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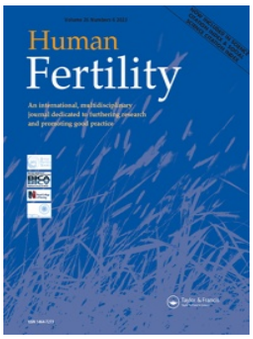

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RESEARCH ARTICLE

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Being a solo mother without the involvement of a partner: an exploration of parenting experiences and support needs

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ABSTRACT

An increasingly common family type, often referred to as 'solo mothers', 'single mothers by choice' or 'choice mothers', comprises women who intentionally become mothers without the involvement of a partner. Although solo mothers are often described as self-determined, motivated and well prepared for parenting, with both economic and social resources, little is known about their parenting experiences and emotional and practical support needs. This cross-sectional exploratory study used an online survey to examine sources of emotional and practical parenting support, ease of asking for help and parenting confidence. A total of 139 participants responded between July 2021 and February 2022. The most used sources of support were family networks and friendship groups of non-solo mothers. Paid childcare was also frequently used, with many solo mothers accessing it at least a few times per week. While most participants felt confident in their parenting, many occasionally struggled to ask for help and required additional practical, emotional and/or financial support. Positive correlations were found between feeling supported and parenting confidence ($r = 0.405$, $p < 0.001$) and between ease of asking for help and feeling supported ($r = 0.458$, $p < 0.001$). Greater efforts are needed to ensure solo mothers have equitable access to tailored emotional and practical support resources.

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Solo mother; single mothers by choice; donor insemination; gamete donation; families; support; parenting

Introduction

An emerging single-parent family type, often referred to as '*solo mothers*', '*single mothers by choice*' or '*choice mothers*', includes women who intentionally choose to become mothers without the involvement of a partner. These women may become mothers through several ways, including the use of assisted reproductive technologies (ART) and donor gametes, with the explicit intention of assuming sole responsibility for parenting (Jadva et al., 2009). While it is difficult to quantify the population of solo mothers, fertility clinics in the UK licensed by the Human Fertilisation and Embryology Authority (HFEA) recorded that the number of female patients with no partner undergoing *in vitro* fertilisation (IVF) or donor insemination (DI) more than doubled between 2021, when the number was 1,400, and 2022, when it was 4,800 (Human Fertilisation & Embryology Authority, 2024). In comparison, approximately 77,000 IVF cycles and 6,000 DI cycles were performed across licensed UK clinics in 2022 (Human Fertilisation & Embryology Authority, 2022).

Previous studies have shown that solo mothers are a relatively homogenous group, being well-educated, employed in full-time professional careers, and financially stable, with most becoming mothers in their mid--thirties to mid-forties (Bock, 2000; Golombok et al., 2016; Graham, 2014; Jacobsen et al., 2020). Investigations into the intentional decision-making process of single women opting to parent alone revealed that these women justified their choice based on multiple demographic features such as increasing age, economic and professional security, and social class, with moral and religious factors as well as a wish for sole parental

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custody also playing a role (Af Sandeberg et al., 2026; Bock, 2000; De La Rosa & Millán-Franco, 2021). Some solo mothers have expressed a preference towards having a child within a relationship, so choosing to parent alone has been labelled as an alternative or secondary approach to motherhood and is sometimes referred to as the '*plan B*' route (Hertz, 2006; Jadva et al., 2009; Murray & Golombok, 2005).

As well as affecting the decision to pursue solo motherhood, economic barriers may also have an impact on the parenting experiences of these parents. The UK has some of the highest childcare costs among developed nations, which disproportionately impact single-parent families (Coleman et al., 2020; Statham et al., 2022). The financial burden of childcare adds complexity to choices around establishing a work-life balance and may influence decisions about future employment and career prospects (Brewer et al., 2022). In the UK, government financial support, such as Child Benefit, provides some financial assistance to parents whose earnings are below a salary threshold. However, this monthly cash payment proves inadequate in covering the basic expenses of raising a child, especially for single-parent families (Bradshaw & Tokoro, 2014). The Child Benefit policy favours two-parent families for whom a higher combined income threshold is set compared to single-parent households; this can lead to further financial difficulties for solo parents (Talbot, 2021). Other systemic barriers, such as inadequate workplace family support policies, create further barriers for solo mothers, particularly those from lower socioeconomic backgrounds (Ekechi, 2021; Javed, 2019; Tippett, 2023). Taken together, these barriers create significant hurdles that can impact the parenting experiences of solo mothers, emphasising the importance of comprehensive and tailored support networks and resources for this family type. The majority of these published studies were carried out in countries where fertility treatments are often self-funded and solo mothers need significant financial resources to become parents. However, a recent study looking at both solo mothers who used privately funded treatments as well as those who were publicly funded, showed that this had minimal impact on their financial difficulties after childbirth (Af Sandeberg et al., 2026).

While solo mothers face distinctive barriers that can impact their overall parenting experiences, an assortment of support sources and networks exist. Prior to conceiving, solo mothers may seek emotional and practical support from friends, family members, therapists, and religious leaders to help them make informed decisions about their reproductive health and parenting options (Bock, 2000; Jadva et al., 2009). Having close sources of support can help alleviate some of the challenges faced by solo mothers (Graham, 2018; Jacobsen & Dahl, 2017). Despite this, research has shown that many solo mothers found it difficult to ask for practical support and help from family and friends, highlighting the importance of community-based support for solo mothers (Holmes, 2018). This is particularly important given that having limited support networks can negatively impact the emotional well-being of solo mothers (Bravo-Moreno, 2021).

Studies investigating maternal wellbeing, mother-child relationships, and child adjustment within solo mother families have found no significant differences between solo mother families and a matched comparison group of two-parent heterosexual families whose children had also been conceived by sperm donation (Golombok et al., 2016). However, factors such as experiencing parental stress and financial difficulties were related to raised levels of adjustment problems in both groups of families (Golombok et al., 2016). When these families were re-visited, parenting stress continued to be related to higher levels of adjustment difficulties in children during middle childhood, irrespective of family type (Golombok et al., 2021). Whilst not unique to solo mothers, experiencing parental stress or financial difficulties can have a negative impact on the child, further emphasising the importance of ensuring solo mothers are adequately supported. By providing a sense of belonging to a larger group and access to additional resources, community-based support can help single-parent families navigate the unique challenges of raising a child alone (Lipman et al., 2010).

The present study aimed to explore which sources of emotional and practical parenting support were accessed by solo mothers in the UK and how supported they felt by these different sources. In addition, the study aimed to identify the areas where support was lacking and the factors that influenced positive parenting experiences.

Materials and methods

Procedure

Participants were recruited through the Donor Conception Network (DCN). The DCN is the UK's first and largest charity dedicated to supporting donor conception families and prospective families, including solo mothers. Participants were also recruited through solo mother-specific Facebook groups. All participants were solo mothers defined as those who had made an active decision to embark on parenting alone and had usually used donor gametes to conceive at least one of their children. An anonymous survey was hosted on the survey platform Qualtrics and comprised of multiple choice and open-ended questions. Ethical approval was granted by University College London Research Ethics Committee (20253/001) and data were collected between July 2021 and February 2022. The survey items were piloted with a group of solo mothers to ensure parity of understanding.

Measures

The present study reports data on a subsection of the larger survey. This subsection focused on the sources of support that were used by solo mothers; experiences of emotional and practical parenting support including any areas lacking in support; ability to ask for help; and confidence in parenting. In addition, information about family set-up, conception methods and demographic data were collected.

Family set-up and demographics

Questions were compiled to determine participants' family set-up. This included multiple-choice questions about the number and age(s) of children, the method(s) used for conception, and the type(s) of gametes used. Demographic questions were asked to determine participants' current age, ethnicity, sexual orientation, relationship status, disability, religion, education level, employment status and household income. Categories for classifying demographic characteristics were taken from the 2021 UK Census where possible.

Sources of support

Two questions were asked about solo mothers' sources of emotional and practical parenting support to investigate their current and recent experiences: 1. Over the past 3 months, how frequently have you used these sources of support (see Table 3 for details) in relation to parenting your child/children? This support might be practical or emotional, for either you and/or your child/children. Please do not include times when your child is in school (coded as 4 – every day; 3 – a few times per week; 2 – a few times per month; 1 – every few months). 2. How useful have you found each of these sources of support in parenting your child/children? (coded as 5 – very useful; 4 – useful; 3 – neutral; 2 – not very useful; 1 – not useful at all).

Support and confidence in parenting

Additional support needs: Participants were asked how supported they felt in parenting their child/children in the following question: 1. In general, do you feel sufficiently supported in parenting your child/children? (coded as: 1 – I mostly feel I have sufficient support; 2 – I occasionally feel I need more support; 3 – I often feel I need more support; 4 – I feel mostly unsupported). An open-ended question was also asked where participants could share areas of support they felt were lacking.

Asking for support: To capture the ease with which solo mothers could ask for support, participants were asked to state the degree to which they agreed or disagreed with the following statement: 'Asking for support is easy for me' (coded as: 1 – strongly agree; 2 – somewhat agree; 3 – neither agree nor disagree; 4 – somewhat disagree; 5 – strongly disagree). An open-ended question was also asked where participants could share further details.

Confidence in parenting: Participants' confidence in parenting was obtained by asking participants to rate how confident they felt as parents on a scale (coded as 1 – very confident; 2 – somewhat confident; 3 – neither confident or unconfident; 4 – somewhat unconfident; 5 – very unconfident). An open-ended question asked participants to explain why they chose the response they selected.

Participants

The demographic characteristics of participants are presented in Table 1. Participants were mostly aged between 36 and 45 (53%, $n = 74$). The majority were of white ethnicity (87%, $n = 122$), non-disabled (73%, $n = 101$), and had no religious beliefs (60%, $n = 84$). Most identified as heterosexual (86%, $n = 119$), were currently single (91%, $n = 127$), had a college/university or post-graduate degree (94%, $n = 131$), were employed (89%, $n = 125$), and had a higher than nationally average annual household income of £35,001 or more (68%, $n = 94$).

Most solo mother participants had one child (73%, $n = 102$) and the majority of these children were under the age of 11 (88%, $n = 140$). Participants were asked about the method(s) they used to conceive their child/children (whether they were successful or not); most had used *in vitro* fertilisation (IVF) (76%, $n = 106$), or intrauterine insemination (IUI) (48%, $n = 67$) (Table 2). Almost all solo mother participants had used donated sperm from an unknown donor through a clinic or sperm bank (95%, $n = 132$) and around a fifth had used donated eggs from an unknown donor (22%, $n = 31$).

Analysis plan

Descriptive statistics were analysed for quantitative data. For sufficiency of support, asking for support and confidence in parenting, in addition to reporting frequencies and percentages for each scale point, a total median score was also calculated in order to analyse the association between the variables using non-parametric Spearman's Rho Correlation Coefficient tests. The level of statistical significance was established at 0.05 and missing pairwise values were excluded from the analyses.

Qualitative content analysis was performed on the open-ended questionnaire responses (Krippendorff, 2018). All open-text responses from the original survey were read in full by the first author to achieve familiarity with the dataset and develop inductive codes grounded in participants' language. Responses were then systematically coded, with codes refined iteratively as patterns became clear. Frequency counts were generated to indicate the relative prominence of each code. To enhance analytic rigour, the third author independently reviewed the coded data to evaluate the consistency and clarity of code application. Any discrepancies were resolved through consensus discussions. Illustrative quotations are provided to demonstrate how themes were derived from the data and to add contextual depth to the analysis.

Results

Sources of support

Table 3 shows the sources of emotional and practical parenting support used by solo mothers. As can be seen in the first column, the most used sources of parenting support were family members (89%, $n = 123$) and non-solo mother friends (80%, $n = 110$). Of those that used paid childcare, most solo mothers used nursery and/or childminders and wrap-around care most frequently ($M = 3.18$, $SD = 0.58$, and $M = 2.69$, $SD = 0.93$, respectively). Social media were another commonly used source of parenting support (Facebook, $M = 2.88$, $SD = 1.19$; Other social media, $M = 2.79$, $SD = 1.13$; Solo mother-specific Facebook groups $M = 2.64$, $SD = 1.15$), whereas DCN resources were used the least frequently (Workshops/conferences, $M = 1.00$, $SD = 0.00$; Meet-ups, $M = 1.1$, $SD = 0.36$; Website/email bulletins/written resources, $M = 1.4$, $SD = 0.55$), although they were found to be helpful when used (Workshops/conferences, $M = 3.62$, $SD = 0.97$; Meet-ups, $M = 3.82$, $SD = 0.90$; Website/email bulletins/written resources, $M = 3.88$, $SD = 0.67$).

Nursery and/or childminders and family were perceived as the most useful support source ($M = 4.68$, $SD = 0.67$, and $M = 4.53$, $SD = 0.76$, respectively). Similarly, positive experiences were found for support

Table 1. Demographic characteristics of participants.

Demographic group ($N = 139$)	*n*	%
Age		
26–35	6	4
36–45	74	53
46–55	44	32
Above 55	14	10
Prefer not to say	1	1
Ethnicity		
White	122	88
Asian, Asian British or Asian Welsh	5	3.5
Black, Black British, Black Welsh, Caribbean or African	0	0
Mixed or Multiple ethnic groups	5	3.5
Other ethnic groups	6	4
Prefer not to say	1	1
Disability		
I have a physical or mental health condition or illness lasting or expected to last 12 months or more	38	27
I do not have a physical or mental health condition or illness lasting or expected to last 12 months or more	101	73
Prefer not to say	1	1
Religion		
No religion	84	60
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	45	32
Buddhist	1	1
Jewish	4	3
Other, please describe	3	2
Prefer not to say	2	1
Sexual Orientation		
Heterosexual	119	86
Gay or Lesbian	3	2
Bisexual	8	6
Other, please describe	3	2
Prefer not to say	6	4
Relationship Status		
Single	127	91
Dating	4	3
In a relationship	4	3
Married or in a civil partnership	1	1
Divorced	7	5
Widowed	1	1
Other, please describe	2	1
Prefer not to say	0	0
Highest Educational Qualification		
Secondary school up to 16 years	1	1
Higher or secondary or further education (A Levels, National Diploma, etc.)	7	5
College or university degree	49	35
Post-graduate degree	82	59
Prefer not to say	0	0
Current Employment Status		
Employed full-time	63	45
Employed part-time	45	32
Self-employed	17	12
Unemployed	3	2
Retired	3	2
A student	2	1
Unable to work	4	3
Other, please describe	7	5
Prefer not to say	1	1
Annual Household Income		
Less than £15,000	11	8
£15,001–£25,000	16	12
£25,001–£35,000	15	11
£35,001–£45,000	21	15
£45,001–£55,000	13	9
£55,001–£65,000	20	14
£65,001–£75,000	9	6
£75,001 or above	31	22
Prefer not to say	3	2

from paid babysitting ($M = 4.44$, $SD = 0.66$), wrap-around care ($M = 4.38$, $SD = 1.02$), and solo mother friends ($M = 4.32$, $SD = 0.84$). Whilst still helpful, Twitter/X and Instagram were perceived as the least useful sources of support ($M = 2.93$, $SD = 0.73$, and $M = 3.37$, $SD = 0.85$, respectively).

Table 2. Family set-up and conception methods of solo mothers.

Family Set-up and Conception Method ($N = 139$)	*n*	%
Number of Children		
1	102	73
2	36	26
3	1	1
Age Range of Children		
0–2	62	39
3–4	40	25
5–7	24	15
8–10	14	9
11–16	10	6
17–18	2	1
Over 18	8	5
Methods Used Along the Route to Conception		
Intrauterine insemination (IUI)	67	48
In vitro fertilisation (IVF)	106	76
Self-insemination	4	3
Sexual intercourse	4	3
Surrogacy	1	1
Adoption	2	1
Other(s), please describe	8	6
Origin of Gamete and/or Embryo		
Donated sperm from an unknown donor obtained through a clinic/sperm bank	132	95
Donated sperm from a known donor	2	1
Donated sperm from a matched donor (someone you met with the sole intention of using them as your donor)	4	3
Donated egg from an unknown donor obtained through a clinic/sperm bank	31	22
Donated egg from a known donor	1	1
Donated embryo from an unknown donor obtained through a clinic/sperm bank	4	3
Other(s), please describe	2	1

Table 3. Sources of parenting support used by solo mothers; frequency of use and perceived usefulness.

	Total usage[a]		Frequency of use[b]		Perceived usefulness[c]	
Type of support source	*n*	%	*M*	*SD*	*M*	*SD*
Family	123	89	2.51	1.02	4.53	0.76
Other friends	110	80	1.96	0.86	4.14	0.89
Solo mum-specific Facebook groups	94	70	2.64	1.15	4.15	0.95
DCN website, email bulletins or written resources	93	68	1.40	0.55	3.88	0.67
Nursery/childminder	78	57	3.18	0.58	4.68	0.67
Facebook	76	56	2.88	1.19	3.45	0.81
Solo mum friends	76	55	1.80	0.92	4.32	0.84
Other websites	73	53	1.84	0.97	3.69	0.75
Other parenting Facebook groups	61	45	2.28	1.07	3.80	0.73
DCN meet-ups (online or face-to-face)	50	37	1.10	0.36	3.82	0.90
Podcasts	49	36	1.73	0.93	3.82	0.78
Instagram	43	32	2.60	1.14	3.37	0.85
Paid babysitting	34	25	1.47	0.56	4.44	0.66
Mental health professional, therapist, counsellor etc.	33	24	1.67	0.60	3.82	0.95
Professionals/caregivers (e.g. midwife, health visitor, teacher, social worker etc.)	29	21	1.48	0.87	3.72	1.00
Other social media	28	21	2.79	1.13	3.80	0.96
Wrap-around care (e.g. breakfast clubs, after school clubs)	26	19	2.69	0.93	4.38	1.02
DCN workshop or conference (online or face-to-face)	21	15	1.00	0.00	3.62	0.97
Twitter / X	14	10	1.93	0.92	2.93	0.73
Live-in help (e.g. nanny, au pair)	3	2	4.00	0.00	4.33	1.15
Current partner	2	1	3.00	0.00	3.50	0.71

[a]Excluding solo mothers who did not use the listed sources of parenting support and those who provided blank responses.
[b]1. Every few months, 2. A few times per month, 3. A few times per week, 4. Every day.
[c]1. Not useful at all, 2. Not very useful, 3. Neutral, 4. Useful, 5. Very useful.

Support and confidence in parenting

Additional support needs

Table 4 shows how supported solo mothers felt in their parenting. Overall, more than half of solo mothers (63%, $n = 88$) felt they needed more support in parenting their child/children. Content analysis of the solo mothers' open-text comments ($n = 108$) about areas of support they felt were lacking were coded into 5 categories: 'financial support', 'inadequate support networks', 'practical support', 'emotional and mental health support', and 'respite support' (Table 5)

Financial support. Just under a quarter of solo mothers reported that they lacked financial support, which was often attributed to *'the single parent premium'*:

> Honestly the only down side to being a solo mum is not having the extra salary coming in. (Mother with 2 children aged 0-2 years)

Of those who mentioned challenges with financial support, nearly half emphasised their overwhelming sense of concern and anxiety about the expense of childcare, describing the cost as '*crippling*'. Inadequate government financial support was also a concern for over a quarter of these mothers, particularly around the unfairness of salary thresholds in regard to Child Benefit which allows two parents to each earn £60,000/year and continue to receive benefits but reduces or eliminates payments to households with one working parent or a single-income earning more than £60,000.

Inadequate support networks. Participants recounted an absence of adequate support networks. For those who were members of networks, some specifically mentioned the need for such networks to provide more comprehensive and constructive support, rather than a space for people to share their often-negative experiences. Others reported that the cost of membership to support groups such as the DCN had prevented them from accessing it:

> I've created my own support network of friends and don't have the money available for memberships such as the DCN. (Mother with 2 children aged 3-4 years)

Some mothers mentioned a deficiency in friend networks, including a lack of *'mummy friends'*.

Practical support. Some participants also reported an absence of practical support, for example:

> I could do with an extra pair of hands … who I can trust, to get stuff done/fixed at home. (Mother with 1 child aged 0-2 years)

Financial barriers in getting help with practical aspects of support was also mentioned:

> I don't have the money to pay for people to come and do work in the home … but I wish that I had someone that I could call to help me with general DIY and gardening etc. (Mother with 2 children aged 8-10 years)

Emotional and mental health support. A quarter of participants described a significant lack of emotional and mental health support, particularly when they felt over-burdened with parenting and caregiving. One participant commented on needing:

> Emotional support when things are just too [sp.] much at times. (Mother with 1 child aged 0–2 years)

Others reported a shortage in professional mental health support for both themselves and their child/children.

Respite support. Some described a lack of respite support, which could provide some time off *'to socialise'* or *'to exercise'*. For example:

> Wish friends would offer to have my little boy for a short while so I could have a break. (Mother with 1 child aged 5–7 years)

Asking for support

As shown in Table 4 just over half of solo mothers found it easy to ask for support (56%, $n = 77$). Of the 119 open-text responses, qualitative content analysis on participants' experiences and feelings when asking for support from others brought forward four main barriers: 'challenges to autonomy and self-identity', 'inability to recognise the need for support', 'fear and apprehension with others', and 'the emotional aspect of asking for support' (Table 5).

Self-reliance and independence. A predominant barrier to emerge from the responses revolved around challenges related to autonomy and self-identity. Participants stated that actively seeking support posed

Table 4. Solo mothers' feelings about support in parenting, how easy they find it to ask for support and their confidence in parenting.

	n	%
'In general, do you feel sufficiently supported in parenting your child/children?'[a]		
I mostly feel I have sufficient support	51	37
I occasionally feel I need more support	57	41
I often feel I need more support	29	21
I feel mostly unsupported	2	1
Total	139	100
'Asking for support is easy for me'[b]		
Strongly agree	10	7
Somewhat agree	32	23
Neither agree nor disagree	20	14
Somewhat disagree	48	35
Strongly disagree	29	21
Total	139	100
'How would you rate your confidence in parenting your child/children as a solo mother?'[c]		
Very confident	45	32
Somewhat confident	77	55
Neither confident or unconfident	8	6
Somewhat unconfident	7	5
Very unconfident	2	1
Total	139	100

[a]Coded as 1 – I mostly feel I have sufficient support, 2 – I occasionally feel I need more support, 3 – I often feel I need more support, 4 – I feel mostly unsupported. Median = 2, IQR = 1.
[b]Coded as 1 – Strongly agree, 2 – Somewhat agree, 3 – Neither agree nor disagree, 4 – Somewhat disagree, 5 – Strongly disagree. Median = 4, IQR = 2.
[c]Coded as 1 – Very confident, 2 – Somewhat confident, 3 – Neither confident or unconfident, 4 – Somewhat unconfident, 5 – Very unconfident. Median = 2, IQR = 1.

Table 5. Themes reported by solo mothers' around *support and confidence in parenting.*

Additional support needs	*n*	%
Financial	26	24
Inadequate networks	24	22
Practical	29	27
Emotional and mental health	27	25
Respite	23	21
Asking for support	***n***	**%**
Self-reliance and independence	*47*	39
Inability to admit they need support	*45*	38
Fear and apprehension with others	*29*	24
The emotional aspect of asking for support	*24*	20
Confidence in parenting	***n***	**%**
Confidence and empowerment in solo motherhood	*44*	44
Personal growth and learning	*40*	40
Emotional bond and parental approach	*30*	30
Balancing responsibilities and external influences	*38*	38
Mental health challenges	*18*	18

a threat to their sense of independence and self-sufficiency, often preferring to handle challenges and *'push through difficult situations'* independently.

Some of these participants felt personally accountable for their circumstances, which led them to believe that they had to *'face the consequences'* on their own without support:

> My sister has implied that I knew what I was doing when I decided to have children on my own, so basically I should put up with it. (Mother of 2 children aged between 3–4 years and 5–7 years)

Inability to admit they need support. Over a third of participants also highlighted that their own negative responses and perceptions to support opportunities prevented them from asking for support. Several participants found themselves only noticing their own support needs during extreme situations, which was often coupled with feelings of desperation:

> I find it so hard to ask for help, I only tend to do it when I'm a bit desperate. (Mother of 1 child aged 3–4 years)

Others were reluctant to recognise and admit the struggles and challenges associated with solo parenting, with one participant noting:

> I've never found it easy to admit I need help to do something. (Mother of 1 child aged 0–2 years)

Several mothers who struggled to recognise their own need for support explicitly stated that they would only accept help when it was openly offered by others, but this often led to participants feeling concerned about inconveniencing the person offering the support in the process:

> Friends will help but … it feels like an inconvenience for them so I try not to. (Mother of 1 child aged 3–4 years)

Fear and apprehension with others. Another frequently referenced barrier was fear and apprehension when asking for support from others, with just under a third of participants expressing they had feared *'people will judge'* and perceive them *'as a weak link'* when asking for support.

Some of these participants highlighted that asking for support was challenging because they feared being perceived as dependent by others. This feeling was often accompanied by a feeling of being a burden towards those who would offer support:

> I find it so hard! Hate feeling dependent. (Mother of 1 child aged 3–4 years)

The emotional aspect of asking for support. Some participants also described that the emotional aspect of seeking support prevented them from asking, with some describing that they felt like a burden, as well as feeling guilt, embarrassment, and shame when asking for help. This pattern was more commonly observed among participants with more than one child:

> I feel guilty in asking for help when I know other people have difficulties. (Mother of 2 children aged between 3- and 7 years)

Confidence in parenting

The majority of participants (87%, $n = 122$) felt confident in parenting as a solo mother (see Table 4). Qualitative content analysis of 101 open-text responses revealed three main facilitators towards participants' confidence in parenting: 'confidence and empowerment in solo motherhood', 'emotional bond and parental approach' and 'personal growth and learning'. There were also two main barriers: 'balancing responsibilities and external influences' and 'mental health challenges' (Table 5).

Confidence and empowerment in solo motherhood. Nearly half of participants, especially those with older children, recognised their growing confidence in parenting:

> I surprise myself sometimes that I'm relatively confident about being a mum … I wasn't to begin with at all but as she gets older, I think it's not as hard as it was to start with. (Mother with 1 child aged 3-4 years)

Many of these mothers attributed their confidence in parenting to positive feelings in their role as a solo mother, encompassing a profound sense of pride and fulfilment:

> As the whole thing has been my choice from the beginning I feel safely in my comfort zone of my expectations. I love being a mum to my son. (Mother of 1 child aged 0-2 years)

Many also said that they felt confident because of independent decision-making and planning prior to conception. This self-assurance played a pivotal role in shaping their parenting journey and fostering a positive outlook on their capabilities as a parent:

> I like to do lots of research, then choose a path, and I approach my parenting that way … That's when I knew I could probably do this parenting thing!! (Mother of 1 child aged 0–2 years)

Personal growth and learning. Another facilitator that frequently emerged was the impact that personal growth and learning had on participants' confidence in parenting. Participants gained valuable insights by *'attending lots of workshops and reading books, plus meeting others that have been through*

similar experiences' (Mother of 2 children aged 8–10 years and over 18 years) allowing them to navigate parenting challenges with confidence. In particular, the DCN was noted as a support source to be grateful for, with one participant commenting:

> I am thankful to DCN for their incredibly valuable job supporting families of donor conceived children. (Mother of 2 children aged 8–10 years and over 18 years)

Others mentioned that their confidence had been positively influenced by their willingness to acknowledge imperfections and mistakes in their parenting. Through this, they found a sense of validation and reassurance, understanding that making mistakes was a natural part of the parenting journey:

> I started off reasonably confident but am aware that I am by no means a perfect parent and have plenty to learn about parenting so am always open to learning more/looking at different approaches. (Mother of 1 child aged 8-10 years)

Emotional bond and parental approach. An additional facilitator focused on emotional bonds with the child/children and a confident parental approach; respondents' confidence in parenting was positively influenced by their strong emotional bond and love for their child/children:

> I am a good mum and I do my best. My daughter [and] I love each other and we have a great relationship. (Mother of 1 child aged 0–2 years)

Almost half of these participants said that their focus on providing a secure and loving environment contributed to their confidence in parenting, whilst others said that trusting their instincts and responding to their child's needs had an impact on their confidence in parenting.

Balancing responsibilities and external influences. The most common barrier to emerge from the responses was centred around balancing responsibilities and external influences. Participants said that their confidence was negatively influenced by acknowledging the difficulties of being a solo parent, often creating feelings of self-doubt and uncertainty.

Over a third of parents who struggled with this felt that the impact of external factors such as exhaustion, stress, anger, and work adversely impacted their parenting capacity, with one participant noting:

> I doubt and overthink every decision. I parent from a place of stress. I lose it regularly. (Mother of 1 child aged 3–4 years)

Several more described that they had difficulties with time management and balancing responsibilities, which often led to feeling overwhelmed by getting *'everything done'*. Many also highlighted difficulties with balancing different parenting roles, which was emotionally taxing on the participants:

> You have to be the disciplinarian but also the kind loving parent. Hard to strike a balance. (Mother of 1 child aged 0–2 years)

Mental health challenges. Several participants emphasised the negative impact that mental health challenges such as anxiety and depression had on their confidence in parenting, often fearing that they would not be able to meet their children's needs adequately:

> I have long term depression which impacts on my energy/ability to be as active and busy as he would like to be. (Mother of 1 child aged 5–7 years)

Correlations between support and confidence in parenting

Non-parametric Spearman's Rho Correlation Coefficient statistical analyses revealed a positive correlation between sufficiency of parenting support and asking for support, with solo mothers who felt supported being more likely to ask for support from others ($r = 0.458$, $p < 0.001$). Similarly, a positive correlation was found between sufficiency of parenting support and feeling confident in their parenting abilities ($r = 0.405$, $p < 0.001$) with solo mothers who felt supported feeling more confident in their parenting abilities.

Discussion

To our knowledge, this is the first study to look at the support needs of women who intentionally become mothers without a partner in the UK. Whilst the study reinforces previous findings in relation to the demographic characteristics of solo mothers, it adds to the literature by highlighting the diversity in the experiences of parenting. Whilst many felt supported and confident, a notable minority experienced the need for financial and emotional support and commented on the challenges they faced in asking for help if needed.

Only a third of participants felt that they mostly had sufficient support in parenting which indicates that there remains a sense of unmet needs and challenges in the overall support systems available for solo mothers. A deficiency in financial support was reported by some, particularly surrounding the affordability of childcare and the unfairness of the UK Child Benefit system to one-parent families. Perceived financial challenges are often reported among families with one working parent, with studies on single mothers following separation demonstrating that financial hardship often negatively impacted psychological wellbeing and general health (Dor, 2021; Hill & Webber, 2022; Hope et al., 1999; Stack & Meredith, 2018). Although solo mothers generally tend to report lower levels of financial difficulties (Jadva et al., 2009), the present study found that some participants felt that opting to parent alone often came with a financial penalty. Indeed, the UK has some of the highest childcare costs among developed nations (Coleman et al., 2020). While most of the solo mothers in this study were employed full-time and on higher than nationally average annual household incomes, these findings emphasise the subjective nature of financial challenges and the importance of recognising how this may impact solo mother families.

Using family and friends for support, as reported by the majority of participants, is similar to the findings of previous studies (Jadva et al., 2009; Konge Nielsen et al., 2023). While most participants in the present study did not utilise professional support frequently, many found it useful when they did. Previous research has demonstrated that solo mothers are often overlooked and ignored by some healthcare professionals, including general practitioners (GPs) and midwives (Jacobsen & Dahl, 2017) which may explain their reluctance to access this type of support. Ensuring that solo mothers feel confident in approaching healthcare professionals would be important in helping to alleviate some of the stressors they may face.

The advent of technology and widespread internet access has expanded the accessibility of support for all parents, including solo mothers (Tomlin, 2014). Social media and online sources of support were popular within the sample population, with solo mother-specific Facebook groups being the most used. Most participants in this study who actively utilised social media and online sources of support perceived these as useful; however, as these were a popular source of participants recruited to the study, this finding may be unique to the specific population of participants.

Other support was provided by the DCN which is one of the few charities in the UK that offers support and a sense of community to solo mothers. The importance of community-based support was previously highlighted by Lipman et al. (2010), who demonstrated that community-based educational and support programmes for lone mothers (classified as those mothers who were not legally married or living common-law) substantially improved their self-esteem, parenting skills and communication. Understanding the specific needs and preferences of the participants and incorporating their feedback on how support is provided could inform strategies to increase engagement and satisfaction with organisations offering tailored support for solo mothers.

Whilst the present study shows that solo mothers who found it easier to ask for support from others were more likely to feel sufficiently supported, nearly half of participants did not find it easy to ask for help. Many participants felt that actively seeking support threatened their independence and feelings of self-sufficiency. This finding is consistent with previous research where solo mothers described themselves as independent and often felt that they should accept a greater parental responsibility because of their circumstances (Jacobsen & Dahl, 2017). Concerns over feeling judged by others typically stemmed not only from external sources but also from within, as many participants reported self-judgement and negative emotions, typically experiencing embarrassment or guilt associated with needing parenting support. Among the solo mothers who lacked confidence in parenting, many experienced challenges

with balancing responsibilities, often feeling overwhelmed by the multiple demands of parenting and work etc. This finding aligns with previous research that has similarly found that solo mothers struggle to balance multiple tasks (Bravo-Moreno, 2021; Dor, 2021). Given that parenting stress has been found to be associated with increased psychological difficulties in children (Golombok et al., 2016), the availability of targeted support sources and networks for solo mothers is essential.

This study found that solo mothers who felt sufficiently supported in parenting were more likely to feel confident in their parenting abilities. This is not surprising given that solo mothers felt that their confidence in parenting was facilitated by personal growth and learning. While not specific to solo mothers, these findings were echoed in the results of other studies where the use of support groups and parenting classes in first-time parents improved maternal mental health, extended social networks, and increased self-confidence in parenting skills (Barlow et al., 2002; Hanna et al., 2002). Thus, feeling supported may contribute to greater confidence of solo mothers, although the cross-sectional nature of the present study means it is not possible to determine the direction of this association; it may be that more confident parents were more likely to seek the type of support that fulfilled their needs.

This study has several limitations which should be noted. Many of the participants were recruited from Facebook groups which may have skewed the participant demographics by exclusion of sub-populations of the solo mother community who do not engage with online groups or support organisations. Furthermore, the depth of the open text responses may be limited due to the small number of open-ended questions included in the survey. The survey format may also have impacted the richness and detail of the written responses, potentially limiting the depth of insight gained. The use of newly-created, study-specific questions rather than previously validated questions may introduce some bias and make it harder to compare these findings with those of other studies.

In conclusion, this study shows that single women who make an active decision to embark on parenting alone are confident in their parenting, although some do lack support. Solo mothers who are able to ask for help from others tend to feel well supported. Solo mothers may experience discomfort in seeking assistance from healthcare professionals, either due to a reluctance to request help or because they perceive healthcare professionals as unapproachable. There is also a critical need to enhance structural support for solo mothers who do not have access to the same financial resources as those available to two-parent families, to ensure they are not placed at a disadvantage.

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Author contributions

CRediT: **Penny Chamberlain**: Data curation, Formal analysis, Writing – original draft, Writing – review & editing; **Vasanti Jadva**: Data curation, Methodology, Writing – review & editing; **Suzanne Buckley**: Conceptualisation, Formal analysis, Methodology, Project administration, Writing – review & editing.

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Data availability statement

The participants of this study did not give written consent for their data to be shared publicly, so due to the sensitive nature of the research, supporting data is not available.

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