ORIGINAL RESEARCH

E-communication among mothers of infants and toddlers in a community-based cohort: a content analysis

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Abstract

Title. E-communication among mothers of infants and toddlers in a community-based cohort: a content analysis.

Aim. This paper is a report of a study to explain how mothers used a community-based, cohort-based electronic communication system.

Background. Early psychosocial support for families is regarded as inadequate. Employed women with young children can feel isolated from other families. Most parent e-mail lists are in a read-only format, with parents receiving informative e-mails from a corporation or a commercially motivated initiative. In an increasingly virtual age, it is important to examine parents’ use of online support groups initiated by parents.

Method. We used a qualitative descriptive design to conduct an inductive content analysis of archived threads of e-mail from 40 middle class Canadian mothers involved in a grass-roots online support cohort that shared birth year and geographical community. Two hundred and ninety-two pages of single-spaced mother-based communication that occurred from June 2004 to May 2005 were analysed.

Findings. Mothers used cohort-based electronic communication to build a local community, request and provide emotional support, share information and facilitate learning, and provide validation for the ‘normalcy’ of other women’s mothering experiences. They shared stories and feelings, expressed sympathy, offered accolades, expressed appreciation for shared experiences, conveyed gratitude for support, and shared beliefs and expectations. Mothers anticipated childrearing difficulties shared strategies, exchanged advice, confirmed others’ strategies and shared information.

Conclusion. Women in particular geographical areas can use asynchronous mail systems to share information with and obtain support from other mothers. Cohort-based electronic communication could be particularly important in rural areas where travel is restricted for women and access to professional support is limited.

Keywords: community, content analysis, e-communication, e-mail, mothers, nursing, support
Introduction

The potential for the internet to facilitate social support is growing (Larkin 2000). Although most families with young children respond adequately to the challenges of parenting, international studies have suggested that early psychosocial support is inadequate for many young families (Long et al. 2001, Häggman-Laitila 2003, Heh & Fu 2003). Employed women with young children, particularly infants and toddlers, can find themselves isolated from other parents, unable to access valuable information to solve childcare problems, and having difficulty accessing support at work (Kushner & Harrison 2002). Access to the internet, combined with growing numbers of working mothers with young children, has allowed the formation of online collaborative environments by which these mothers can share their problems and the results of their information-seeking experiences. Internet support appears to increase parents’ perceptions of support in Sweden (Sarkadi & Bremberg 2005).

Background

In Canada, 60.9% of households are connected to the Internet (Statistics Canada 2006). According to the Canadian Internet Use Survey, 68% of adult Canadians accessed the internet for personal reasons from any location (Statistics Canada 2006). In the Statistics Canada study, it was found that women were more likely than men to search for health information, although the difference was small (63% of women compared with 53% of men). Adults caring for children had a higher rate of Internet use (81%) than those in households with no children (61%).

According to The Vanier Institute of the Family (2004), the proportion of mothers with children under 5 years of age working outside the home has increased to 64% across Canada and to 84% in British Columbia. Because mothers often work outside the home during daytime hours, they are unable to access community-based formal parenting programmes that are offered during business hours. The use of community-based, cohort-based e-support groups could improve support and information-sharing among mothers, thereby reducing feelings of isolation.

Most parent e-mail lists are in a read-only format; parents receive informative e-mails from a corporation (e.g. Babycenter 2007) or a commercially motivated initiative (e.g. Babyvibe 2007). A community group, the American Berkeley Parents Network (2007), incorporates parent-to-parent communication, which is mediated by volunteers who compile parents’ questions and responses and share them via newsletters.

Much writing about cyberspace has been theoretical (Valentine & Holloway 2002); a review of CINAHL, PsycINFO, PubMed, and the Web of Science revealed only seven papers that described the effects of parenting ‘gone wired’ (Hardey 1999, Drentea & Moren-Cross 2005, Madge & O’Connor 2005, 2006, Sarkadi & Bremberg 2005, Valaitis & Sword 2005, Kouri et al. 2006a, 2006b). A study of an international, commercially based website that offered opportunities for parents to post questions and comments reported that women increased their knowledge, sense of non-judgmental support, and development of online friendships (Madge & O’Connor 2005). Those women reported that they had more in common with people visiting the commercial website than they did with parents from their local community, although they indicated that website involvement had not replaced traditional support networks. They described online friendships as more transitory, and indicated that virtual forays into other countries had not altered their parenting practices (Madge & O’Connor 2005).

In one of two studies of small internet support networks, Kouri et al. (2006a, 2006b) described a qualitative analysis of threads from an asynchronous, online maternity care service initiated by professionals. The service offered opportunities for 21 families to discuss anonymously their pregnancies, family lives, and professional care. Findings revealed that families shared their feelings about growth into parenthood, being successful parents, and needing support. Valaitis and Sword (2005) created a number of asynchronous, moderated, anonymous online discussion groups for 17 pregnant and parenting teenagers as part of a participatory action research study. The teenagers indicated that they valued sharing their experiences, hardships and coping. Neither group was initiated by parents.

Mothers may use the internet to disrupt experts’ narratives about mothering (Madge & O’Connor 2006). For example, Hardey (1999) suggested that adults can renegotiate children’s medical treatment or develop ‘trust’ with strangers by using information from the internet. Researchers using data from local online support networks have credited virtual communities with developing social capital and support (Drentea & Moren-Cross 2005). In an increasingly virtual age, no researchers have examined parents’ use of online communication in support groups initiated by parents. Because they have credited non grass-roots, online discussion groups with sharing experiences, sharing feelings, expressing needs for support, disrupting professional narratives and
developing social capital, it is important to explore the uses of
grass-roots support online discussion groups.

The study

Aim

The aim of the study was to explain how mothers used a
community-based, cohort-based electronic communication
system.

Design

A qualitative descriptive study was conducted, representing
an inter-disciplinary collaboration between education and
nursing. We also conducted an unpublished quantitative
study, not included in this paper, which measured mothers’
confidence, competence and perceptions of support and
compared the online cohort with a community group of
mothers not using online support. Access to the threads from
the online cohort was requested when mothers completed the
online quantitative survey.

We did not make a priori theoretical assumptions about
the relevance of parenting confidence and competence. The
nature of online communication precluded using a social
support or parental efficacy theoretical framework, which, in
the former case, relies on intimate, formal and active leisure
relations (House et al. 1988) and, in the latter, on access to
modelling and observation (de Montigny & Lacharité 2005).

Sample

Our sample consisted of 40 mothers from a pre-existing
community-based online group (n = 113) in a moderate-sized
Canadian city. The 12 founding mothers of the e-mail list met
at a face-to-face parent education class hosted by a healthcare
organization from December 2003 to March 2004. The
women developed the list so that mothers could ask questions
and share advice, determined requirements for subscribers
and identified city of residence and birth year to screen
members. All posts were spontaneously generated by sub-
scribers. The mothers invited a community health nurse to
monitor communication and post if any incorrect informa-
tion was shared. New group members were invited by word
of mouth through existing subscribers.

We analysed archived threads from June 2004 to May
2005. The sample comprised pregnant mothers and mothers
with children ranging from newborns to 11 months of age.
Because statistical information collected for the survey was
not linked to consent forms, demographic characteristics of
mothers participating in the qualitative study could not be
separated from the quantitative study; however, 67% of the
60 mothers who participated in the quantitative study
participated in the qualitative study.

Data collection

After obtaining informed consent, data collection involved
accessing pre-existing threads of discussion postings only
from participating mothers. A thread consists of a group
member’s posting and responses to the posting by other
members. Mothers who did not want their archived posts to
be analysed had their replies edited from the threads. Postings
provided 292 single-spaced pages of communication. Names
of children and mothers, as well as any website addresses that
could be linked to the participants, were removed from
threads.

Ethical considerations

The study was approved by the appropriate ethics committee.
Recruitment was conducted through an e-mail posted to the
mothers’ group, which contained a hyperlink to a website
containing an invitation letter, online consent form and
survey questions. Consent forms were separate from the
anonymous survey responses, which included the demo-
graphic data. To participate in the qualitative study, mothers
marked a checkbox from the online consent form and
submitted their names and e-mail addresses for referencing
in the posting archives.

Data analysis

Data were analysed using inductive qualitative content
analysis, because this can be used to classify large amounts
of text into categories and is appropriate for oral, print, or
electronic data (Hsieh & Shannon 2005). Qualitative content
analysis is interpretive, because the researcher tries to
understand the latent content of the information
(Sandelowski 2000). Berg (2001) cautioned that, if latent
meaning is being denoted, the researcher should provide
relevant excerpts to validate interpretations. Sandelowski
(2000) emphasized the importance of fundamental qualita-
tive description.

Following similar procedural methods to those described
by Burnard (1991), the first author read printed copies of the
discussion postings and wrote codes in the margins to capture
the content and purpose of the posting. She linked related
codes by grouping them into categories. Constant compari-
son, which involves identifying themes and variations by
comparing and contrasting categories with earlier data (Speziale & Carpenter 2003), was used to develop and refine codes, categories, and themes. Constant comparison fits with Miles and Huberman’s (1994) descriptive tactics, such as noting patterns, remaining open to disconfirming evidence and clustering.

The first author reviewed the list of categories and collapsed similar categories. Following the development of seven single-spaced pages of categories, she reread the postings, compared them with the list of categories, and clustered categories as themes with definitions and quotations that served as exemplars. Examples of lower level codes included providing names of healthcare providers, giving reassurance, sharing experiences and sharing resources.

**Validity and reliability**

Although the data were analysed only by the first author, researcher effects on participants and participant effects on the researcher were minimized by engaging with the pre-existing threads from discussion postings, without contact with participants (Onwuegbuzie & Leech 2007). Elite bias was minimized because the women who provided the threads were self-selecting and there were no site visits where the researcher could ‘go native’ (Miles & Huberman 1994). Because threads were attenuated, it was difficult to over-weight dramatic events (Miles & Huberman 1994). Reliance on the postings did not permit triangulation with other qualitative data collection methods (Miles & Huberman 1994). Credibility was enhanced by collecting data over 12 months, which allowed for variability in postings (Onwuegbuzie & Leech 2007) and seeking negative cases (Miles & Huberman 1994). All study procedures were explicitly documented in an audit trail, enhancing confirmability (Speziale & Carpenter 2003). Member checks and coding checks were not undertaken, because the nature of the data made these difficult and one researcher analysed the data (Miles & Huberman 1994). Determination of transferability rests with potential users of the findings (Speziale & Carpenter 2003).

**Findings**

The majority of the study participants (79.7%) were married and 88.1% reported having household incomes above the median for the city (US $56,179 = £28,988 = 36,320 Euros). Sixty-one per cent were employed outside the home, 8.5% worked at home for pay and 13.6% were on maternity leave. The mean number of people in the household was 3.32 (sd = 0.66); the mean number of bedrooms was 2.86. Of the 60 mothers, 41.9% self-identified as Canadian. These highly educated mothers had a mean of 6.85 (sd = 1.19) on an 8-point scale, anchored from elementary to postgraduate education; their ages ranged from 26 to 45 with a mean of 36 (sd = 4.5). The women used the e-cohort to develop community connections, request and provide emotional support, share information and facilitate learning, and normalize infants’ developmental and mothers’ parenting experiences.

**Developing community connections**

Because the list was confined to a small geographical area, it was used to share information about accessing community programmes and classes; offer suggestions for and share names of care or service providers; organize dates for events; buy, sell or trade children’s items; share videos; and plan opportunities for mothers to get together physically for play dates or social occasions, for example: ‘Can you believe Christmas is only 6 weeks away? I thought it might be nice to have everyone get together for a Christmas party, make it potluck for 3 hours. What do people think about this idea?’ (19 November 2004).

The close geographical positioning of participants distinguished this list from others that have been reported where mothers posted from multiple countries (Drentea & Moren-Cross 2005) or from different geographical areas in the same country (Madge & O’Connor 2006). The findings were similar to those of Kouri et al. (2006b), where parents requested similar information from their online group.

Some mothers reported that their husbands were noticing their computer activities: ‘My husband commented to me last night that I am spending a lot of my spare time (rare) on the computer now’ (22 June 2004). In another case, a get-together was planned where husbands were excluded: ‘I think because space is limited we should allow only moms and babes and not invite husbands/partners. How do people feel about that?’ (19 November 2004). Given that women have reported preferring social support from individuals in their ‘inner circle’ (Harrison et al. 1995), it is interesting that the e-cohort activities in this study potentially excluded fathers from online communication and related social activities. Other researchers have reported that men regard online e-cohorts as ‘mother and baby meetings’ and raise questions about whether men are subtly distanced from parenting by such sites (Madge & O’Connor 2006). Adolescent parents have indicated that they prefer separate male and female discussion spaces because their needs differ (Valaitis & Sword 2005). Our findings fit with fathers’ lack of
involvement as members and respondents in other internet groups (Sarkadi & Bremer 2005).

Drentea and Moren-Cross (2005) argued that mothers use support groups in online communities for network capital, which provides companionship, emotional and material aid, goods and services, information and a sense of belonging in a virtual community. For example, in our study, women shared information about difficulties with finding day care: ‘I had to put [baby name] on a waiting list months before he was born. For you mummies out there who are returning to work in the near future, put your name on a waiting list NOW.’ (6 October 2004).

Madge and O’Connor (2006) found that mothers claimed they had more in common with people visiting the website than they did with people from their local communities. Our findings suggest that mothers used their e-mail list to develop community links, closer to what Lin (2001) described as an embedded community activated for purposeful action. In fact, the women developed lobbying, petitions, and plans for community resources through their e-cohort group: ‘I was wondering about another idea for a petition. I find it difficult and uncomfortable nursing my baby on public benches or sitting in the toilet. Have other moms encountered this or just me?’ Response: ‘I am all for a designated space for nursing, but I think it’s wrong that we are relegated to a bathroom stall to nurse. I would support a petition if you put one forward.’ (14 July 2004). The findings suggest that mothers in our e-cohort were not substituting network capital for their community social capital, but using online and onsite communities in synchrony to provide networks (Madge & O’Connor 2005).

Requesting and providing emotional support

The women in our study also used the e-cohort to seek and provide emotional support. They shared their stories and feelings, expressed sympathy, offered accolades, expressed appreciation for shared experiences, conveyed gratitude for support, and shared their beliefs and expectations. These findings fit with a concept analysis of perceived parental efficacy indicating that oral persuasion from significant people contributed to maintaining parents’ self-efficacy beliefs because others believed in their capacities (de Montigny & Lacharité 2005).

Sharing stories and feelings, which engendered support, took the form of describing birth experiences, and difficulties with infant sleep, breastfeeding, offering solids, finding child care, returning to work, toilet training, infant temperament, unhelpful healthcare providers, teething experiences and infant safety: ‘I am wondering how many other mothers have to go back full time. The biggest problem is my emotional attachment. I was raised by a stay-at-home mom and I just can’t imagine leaving her 5 days a week all day long. Any input on how to deal with this?’ (15 June 2004).

Mothers have described social support as having someone listen and allow exploration of ideas, especially individuals who have experienced the life transition, but they worried that obtaining support would be burdensome (Harrison et al. 1995). Experiencing social support can involve using social relations to express frustration, share feelings, increase self-esteem and seek empathy (Drentea & Moren-Cross 2005). Families using an online communication format developed by professionals have identified the importance of reflecting, through their posts, about their transition to parenthood and needs for personal support (Kouri et al. 2006a).

All of the women in our group were sharing the same life transition, albeit a few were on their second transition to motherhood. Using the e-cohort to share experiences offered equal access to support, but also the freedom not to post in response. Women could access emotional support without worrying about being a burden for other group members. When communication exchanges are mutual and perceived as fair, there is a perception of reciprocity as opposed to burden (Chiu et al. 2006). Birth stories in this study were often about women’s power and their bodies’ abilities to give birth independently of interventions: ‘Yes, you can refuse but be prepared for grief. I refused with my baby. They were concerned about not having the tests done. They will often come in and just do a procedure, giving the impression that you do not have a choice. I am due with the baby in 6 weeks and planning a home birth. If I do end up back in hospital, I will do everything I can to stay in control of what is being done to me. (25 October 2004). This mother’s story about birthing without relying on medical interventions fits with Madge and O’Connor’s (2006) claim that cyberspace offers women opportunities to resist traditional medical power, because it offers a route to bypass dominant power relations. Other mothers used online communication to confirm their confidence in the system: ‘I personally had amazing care in the Mom and Babe section of [local hospital]. I went in with my sister’s horror stories so I was really worried, but everything was fine. I had an amazing night nurse.’ (25 October 2004).

Although Drentea and Moren-Cross (2005) argued that female-dominated websites are more supportive, they reported conflicts among women members, where the community worked to restore a supportive stance. In our e-cohort, although one mother monitored for conflict, none of the threads reflected defensive or aggressive stances: ‘I just
want to thank all of you who posted back to me. I now have some peace of mind and reassurance.’ (24 May 2005). Some mothers disagreed but respectfully: ‘Actually, I am sorry but I will have to disagree. There is a huge misunderstanding about the benefits of chiropractors in whole body healing.’ (22 October 2004). Even when responding about infant sleep problems, which other parents indicated can be competitive (Tse & Hall 2008), the women were supportive: ‘Last night [baby name] was up at 2 am for over 2 hours screaming. It is just really nice to know that I am not alone. Thanks for writing.’ (7 September 2004).

Sharing informational support and facilitating learning

The women’s threads provided information to anticipate childrearing difficulties, share strategies, exchange advice, confirm approaches other mothers were using, share information from books or reports, share websites for information (such as the Canadian Health Network), share approaches to learning and share the benefits of particular care providers. The most common information areas were infant sleep, nutrition and feeding, children’s safety, balancing work and motherhood, attachment, temperament, toilet training, infant infections, teething, immunizations and learning to speak. For example, one mother shared her strategies and information she obtained from a sleep book:

You are not the only one whose baby is doing this. Here are some things I figured out that may work for you. I always have the same routine in the morning before naptime. I am trying to come up with a good bedtime routine to help her with bedtime. I read in one of my books that at about 8 months babies need strict sleeping routines because they like to know what is coming next. Good luck and let me know how it is going. (29 July 2004)

Often the women’s communication was a mix of their strategies and information they had culled from reading, visiting websites, or their care providers: ‘We are following the chart I received from dial-a-dietician. I am constantly amazed at how much my son will eat, if I keep feeding him. The public health units have a free book called Toddlers’ First Steps that has a section on nutrition. Here is a cool website you might want to try out.’ (10 September 2004). These mothers appeared to access many forms of informational support, which facilitated group learning. Hardey (1999) referred to consumers’ rapid movement among various links between websites on the internet and questions raised by professional groups about the quality of information. Our mothers’ willingness to share resources may have assisted less technologically proficient members. Our findings contrast with adolescent parents’ difficulties in accessing computers and navigating an online communication system (Valaitis & Sword 2005).

Some mothers in our group relied heavily on healthcare providers and passed on their advice. For example, ‘When I saw Dr. [name] about [baby name] she told me that some babies were having tummy problems due to an inability to digest lactose. They changed their recommendation to no unfermented milk products until after age one. Dr [name] is a GP, a lactation consultant, and has special training in early childhood eating disorders. You do not need a referral to see her.’ (8 October 2004). Our findings fit with those of other investigators who found that, in addition to exchanging informal information, mothers providing social support on the internet pass along information derived from professional experts or organizations (Drentea & Moren-Cross 2005, Kouri et al. 2006a). Care providers for young mothers have indicated that health, and emotional, relationship and social support are their priorities (McLeod et al. 2006).

Our findings contrast with suggestions that websites hold the potential to disrupt experts’ scientific narratives and free women from dominant medical power relations (Madge & O’Connor 2006), or parents prefer advice from each other to that of expert practitioners (Sarkadi & Bremberg 2005). Our data suggested that information derived from experts was offered by mothers who could be viewed as reproducing medical power relations. On the other hand, some women were very outspoken about resisting power relations. For example, ‘As a patient, don’t you have the right to refuse any intervention you don’t want? I had my first baby in the [country] but they were careful to give me a patient’s bill of rights, which is very important for maternity patients where the baby’s rights are considered if they conflict with your issues. I appreciate these discussions so I am more aware ahead of time and can be prepared.’ (25 October 2004).

Normalizing infants’ developmental and mothers’ parenting experiences

The women in our study used the e-cohort to normalize children’s developmental changes and their parenting experiences. They sought other women’s experiences or stories so that they had information to affirm their challenges around parenting. One mother described challenges with separation anxiety: ‘We are going through this. For the last 3–4 weeks he will not leave my side. We have a very experienced lady who runs the class. She says that children with good attachment and having their needs met almost always go through separation anxiety at some point. Her info made me feel much better. Hope it helps you too.’ (15 November 2004).
The women were very interested in normalizing their return to work after their infants were born. For example, one mother wrote: ‘I am wondering who has gone back to work and how it has gone for you? I am returning to work on Monday. I am curious about how you have found going back to work.’ (26 October 2004).

Our e-cohort sent many messages to each other that affirmed the normality of women’s descriptions of their experiences. They also used their stories as confirmation that mothers’ experiences would shift with the children’s developmental changes:

This is my first time writing to the group. I have a one year old daughter. I have really enjoyed reading everyone’s contributions and have found much of your comments, thought, questions and advice helpful. Thank you!! Remember, this won’t last forever. Even if you don’t change your habits, your baby’s habits will change over time. Sometimes knowing that you are not the only one with the challenge can be of help. (6 September 2004)

Our findings are congruent with claims that mothers try out what it means to be a mother and use online forums to communicate feelings of shared experience (Madge & O’Connor 2005) and to explore ideas (Harrison et al. 1995). Having access to extensive threads from different mothers about their childrearing experiences can enable mothers to access a range of normal for infants and to compare their children with those norms (Drentea & Moren-Cross 2005). The association between maternal sensitivity and availability of support from people other than partners, and the ability of social support from others to predict maternal sensitivity to their infants (Shin et al. 2006), suggest that access to support through an e-cohort could improve infants’ developmental outcomes.

Discussion

Study limitations

This qualitative study was restricted to pre-existing discussion postings and edited postings from archives of an e-mail mailing list. No opportunities were available to clarify meaning or intent of the postings with mothers; however, the threads were archived prior to any researcher contact and so the postings reflect a naturalistic setting. Our sample characteristics suggested that this cohort was highly educated and above the median for income in their geographical area. These characteristics support Drentea and Moren-Cross (2005) contention that the internet reproduces inequality in social capital, because groups advantaged by socioeconomic status are more likely to access it. However, the demographics of our sample may be typical of the geographical area where the women resided. Sarkadi and Bremberg (2005) reported that Swedish parents using the internet for support were at or below the national average for income and only slightly above the national average for education. Our study sample involved a group that had set up their own e-support cohort and limited access by others, in contrast to sites where anyone can post online (see Madge & O’Connor 2005). An important limitation is the lack of transferability of the study design and findings to mothers who did not have access to electronic communication as a form of support. Because our e-cohort was located in a confined geographical area, our women were less likely to be exposed to varied ideas about parenting, as opposed to women forming relationships online with mothers from all over the world (Madge & O’Connor 2005). On the other hand, there are many tensions within cultural groups around approaches to parenting, for example bed sharing, where mothers and infants sleep together, which can put parents into competition about the ‘best’ approach for their children (McKenna & Volpe 2007).

Implications and future research

Future research is needed to examine the degree to which other grass-roots participant groups have similar experiences with online communication and support. Interviewing mothers about how the process of communicating online provides them with opportunities for reflection and to increase their sense of parenting efficacy would inform the theoretical development of perceived parenting efficacy (de Montigny & Lacharité 2005) and social integration (House et al. 1988). Research should also be directed at obtaining fathers’ perceptions of accessing online internet support.

There were some indications that our e-cohort placed parenting primarily in the mothering realm, rather than extending the discourse to include fathers, which was supported from studies in other countries (Sarkadi & Bremberg 2005). Marginalizing fathers from parenting conversations has the potential to contribute to men’s withdrawal from active parenting. This has important implications for families where mothers are engaged in paid employment and may rely on fathers to engage in childcare activities (Hall & Callery 2003). The findings inform maternal parenting self-efficacy, because the themes not only emphasize ways that mothers can access experience vicariously through sharing particulars about approaches and beliefs and receive persuasion from other mothers who believe in their capacities (de Montigny & Lacharité 2005),
but also identify key areas about which mothers seek information, such as feeding, infant sleep, safety and temperament. Because high parental self-efficacy is linked to adequate parenting practices and less psychological distress (de Montigny & Lacharité 2005), the themes and subcategories have the potential to inform development of a measurement tool for maternal parenting self-efficacy.

The findings have implications for nursing practice. This self-sufficient grass-roots group required limited monitoring by a community health nurse. This format could offer alternatives to face-to-face support groups. Nurses and other healthcare providers could also assist women to identify online resources in their local areas or a regional website. Nurse educators can help students to appreciate the relevance of online communication for the populations they will be serving. The opportunities to share experiences and celebrate women’s strengths provide alternatives to the ‘culture of fear’ around birth and parenting (Melender 2002).

Conclusion

Sharing electronic communication via a list that is limited to a geographical area and has been screened can reassure mothers about the genuineness of the communication, which is an important contribution to international considerations of e-cohort support. Locally situated online communities can provide both virtual and actual face-to-face support. A locally produced and regulated e-cohort can give a sense of safety and perhaps a stronger sense of affirmation from mothers with similar expectations and beliefs and knowledge about parents’ identities. Our findings reinforce the importance of providing opportunities for women to communicate with each other in what can be isolating circumstances and for broadening theoretical formulations of parenting self-efficacy.

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Author contributions

WH and VI were responsible for the study conception and design. VI performed the data collection. WH performed the data analysis. WH and VI made critical revisions to the paper for important intellectual content and obtained funding.

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