report. Italy* points out that young parents in Italy can avail of numerous financial supports that they need to apply for but supports to single parent households are missing.

Home births are well regulated in some partner countries which ensures that women who give birth at home have the same level of care as the ones who opt for hospital birth. For example, Women in Iceland who choose home births have midwives come to their house, the women receive the same after care as they would do in the hospital. Home birth is also free for parents and it is the national health insurance that pays the midwives

that are there during the birth (Fæðing, 2022). In others, like in Slovenia and Spain, for example, they are regulated but not encouraged. The Spanish public health system does not cover the costs and risks of home births and neither do most private insurance companies. Additionally, there are different groups of midwives who, privately, attend home births but this entails a significant cost that must be taken into account when taking this option.

The Netherlands has an exceptionally well developed supports for pregnant people and young mothers. *Kraamzorg*, a type of postnatal maternity care, is, in fact, unique to the Netherlands. Usually, future moms start with the *Kraamzorg* by the 16th week of pregnancy. There are different organizations that offer the service of the *Kraamzorg* nurse. The hours the mother will get with this nurse depends, but the standard amount is 49 hours. The tasks of this nurse involve teaching the young parents the basics of childcare, helping the mother to recover and checking on the baby on a daily basis, doing essential home tasks (the laundry or cleaning the bathroom) and also providing breastfeeding guidance if necessary. Legally, the time the mother has with this service is a minimum of 24 hours divided in 8 days and a maximum of 80 hours. But if the mother is having problems with the recovery, they can ask for an extension of the period. Regarding the costs of this, the largest part is covered by the basic Dutch health insurance package. The parents have to contribute with some part of the hourly cost, but if they already have another additional insurance, this will be covered by that insurance. After the time of the *Kraamzorg* is over, mothers have the right to visit the *consultatiebureau* to check-up the babies health. This happens when the baby is 4 weeks old and it is a consultation of about 20 minutes. They will help the mothers with checking baby's health, monitoring the growth of the baby, vaccinating the baby and also offering breastfeeding classes and other kind of help the mother may need.

In conclusion, in all partner countries young mothers are well supported before and immediately after the birth in terms of physical medical health provisions and developing basic skills required to look after a baby. However, the supports geared at mothers' mental health are still not very well developed and/or easily accessible. Dealing with the emotional transformation of becoming a mother as well as developing more advanced parenting skills are left to mothers' own devices.

b. Informal Supports

Motherhood and loneliness being a pervasive issue and motherhood increasingly becoming part of the agenda in terms of public discourse, research, and activism, informal or semi-professional supports are being developed by and for mothers. For example, a group of British mothers, midwives and artists developed a free journaling resource and guided exercise programmes for young mothers with mild mental health issues such as anxiety and mild depression (<https://www.maternaljournal.org/>).

Bulgaria



Informal supports for mothers in Bulgaria include:

Dance to the max is a free dance studio in Plovdiv, which offers a **specialized course for young mothers** who want to regain their good figure faster after pregnancy. <https://pki.bg/classes/dance-to-the-max/>

Ina Marinova and Gergana Mavrova are founders of the group "**Buy a gift from the mother of a child with a disability**". The group created spontaneously, over time it became a serious and significant cause, and now a phenomenon.

The **Give a Fairy Tale campaign** is collecting children's books to make children and their mothers from vulnerable social groups happy for the Christmas holidays. Those wishing to contribute to the cause of early childhood reading donate to children aged 0 to 3 or send a video to a mother and child reading a children's book.

Mothers and employers - in search of balance. The objective conditions of the market in Bulgaria, the increasing competition in all spheres of business presuppose a conflict between the interests of the employer and the mother-employee.

Single parenting is also a problem in Bulgaria. Single parenting is gaining momentum and affecting more and more people. There are 360,000 single mothers in Bulgaria, of which 72% are on the brink of poverty and nearly 80% are forced to take care of their children completely alone. They are the only source of income in the family, and the absence of employment or the practice of low-paid work are the main prerequisites for children to fall into a state of child poverty. Single mothers are actually 'super-mothers' and instead of being sorry, it is important that these women are supported in every way.

These super-mothers need not social benefits and one-time assistance, but sustainable support for their future and that of their children. In Bulgaria, the Bulgarian Women's Fund invests in the professional development of women who raise their children on their own, providing them with scholarships for a course to acquire or improve their professional qualifications.

Iceland

Ljosmodir.is is a webpage run by midwives in Iceland, where mothers or mother to be, can seek information or ask questions of professionals. The page is recommended as an information page for all mother to be and has wide variety of information available for mothers or parents. The page gives the parents access to information and the ability to seek advice from the web and know that the information is correct and answers by professionals. The page was first developed by students to be midwives in 2003 and was handed to the midwives of Iceland organization the same year.

Parental- and mother-mornings are popular in Iceland. Most of the churches in Iceland offer mother groups (mæðramorgnarnar) where mothers can meet with their children, talk, receive advice, education on variety of topics or for activities, some also have parenting mornings. They are organised by churches and libraries.

In Iceland there is some informal support available, but it needs to be more accessible to all groups. The biggest groups are in the churches and most of the groups seem to be mainly focused on Icelandic speaking individuals, who don't have any specific issues. Women who lack confidence or women who don't have a strong social network, can become isolated and there are no support groups offered to these women.

Italy

The most common type of informal support that mothers in Italy count on is that of relatives and friends. The *Fiocchi in Ospedale* program, implemented in 12 hospitals around the country, is dedicated to newborns and their families and offers information, orientation and support services, especially for mothers that live in marginalized contexts. Another program named *Spazio Mamme* ("Mothers' Space") supports mothers in the first six years of motherhood and orients and accompanies them through care, education, cultural and support services available at the local level; these *mothers' spaces* are located in marginalized areas of major cities like Rome and Palermo. In addition, since 2016 Save the Children and the social enterprise *Con i Bambini* have launched NEST, a project promoting educational activities for parents and children, support to parenthood and services to families. Kairos Social Cooperative, based in Rome, has launched a program to support the autonomy of mothers with financial hardships through vocational trainings and personalized programs for their integration in the labor market (<https://www.kairoscoopsociale.it/autonomia-mamme-sole/>).

Netherlands

The Parent and Child Teams in the Amsterdam and Amstelveen cover a large list of issues for new mothers including obstetrics, maternity care, child healthcare and education. Some of the services included by this initiative are: dietary advice, parenting courses and workshops dealing with topics such as bullying. The Parent and Child Teams also work with speech therapists, physiotherapists and dietitians, and some even have a 'games library' so that families can borrow games to play. The teams cater for children of all ages, so services provided are not aimed solely at pre-school kids. Many of the provisions for those aged four and over are provided in collaboration with local schools.

Another group is called **Amsterdam mamas**. Their mission of is to be the most trusted and reliable source of information and support for international parents living in Amsterdam and the surrounding regions. They will give information about kids and families and wide variety of issues.

There exist also meet-ups for expecting mothers in Amsterdam, one of them is *Nouvelles Mamans*. This group is a community and support group aimed at making the journey into motherhood just a little bit smoother. 'Nouvelles Mamans' hosts monthly events in and around Amsterdam always around a specific theme relevant to pregnancy, birth or early parenting. They will help expecting parents to Meet and connect with other expecting parents, share stories and experiences.

Slovenia

In Slovenia different groups for mothers with babies are available where they meet live. They gather moms that are on their parental leave, so during the first year after giving birth. The purpose of the groups is to create a safe space for young mothers and their babies, thus providing an opportunity to develop deeper contact between them. You can find spaces where parents can actively spend time with their babies and older children. One of them is called *Mala ulica* where they offer different workshops only for parents (debates with experts on different topics, parenthood trainings, Pilates), and workshops which parents attend with their children (exercises, creative workshops,..) (Mala ulica Public Institute, n.d.).

Podcasts in general, and on the topic of motherhood are becoming an important source of information nowadays. These are an episodic series of digital audio or video files that a user can download to a personal device to listen to at a time of their choosing. The Mamahood is a weekly podcast by Maren Droubay and Aubrey Grossen in which mothers can feel seen and understood, no matter what. It shows motherhood as it is: hard, beautiful, and everything in between (<https://anchor.fm/the-mamahood-podcast>).

Spain

There are various initiatives in terms of support for mothers, at local level (Granada) and others at national level. *Mamilactancia* (<https://mamilactancia.org/>) is a group of mothers who defend and promote Breastfeeding on a completely voluntary basis and serves as a centre for any doubts related to motherhood and its many aspects.

At a national level, we have the YO NO RENUNCIO (I DON'T QUIT) initiative of the Club de malas madres (<https://yonorenuncio.com/quienes-somos/>). The Yo No Renuncio Association is a non-profit organisation promoted by the Club de malas madres to fight for a real work-life balance.

4. Motherhood and Culture

a. Dominant Cultural Norms

The dominant culture norms around motherhood differ according to the country. In countries like Iceland and Netherlands gender norms more egalitarian and therefore, care responsibilities are more evenly split between mothers and their partners. Formal supports financed by the state are also more available in those countries. In Italy and Spain motherhood in Italy is perceived as a natural calling that women are supposed to have at some point in their life. It is also stereotypically portrayed as a happy and fulfilling experience. This stereotype has profound consequences on women's enjoyment of their rights and translates into systemic and deeply-rooted forms of discrimination and inequality, such as higher stress levels and lower income. However, mothers in those

countries are aware of those inequalities and push for change. In Slovenia and Bulgaria traditionally and historically mothers work and look after the children. Long maternity leave and low numbers of men who take parental leave creates a higher degree of gender segregation and puts more pressure on mothers to “perform” to care for their children to a high standard creating a lot of tension for women.

b. Maternal Cyberspace

All partner countries reported a plethora on online for a – Facebook, Twitter, Instagram, blogs and podcasts. They all concluded that the maternal cyberspace is a double edged sword. In some ways it proves a platform for women to connect based on the motherhood, get support and advice, but it can promote impossible high standards of mothering and feel very alienating to some mothers.

c. Maternal Art/Community Practices

Art (photography, painting, drawing, performance, etc.), literature, film, home movies, public and private diaries have been identified as spaces of resistance to harmful ideas about motherhood and a source of positive maternal identification, reflection, community building and empowerment. Here are some remarkable examples from each partner country.

Netherlands

Photography series *Teenage Mothers*

This series of portraits was made by Jessica Grezel in the Netherlands. Teenage motherhood is more common in our country than we think. The girls who become mothers at a young age come from all walks of life and can certainly not be categorized under one denominator. Often this group is viewed with a certain prejudice and they have to continuously prove themselves to show that being a young mother does not mean that you will not be a good mother or that you can no longer have ambitions. In this series, Jessica Grezel, through the personal story and the portrait she made of the young mothers together with their child.

<https://www.jessicagrezel.nl/portfolio/?album=Tienermoeders&item=12>

Another exhibition of photography related to young mothers thank to Melanie Rijkers. Teenage motherhood is one of the last taboos in the Netherlands. It is time for a different view of this group of young parents. Never before have young mothers been shown as proud women. She portrayed 75 young mothers between the ages of 16 and 23: naked with their baby and/or pregnant belly. With this project she hopes to change the general view on (young) parenthood. The Netherlands has the oldest 'for the first time' mothers in the world. http://www.fotoexpositie.nl/exposities/melanie_rijkers.html

Slovenia

Art exhibition with the title *Materinstvo (Motherhood)* was open in 2018 in Slovenian town Pivka. The author Yoire Serra Gutierrez, Cuban woman, that lives in Slovenia, exhibited 10 items made of clay that represented them of the exhibition motherhood (Občina Pivka, 2018). See figure1: A piece from the exhibition *Maternistvo*



Figure 1 Source: Občina Pivka, 2018

Another exhibition called “Razstava Mama: zgodba o odraščanju in čudovitih trenutkih materinstva” (*Exhibition Mother: s tory of growing up and wonderful moments of motherhood*) was opened in 2020 in Škofja Loka. The main idea of the exhibition is to present a mother and her life cycle of growing up. The author, Petra Vengar, presents a fairy-tale creature created in the technique of dry felting (Center domače in umetnostne obrti, 2020).



Spain

There are many initiatives in the artistic field regarding this topic and there are some women's associations in the artistic and visual field, for example the Asociación Mujeres en las artes visuales, made up of more than 600 members from all regions of Spain, covering the different fields of the arts: researchers, artists, curators, cultural managers, teachers, gallery owners, specialised journalists, directors, coordinators and technicians of art centres, publishers, designers, critics, collectors, architects, etc.

For example, there is Castorina with her collection "Maternidad. Canto a la libertad y al futuro" (Maternity. A song to freedom and the future).

Iceland

Icelandic most valued historical documents are the Icelandic sagas, histories of Icelandic ancestor and their living in Iceland, from the time that they first come to Iceland, and throughout the changes in religion. The role of the women in the sagas is not at the

forefront but they are none the less have an important role, as wife's, mothers and so forth. Maybe what can be best said about the Icelandic sagas and the representation of mothers in them, is how underappreciated their role is throughout the texts.



Figure 2 Picture retrieved from: (DIY, 2021)

Next example to mention is the Icelandic band Reykjavíkurdætur (e. Daughters of Reykjavík) a feminist band that has gained a lot of popularity in Iceland. Most of the band members are mothers and they often talk about how they come together and write songs with their children. One of their songs from 2021 HOT MILK SUMMER is described by them as "The song is an anthem written by hot mothers for hot mothers, as well as all fans of mothers in general". The music video is focused on breastmilk in all forms, whether it is pouring, raining, or spilling and the band members said that they wanted to explore the duality of motherhood. In figure 3 you can see a screenshot from the music video and a photo from the video (DIY, 2021).



Figure 3 Retrieved from: Screenshot, <https://www.youtube.com/watch?v=BQRwTcOWkSO>

Italy

“I’m doing it for myself. Being a mother without the myth of sacrifice” (“Lo faccio per me. Essere madri senza il mito del sacrificio”) is a book by Stefania Andreoli, a psychotherapist, a writer and an expert in gender-based violence and child protection. The book, which is the last one of many others she wrote mostly on parenthood, tackles the numerous stereotypes about motherhood, the so-called “maternal instinct”, encouraging the reader to get rid of social conditioning and common myths on motherhood and destroying the widespread conviction that women are mothers *by nature*.

On Instagram, two pages are worth mentioning as they represent two very different platforms of and for mothers. The first one is the @Martypan page, created by Martina Panagia, a mother and TV presenter. With almost 95,000 followers, she is very popular among women and mothers throughout the country as she creates content related to motherhood, providing guidance and help through very effective reels and short videos on many different topics, from instructions on how to get government financial support to the baby weaning process (<https://fattoremamma.com/2022/04/14/intervista-a-martina-panagia-martypan/>). The second page is “Mammadimerda”, or “wretched mother”. Sarah Malnerich and Francesca Fiore, the two creators of the page, which is also an online blog, want to “spread inadequacy and alleviate the guilt” of mothers, promote a counter-narrative to the dominant one that idealizes mothers and motherhood; they are and speak to flawed, inadequate mothers that feel the need to speak about a different kind of motherhood. Malnerich and Fiore claim “the right not to make it”, opposing the idea of multi-tasking that is usually expected from mothers (<https://www.mammadimerda.it/>).

5. Stakeholders

In order to get a good sense of the services already available to young mothers, each partner selected one or several experts or practitioners who have been involved in either research, support or training for mothers. This chapter summarises the results of the interviews with the stakeholders. The main criteria for the selection of the stakeholders were the experience of working with families and mothers in particular. The purpose of the interviews was to get an insight into the kind of supports that they were providing for young mothers and/or new about and the kind of supports that are missing.

a. Stakeholders and the services they offer

The stakeholders interviewed **in Bulgaria** include representatives of centres for early childhood development, family therapists, psychology experts and people who work in the area of providing support services for children with disabilities as well as an NGO that works with families, where the children are in danger of being abandoned. They describe the women they work with as mothers who want as much as possible to learn new things about how to raise their children better, and help them to become talented and successful healthy happy people.

In **Iceland** interviews with 5 stakeholders were conducted: two representatives from an open preschool initiative, one midwife running parental training initiative as well as working as midwife in the hospital, 1 preschool managing director (also educated as social worker) and volunteer in a family centre for disadvantaged families, one social worker within a support centre for single young mothers within the city of Reykjavík.

In Italy a Facebook community that involves more than 11 000 mothers, mostly Italian, living in the area of Palermo *Palermo Mamme* was contacted for information. *Palermo Mamme* offers both a private group on the social media platform, as well as a page, and both support mothers that need information and assistance. In particular, the private group provides a safe space where members, mostly mothers between 30 and 55 years of age, can share their experiences anonymously as well as offers informative sessions with health and other professionals, based on the requests and the issues that emerge within the community. Sessions with psychologists are the most appreciated and the most frequent, as the mental health issues that emerge especially in the post-partum phase are quite common yet still not properly tackled by public services.

6 interviews with the stakeholders were conducted in **Slovenia**: community health centre, a family psychotherapist, a psychiatrist, representative of an association Mothers for mothers, representative of a maternity home and representative of a program PUM-O that work with young persons who are unemployed and not receiving an education or vocational training. They work with mothers 20-30 year-old mothers from different social backgrounds, education level and income.

23 stakeholders – individual professionals, youth counsellors and NGOs supporting young people in general and mothers in particular were contacted **in Spain**. They engage with mothers who are between 14 and 23 years old. Most of these moms are unmarried and usually dropped out of school very early. They belong to marginalized society groups, poor class or with an ethnic background. The stakeholders provide the mothers with safe shelter, help for looking for a home, childcare, finance help, psychological help, maternity training, breastfeeding information, sexual health, maternity training, personal guidance, how to deal with work and education, teen mother care, searching for biological family, help with behavioural problems and in some cases processing abortions among other things.

Several stakeholders were interviewed in **Spain**. The mothers they engage with are of different ages between 18 and 77. The organisations all work with mothers with different backgrounds and problems:

- Young mothers who are victims of gender violence
- Migrant young mothers (Morocco, Senegal, Latin America, etc.)
- Young mothers with low levels of education

Some of the organisations do work with exceptions like migrant young mothers who do have university degrees but face problems in accessing the labour market due to the language barrier. Most of the mothers coming to the organisations are facing economic problems, not able to afford food, housing, or childcare.

b. Needs identified by the stakeholders

The needs identified by all stakeholders fall into two main categories – personal and public. In terms of personal supports, the following needs have been identified:

- self-esteem, self-awareness and self-management workshops
- help identifying reliable information on childcare available online and in the public arena
- navigating the overwhelming maternal role constructed by the intensive mothering ideal
- raising awareness of post-partum depression
- getting more support from male partners
- dealing with maternal guilt.

In terms of public supports, the following needs have been identified:

- public drop-in mother and baby clinics for new mothers (e.g. *consultori* in Italy)
- affordable childcare facilities



- community building services for migrant mothers/parents
- supports for mothers of children with disabilities, including learning difficulties.

6. Young Mothers (Online Survey)

As part of the research, partners conducted an online survey the purpose of which was to get an insight into what the situation of young mothers in partner countries and into the needs of young mothers in partner countries. A total of 178 young mothers located in Bulgaria, Iceland, Italy, the Netherlands, Slovenia and Spain took part in the survey. This survey cannot possibly be representative of the needs of all European young mothers but they are representative of the needs of the young mothers *Need to Connect* will likely be able to reach.

Age

Most of them are just above 30 (the predominant age group in Bulgaria, Iceland, and Italy), in the Netherlands we have access to a wide range of age groups, with the largest one being 18-20, and in Slovenia, the dominant age group is 24-29. This might be to do with the sort of social media (Facebook) used to advertise the survey but also with the fact that mothers of that age are invested in their motherhood projects and actively seek answers to the questions they have.

Number of children

The majority of the mothers who responded to the survey have 1 child, some have two children and a small minority have 3 or 4. The children are mostly under 4 years of age. From this we can deduce that the mothers *Need to Connect* has access to are first time mothers and are invested in their family building projects.

Education

The mothers interviewed in **Italy** enjoy the highest degree of education. They are all highly educated and the majority have successfully completed postgraduate studies, some even have a PhD. The picture is similar in **Spain** and in **Iceland**, although there are some mothers there who have either vocational education or a secondary school diploma. The mothers interviewed in **Bulgaria** are mostly highly educated, in long term relationships, with one or more children, either in secure employment or on paid maternity leave. However, those who are neither working nor studying would prefer to be on maternity leave, to be self-employed, or to be working part-time. The mothers *Need to Connect* managed to reach out to in **Slovenia** are less well educated. They mostly have only high school education but even so, many of them work or are on maternity leave and those who don't would like to be employed part time. The mothers in the **Netherlands** are the least educated, the majority do not have even a high school diploma and they are the least motivated to find employment.

This is to say young mothers who will likely participate in developing the training tools come very different social backgrounds and differ greatly in terms of income and social status – from well-educated and comfortably well off middle class mothers to more vulnerable, less educated and socially precarious mothers. This is important and positive, because cultural norms and pressures on mothers to engage in intensive mothering and adhere to unrealistic maternal ideals affect mothers across the board.

Private supports

In all partner countries, save in the Netherlands, where only 30% of mothers bring up their children with a partner, the majority of the mothers who responded to the survey, bring up their children with a partner: 92,9% in Bulgaria, 90,3% in Iceland, 84,6% in Italy, 68% in Spain. However, there is small minority who bring up their children alone and sometimes with no help from the outside.

Access to childcare provisions

In the Netherlands (56,7%) and in Iceland (80,6%) more than half of all mothers who responded to the survey use child care facilities, nurseries and kindergartens and find them easily accessible and affordable and/or subsidized. That said, an in-depth interview with a young mother in Iceland revealed an important structural problem, namely the fact that paid parental leave in Iceland lasts a year and childcare facilities are designed to accommodate children who are 2 years of age (*Need to Connect Report on Interviews and Questionnaires. Iceland*) In other partner countries childcare provisions seems to be less accessible, less affordable and therefore used less. 46,2% of mothers in Italy said they used paid childcare facilities, 48% in Bulgaria, and 46,9 % in Slovenia leaving mothers under more pressure to provide childcare themselves or to rely on family supports.

Loneliness

Regardless of the country and the level of education, the young mothers have all reported loneliness from neutral, to moderate and in some cases even extreme loneliness and sadness. Most of them reported feeling overwhelmed, and exhausted as well as frustrated by disproportionately heavy load of childcare and housework.

62,1% of young mothers in the Netherlands reported having felt lonely in the last month, 50% in Bulgaria, 61.5% in Italy, 83.9% in Iceland, 46, 9 % in Slovenia and 67% in Spain.

In all partner countries mothers prepared themselves for the birth and motherhood by reading books, visiting websites and articles about the topic and but did not feel they were particularly ready to become mothers on average scoring 3 in the scale from 1 to 6 on how prepared they felt.

Support networks

Most mothers could rely on family supports networks (36,7%, in the Netherlands, 53,8% in Italy, 64% in Iceland, 90,6% in Slovenia, 90% in Spain). In in-depth interviews it transpired that the mothers or mothers in law of the young mothers are the main support they can rely on. Family support is quoted as a mixed blessing as planning is not always easy and the difference in values around raising young children can also be a source of tension. Fewer people mentioned friends and even fewer mother and baby groups as a support network. In Iceland young mothers feel supported by their partners. In Italy and Spain young mothers feel a particular lack of institutional support. In-depth interviews reveal a particular lack of support in terms of accessing mental health supports as they are available but unaffordable and therefore inaccessible. However, a **significant percentage of young mothers do not feel they have any support (26,7% in the Netherlands, 23,1% in Italy, 16.1% in Iceland, 9,4 % in Slovenia, 10% in Spain)**. This means that a considerable number of young mothers in partner countries feel they have nobody to rely on for help in their motherhood journey.

7. Interviews with Young Mothers

In the final stage of the research the partners conducted 5 in-depth interviews with young mothers each.

Mothering routines

All young mothers reported pretty uniform routines consisting of getting the children up, feeding them, taking them to day-care and going to work or looking after them at home followed by afternoon walks, preparing evening meals and bed time. Two conclusion may be drawn from this

1. Early motherhood is very repetitive and therefore potentially debilitating and lonely.
2. Early motherhood is relentless and requires uninterrupted presence which can be challenging.

Main themes

The one overwhelming impression of motherhood shared by all the young others is the phenomenal and sudden change in their lives and routines caused by the arrival of a baby.

The other main themes that emerged during in-depth interviews with mothers fall into two categories – the positive and more challenging.

In terms of positive impressions of mothering people mentioned 1) the emotional and sensual pleasure of a baby or a young child, “the total happiness their kids provide them” with, 2) a renewed sense of growing up. Another important positive aspect was 3) the joy and love they feel when they see their children growing up and develop.

However, the list of more challenging responses to motherhood is much longer than that of the positive ones. The main concern for young mothers is 1) time management and the lack of time to spend on themselves and professional activities as well as hobbies.

Conversely, some people reported 2) not having enough time to spend with the child/children due to a high volume of household tasks and professional activities. Another explicitly mentioned concern is 3) loneliness. Another group of concerns centres around external societal pressures for young to perform well in their maternal roles: 4) they feel constantly judged as mothers, 5) feel the weight of the responsibility that the children grow up “good people, 6) feel insecure of whether they are doing a good enough job as mothers. Finally, mothers in Bulgaria 7) do not feel supported enough by their (male) partners or at least not in the way they would like it to happen and 8) experiencing difficulties in terms of navigating the changed relationship with their partners.

Balancing out professional/educational activities with mothering

In-depth interviews revealed the complexity of balancing professional/educational life with motherhood. Some mothers felt frustrated and sad because they had to give up work/study due to lack of childcare, others felt ambivalent feeling towards unable to spend enough time with the baby because they had to go back to work soon after the birth. In some cases resuming professional/educational activities resulted in the end of breastfeeding.

Some mothers manage to combine the two by working from home and reported this a positive experience, although this raises concerns over those mothers’ potential exhaustion.

In some cases, motherhood resulted in increased motivation to do well in life – change imperfect jobs and get on with education.

8. Final Words

While realistic, practical and accessible structures around maternal physical health and baby health are safely in place in all partner countries, a number of supports are still missing.

First, the maternity/paternity leave laws in different countries conceptualise motherhood in different ways and are applied differently. This means that in some countries early motherhood is something that is shared between genders and/or is done by both parents of the baby regardless of their gender, whilst in others, it is interpreted and lived as a gendered activity left to mothers, which can feel rather lonely and difficult.

Second, most young mothers feel they have support networks through their families, friends and communities, however, a **significant percentage of young mothers do not feel they have any support network**. It is therefore vital to think of community structures and online platforms to reach out to those women and provide the necessary supports.

Third, helping mothers to combine their professional activities and childcare are still failing in most places at least to a degree. There are not enough affordable state childcare facilities and even in countries where the system works comparatively well, there are significant gaps.

Finally, and most importantly, the supports around the emotional side of motherhood are sorely missing in ALL partner countries. The above research has revealed that what the young mothers need is: help transitioning into motherhood in terms of their own emotional response to motherhood, their identity, navigating intense and often toxic societal pressures of being a mother, the cyber space, critically assessing the helpful and accurate information from spam, navigating conflicting demands and expectations on mothers, and help understanding the harmfulness of intense mothering. The *Need to Connect* project partners will develop the supports to young mothers based on the outcomes of this research.

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10. Annex 1 Interview Questions for Young Mothers

1. Can you say something about yourself and your family?
2. Describe a usual day in your life.
3. Say something about your mothering experience.

Are there any things that you find challenging about being a mother?

Has motherhood changed your life and work plans? How?

Do you enjoy about being a mother?

What do you enjoy about it?

What do you not like about being a mother? Why?

4. Say something about some of the biggest challenges that you face as a mother?

What aspects of your life as a mother do you wish were different? Why?

What aspects of your previous life do you miss ?

Since you have had your baby, what has the biggest problem been?

Prior to having children, what do you wish you knew?

5. Say something about the support services that you have been able to access or not?

What services do you have access to?

Are they adequate?

Do they respond to your needs?

What services do you wish you had access to/need?

Have you attended parenting classes?

Have you had nurses visiting you?

Have you had any lactation specialist advice?

What services are not available and which ones are not accessible to you? Why?

6. Say something about your professional life/work/studies and being a mother?

Are you working/studying now?

Are you on maternity leave?

If you are not working/studying at the moment, would you like to?

If you are not working at the moment and would like to, what's stopping you?

If you don't work and would like to work, what skills do you think or feel you need?

If you don't work and would like to work, what help might you need with that?

7. How has being a mother changed the ways in which you socialise and who you socialise with?

Have you attended a mother/baby group?

Are you part of a mother/baby group now?

What aspects of it do you like?

What aspects do you not appreciate as much?

If not, would you like to be part of a mother and baby group?

Would you like to be able to do more activities together with your baby/child/children?

Would you like to be part of a network of mothers?

How do you think you would benefit from it?

What would you share with other mothers? How do you think you could benefit from joining such a group ?

8. Would you like to learn a new skill?

Such as a craft (knitting, sewing, embroidery, felting, etc...)

Learn a new language

An art form (photography, singing, playing an instrument, painting writing)

Cooking

Computer literacy

A sport (yoga, Pilates, swimming, etc.)

If yes, what skill/s would you like to learn? Why?

9. Can you say something about your support network?

Do you have a support network?

Do you have at least one person you can always rely on in case of need?

Do you have your family around for support?

Do you have a group of people, a community, good friends/acquaintances you can turn to in case of need?

10. Can you say something about the positive aspect of your mothering experience?

What aspects of looking after your baby do you enjoy? Why?

What aspects of your life as a mother do you enjoy?

11. Annex 2 Young Mothers. Online Survey

This Questioner is made for the project Need to Connect. The objective of the project is to empower young women and tackle loneliness they experience disproportionately,



through online training, networking, and support. The goal of this questionnaire is to get an insight into what young mothers want and need in terms of information and training.

1. Your age

18-20
21-23
24-26
27-29
30+

2. Do you have children?

Yes
No

3. How many children do you have?

1
2
3
4

4. How many children under 4 do you have?

1
2
3
4

5. What's your education level?

Several years of school but no secondary school diploma
Secondary school diploma
Vocational diploma
Bachelor's degree
Master's degree
PhD

6. Are you currently

employed and working full time?
employed and working part time?
self-employed and working?
on maternity leave?
studying in school, college or university?
not working and not studying?
other

7. If neither of the above, would you like to be
employed and working full time?
employed and working part time?
self-employed and working?
on maternity leave?
studying in school, college or university?
not working and not studying?
other
8. Do you live and raise your child/children
alone?
in a couple?
with the help of another family member?
co-parent without living with the other parent?
without living with the children/child?
other
9. Do you use paid childcare (nursery, kindergarten, nanny, babysitter, au pair)?
Yes
No
10. If yes, do you use
nursery
kindergarten
nanny
babysitter
au pair
other
11. If yes, do you
find childcare services you use expensive?
get government support to help with childcare expenses?
find childcare services you use affordable?
find childcare services easy to access?
find childcare services hard to access?
other
12. If you use government support to help pay for childcare, is it
easy to access
hard to access
13. Do you attend a mother and baby group?



Yes
No

14. Have you experienced loneliness in the last month?

Yes
No

15. If yes, evaluate the level of loneliness:

not lonely

1
2
3
4
5
6
more

lonely

16. Have you felt very sad in the last month?

Yes
No

17. How many times have you cried in the last month?

1
2
3
4
5
6
more

18. Did you prepare for the birth of the child by reading books, websites or articles about the development and needs of a new-born?

Yes
No

19. Did you attend any training or courses as preparation for becoming a parent?

Yes
No
Other:

20. Were they helpful?



Yes
No

21. How prepared did you feel for the role of mother?

Unprepared

1
2
3
4
5
6
more

Prepared

22. How do you feel about your support network?

I don't feel I have a support network

I have one person I can always rely on in case of need

I have some good friends/acquaintances I can turn to in case of need

I have my family around for support

other

23. Do you have a hobby?

Yes
No

24. If yes, how many hours a week do you spend on it?

Less than an hour

1
2
3
4
5
6
More

25. If yes, how do you feel about your hobby/ies?

you are able to practice it regularly/ies

you practice your hobby/ies sometimes

you wish you had more time dedicated to your hobby/ies

26. Would like to have a hobby/ies?

Yes



No

27. What kind of hobby would you like to have?

craft (knitting, sewing, embroidery, felting, etc...)

cooking

photography

singing

playing an instrument

painting

sports

writing

other [indicate what]