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Research Article

Behind Perfect Postpartum Practices: An Exploration into Parenting Support in Sweden

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Annotation

Social support is said to provide a buffer against symptoms of postpartum distress. Research indicates Sweden offers the best postpartum social support practices. The social support offered is largely practical in nature. Rates of postpartum depression in Sweden are similar to those in Australia, despite far less state provided social support. This article explores Swedish mothers' experiences of the postpartum period and social supports offered in Sweden, and asks what is missing. Qualitative research methods were used including Thematic Analysis and Participant Observation. Major themes were identified and synthesised. Social support is often presented with little indication of the type, allowing for gaps in offerings. State provided social support alone is insufficient in alleviating postpartum symptoms of distress. The case for cultural awareness, emotional and appraisal support is made.

Introduction

Eighty-five percent of women experience some form of emotional distress in the postpartum period [1,2]. One in five women experience postpartum depression (PPD) with rates in Australia currently between 13 and 17% [3,4]. In industrialised cultures, mothers are increasingly experiencing pressures to be both mother and provider [1,5,6]. Despite the level of equality perceived in western cultures, there remains an equality gap when it comes to parenthood in home duties, mental and emotional loads, and policies and structural supports [5]. In Australia, forty percent of women return to paid work in the first year postpartum whilst performing 70% of all child related and household responsibilities [7,8]. PPD may affect not only the mother, but her partner, the infant, extended family and her environment [9,10]. The struggle to balance work and family life does not appear to be subsiding despite consistent campaigning, rising political awareness, and focus on parental supports in the workplace, namely, parental leave and gender equity [11]. In Australian culture, mothers returning to paid work is normal, expected, and ties ubiquitously to an achievement culture of patriarchal success [2,12-14]. Imbedded in the practice of women returning to work are gendered roles in the home, self-identity in the workplace, and expectations of productivity and achievement in both [5,6,15,16]. Various interplaying internal and external factors including hierarchy, role division, family or childcare arrangements, the flexibility of the workplace, health and care of the self, children and or family must align in order for successful work and family balance. The wavering of any one of them can impact the success of the entire structure [17]. Moreover, cultural beliefs and values provide the context within which these factors are constructed [2,13].

It is argued PPD is an inevitable, somewhat expected response to motherhood; a rite of passage inclusive of the internal struggle inherently linked to such transition [18-20]. This supports both an evolutionary view [21,22] and research by *Evagorou et al.* [2] and Harkness (1987) who found in nations of fewer accounts of distress, emotions were present [23]. However, rather than pathologized and shame inducing, emotions were buffered by compassionate and experienced informal social support, cultural acceptance, and high societal regard and value was placed on motherhood. There are a generous array of stories and accounts of women suffering during the postpartum period across time and culture [2427]. For over a decade, the work of *Mauthner (1998); Mauthner (1999); Mauthner (2010)* has showcased stories of dark emotions in the days after the birth of a baby [13,28,29]. *Mauthner (2010)* writes to the shame and stigma evident across myriad postpartum research [13]. The reverence of motherhood in some cultures enhances the social standing and thus, experience of women upon the birth of their child. These values are ubiquitous within the fabric of the culture and the ideals, beliefs and desires of inhabitants [2,19,23]. Culture plays a significant role in postpartum distress; the nature of taken for granted assumptions we all live by are, as defined, invisible to the individual.

Social Support (SS) is a crucial element in postpartum wellbeing [1,21,22,27,30-33]. It has 5 main categories

a) Emotional support through understanding and the encouragement to express feelings
b) Informational support through advice and guidance
c) Tangible or instrumental support through material, monetary and behavioural aid
d) Positive social interaction referring to having fun with and just being with others and
e) Affectionate support, through expressions of love and affection [34-36].

These elements may be provided through formal or professional means such as policy, hospital care, childcare centres, or through informal channels such as friends, family, and colleagues. For the purposes of this paper, social support for new parents will be discussed on two levels; State Provided Social Support (SPSS) and Informal Social Support (ISS). State provided social support will encompass Informational, Instrumental and Social Companionship support; government policies around parental leave and childcare and will include organisational practices, hospital-based parenting groups, societal expectations and norms for the purposes of discussion. While informal social support will refer to emotional and appraisal support provided by partners, family, friends, colleagues and others. Informal Social Support has been shown to provide solace, and a buffering to the experience of PPD [37], reducing the need to pathologize the woman's experience [2,23]. The SPSS provided to Australian mothers may not meet the needs of mothers *(AUTH, 2020)*; it includes 18 weeks leave for the primary caregiver, 2 weeks leave for partners, perinatal hospital care, parental support groups and some rebates on paid childcare if eligible. Much of the literature fails to identity which forms of support are being provided which are most successful, and which may need more attention

(AUTH, 2020). However, research by *Small et al. (1994); Small et al. (2011); Mauthner (2010); Oates et al. (2004)* found talking therapies and lay support from experienced, non-judgemental women is beneficial [13,24,38,39].

There are many social similarities between Sweden and Australia, making Sweden a good place to examine and consider, against an Australian context [12]. Sweden offers parents equal parental leave over 480 days, VAB care, state-subsidised childcare and open childcare drop-in centres, amid a state focused on high equality and shared parental responsibilities. SPSS provided in Sweden far outweigh those available in Australia, and yet rates of PPD are not dissimilar, currently at 12% and 13% respectively [33,40,41]. By turning to Sweden as an example of best practice SPSS, ascertaining what is missing in terms of support may be possible. Sweden, much like Australia has a strong cultural expectation that women work as well as parent, with female employment rates at 81% [12,33]. Women in Sweden are more likely to take the first year off, with their partners taking over parental leave until the child is 15 to 18 months old [12], at which time the child goes into state subsidised childcare. Parents have the right to negotiate the percentage they will return to work and have access to flexible, transferable carer leave allowances for the care of children. Swedish SPSSs are well utilised and held in high regard [33,42]. Cross cultural research tells us the prevalence of PPD is common across cultures [2,13,22,23,39]. What has been found to impact the severity and presentation of PPD is the level of SS and significance attributed to the postpartum period. Countries where dedicated time and attention are given to the postpartum period seem to do well in transitioning new mothers through their struggle and into a new reality [13,23,30]. Such generosity in Sweden may appear as strong SS, however, any diversions from this socially mandated strategy are considered inappropriate and curious, curbing the freedom for parents to choose how and when they return to work [33]. This research sought to understand the cultural, lived experience of social support for women returning to work after a baby in Sweden, and identify other related elements such as culture, feminism, internal expectations and emotional support [12]. It asked what, if anything, was not being addressed in terms of postpartum social support and wellbeing. By investigating experiences of the postpartum period in Sweden, this research sought to explore why despite the immense difference in state provided support in Sweden; addressing 3 of 5 social support elements, rates of PPD are similar to those in Australia. We asked the following research questions, 'What is the emotional PP experience of parents in paid employment in Sweden?' and 'Is there something missing in Sweden in regards to postpartum social support?'

Method

Procedure

Twenty-eight semi-structured interviews were conducted in person, one conducted by phone. The author conducted all interviews between September and November 2017. Data saturation was achieved by the 11th interview with no new themes emerging *Baker & Edwards (2012)*. Participants 12-28 were interviewed despite this, as the researcher desired to obtain as much data as possible in the unique overseas opportunity as well as participants' heightened knowledge and status in relation to the subject matter. Interview questions began broad, and prompts were used to explore specific research areas, or in response to answers. Thematic Analysis (TA) was conducted as per *Braun and Clarke's (2006 & 2013)* methodology [43,44]. Transcripts were analysed following the interview and used to inform subsequent interviews. Data was manually analysed and evaluated using codes in direct relation to the research questions. Daily fieldnotes were taken by the researcher. Emergent themes from the individual data were reviewed against the field notes for a broadened perspective. The field notes acted as an Audit Trail, documenting emerging themes, notes, correspondence, organisation and conceptualisation *(Tracy, 2010)*, enabling researcher reflexivity and a credible, authentic research process *(Tracy, 2010)*. To that end, it is noted the researcher has previous personal experience in maternal and paternal PPD.

Critical ethnography with Participant Observation

The researcher spent 3 months seeking to understand the cultural embeddedness of social structures within the Swedish community in relation to childcare, parenting and women's health postpartum [45]. The anthropological method of ethnography works well in this study as it encourages the questioning of taken for granted assumptions around motherhood, equality, expectations and work-life balance. Borrowing from this method in terms of style, the research was undertaken as Participant Observation; a qualitative method in psychological research allowing for the researcher to be present and attentive to the "material presence" of how people live their lives in actuality [33,46]. In as many contexts as possible, the researcher became involved in the daily lives of the participants. Observations and conversations were recorded where possible

and field notes were collated and recorded at the end of each day. The researcher spent significant time in formal and social environments and focused on the perspectives, subjective understandings and meanings participants placed on motherhood and the social structures they lived within. Through observation, interviews and interactions, knowledge about the layers within the culture was gleaned and biases reduced [46,47]. *Cook (2005)* describes critical ethnography as a useful tool for health promotion by challenging the norm from within [48]. Each research step built upon the last in an iterative-inductive approach and research questions were designed based on potential avenues of exploration developed as the research was conducted. Key informants were identified and further exploration occurred in in-depth interviews. Research involved consultation with university professors, government bodies' and professionals sourced to establish base knowledge and a guide for questioning.

Negotiating participant observation in Sweden

Swedes are known to be very individual and private people which made initiating conversations challenging. The work place facilitated a sense of comradery and commonality which was helpful. Outside the workplace, people were removed and private and often attempts for small talk was difficult, unwelcomed or refused completely. The researcher's daughter was often 'a way in', as she was commonly addressed before me; many invitations we received were for her benefit. A strong child focus in Sweden became apparent.

Qualitative Interviews

Semi-structured interviews were used to gain insight into the experiences and perspectives of the participants [44]. The interviews were audio recorded and transcribed verbatim by the researcher. Questions were loosely formulated, each interview informing the next. When conversation veered off topic, the researcher guided the topic back with open questions to facilitate an interview which provided meaning to the work.

Thematic Analysis

Thematic Analysis (TA) is a technique used to analyse qualitative data as reported *by Braun and Clarke (2006)* [43]. Participants were identified through purposive sampling and snowballing. Upon completion of interviewing and transcription of the data, the following steps were undertaken:

a)   Reading and familiarisation of the data, through immersion
b)   Coding of the data, identifying the details which relate to the research question
c)   Searching for emergent themes within the data,
d)   Reviewing the themes and searching for connecting and nested themes,
e)   Defining and naming the themes and
f)   Finalising the analysis relating back to the research question and the larger body of literature [43].

Emergent themes from the participants' data was triangulated to provide an accurate and strengthened perspective and to offer a richer, more rounded account of the themes, and provide a more credible, deeper understanding and interpretation of the data. The Audit Trail provided further rigour and transparency to the process and enabled self-reflexivity. The researcher has studied psychology and anthropology, and has been influenced by interdisciplinary approaches in relation to questions of women's mental health.

Theme Analysis

Themes were built from observations, patterns, and, codes which emerged from analysis. The themes, more intricately described below, are herein defined and situated within the literature.

Trapped in Excellence – State over Self, draws on the global positioning of Sweden as having high social trust, offering best practice state provided social supports for parents, the pride of the people in that standing, and how despite notions of strong independence, the socially mandated rules define, and both expand and limit the experience of parenthood [33,42,49]. The Paradox, expands more the paradoxical notions of freedom, trust, independence, choice and being compliant with governing and socially mandated laws [12,13]. The third theme, *The Good Girl-The Better Man*, draws links to the myriad research around the notion of The Good Girl in Sweden, whilst being situated within a broader context of feminism, equality and parenting roles. It explores the pressures women experience to perfect in work and motherhood, alongside a gap in equal measures

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Curr Res Psychol Behav Sci 2: 1027

Page 2/7

and expectations against men [5,50]. *Emergent Voices-Seeking Authentic Validation* supports the work of *Mauthner, 2010, Leahy-Warren and Corcoran (2012), Negron, Martin and Almog (2013), Blaffer Hrdy (2009), Small, Taft and Brown (2011), Oates, Cox and Neema (2004)* [3,13,22,27,38,39] and others, in finding the need for validation and emotional expression from and to informal social supports.

Naturalistic Data

Some findings and data were gained from the general population where consent was not always achievable. All names and locations were changed or omitted from the writing up of the data. Field notes were viewed only by the primary researcher and supervisors and are filed securely on a password-protected laptop.

Participants

Ethical considerations

Participation in the project was voluntary. Given the qualitative nature of the research a number of ethical considerations apply. Confidentiality was maintained where appropriate. Copies of all audio recordings, field notes and transcriptions of interviews will be destroyed at the end of the project and a copy of the final transcripts will be provided to the primary supervisor on a USB. This USB will be stored for a period of seven years, after which time they will be destroyed and the identity of those who participated will remain confidential.

Participant Recruitment

Upon arrival in Uppsala, initial local contacts were provided by the host at the Acadamiska Sjukenhust. The researcher was based at one of the University office complexes, and staff and visiting researchers were made aware of the research and the researcher's role as participant observer through email correspondence, posters, and flyers placed in the staff rooms and informally as people were introduced. Many informal conversations transpired and the researcher would ask questions centred around the main themes of parenting policy, parental distress and social support in Sweden. Fika, a Swedish custom of sharing coffee and morning or afternoon tea was an opportunity rich with commentary about such topics. The researcher would pose questions, make observations and partake in discussions with between three and twelve people at a time for thirty minutes, after which everyone resumed work. From these conversations, further connection was made with individuals for in depth interviews where topics were delved further into.

Informed Consent

A flier for recruitment was distributed to appropriate contacts. Participants who expressed interest received an information sheet outlining the nature, purpose and possible risks and benefits of the study. Information about the project was discussed in further detail before the consent form was signed to ensure a complete understanding was met. A consent form was provided and completed at the time of the interview. A copy of the Consent Form, Information Sheet and Complaints/Services Sheet were provided to the participants. If a participant became distressed during the interview, the researcher was mindful to proceed with care and debrief the participant afterwards in terms of seeking support if deemed necessary by the participant.

Participant Characteristics

Parents who spoke English, were educated with at least post-secondary qualifications, were employed, and over the age of twenty years were recruited using purposive sampling. The recruitment process resulted in 28 interviews. Twenty-seven participants identified as Swedish, one had grown up overseas but had given birth to children in Sweden. Participants were broken into two groups; parents and professionals. Although all participants had children, the interviews were slightly different if the participant was recruited as an industry professional or professor in the field of the related research. Participants spoke about their experience of parenting and working, and the professional cohort also shared insights from a professional perspective.

Parents

There were 13 participants in the parents' group; four men, nine women. Ages ranged from 26 to 60, (M=35.5). One of the men was on parental leave, one woman was working at 87.7% and the others were all at 100%. The average number of children was 2, and the average length of leave was 9 months.

Professionals

There were 15 participants in the professionals' group; 2 men, 13 women. Participant ages ranged from 29 to 62 (M=45). One participant was retired, two worked at 80% and 90% and the remaining 12 were employed FT. Although an older cohort, the average number of children was still 2.

The Wider Population

Observations were made, and conversation were had with members of the community in cafes, parks, museums, libraries, school, open preschools, public transport, social gatherings, private homes and public spaces. The researcher spent significant time with three families in particular, in their homes, at family yoga and at festivals. Information was gathered from posters, brochures, slogans, group conversations, cultural activities and norms. The researcher attended the Nordic Marcè Conference during which observations, conversations, research and norms were observed.

Results

Analysis of the individual interview data and field notes generated 4 themes; Trapped in Excellence-State over Self, The Paradox, The Good Girl-Better Boy, and Emergent Voices. The benefit of immersive participant observation as a working pregnant mother was that as an outsider it was possible to see and question the way of life of a mother through a researcher's lens. Stepping outside of our own environment expands one's view and allows one to question taken for granted concepts and norms. Observations were drawn upon to further inform and develop the themes as they emerged.

Trapped in Excellence – State over Self

In Sweden, the notion of choice and freedom relating to paid work was overcast with expectation and societal pressure; it is widely understood that the woman will return to work. Whilst not legally mandated, there are clear societal standards, and judgment of those who deviate from the convention. Independence and freedom were highly valued attributes of Sweden's culture, yet participants were lacking in personal freedoms around family structure. The state provides generous parental leave days, flexible work options and shared leave; the parameters of which were tightly adhered to. Women are expected to be in paid employment, with children in childcare before the age of 18 months. There was a strong rhetoric around parenting as learned, rather than instinctual. The implications of this conviction is that anyone can parent - the primary role does not sit only with the mother, supporting her return to paid work. State provided social supports were observed and revered, despite emotional or personal desires.

"To stay home for 3 years with my kids, it would be nice, but it's impossible in Sweden. You *have* to work; everyone *have* to work." FP15.

The same expectations exist around returning to work too quickly, supporting the narrow band within which leave was socially accepted.

"It's really positive to spend time with your kid, and you're a horrible mother, societally speaking, or even company level, if you come back to work, especially if you come back to work in under 6 months…you're kind of expected to be off somewhere between 6 and 12 months if you're a new mum." MP17.

There is a lack of freedom for mothers and a struggle for balance, freedom and desire, as revealed by the participant 12;

"To say I really want to get back to work is a little bit of a [taboo], because you get such a good possibility to be with your child so long, everyone knows it's good for the child but no one is saying whether it's good for the mothers" FP12.

Many participants felt torn between work and children. Despite the dedicated time they were able to spend at home in those initial months, leaving children in child care most days was difficult. A clear example of how the Swedish culture so strongly dictates their choices and ways of being, despite the physical and emotional reaction women may experience.

"Both economically and in the looks of what is right and wrong in Sweden, it's not acceptable to be home, you need the money and that is important, we like our childcare, we think our children are safe when we leave them, it's not, of course, it's hard when they're crying and so on, but we still trust it." FP25.

The emotional and mental impact of this was evident in more than one interview, as many women talked about returning to paid work and placing their children in childcare.

"It puts you in two…torn…tears you apart." FP14.

Participant 16 cried through her interview; she had just taken her son to childcare,

"I am working full hours and so is my husband so that's hurting me in my heart, that I don't see him for more than three hours (crying) I am sorry…it's hard for me not being with him." FP16.

This theme speaks to the high level of social trust in Sweden. It was clear through interactions, interviews, social engagements, and participant observation that societal rules were followed and respected, and seen as beneficial for a well-provided for society. There was a consistent expectation and rhetoric that Swedes should be grateful for provided services such as day care. Equality, independence and progression were highly regarded aspects of the Swedish culture supporting their high global rating of social trust. This collectivist approach overshadowed many of the individual experiences of participants. Participant 3 put it simply;

"You should follow the rules of the way things are" FP3.

Participants displayed great pride in their governmental and social structures. Equality was something to be proud of, something they excelled in. Participant 7 demonstrated this as she spoke about working in another country as a younger adult and how she moved back to Sweden because she could not accept the lack of equality.

"It was supposed at that time that if you got married and if you got kids, it was well, the woman should stay at home and the man should work. So I decided that I had to go home, otherwise I cannot survive. I felt that if I had to accept these rules, it's going to be like a violence against myself." FP7.

When discussing equal parental leave and the flexibility around work many participants stated their pride and luck as a pretext to their concurrent suffering and frustrations by the same values.

"It's extremely generous of course, but also I think children are going to the day care centres when they are so small" FP13

Others were able to see through the societal norm of governmental pride and discuss an underlying flaw in the fabric upon which their cultural pride was based.

"They created this fantastic society and I'm really lucky for being a Swede, but I can see a problem here, that's like, people have a shame to get help, it's so deep in our genes, in our political genes." FP15.

"It's [day care] extremely generous of course, but I also think that children are going to the day care centres when they are too small…but that is something that you can't discuss in this society." FP13.

"I think we are trapped in some way, that we imagine that we are so equal, and are having this perfect society and equality, but we haven't." FP15.

There were occasional accounts where the participant would feel a sense of relief once their emotions and experiences about how difficult the parenting structures were shared, either directly or in reflection when they had shared with others.

"I started to be more open about things and I think that made it easier…I got a lot of positive responses from my friends saying, 'I *know*!! It's horrible isn't it!'" FP3.

"Sometimes you meet a mum you know and you chat and it's so nice to hear that others are in the same situation and that its normal, I think that's the most comforting thing" FP6.

Through these accounts, it became clearer that although the system and social structure was designed around women returning to work, and although the government supports were in place for day care and workplace flexibility, there was something missing. Women's needs were not being addressed. The excellent rules and the pain came hand in hand.

"We are very proud in Sweden that so many women are working…we are extremely proud of the parental leave system, and at the same time we saw that the one who was paying for it at the end was still the woman". FP25.

The Paradox

It became evident many people were existing in an often-unwitting paradox, with notions of freedom of choice and equality coupled with conformity and adherence to rules and norms.

"We [Swedes] are very individualistic and we don't listen to the church and we don't listen to um, institutions, we want to do what we want to do, we will decide for ourselves. Despite this, all people in Sweden go to the BVC, the child health care centre, and the program is the same for all children and everyone accepts it." FP13.

Participant 3 demonstrated the paradox in thinking in regards to work and parenting,

"I think it's exceptional and I am so lucky that we can have it, it's amazing…it's also very flexible and positive with children and how to combine it" FP3 and then this…

"You aren't equal! You have to have some charade or show how equal you are…at the same time, it's not" FP3.

"You're supposed to work full time otherwise you're not a good woman because of feminist reasons…you have to be equal to the man and do the full time and think about your pension, but you have to pick the kids up earlier anyway because they can't stay at day care for so many hours because then that's not good and you're not a good mother." FP3.

Women are expected to work from 15 months, and yet as Participant 3 stated, when wanting to take her older child to childcare so she could be home alone with her newborn, she was told,

"why would you want to leave them with us when you are home? The best place for the child is with you." FP3.

The inner conflict this created for mothers was salient. When discussing having an older child in day care while a parent was on parental leave with a baby, one participant responded,

"Many people are saying, 'why are you having more children if you don't want to be home with them? Why should you have the older one gone when you are at home! You should take care of your children! Why is it better for them to be with strangers?" FP3.

The Good Girl – The Better Man

The notion of being a 'good girl' was discussed by 12 participants.

"In Sweden we have this expression, *duktig flicka*, um 'good girl'. You know you try to do everything good and be a good person…to do everything for everybody…I wanted to be this good, perfect mum" FP3.

Many participants spoke about the pressure to live up to internal expectations and pressure to be good at everything, and the guilt they would feel if they couldn't manage it. Some spoke of having to let certain things go in order to fit everything into the day, and how regardless of what they did achieve, the focus was on what they had not.

"It's the emotional pressure…and the guilt, 'I should do'…I should spend time, I really should do this, I should care about how I work, I should take care of my children, I should…I should also do this and this and this and there's only 24 hours in the day so you have to skip something, so there's guilt." FP20.

Some participants were insistent men were no different to women in terms of parenting. Parenting was considered to be learned, not instinctive. Men and women would embark on the project of parenthood together and learn as they went. Some participants mused the men would essentially work it out through trial and error when the parental leave handover happened; all participants were confident and gave no thought to the possibility their men could not handle it. And yet women participants talked about still doing and feeling more than men, discussing the inequality of praise for staying home, and that men get the 'easy year', after the hard work of a new born

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Page 4/7

was done. Men were said to be more present with the children, not giving as much consideration to planning in advance and thus not carrying the mental and emotional burdens of what was happening next.

In the male participants' manner, demeanour, and words was confidence and self-belief, and perhaps more significantly, an absence of self-doubt, questioning or striving to meet personal or societal expectations in terms of parenting. It was mirrored by women who displayed confidence in dads when discussing leaving the children and returning to work. They spoke of shared missions and projects, of equality.

"One thing you have to remember about Sweden is that we have fantastic fathers". FP8.

"It's *we* that takes care of our child…we are like a union, it's something that ties us together, it's *our* project in life" FP1.

"We still admire dads who stay home, we are very proud of it and we think it's absolutely natural, but it's AMAZING at the same time – he's a hero." FP25

The majority of male participants stated they didn't care what was expected of them; throughout the interviews it was evident men didn't carry the same burden of high internal and external expectations.

"The picture of what a dad should do – I don't really care about that…I haven't read any books or blogs about how we *should* do it, so it's kind of …it feels natural to me. and if I am doing anything wrong, then I don't know about it (laughs)". MP10.

"He is happy just being with his kids, he enjoys it and I think he is more focused just on the kids. Somehow I think men find it well… him anyway… they're more rational…they find it easier. I think they are more, umm, present. When I am playing with the kids, I am thinking of all the things I am going to do after. He plays, he plays, that's it." FP6.

Men were commonly aware of the issues facing their partners, describing their struggles and emotional distress as standard since the birth of their child. A lot of it was put down to the need and desire of the woman to work. One of the male participants, spoke about his wife and her struggle with isolation and being away from work, where she had a strong self of identity and purpose.

"She got really stressed, had breakdowns, she had some when she was on leave, she had a nice breakdown after 4 months after he was born and another one at 6 months. Just being at home, being isolated, being socially isolated, that was a big thing… even if people have social networks, they still breakdown wanting more. I think that definitely happens. It definitely happened to her…She craved working, she craved being challenged, she craved not having conversations about poop and food." MP17.

Emergent Voices – Seeking Authentic Validation

Whether geographically, emotionally or culturally, many Swedes were reserved and private. Despite the state provided supports, and participants being aware of their cultural propensity to keep problems to themselves, they spoke about unrest within the structures they adhered to. Participants spoke about needing more in the way of informally structured support; from more lay, peer support to psychologists' support. Being independent and provided for curbed the propensity to seek outside support; as such, isolation was widely experienced. Personal feelings were largely pushed aside for the greater good, and talking about them was seen as being ungrateful for the world-class revered policies afforded them.

"You don't want to show others that you in some way can't take care of your child…we don't really share problems…any problems…that's the general rule in Sweden." MP2.

"We have an equal society in Sweden, I think that makes people not struggle as much. It's like, well we are equal so we don't have to struggle to keep it up, to keep equality up…you think it's good enough. But it isn't. This is a fight that has to go on." FP15.

With such accessible, mandated SPSS there were fewer socially constructed and organic options for ISS support.

"It's hard to find help outside of the state provided help because everyone goes through these channels so there are not a lot of alternatives." FP12.

Women found comfort in the authentic emotional support they were afforded, and in the authentic, experienced, emotional support they afforded others.

"What did help was they listened a lot and um they just gave me kind of emotional support, I mean if you like, I was like, validated I suppose just feeling that, they get my situation and I felt they listened to me and that was kind of what I wanted to hear" MP21.

"You need to be seen, you need to be heard, there is someone there looking at you, focusing on you, and you know close the door this is your time where you know and they're asking and they're listening to what you are saying, so they're giving you time and they're giving you room and space." FP 29.

Participant 28, a clinical psychologist commented;

"They want authenticity. I mean the value of authenticity as in someone's own real experiences is just valued completely differently to expert opinion…anything related to everyday kinds of issues which is more about values and opinion or where there is no one single solution…then expert opinion is neither valued nor sought and it's not believed to be as important as real authentic." FP28.

Ethnographic Observations

There was a strong, overt lack of resistance to men being primary care givers. Parents were deeply across their working rights and leave arrangements, and by the pride and importance placed in Swedish policies. Dissonance and frustration amongst women was common. Whilst proud, they were keenly aware of the dichotomy in which they lived and how hard it was to break free of it. As a pregnant woman, based in Sweden with a 6-year-old daughter, social support was something very much needed. Some social connections were made quickly and kindness was shown by way of time spent, meals shared, invitations into homes and out for Fika, and most pertinently, assistance with my daughter when needed. The smallest gesture could make the world of difference when it was offered with the tone of compassion and understanding. It was far more than a formal appointment could offer. The kindness and interest in my daughter, which played into Sweden's ubiquitous child-focus; museums, books and monuments dedicated to *Astrid Lingren*, author and advocate for raising strong children, especially young women were well established symbols of the engrained equality and strength women embodied, touted and strived or.

Amid an excess of pride, principles and parental and equality practices was the term "lagom" meaning 'just enough'. This was bemusing and juxtaposed against the generosity of SPSS. Swedes did not appear to live lavish lives, rather a modest existence where the necessities were provided and to brag was distasteful. Schools were seen as equal, clothing understated, and dinner at friends was modest. Just enough choice in the cafes, just enough food on the plate, just enough expression. Akin to being middle-of-the-road, having low expectations, or perhaps, conforming, Lagom focuses on what is absolutely essential, knowing when to stop and not doing anything superfluous. In a state where 'just enough' is seen as ample for a contented life, what does that say about the length and structure of parental leave in Sweden, and critically, what does it say about ours?

Discussion

Research into postpartum social support is vast, yet this paper is the first to explore culturally and experientially the darker side of what is touted to be best practice, for the purpose of identifying gaps and reimagining the way SS is offered in Australian society. It adds to the extensive literature about postpartum support needs and the challenges of the work/family juggle in Australia. The findings support certain feminist and evolutionary theories of PPD as universal in nature which goes some way to explaining the similar rates of PPD in Sweden and Australia despite gold standard SPSS [1,20,21,22,39]. Conversely, SS across cultures has been found to reduce PPD symptoms, opening the question once more. Research by *Oates et al. (2004)* suggests women would feel adequately supported with SPSS including professional talking therapies, yet that is not supported by these findings [39]. Women postpartum required much more than the SPSS, revealing deeper issues rooted in the cultural and intrinsic nature of motherhood, and of loneliness. There is vast importance in the cultural practices and value systems of a society and the associated beliefs of the people, in terms of the internal and external experience of mothers and the way motherhood is constructed and responded to, as demonstrated by the valuable work of *Mauthner (2010), Evagorou et al. (2016), Ussher (2004), and Budig et al. (2012)* [1,2,5,13]. Certainly, it is a far more complex issue than simply good policy. Findings support much of the research which claims emotional support is a key and fundamental issue in maintaining wellbeing postpartum, and in calibrating the expectations and realities of mothers [2,13,33]. In contrast to the work by *Oates et al. (2004)*, the findings suggest the emotional support required is better sought from peers and other mothers, rather than with professionals. This supports *Mauthner's (2010)* finding that need for

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Page 5/7

professional help is not universally expressed [13]. Without addressing the influence of culture, the perpetuation of current practices will continue to undermine the SS offered by the state. It is important to define and break down support needs and address them individually, rather than partially addressing them as a whole, and labelling it as SS. This notion supports previous research by the *AUTH (2020)*. In Sweden, what women reported missing was emotional and appraisal support-recognition of the distress, validation of her experience. This supports work by *Wisso and Plantin (2015)* who found SPSS was insufficient in Sweden, and emotional support from friends, family and the workplace was beneficial and necessary [33]. The emotional support received in Emergent Voices, did not diminish the postpartum pain, rather it provided validation for the experience of being a mother in an industrialised country. PPD was still experienced to varying degrees by the participants, despite the SPSS. This affirms the notion that when practical support is offered, a need still remains for Emotional and Appraisal support which may be the elements necessary to provide a buffering to the inevitable, and culturally sustained emotional experience of transitioning to motherhood.

Many of the supports offered in fact added new elements of stress and guilt. The separation anxiety experienced by parents coupled with the disapproval of child care providers of mothers who sought practical relief from toddlers, confounded many women's distress by adding complexity and depth to the already paradoxical experience. In congruencies around the motherhood role and the importance of staying home with children in a culture designed to have them in full time care created internal conflict. Much has been written about the Swedish concept, "*duktig flicka-good girl*", and it resembles many women's experiences across many cultures. Participants kept quiet about the experiences they were having, instead harbouring feelings of failure and inadequacy, and a sense they *should* be happy, they *should* be grateful, and above all, they *should* be able to manage it all, especially within this supportive and equal society [13]. This thinking resembles the biomedical notion that the problem lies within the woman, rather than from social influences, despite the construct of these thoughts being cultivated by the cultural values and beliefs of the society. There is a combative element to two driving Swedish principles one of independence and freedom, sound discernment and one of having just enough. The individual mother is lost in the greater good of Sweden's exemplary reputation for policy and state-provided postpartum support. At a systemic level, the societal narratives of motherhood, equality and individualistic achievement-based culture have much to answer for in terms of unfulfilled promises of women's equal standing, 'parenting as learned' and a conforming societal approach to a very individualistic experience. The emotional postpartum experience of parents in paid employment in Sweden is one of great paradox; pride and gratitude; guilt, loneliness and pain. This research found that the transition to motherhood and the postpartum period are personal, emotional experiences, and should be met with personal and emotional support.

Strengths and Weaknesses

Given the reported nature of Swedes to be private, and their high level of social loyalty, discussing sensitive issues with a researcher may have influenced responses. Conversely, the research being conducted by a pregnant mother with personal experience of PPD, in a foreign setting may have built prompt rapport and primed for an open and honest discussion. Only highly educated people native to Sweden participated. The experience of immigrants or diverse groups were not explicitly explored beyond friendships and insights garnered by the researcher. The weather and location of Sweden was something many of the participants noted as having an effect of wellbeing. We did not focus on these elements for this study. Limitations included language and a general of lack of local knowledge. As with any ethnography going into the field and having to learn how to meet people and be accepted into the group was challenging, as was collecting data in a short period of time. This study was qualitative and focused on getting rich data from participants which would allow a deeper understanding of their lived experience, and may not be generalisable.

Implications

The findings of this research has implications for holistic health promotion, perinatal education, mother-centred postpartum care and informal talking approaches. It provides strength to the notions of connection and companionship, accessible, experienced emotional support and the apparent need for an increase volunteer and informal services, in all sectors. There is potential for innovative solutions which address and expand immediate needs for support. Some of the implications might be related to funding, policy and program development. There is a gap between what is offered and what is needed, which may inform decision making around each element of SS and offer some specific appraisal and emotional support to assist mothers.

Conclusion

State provided support is not enough to significantly reduce the experiences of PPD in women in paid employment. Policies and allowances which promote individual choice regarding leave and work, and which provide emotional and appraisal support may foster more positive outcomes. Cultural influences around what it is women are seeking when setting out to achieve success in both motherhood and professional spheres must be considered. This is important as it treats/considers both the origins of the desire and resulting distress, as far beyond political or economic. Sweden showed us despite the beliefs, values and practices of equality and work being deeply entrenched, that motherhood still pulled heavily at the women. Learning from the experiences of women in Sweden, and relating them with the myriad experiences here in Australia, it can be concluded state provided social supports, go some way towards providing what is necessary for a successful transition to motherhood, yet fall short in terms of addressing the emotional and appraisal needs of the mother. If Australia is to learn from the experience of Swedish mothers, it must heed the equal importance of ISS and SPSS when informing policy; it must adhere to the intrinsic importance of culture on the societal and individual experience of motherhood and respond in accordance with systemic and long term benefit to mothers and the state; superficial and political notions of equality and support do not extent deep enough.

Location and Funding

Contacts were made with Swedish professors of psychiatry and obstetrics and gynaecology at the 7th Annual Congress for Women Mental Health in Ireland. An invitation was extended to be a visiting researcher in Sweden. The conference in Ireland and the research in Sweden were funded by the Westpac future leaders scholarship which the researcher was awarded in 2017. The research took place in Uppsala, Sweden for a period of 12 weeks. The researcher was based at the Akademiska Sjukhuset, Uppsala. The researcher, resided in university housing. Combining ethnography and participant observation, the researcher was immersed into Swedish culture, 16 weeks pregnant and residing with her daughter, aged 6, allowing first-hand experience with the schooling system, the midwifery and primary care facilities experience as a mother in Sweden, with few ISSs.

Ethics

Ethics was approved prior to arrival by the University X's ethics committee H-2017-72 and was approved by the host in Sweden. Information and Consent forms were sent to the host for approval, and no further ethics were required

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Page 7/7