



Article

# New mothers and social support: A mixed-method study of young mothers in Australia

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## Abstract

Motherhood can bring joy and enrichment but may also be associated with stress leading to poor health outcomes and low life satisfaction. Young mothers are a group particularly at risk of adverse outcomes, including increased social, economic, and health disadvantage following early entry to motherhood. This article reports results from a mixed-method study examining variations in levels of social support reported by mothers. Cross-sectional analyses of survey data from the Longitudinal Study of Australian Children showed that young mothers (aged less than 25 years when their child was born) generally reported higher levels of social support, but poorer family relationships than older mothers. In-depth interviews with nine young mothers provided insights into how they perceived support under these circumstances. Our research shows that young mothers often experienced difficult childhoods and strained relationships with parents, but many reconnected with their mothers after pregnancy and saw them as important sources of support.

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## Keywords

Australia, disadvantage, mothers, parenting, social support, young parents

Over 300,000 women in Australia have a child each year (ABS, 2019), with parenthood being a significant source of personal satisfaction and enrichment (Schoen et al., 1997). Motherhood is often highly sought after and, for many, it brings a sense of enrichment, achievement and fulfilment (Edin and Kefalas, 2011). In Australia, for example, many young mothers describe the experience of motherhood as transformational, adding significant value to their lives (Brand et al., 2015). Despite this, research has consistently demonstrated that the transition to motherhood is also a stressful life-course event, with negative impacts evident during the early years and beyond (Ruppanner et al., 2019). For example, motherhood is associated with sleep loss (Plage et al., 2016), increased time pressure (Ruppanner et al., 2019), financial difficulties (Gibb et al., 2014), and relationship strain (Nomaguchi and Milkie, 2003). Scholarly work has also shown that not all mothers are equal. Mothers outside of the normative group (i.e. 25–35-year-old, married, white, middle-class mothers) tend to experience these and other kinds of disadvantage at higher rates, with greater intensity, and for longer periods of time (Lewis and Skinner, 2014).

In this article, we examine outcomes for mothers in different age groups. Compared to older mothers, young mothers tend to have lower educational attainment, lower earnings, and poorer health (Hoffmann and Vidal, 2017). Young mothers also experience more difficulties adjusting to the parental role, possibly due to having fewer resources and life experiences to draw on (Passino et al., 1993). Within this context, it is important to identify resources that may help mothers adjust to their new roles, particularly young mothers. Social support is a recognised protective factor that can help ameliorate the stress and adverse experiences that emerge across the transition to motherhood (Harknett and Hartnett, 2011; Leahy-Warren et al., 2012). For young mothers specifically, US evidence indicates that receipt of social support leads to improved outcomes, such as increased parenting self-efficacy (Angley et al., 2015) and mental health (Cooley and Unger, 1991). However, this body of work is limited in its scope, with few studies comparing how social support is unevenly received and experienced by mothers of different ages. Further, Australian studies are generally lacking.

This article systematically examines social support receipt among recent Australian mothers of different ages, with a focus on the experiences of young mothers. To achieve this, we undertook a mixed-method study comprising analyses of a national probability survey and thematic analyses of in-depth qualitative interviews and focus groups with a sample of young mothers in Queensland.

## Background

### *Parenthood, maternal stress and social support*

Parenthood brings multiple positive aspects to individuals' life experiences – including healthy lifestyle choices, new ambitions and a sense of purpose (Brand et al., 2015; Edin and Kefalas, 2011). However, in the absence of appropriate supports, the transition to

parenthood may also be associated with emotional upheaval, increased stress and poor health (Leahy-Warren et al., 2012). Further, these negative outcomes are disproportionately experienced by mothers (Yavorsky et al., 2015). Historically, mothers' responses to the stress brought about by having a child were pathologised – for instance, being diagnosed as postnatal depression or explained by hormonal change (Astbury, 1994). This line of reasoning often implicitly blamed mothers for their difficult post-partum experiences (Held and Rutherford, 2012). More recently, sociological work has illuminated how socio-structural factors – rather than individual deficits – act as key contributors to maternal stress and mothers' responses to it (Astbury, 1994; Seimyr et al., 2004). Social support is a well-established interpersonal factor that is positively associated with improved health and wellbeing among disadvantaged mothers (Henly et al., 2005), and constitutes the focus of this study.

To conceptualise the role of social support in buffering maternal stress we turn to the stress process model, a theoretical perspective that examines how stressful life events and chronic strains affect individuals, leading into stress manifestations (Pearlin et al., 1981). Social support – defined as the degree to which individuals' needs are fulfilled through emotional and instrumental aid received from others – is a key concept within the stress process model (Kaplan et al., 1977). Social support encompasses emotional, financial and practical support from multiple sources (e.g. parents, partner and friends) (Harknett and Hartnett, 2011), and lacking such support has been empirically linked to poor health and mortality (Kawachi and Berkman, 2001). Social support buffers individuals' physical and mental health from the negative effects of stressors (Thoits, 1995). Parenting stress may include both daily hassles and more serious issues associated with coping with the demands of child-rearing, and can lead to parent–child friction and decreased satisfaction in family relationships (Crnic and Low, 2002). Social support is a mechanism that can both protect against parenting stress, and buffer its potential impacts on parents and children.

### *Conceptualising social support to young mothers*

This study draws upon a broad conceptualisation of parental social support that encompasses practical help, financial help, communication and emotional closeness received from resident and non-resident family members, friends and the local community. Within this conceptualisation, social support to parents can take the form of – among others – parenting advice, help with childcare, or financial transfers, all of which are factors that can help mitigate the stresses associated with parenthood (Crnic and Low, 2002). Concerning the mode of support, we include non-face-to-face forms of support in our definition (e.g. online or by phone). Research has shown that non-face-to-face support can protect individuals against stress, particularly in the absence of in-person support (Holtzman et al., 2017). Concerning the social agents that provide support, we also take a broad approach. This includes support from friends or playgroups, alongside more traditional sources such as partners and family members. Friends have been established as a particularly important sources of support to new mothers, especially in the context of young parenthood (Crnic and Greenberg, 1990). Our definition of social support excludes institutional processes (e.g. income-support schemes) and persons for whom

the provision of support is part of their job (e.g. nurses, midwives, therapists). These are arguably available to all or most mothers in Australia, whereas the role of partners, relatives and friends may vary more widely across subgroups of mothers.

### *Young mothers' experiences of social support*

Parenting stress can be heightened when parenting takes place within complex circumstances, such as solo parenting (Cairney et al., 2003) and raising a child with a disability or chronic condition (Boyd, 2002). However, young motherhood – another complex social status – has received less attention.

Few quantitative studies have examined experiences of social support among young parents. Harknett and Hartnett (2011), examined a cohort of 4898 US mothers up to the time at which their children turned 5 years of age, assessing the availability and perceptions of social support. Poverty and personal circumstances of disadvantage were associated with reduced levels of both instrumental and emotional support. However, the study did not compare levels of support by maternal age. Variations by age were assessed by Kim et al. (2017) in a more recent Canadian study. Specifically, Kim and colleagues compared levels of social support across primiparous (first-time) mothers from three age groups (15–19 years,  $n=23,945$ ; 20–34 years,  $n=381,909$ ; and 35+ years,  $n=49,168$ ). Social support was measured through an additive scale constructed out of eight questions asking respondents about perceived emotional support from others (e.g. receipt of information/advice, emotional closeness, and social integration). Their results indicated that the youngest mothers received the lowest levels of social support, while the two groups of older mothers reported similar levels.

Matrilinial relationships during the transition to motherhood have been the focus of a large body of interdisciplinary research using qualitative methods. Ongoing themes include the transmission of values and parenting practices from mothers to their daughters, as well as changes in mother–daughter relationship dynamics (Davis, 2016; Thomson et al., 2011). Whether new mothers adopt or reject the maternal practices of their mothers is contingent on their individual histories, childhood experiences and recent relationships with their mothers (Thomson et al., 2011). While some new mothers enjoy a new and supportive relationship with their mothers, others put distance between themselves and their mothers to avoid conflict over parenting decisions (Thomson et al., 2011). These qualitative studies paint a complex picture of the interrelationships between young motherhood, social support and personal outcomes. Mothers are the most frequent support sources for young mothers (Wahn and Nissen, 2008), and such maternal support is associated with improvements in young mothers' educational outcomes and children's cognitive development (Cooley and Unger, 1991; Kershaw et al., 2014). Paradoxically, close involvement by maternal grandmothers in the lives of young mothers can also lead to high levels of stress and intergenerational conflict. As Caldwell et al. (1998: 400) put it, this could be due to the existence of a 'fine line between support and interference'.

Similarly, Unger and Wandersman (1985) found that, while social support played an important role in maternal adjustment after adolescent pregnancy, not all social relationships were beneficial to young mothers. For example, 'dense kin networks' among these young mothers – measured as living near their own mothers – sometimes led to maternal

anxiety and lower neighbourhood satisfaction (Unger and Wandersman, 1985: 36–7). Pregnant teenage mothers in a US study described their social support as ‘piecing together . . . a patchwork quilt’, where irregular and unreliable support was drawn from various sources (Logsdon et al., 2005: 609). Their relationships with their support networks were characterised by complex and precarious circumstances (Logsdon et al., 2005).

### *Australian experiences of young motherhood*

Australian studies of young motherhood cover similar issues to those featured in international studies, including its predictors and outcomes (Lee and Gramotnev, 2006), and the subjective experiences of young mothers (Brand et al., 2015). Australian research on young motherhood and social support is, however, very scarce.

Our review of the literature yielded only three contributions. In a quantitative study, Quinlivan et al. (2004) collected longitudinal survey data on mothers younger than 18 years from a metropolitan region of Australia ( $n=124$ ). The mothers were surveyed six months prior to birth and asked to predict the level of support they expected to receive after their child was born (e.g. the practical and childcare help they would receive from others). In a follow-up survey six months post-partum, the mothers were subsequently asked to report on their actual levels of support. The mothers received less support than they had expected, and noted that low support impacted their ability to complete everyday parenting tasks (Quinlivan et al., 2004).

In another quantitative study, McVeigh and Smith (2000) compared satisfaction with support and maternal self-esteem between teenage and adult mothers at six weeks and six months post-partum. Support was measured using an 11-item question battery collecting information about emotional support from partners and other people. While both groups experienced a sharp decline in satisfaction with support across the two time points, the teenage mothers reported higher levels of satisfaction than the adult mothers at both time points. The authors speculated that this pattern of results might have emerged because the teenage mothers were more likely to live with and hence receive support from their own mothers, or was a result of lower expectations of support among the young mothers.

Finally, qualitative research by Nolan and colleagues (2015) focused on young mothers’ use of social networking sites as sources of emotional support. The young mothers described these sites as helping them attain greater parenting confidence and reduce their stress levels.

### *The current study and the Australian context*

Given the importance of social support as a stress-buffering mechanism, the inconsistency of these findings, and the relative scarcity of empirical research on social support among young mothers, we argue that it is important to revisit these relationships. Our literature review revealed a substantial gap in Australian scholarship on the social support experiences of young mothers. Few international or Australian studies relied on robust, nationally representative data, and even fewer compared the circumstances of

young mothers to those of mothers in other life-course stages. As previously explained, this is important, as the mix of resources available to mothers may differ depending on their age.

Most previous studies were conducted in the US or the UK, where the social and institutional context for young mothers is different from that in Australia. For instance, the fertility rate (reported as births per 1000 women) among young women aged 15–19 years in Australia is 9.5 (ABS, 2019), compared to a much higher 17.4 in the US (Martin et al., 2019) and 11.9 in the UK (ONS, 2019). Further, the Australian teenage fertility rate began dropping noticeably in the late 1990s (Lewis and Skinner, 2014), earlier than the analogous – though less pronounced – declines observed in the UK and the US in the mid-late 2000s (Martin et al., 2019; ONS, 2019).

Also, in both the US and UK, teenage pregnancy is a recognised public health issue and has been the subject of comprehensive policy measures praised for their effectiveness (Kappeler, 2015; Skinner and Marino, 2016). The UK, in particular, has focused on coordinated support systems for young mothers, in addition to pregnancy-reduction programs (Wiggins et al., 2005). Meanwhile, there has been no national policy focus to reduce teenage pregnancy or provide support for young parents in Australia. As a result, young mothers are often covered by broad policies designed to serve mothers of all ages (e.g. income-support payments such as the Paid Parental Leave scheme and Parenting Payment), but that do not address their unique needs. Local not-for-profit and religious groups often fill this gap by providing targeted and situation-specific support to young mothers through small-scale programs (Hoffmann and Vidal, 2017). These may offer information/education sessions, visits by healthcare professionals, pre-birth hospital tours, and the opportunity to connect socially with similar women (Boulden, 2010; Hoffmann and Vidal, 2017). In recent years, there have also been policy efforts in Australia to incentivise paternal engagement in childcare, through policies such as the introduction of a more generous paternal leave scheme (Baird and O'Brien, 2015). However, as for other Australian policy measures in this space, the new legislation did not account for differences in the needs and circumstances of younger and older fathers. Further, paternity leave remains substantially less generous than maternity leave (Baird and O'Brien, 2015).

Altogether, young parenthood may be a rarer and more unsupported experience in Australia than in countries that might be seen as relevant comparators. Thus, we expect young Australian mothers to be a marginalised group, which may result in lower levels of social support being available to them compared to older mothers.

## **Data and methods**

In this study, we undertake a mixed-method study of the social support received by young mothers in Australia. Our quantitative analyses rely on a national probability sample, compare social support receipt across mothers of different ages, and examine multiple domains of social support (e.g. degree of contact with one's social networks, receipt of childcare help, and satisfaction with network support). Our qualitative data examines the subjective experiences of young mothers in their own voices. Combining this rich qualitative data with the statistical analyses yields a unique and well-rounded examination of social support and young motherhood in contemporary Australia.

## Quantitative component

The quantitative analyses rely on data from the Longitudinal Study of Australian Children (LSAC). LSAC is a national probability panel survey that has been following two cohorts of children since 2004: the B cohort (aged 0/1 years at baseline), and the K cohort (aged 4/5 years old at baseline). The LSAC survey gathers data from children, parents and carers/teachers through a mixture of face-to-face interviews and self-complete questionnaires, and is largely representative of Australian children born in this period. Details on the study methodology are available elsewhere (AIFS, 2015). Our study is concerned with experiences of social support among new mothers. As such, we use Wave-1 data from LSAC's B cohort – when the study children were 0–1 years old. Analyses are restricted to biological mothers and exclude other maternal figures – such as step-mothers, adoptive mothers, and foster mothers ( $n=13$ ). This is because (i) the circumstances of these maternal figures may differ qualitatively to those of biological mothers, (ii) there were too few cases in these groups for separate analyses, and (iii) it is important to ensure compatibility between the quantitative and qualitative data. Our final analytical sample comprises 5087 new biological mothers.

Based on their age at the study child's birth, we classify mothers into four groups: Young Mothers (15–24 years,  $n = 790$ , 15.5%); Late-20s Mothers (25–29 years,  $n = 1887$ , 37.1%); Early-30s Mothers (30–34 years,  $n = 1077$ , 21.2%); and Mature Mothers (35+ years,  $n = 1333$ , 26.2%). We measure their receipt of *social support* through 13 variables capturing the quality and intensity of their relationships with partners, family and friends, the intensity of childcare provided by family members, and their engagement in friendship-building activities.

Measures of support were captured through survey questions asking: 'How often did you need support but couldn't get it?', 'How often does your partner support you in parenting?', and 'Does your partner care for children regularly during the week when you aren't there?' Additionally, we examined two scales measuring the mother's attachment to their family and friends based on agreement with the following statements: 'I feel closely attached to my family (friends)', 'My family (friends) takes notice of my opinions', and 'Sometimes I feel excluded in my own family (friends)'. We further explored support from non-residential family by considering responses to the questions: 'Do your parents (in-laws) support you in raising your children?' and 'Is the child cared for by any non-co-residing family member during the week?' Questions about the regularity of contact with friends and family were also included.

For comparability, all support variables were collapsed into dichotomous measures in the analysis, with the value of one being assigned to responses that indicated advantage and the value zero to other responses. For details, see Table A1 in the Supplementary Online Materials.

The quantitative analyses involved comparisons of the average social support levels and personal resource of mothers in different age groups. To establish whether group differences are statistically significant, ANOVA tests were conducted.

## Qualitative component

The qualitative analyses rely on data from young mothers participating in a young parenting program in South East Queensland. Specifically, data were collected from young

**Table 1.** Characteristics of interview participants.

Name*	Pregnant/ parenting	Age	Marital status
<b>Brooke</b> Focus group and interview	Pregnant and parenting	17	Married to children's father
<b>Christabel</b> Focus group and interview	Parenting	20	Partnered with child's father
<b>Quinn</b> Interview	Parenting	18	Partnered (not child's father)
<b>Lindy</b> Interview	Pregnant	19	Partnered with child's father
<b>Meghan</b> Focus group and interview	Parenting	25	Partnered with child's father
<b>Samantha</b> Focus group	Parenting	21	Partnered with child's father
<b>Nadia</b> Interview	Parenting	21	Partnered with child's father
<b>Lauren</b> Focus group and interview	Pregnant	19	Partnered with child's father
<b>Kora</b> Focus Group	Pregnant	20	Single

Notes: Interviews conducted during 2017–18. \*All names are pseudonyms. The eldest child of all participants was aged 1 year old or under.

mothers aged 16–25 years via two focus groups ( $n=6$ ) held at the premises where the program was delivered and one-on-one interviews at the program premises and/or over the phone ( $n=7$ ). In total, nine young mothers participated in at least one focus group or a one-on-one interview. Information on the study participants is presented in Table 1.

Both the focus groups and phone interviews were semi-structured, allowing participants to direct the conversation. The setting of the focus groups was casual, as a strategy to build a relaxed interview environment. We adopted thematic analysis (Braun and Clarke, 2006) to explore how the young mothers perceived and experienced the quality and type of social support available to them. These analyses were informed by the results of the quantitative analyses. The interviews were transcribed and free-coded by Heidi Hoffmann using NVivo software. Three core themes were identified through discussions with Francisco Perales: *rebuilding fragmented families*, *partner as provider*, and *friends as family*.

### Analytic samples

The analytical approach in this mixed-method study is an *explanatory sequential design*, whereby two distinct sets of data from different sources are drawn on in sequence (Creswell et al., 2003). For the purposes of contextualising later discussions, this section compares the characteristics of young mothers across the two samples. The interviewed

**Table 2.** Distribution of support sources, by maternal age at birth of study child (%).

	15–24 years	25–29 years	30–34 years	35+ years	Group difference
	(Young)	(Late-20s)	(Early-30s)	(Mature)	
Lives with child's biological father	73.4	90.8	95.7	93.1	*
Support needs are met	54.4	52.7	48.8	42.4	*
Partner is supportive	55.2	58.5	54.8	55.5	
Partner actively parents	43.7	44.8	44.8	43.1	
Attached to family	59.1	68.0	61.7	56.6	*
Attached to friends	39.0	42.5	42.4	40.2	
Regularly contacts parents	85.9	88.3	85.3	77.1	*
Regularly contacts friends	65.7	69.9	72.5	67.7	*
Parents provide support	55.4	58.6	50.5	40.8	*
In-laws provide support	37.5	38.0	30.2	24.5	*
Parents provide childcare	18.6	21.2	18.6	13.9	*
Other family provide childcare	3.9	3.5	2.1	2.8	*
Used a playgroup	31.0	44.3	46.6	37.8	*
n (observations)	790	1,333	1,887	1,077	

Notes: LSAC, cohort B, Wave 1. Statistical significance of group differences (ANOVA test): \*  $p < 0.05$ .

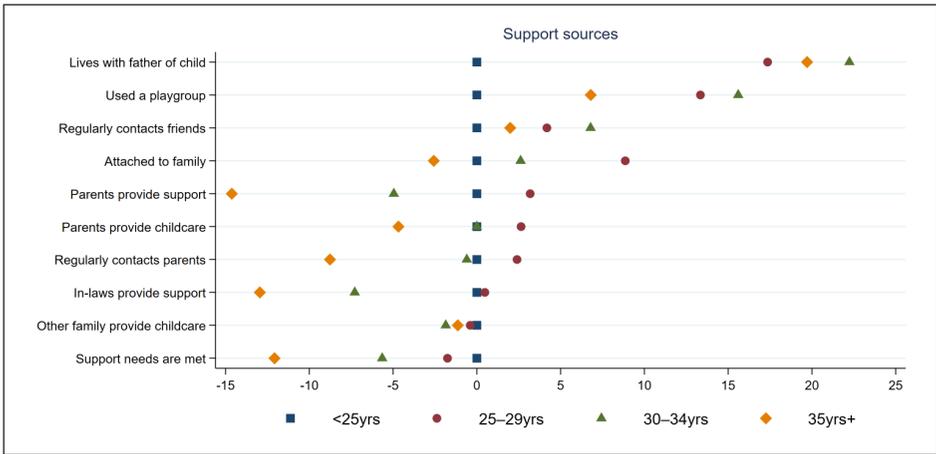
mothers ( $n = 9$ ) were aged 16–25 at the birth of their first child, and a majority of them ( $n = 7$ , ~8%) were living with or in a relationship with the father. Prior to giving birth, two of these mothers (~22%) had only finished high school (Year 12), whereas eight (~78%) had obtained post-school qualifications (e.g. a certificate or diploma). None had attained a university qualification. As a point of comparison, the young mothers in the LSAC sample ( $n = 790$ ) were aged 15–24 at the birth of the study reference child, and 73% were living with the father of their child at the time of interview. Just over 20% had completed high school (Year 12), ~40% had obtained post-school qualifications, and ~6% a university degree. While caution must be exercised in comparing the two samples, it appears that the two groups of young mothers exhibit similar characteristics.

## Quantitative findings

The quantitative analyses of the LSAC data aim to answer the question: *What forms of support do new mothers draw on, and do these vary by maternal age?* The results are presented in Table 2, and displayed graphically in Figure 1.

Mothers of different ages performed better in different domains of support, with some evidence that younger mothers experienced situations of both relative disadvantage and relative advantage.

The Young Mothers were the most disadvantaged in 3 of the 10 domains of support for which there were statistically significant differences – this occurs when all shapes are located to the right of the squares in Figure 1. Young Mothers were the least likely, by far,



**Figure 1.** Distribution of support sources, comparison to Young Mothers  
 Notes: LSAC, cohort B, Wave 1. Young Mothers' scores are centred at 0. Scores for the older mothers represent the differences relative to the Young Mothers.

to be in a relationship with the study child’s father (73.4% vs. 90.8–95.7% for the other groups); this was the most striking difference in terms of magnitude between Young Mothers and all other mothers. They were also least likely to have frequent contact with friends (65.7% vs. 67.7–72.5%), and to use a playgroup (31% vs. 37.8–46.6%). Furthermore, the Young Mothers were relatively disadvantaged concerning the quality of their family relationships, where they were the second lowest-scoring group.

There were nevertheless a few instances of relative advantage in favour of the Young Mothers, a situation that occurs when all shapes are located left of the squares in Figure 1. Young Mothers were the most likely to report that their support needs are being met (54.4% vs. 42.4–52.7% for the other groups) and to receive regular childcare from a non-residential family member (3.9% vs. 2.1–3.5%). They were also the second highest-scoring group concerning contact with parents (85.9% vs. 77.1–88.3%) and receipt of support in raising their children from parents (55.4% vs. 40.8–58.6%) and in-laws (37.5% vs. 24.5–38.0%). The Young Mothers fell into the middle of the pack regarding their parents’ provision of regular childcare.

Overall, the Young Mothers were not the most disadvantaged group concerning the intensity and quality of the social support that they received. In fact, the Mature Mothers (represented by a diamond) experienced the worst outcomes. The Mature Mothers were the most disadvantaged group in 6 of the 10 domains for which statistically significant differences were identified, being more disadvantaged than the Young Mothers in 8 of these domains. The group which performed the best was the Late-20s Mothers (represented by a circle), who reported the highest scores in 5 of 10 domains.

Altogether, these findings suggest that social support outcomes tend to be more favourable when mothers are of a contextually normative childbearing age, approximately 25–34 years in the Australian context (ABS, 2019).

## Qualitative findings

The findings from the qualitative analyses address the question: *How are support networks perceived and navigated by young mothers?* As explained before, three core themes emerged from the data: *rebuilding fragmented families*, *partner as provider*, and *friends as family*. We discuss these in turn.

### *Rebuilding fragmented families*

The participants' life histories were characterised by disrupted childhoods and unstable environments, with some of the mothers leaving their parents' homes before finishing secondary school or turning 18 years old. Christabel (20 years) moved out of home when she was 17 due to 'a lot of family issues' and explains that these issues were the reason she was not close to her mum or sister during this time. Quinn (18 years) and Lauren (19 years) also experienced recurrent familial or residential instability during their teen years. Quinn was living in a homeless shelter when she found out she was pregnant, because she 'was kicked out by [her] parents'. Lauren was a pre-teen when her mother died and she described a troubled relationship with her father since that time, saying 'I had to take care of myself.'

Despite most of the mothers reporting poor-quality or non-existent relations with their parents, nearly all recalled increased closeness since becoming pregnant and expressed happiness at these reformed connections. Sisters Brooke (17 years) and Christabel spoke about the weekly family dinners they now have with their mum, reflecting that 'It's a pretty good relationship, nothing bad now, like it used to be.' While Lindy (19 years) had a warm childhood, she still noticed a newfound connection with her mother, saying, 'I think that it's brought us closer, I feel confident and more comfortable talking to her . . . about my personal life . . .'. Meghan (25 years), who experienced a difficult childhood, chose to remain isolated from her family. However, she said, 'I speak to my mum a lot more now that my sister has had her baby . . . [and since] we've been pregnant.' The young mothers did not seem to rebuild their relationships with their fathers with the same intensity as they did with their mothers.

### *Partner as provider*

Another main provider of support in the young mothers' lives is their romantic partner. Of the nine mothers interviewed, eight were in a relationship – seven of them with the father of their child/ren – and six were living with their partners full time. Some of these relationships had been formed years before the arrival of their child, and some only a few months before. The mothers who had been with their partner for years tended to describe their relationship as 'happy'. Nadia (21 years) reflected positively on her current relationship: 'I was pretty excited because we had fallen pregnant before and had a miscarriage.' For other mothers in this study, their relationships were not providing the same stability and happiness. Quinn described the relationship with her partner as complicated, mentioning that her partner expressed doubts about the future of their relationship. 'Sometimes he thinks we should have a break, I refuse to' – she stated. Goals for

marriage did not come through as a high priority for the women in this study, as Christabel put it, 'I'm not ready for that at the moment.'

The relationships between some of the mothers and their partners had experienced a dramatic shift since the birth of their children. When asked what they felt was the biggest change since becoming parents, Meghan said 'your relationship with your partner'. She attributed this to being 'quite fresh in our relationship [at the time of falling pregnant]' and frequently expressed disappointment in her partner's reluctance to watch their baby on his own:

I think also for my partner . . . because she's so reliant on me, he feels like, 'cause I asked him to watch her . . . he's like 'What do I do with her?' I dunno if he's scared, or he doesn't know what to do.

Samantha (21 years) did not live with her partner full time, but rather 'on and off. He comes and goes as he pleases', and she summed up her disappointment in him when she said, 'Mine [her partner] is 10 years [older than her]. You'd expect more but you get less.' Kora (20 years) was the only mother not in a relationship at the time of the interview, and was living with her mother. She maintained contact with the father of her unborn baby, but mentioned her worry about him remaining committed to a relationship with his child.

The mothers held high hopes for strong connections to be formed between the children and their fathers, as Meghan said, 'I want them to have a bond, and the more time he spends with her, the more they're going to get that bond'. Brooke believed that a strong father-child relationship would have a positive impact on her connection with her husband: 'As they build a relationship, a bigger relationship, our relationship gets better, so he can help out more.' For others, they noted that their partners were not forming strong bonds with their children, and put this down to long work hours. Through the analysis of the interview data, it emerged that all of the young mothers' unmet expectations related to their partners. The expectations often involved support, both in their relationships and in sharing parenting duties. Many mothers acknowledged that their partners were learning and becoming accustomed to their new roles, yet others felt let down and disappointed on behalf of their children.

### *Friends as family*

When family ties were weak or non-existent, friends were often seen by the study mothers as filling the gap. Meghan said that she got 'more support through my friends' than her family or partner. She also described the practical support she received, 'I ask my girlfriend once a month to look after her [referring to her daughter] so I can go on a date night.' Lindy further described her friend circles, 'yeah I've definitely got quite a few friends. I see them, you know, two or three times a week at least.' Sisters Brooke and Christabel did not retain their friendship groups through their transitions to parenthood. Christabel said, 'I kinda lost all my friends when I fell pregnant. Like I just lost everyone and only had my partner', but believed that this loss is what brought her closer to her family. In her words, 'that's when I became closer to my sister, because I didn't really have anyone else to go to. So then I became closer to my mum.' Christabel reasoned that

her new role as a mum made it difficult to keep non-parent friends ‘everyone my age doesn’t know, like what it’s like having a kid. And they have no idea what you go through, it’s hard to relate.’ None of the young mothers had friends who also had young children, with the exception of friendships formed through the program.

## Discussion and conclusion

While becoming a mother is a desirable life event and can bring a number of positive changes, certain groups of mothers are at risk of experiencing a stressful transition. Using a mixed-method approach, this research assessed how Australian mothers – particularly young mothers – are supported by their social networks.

When comparing support levels by maternal age in a national dataset, we found that levels and sources of support vary by maternal age, with Mature Mothers (35+ years) generally reporting the lowest levels of social support. Conversely, Young Mothers (<25 years) reported the highest levels of support from non-resident family members. The comparative advantage in support receipt by Young Mothers came from the support provided by their parents and parents-in-law in the form of regular contact and help raising their children. This pattern of results was inconsistent with that documented in a recent Canadian study by Kim et al. (2017), which found that young mothers received the lowest levels of social support. It also conflicts with broader literature suggesting that individuals who hold disadvantaged social statuses tend to report lower levels of social support (Harknett and Hartnett, 2011). These somewhat unexpected findings may be due to differences between this study and others in how support is measured. Kim and colleagues measured received support only, whereas Harknett and Hartnett measured perceived support only. We included measures of both received and perceived support, which may explain some divergence in results.

However, consistent with the international body of evidence, young mothers in our Australian study experienced comparatively low levels of social support from other sources – such as the child’s father, their friends, and structured playgroups. Research indicates that young mothers in the US often find themselves in communities where young parenting is the norm, and build support networks of similarly aged parents. The lower levels of peer support in our Australian study may be explained by the young mothers following non-normative life-course trajectories, with their status as ‘young mothers’ being potentially judged negatively (Wilson and Huntington, 2006).

To explore the social networks of young mothers further, we collected primary data through interviews and focus groups with young mothers aged 16–25 years in South East Queensland. Qualitative analyses of these data revealed that there were three key social relationships that acted as sources of support to young mothers: their mothers, their partners, and their friends. The qualitative data also revealed a layer of complexity in how the young women experienced and perceived these relationships. For most, becoming a mother provided a position from which to negotiate new relationships with parents, as they rebuilt their previously fragmented families. The young mothers tended to view relations with their parents positively, in spite of difficult childhood histories. Parents of participant mothers were keen to be involved in the lives of their grandchildren, and most mothers welcomed this, despite experiencing issues during their own childhoods. This

finding aligns with previous interdisciplinary research on the importance of matrilineal relationships during the transition to motherhood. Particularly, they are consistent with Thomson et al.'s (2011) account of new mothers turning to their own mothers for support, despite negative childhood experiences. While most of the young mothers in the qualitative data expressed satisfaction with the new relationships they had formed with their mothers, the Young Mothers in LSAC reported comparatively low levels of attachment to their families. This suggests that, despite reconnecting with their mothers after birth, the family relationships of young mothers remain contested and complex.

The young mothers' relationships with their partners were often characterised by disappointment. The young mothers readily acknowledged their partners' role as provider, although long hours at work were said to undermine their partners' role as parents. The mothers' unmet expectations affirm the findings from the quantitative analysis, which showed comparatively low levels of support from their partners among the Young Mothers. However, dissatisfaction with support from partners was also found among older mothers – consistent with evidence of low paternal involvement in childcare in Australia (Cano et al., 2019).

The role of friends during the transition to motherhood is not yet well understood, and several of our findings could inform emerging research in this space. When mothers had satisfactory relationships with their parents and partners, relationships with friends were described as limited or having been lost during pregnancy. However, when mothers had poor relationships with their partner and/or parents, relationships with friends featured more prominently. In these situations, friends filled the role of family and became important sources of support. In other words, the young mothers exercised their agency by creating 'families of choice' that helped fill the vacuum left by their absent parents (Pahl and Pevalin, 2005).

Despite the contributions of this study, several limitations must be acknowledged. First, due to modest cell sizes, the quantitative analyses include both primiparous and multiparous mothers. While 62% of the Young Mothers in LSAC were primiparous, this figure ranged from 25–45% for the other groups. It is possible that first-time mothers may require, request, and/or receive more and more varied support from their families, or that some of the older mothers in the analyses were once young mothers. As a result, future research could add further nuance to our findings by comparing the experiences of primiparous and multiparous mothers. Second, the qualitative data included only young mothers. Hence, it is not possible to determine whether similar or differing themes concerning experiences of social support would emerge among mothers in other life-course stages. Third, this research considers the experiences and circumstances of mothers at a single point in time (i.e. approximately 0–2 years since birth). Quantitative and qualitative analyses that adopt a longitudinal design and track mothers of different ages over time would help ascertain whether and how experiences and perceptions of social support to mothers shift with time since birth. Finally, our study did not consider how maternal experiences of social support – and differences in these experiences by maternal age – vary across social groups defined by ethno-cultural background, socio-economic status, or place of residence (e.g. rural versus urban areas). Based on intersectionality theory (McCall, 2005), we might expect some of the patterns in our analyses to be moderated by these factors. While these analyses are beyond the scope of the current article, they constitute fruitful avenues for future research.

The findings reported here carry lessons that could be used to inform policy and practice. Specifically, the results show that young mothers typically have access to familial support, but these relationships may be complex and problematic. Much of the previous research identifies maternal grandmothers as key sources of support to young mothers and their children, and our findings reinforce this. Often, the young mothers' relationship with their mother is not strong or uncomplicated and, in light of these findings, practices could seek to incorporate a relationship-building focus. For example, maternal grandmothers could be involved in intervention activities – such as childbirth-preparation classes or grandparent-focused social events – which may strengthen bonds between young mothers and their mothers. Policy could also make it easier for grandparents to support young families through recognising informal childcare and providing monetary incentives. Australian research finds that informal childcare rendered by family members is important yet difficult to access, especially when grandparents are younger and economically active (Brady and Perales, 2016).

Similarly, just about half of mothers of all ages expressed that their partners were supportive or actively parented, and that their support needs (i.e. those of the mothers) were met. This suggests that policy focus on enabling fathers to better support their partners and children (e.g. through enhanced parental leave schemes) is well-guided.

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## Supplemental material

Supplemental material for this article is available online.

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