

CHALLENGES AND RESOURCES OF SINGLE MOTHERS BY CHOICE IN HELSINKI, FINLAND

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Abstract

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The primary aim of the research was to determine the challenges faced by single mothers by choice in the Helsinki metropolitan area and in turn identify the resources that the mothers had available. A secondary aim was to uncover gaps in services and propose improvements or development of new services to better serve this client group.

In order to accomplish this aim, a qualitative research was carried out using semi-structured interviewing techniques. The eight research participants came from a monthly peer support group for single mothers by choice held at Pitäjänmäki church in the Pohjois-Haaga area of Helsinki. A total of six mothers were interviewed; in addition to the parish child welfare worker and City of Helsinki family social worker who lead the group. The collected interviews were analyzed using thematic analysis methods.

One of the main challenges the mothers faced was the lack of information and advertising about available services so that there is a disconnect between service users and service providers. Lack of consistency in information delivery by the maternity clinics and lack of peer support during pregnancy were also mentioned as vital challenges. In terms of resources, they mentioned peer support groups as being an important resource not only for themselves but also for their children, so that the children would not feel alone in the future with regards to their origin.

The City of Helsinki's at-home child care services and sleep coaching for parent and child as part of the family welfare services were described as instrumental to the family's health and well-being in addition to local family activities and events organized by public parks, parishes and not-for-profit family welfare organizations.

In conclusion, they advised future single mothers by choice to build a good support network to help them in their parenting journey and urged them not to wait for the perfect partner or the biological clock to run out, if they feel the call to motherhood. The single mothers by choice felt that no challenge could compare with the joy of being a parent.

Key words: single parent, single mothers by choice, donor insemination, challenges, resources, peer support

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1 INTRODUCTION

The aim of our research was to understand the challenges faced by and resources available to single mothers by choice in the Helsinki metropolitan area in Finland. Single mothers by choice (SMCs for short) are also known as solo mothers, choice moms or “itselliset äidit” in Finnish.

The first question that comes to mind is, what is a single mother by choice? According to Mattes, 1994, p.4:

A single mother by choice is a woman who starts out raising her child without a partner. She may or may not have a partner later on, but at the outset she is parenting alone.

This definition excludes unmarried couples, heterosexual or homosexual, because although they are not legally married they will be co-parenting, and it also excludes women who became mothers while they were married and later were widowed or divorced. Teenage mothers are also excluded as they were not legally old enough to make a choice. The motherhood is achieved by adoption or conception through donor insemination. (Mattes, 1994, p.4). The term Single Mother by Choice was founded in 1981 by Jane Mattes, a New York City based Licensed Clinical Social Worker, psychotherapist, and single mother by choice, after having her son Eric in 1980 via donor insemination.

The idea for our research came from Ms. Päivi Malmivaara, Project Head for LapsiArkki project of the Evangelical Lutheran Church of Finland. This pilot project aims to support and strengthen the resources of single parents by offering peer support and childcare services free of charge. The project is currently in its second year and at this stage hopes to understand the needs and wishes of single parents and develop services accordingly through parishes throughout Finland (LapsiArkki). Our own personal interests in the fields of child and family work and diaconal work combined with the need for the research on this topic led to the birth of this thesis.

In recent years, single mothers by choice have received popularity among other things, through movies such as *The Switch* starring Jennifer Aniston (2010) and *The Break-up* starring Jennifer Lopez (2010); and the question comes up, why would someone choose to be a single mother?

In spite of having chosen to parent alone the majority of SMCs do so not from choice, but because they do not find a suitable partner and feel that time is running out for them to have a child. Single mothers by choice are generally highly-educated women with good incomes who become mothers predominantly in their 30s or early 40s. (Golombok S, 2016, 409-418)

Although still in early stages, single mothers by choice and their families are a small but growing community. According to The National Institute for Health and Welfare, 157 children were born to single mothers by choice in Finland in the year 2012 representing a 60% increase from 100 children in 2006. The average number of SMCs ranges from 87-185 per year leading to an overall increase in the total number of SMC families every year. About one quarter of all inseminating treatments by donor sperm are made to SMCs according to the Family Federation of Finland (Savon Sanomat, 2016.)

The Finnish Fertilization Act was passed in 2006, but effective September 1, 2007, which allowed opposite-sex couples, same-sex female couples and single women to attain parenthood through fertility treatments under the licensed supervision and regulation of Valvira, the Finnish National Supervisory Authority for Welfare and Health. Although, prior to this law, it would have been possible for a Finnish woman to become a single mother by choice by traveling overseas (usually Denmark); engaging in anonymous sex or other ways such as the turkey-baster method for example (Babymed), for our research, we focused on single mothers by choice who conceived their children through donor insemination at fertility clinics in Finland.

We have divided our thesis paper into six sections. The first section is the introduction, followed by a background section which discusses single parenting

in Finland, the process of becoming a single mother by choice, the current issues and trends, and previous studies surrounding the topic. In the third section, we discuss the theoretical framework that we used to guide our research process including theories of social support, peer support and the diaconal perspective. The fourth section discusses the research methodology including research questions, data collection and analysis and who the research participants were. In the fifth section, we discuss our findings along with our reflection on the results. In the sixth and final section, we summarize our findings, propose topics for further research and discuss our professional development facilitated by the thesis process.

2 BACKGROUND

In this section we will first briefly discuss the situation of single families in Finland followed by the process of becoming a single mother by choice. History, current issues and trends form the third sub-section followed by previous research and studies relevant to our topic.

2.1 Single parent families in Finland

For the purposes of our research, we referred to the Finnish maternity clinics for the meaning of single families. Accordingly, by single families we mean families with one or more children under 18 years of age where everyday life is carried out by one parent's contribution. This group, therefore, consists of single parents, co-guardians, co-custodians taking turns in guardianship, and expectant parents expecting children alone. The most common reasons for single parenting include death of a partner, divorce or separation, unplanned pregnancy and intentional artificial insemination (Finnish maternity clinics.)

In the recent decades, there has been a slow and steady increase in the number of single-parent families throughout developed nations including Finland. According to Statistics Finland, in the year 2015, there were a total of 181,726 single-parent families in Finland thus comprising 21% of all families with children. About one-third of all families in Helsinki were single-parent families. Furthermore, 83% of all single-parent families are single-mother families (Single Parent Association). Figure 1 shows the change in types of families over the decades from 1950-2014. The yellow bars are single-mother families and blue bars are single-father families.

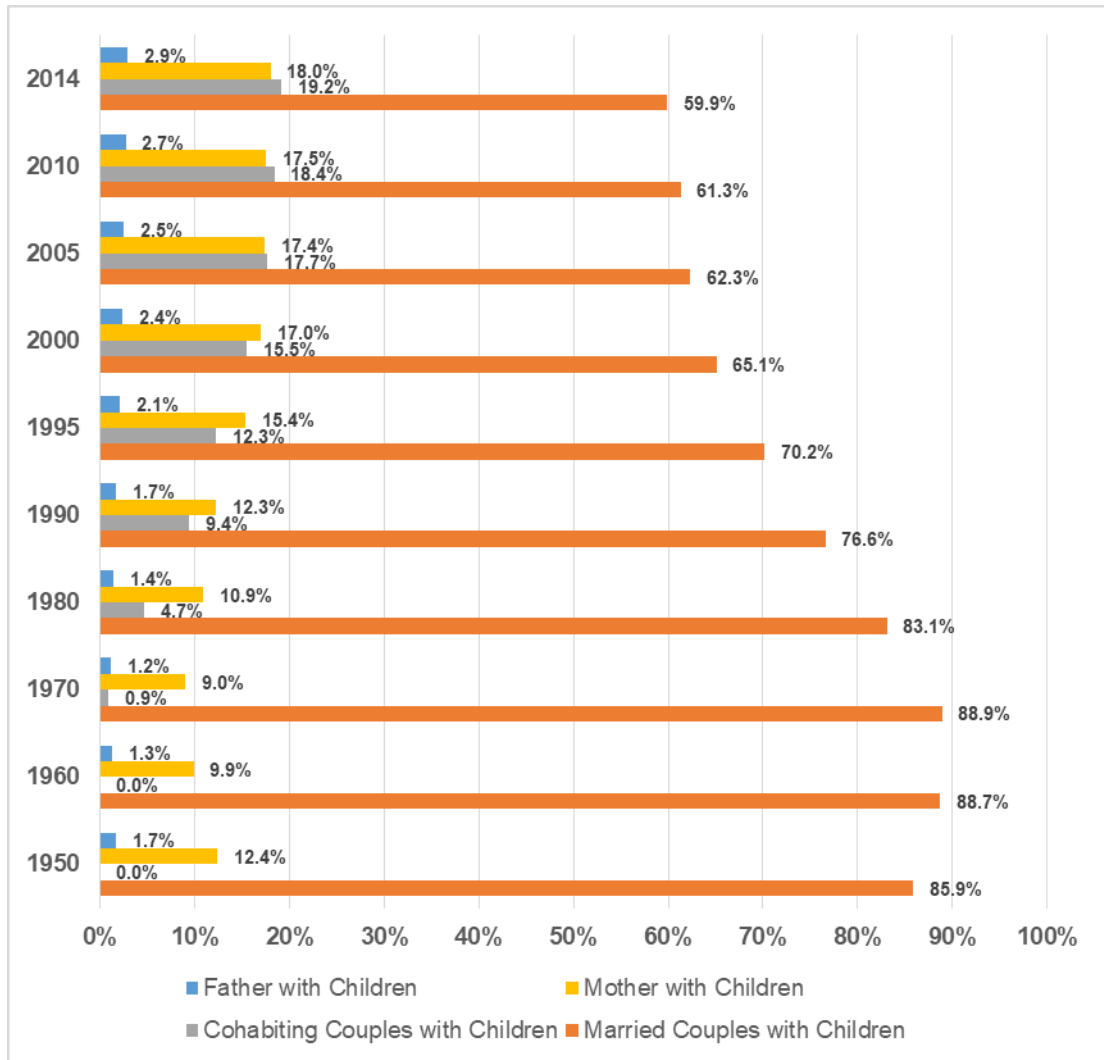


FIGURE 1. Types of families over the decades expressed as a percentage of all families (Family Federation of Finland, 2015)

Becoming a parent is at once a joyful yet stressful time for all parents but even more so for single parents as they are faced with additional major initial challenges as laid out by the Child Development Institute:

- Assuming additional identities, roles and responsibilities (being everything to everyone)
- Providing continuity and avoiding disruption for the children
- Dealing and coping with own emotions and changed condition
- Battling societal prejudice and stigma of single-parent homes and caregiving
- Adequate care and fostering the needs of the children

- Maintaining self-confidence amidst feelings of doubt, low self-esteem and inadequacy
- Balancing effective parenting with career (work/home) life
- Time and financial constraints
- Dealing with the rest of the family, step family, new romantic interests, dating and support networks

Various research studies have reflected similar concerns among single parent Finnish families as those highlighted above. For instance, according to the Federation for single parent families, the poverty of single-parent families has increased since the 1990s and single-parent unemployment is nearly double that of other parents. The underlying cause of change is because it is difficult to combine family and working life, for example due to varying working hours such as shift work. Furthermore, according to the National Institute for Health and welfare, 24 percent of single-parent families, nearly one quarter, have had to rely on income support compared to only 4.2 percent for married and cohabiting couples with children (MTV, 2015).

Similarly, according to the National Institute for Health and Welfare, the health of single mothers was weaker than their coupled counterparts with stress and anxiety being the typical health problems. When the underlying factors (self and child age, number of children, education and employment) are standardized, mothers living with spouse reported 1.5 times more likely to have good health than single mothers. Figure 2 shows the health comparisons between single mothers and mothers with partners with orange bars being single mothers and blue bars being mothers with partners.

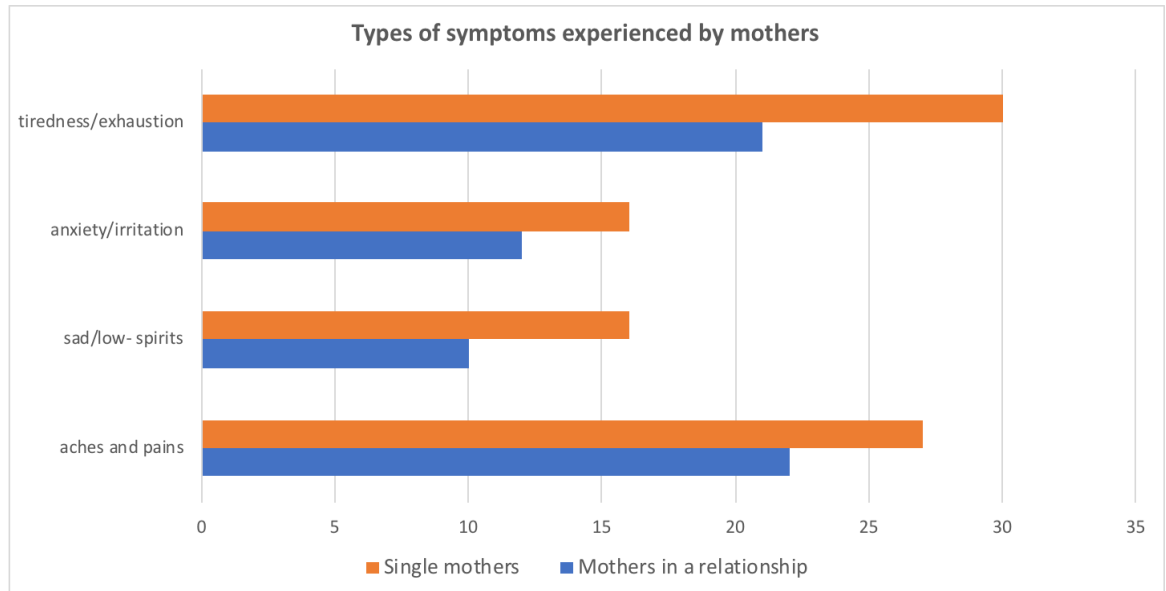


FIGURE 2. Types of symptoms experienced by mothers (National Institute of Health and Welfare, 2009)

However, parents and children need not struggle alone. In Finland, the rights of children are safeguarded by Child Welfare Act 417/2007 as per the constitution of Finland as well as the European Convention on Human Rights and the UN Convention on the Rights of the Child.

According to the Ministry of Social Affairs and Health, the objective of Child Welfare Act is to protect children's rights to a safe growth environment, to balanced and well-rounded development and to special protection. Furthermore, the aim of preventive child welfare is to promote and safeguard the growth, development and wellbeing of children and youth and to support parenting by providing help and support at a sufficiently early stage when the emergence of problems or their worsening can still be prevented. The local authorities in each Finnish municipality are responsible for organizing child welfare services. Furthermore, various organizations participate both in the production and development of the services, for example at maternity and child health clinics, within other healthcare services, child daycare, family centers, education, and youth work. Children and families using preventive child welfare services do not need to be child welfare clients, but the work is carried out as part of the services

intended for children, youth and families instead (Ministry of Social Affairs and Health.)

2.2 Process of becoming a single mother by choice

Should a woman decide to become a single mother by choice, the first step is to reserve a time with a personal doctor or healthcare professional where the idea of motherhood through fertility treatments can be opened and discussed. The process requires discussions and approval from a psychologist where it is assessed that the solution is right for the woman. Psychological evaluation themes usually base around the infertility experience and abandonment of the idea of having a biological child; the different alternatives available; life with the child; telling the child and outsiders about his/her conception, and questions about the possible donor. The motivation for wanting a child, financial situation and the availability of a concrete support network to help with raising the child are also discussed. After the psychological exam, the woman undergoes a health check-up and fertility exam to ensure she is healthy and capable of carrying a pregnancy. Suitable donors are then selected based on nationality, eye color, hair color, and height. The frozen donor semen is purchased from a sperm bank and shipped in a specialized container to the specific fertility center (Yle, 2014.)

Donor insemination occurs when a woman is injected with sperm from someone other than a partner, who has volunteered his sperm to assist in her pregnancy. Donor insemination is also called artificial insemination by donor (AID). Insemination is usually carried out as Intrauterine Insemination (IUI) whereby the semen is injected directly into the uterus or In Vitro Fertilization (IVF) which is the process of fertilization by extracting eggs, retrieving a sperm sample, and then manually combining an egg and sperm in a laboratory dish. The embryo(s) is then transferred to the uterus. IVF can be used if the women have blocked or damaged fallopian tubes or ovulation disorders; over 40 years of age; or have not seen positive results after having tried IUI. The success rate of the methods depend upon maternal age, reproductive history, lifestyle factors. The chances

of success improve with the number of treatments and with each additional cycle (Fertility Smarts.)

Before the Fertility Act came into effect in Finland in 2007, many SMCs were forced to travel abroad to Denmark for treatments. Fertility treatments for SMCs are only available in private fertility clinics where costs are considerably higher compared to the public healthcare fees (Miettinen, 2011, p.6). This is often why SMCs have been financially preparing for their child for years before the actual treatments begin due to the high costs of the procedures. The cost of fertility treatments can range between 3000-8000 euros. In general, the costs of medication for fertility treatments for SMCs are not reimbursed, as the treatments are not considered a medical treatment. However, the compensation for single mothers by choice is always considered case-by-case. (Nipuli, S., 2012)

An organization that deserves a mention at this time is Simpukka, the Finnish Infertility Association. This organization reaches out to childless couples and individuals in various situations: those who are still wondering whether they have a fertility problem; those who are undergoing infertility treatments; those considering adoption or foster care and those who have decided to continue without children. Its members includes those who have become parents – either through assisted conception, adoption or some other means. Simpukka offers information on topics dealing with infertility and related treatments; educational seminars and lectures about issues related to infertility; and a nationwide network of support groups (Simpukka.)

2.3 History, current issues and trends

Unofficial history claims that the first attempts to artificially inseminate a woman, were done by Henry IV (1425-1474), King of Castile, nicknamed the Impotent when he married Princess Juana of Portugal in 1455, and she gave birth to a daughter Joanna six years later (Ombelet and Robays, 2015).

The moral and social implications of artificial insemination have been debated in in the United States since 1909 and in Europe since the 1940s. The Catholic Church objected to all forms of artificial insemination, saying that it promoted the vice of onanism and ignored the religious importance of coitus. The main criticism was that artificial insemination with donor semen was a form of adultery promoting the vice of masturbation. Other critics were concerned that artificial insemination could encourage eugenic government policies (Ombelet and Robays, 2015.)

A lot of countries all over the world have not yet approved the use of donor insemination for single women and lesbian couples in order to maintain the heterosexual, married couple as the basis of family. Another concern is the possibility to donate semen many times. In order to diminish the chances of unknowing marriage of biological siblings among AID children some government regulations tightly restrict the number of times a single donor's semen may be used and/or restrict the number of children by a given donor. Another point of debate is whether the donor has to be anonymous or non-anonymous, and when to inform and what to tell AID children about their biological parentage. Whether or not to pay the donors and sexing of sperm by DNA quantification using flow cytometry instrumentation have been points of discussion (Ombelet and Robays, 2015.)

According to Simpukka, the Finnish Infertility Association, the first IVF baby in Finland was born in 1984. Nevertheless, it was only in 2006 (and effective from September 1, 2007) that a law on assisted reproduction was passed in the Finnish Parliament. The previous attempts at implementing the law failed mainly due to disagreements about the provision of fertility treatments to lesbian couples and the prospective child's right to learn the identity of the donor. The new law allows the use of donor eggs, donor sperm, and donor embryos. It allows the treatment of lesbian couples and single women, however, it does not permit surrogacy which means that gay and single men are not able to become biological fathers if they do not wish to be in a relationship and their only route to fatherhood at the moment is via adoption. (Simpukka)

Furthermore, the law imposes the identity registration of gamete donors. This registry is maintained by Valvira, the Finnish National Supervisory Authority for Welfare and Health and the prospective child has the right to learn the identity of the donor at the age of eighteen. However, what implications will this have for the recipient parents, the AID child, and the donor in the years to come? Will the parents of the donor-conceived child keep the child's biological origin a secret as they are afraid of how it might affect the child? (Simpukka)

Another concern being raised in countries such as Australia is the cost of deliberate single parenthood to the welfare state. Women who make a deliberate choice to be lone parents are able to receive substantial government support. The debate touches not only upon the right of women to deliberately choose to raise children in such circumstances, but also the inequality that arises from the availability of welfare support providing SMCs with the choice of giving up work or cutting their hours to care for their children - a choice unavailable to many married women. As mentioned in section 2.1, nearly 25% of single parents rely on income support from the government. Thus, it is being contended that the AID baby issue presents the most blatant example of welfare by choice with taxpayers paying the child support bill (The Age, 2002.) Although, this particular issue has not yet been voiced out loud in Finland, it is possible that similar issues could be raised in the coming years.

However, regardless of all the issues highlighted above, the total number of SMCs in Finland is on the rise. According to Statistics Finland, the fertility rate of persons aged 35 to 44 has risen considerably. First children are born to women aged 35 to 39 more often than before; from six per thousand in 1990 to 14 per thousand in 2015. The share of persons aged 30 and over in total fertility was 54 per cent in 2015 compared to 25% in the beginning of the 1970s. Because people are having children later, first-time mothers and fathers are ever older. Figure 3 shows the change in fertility by age from 1965-2015.

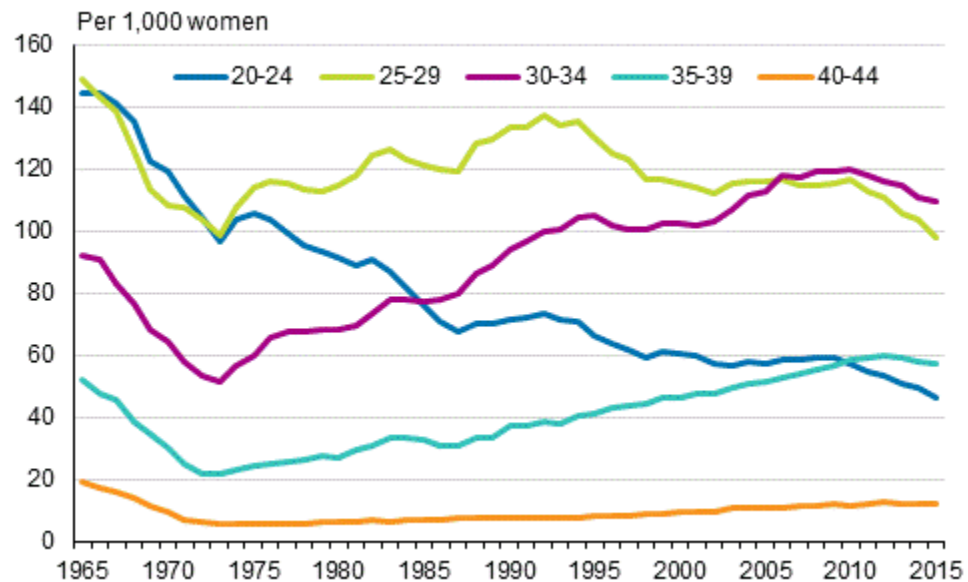


FIGURE 3. Fertility by age group 1965-2015 (Statistics Finland, 2015)

According to Valvira, out of nearly 2,000 donor inseminations carried out in 2016, roughly 1,000 were administered for single women and lesbian couples through private clinics (Valvira).

Furthermore, according to the Global Gender Gap Report 2017 by the World Economic Forum (WEF) Finland ranked third in terms of gender parity worldwide out of 144 countries making Finland one of the most gender equal countries in the world. (World Economic Forum, 2017).

In summary, the advancement in law; fertility treatments; gender equality in terms of roles, education and employment; welfare support; societal norms in terms of fertility age and attitudes towards children outside marriage; all set the stage for a growing trend towards becoming a single mother by choice than missing out on this portion of human experience all together.

2.4 Previous studies

Our research on the topic of single mothers by choice in Finland yielded scarce random bits of information scattered over the past ten years comprising mostly

of newspaper articles or blog posts describing individual journeys of a single mother by choice.

However, we found three thesis papers directly addressing the topic of single mothers by choice. The earliest one was a sociology-focused thesis by Suvi Nipuli (2012) called *Single mothers by choice in the field of fertility treatments* discussing how SMCs decide to have a child and how they organize their lives before seeking fertility treatment and roadblocks to becoming an SMC. A second one was a thesis from nursing perspective by Sari Backlund and Marika Hukkanen (2013) called *Motherhood without a partner through fertility treatments* discussing the journeys of SMCs from the beginning of fertility treatment onwards. Tiina Viittala in her 2013 thesis with a social service perspective called, *I am expecting alone: Social support needs of women who are expecting or have had children alone*, studied the needs of single mothers pre- and post-birth. Finally, thesis by Niina Arola and Outi Tapio (2014) with a social service perspective was called, *My child is first and foremost my child, beloved and special not fatherless: Perspectives on fatherhood in families of single mothers by choice*. It discussed how SMCs and their children experience fatherlessness in their family and how they plan to discuss the issue with their child.

We used the information and results contained therein to help narrow our research focus and questions. For example, the second research revealed that family and friends and peer support were an important support for single mothers by choice and that there was a danger of over-extending themselves and their resources. This result begged the question, what other resources were available to them? What services did they use and find helpful or useless? What was missing and what could be improved? What challenges did they face and how did they handle them? Though social services cannot replace friends and family, how can they be developed to provide strength, endurance and support to these mothers?

In addition to research in Finland, we also reviewed research on single mothers by choice around the world to see what would come up in terms of challenges and resources from countries with a longer history on this topic. Our research

revealed papers mostly on psychology or fertility related themes such as Single mothers by choice: Mother-child relationships and children's psychological adjustment by S. Golombok, et al. (2016, UK), The Right of Women: Single Mothers by Choice by J. Adamczyk (2010, USA), Single mothers by choice: A valid lifestyle choice or another example of dumb sex? by J. Morse (2007, Canada), Japan's 'single mothers by choice' fight stigma, seek to change perceptions (2017, Japan) and Experiences and Motives of Australian Single Mothers by Choice who make Early Contact with their Child's Donor Relatives by F. Kelly et al. (2017, Australia).

Reviewing the articles made us realize that the laws, societal values and norms, individual religious perspectives, make this topic very complex and what is true in one country will not necessarily apply to other countries. This implies that there are less likely to be gender-based expectations in roles and biases in Finland compared to Japan for example. Furthermore, the Finnish welfare state system supports the disadvantaged thus providing income support, longer paid maternity leaves, subsidized daycare, education and healthcare thus alleviating the economic issues faced in the UK or US for example. In summary, although the literature from other countries deepened our understanding of the topic and gave us a lot of insight into general themes and perspectives, it did not provide any concrete, specific or new angles in terms of challenges and resources for Finnish SMCs.

3 THEORETICAL FRAMEWORK

In this section, we describe the main theoretical approaches we used to help guide our research. We selected these theories because we wanted to be able to question our research participants as comprehensively as possible without disregarding or downplaying any possible aspect. Furthermore, the previous studies and research such as those by Backlund et al. and Viittala warranted further research along these aspects.

3.1 Types of social support

We found the theory about types of social support extremely useful in our research as it helped guide the questions relating to identification, availability and usefulness of resources that can be offered via social services. Social support refers to the degree to which an individual belongs to a social network in which he or she gives and receives affection, aid, and obligation to and from family members, friends, colleagues, community members, and medical personnel. Stronger social support can be related to overall improved health outcomes (Brock, 2009). While there are many different ways that people can support one another, research has divided specific types of support into four distinct types of social support: emotional support, esteem support, informational support and tangible support.

Emotional support involves physical comfort such as touch, as well as listening and empathizing. With emotional support, a friend or spouse might give hug and listen to problems, while empathizing and possibly sharing similar experiences. Peer support is the most common form of emotional support.

Esteem support is shown in expressions of confidence or encouragement. Someone offering esteem support might point out the strengths one has and expresses their belief in you. Life coaches and many therapists offer this type of

support to let their clients know that they believe in them; this often leads to clients believing in themselves more.

Informational support is given in the form of advice, information gathering and sharing and researching. Social media platforms, blogs, chat rooms, phone hotlines are examples of this type of support.

Tangible support includes taking on responsibilities for someone else, so they can deal with a problem or in other ways taking an active stance to help someone manage a problem they are experiencing. The idea is that there are various different types of support and each one provides a unique set of skills to problem solve with. It is valuable to use each type of support independently, as well as holistically (Brock, 2009.)

This theory helped us compile a chart listing all possible types of resources that our participants could possibly use (Appendix 1). This framework helped us deepen the discussion in terms of what specific challenges they were trying to address, or which specific need was being met through each resource

We noticed that the various types of support overlapped and for example family could provide emotional as well as tangible support or that peer support or online groups could provide emotional, esteem or informational support. This could be good news or bad news depending on whether or not someone had a family and if so, the size of the family. For example, a larger family close by could mean greater resources than smaller family living far away. Furthermore, we wanted to know the truth of how wide and deep the support networks really were, although the process of becoming an SMC outlined in section 2.2 gives the impression that all the support networks are already in place before one sets foot towards fertility clinics.

The framework helped us determine which needs were being met successfully and which were going unmet. It also helped us determine if there was any category where no support existed at all and if so, was it considered

important/valuable by the participants. This would help determine developmental areas which was also a secondary aim of our research.

3.2 Peer support

As mentioned in section 2.3, it was determined in one of the previous studies that peer support was an important resource for single mothers by choice. Therefore, we decided to focus on this aspect as well particularly considering that our research participants were recruited from a peer support group.

According to Charles Drebing (2016, p.1-3), a peer support group refers to a group of people who gather together to talk about shared problems or experiences and to provide informal support to each other. The focus of the group may be a common clinical condition, a life problem, or a personal circumstance or challenge. The support usually comes in the form of emotional support, practical information, or guidance based on personal experience. The support groups may have professional facilitator or non-professional volunteer members, thus either being formal or informal groups. Groups may meet physically or virtually, be open or closed, small or large, have set routines, or unstructured drop-in attendance. More visits are made to peer support groups each year than to all types of mental health professionals combined (Drebing, 2016.)

An important component in our study of the peer support for the SMC participants was to understand in what ways they felt different from other single expectant mothers or single mothers. What was their experience with services for these groups of which they were also a part? Our motivation for understanding this was the fact that there are more services already available for single mothers than for SMCs. Thus we wanted to understand if these were indeed helpful or useful for SMCs thus at least partially addressing their needs.

3.3 Diaconal perspective

We also used the religious perspective in our research for two reasons. Firstly, to understand the practical applications of our learnings and watch the Christian principles being put into action as part of our studies for the Qualification for the Office of Diaconia Worker in the Church of Finland. Secondly, since our research was carried out in partnership with the peer support group for SMCs which is offered as part of the Pitäjänmäki Church services and LapsiArkki project of the Evangelical Lutheran Church of Finland; we wanted to understand the religious ethical dilemmas and debate surrounding artificial insemination and consequently SMCs.

The act of diaconia is about humanity - meeting people where they are, creating a space and place where everyone is welcome. It is also about politics and protest - placing a focus on human dignity, relating to the structures of society and expanding on society's worldview, and protesting about unfair social conditions (Center for Christian Studies). The diaconal work of the Church is accomplished in part through the local parishes in the form of work done by professionally trained diaconia workers and by volunteers. However, diaconia is nowadays only one part of the extensive aid provided by officialdom and organizations. The Church frequently operates in conjunction with other aid providers in society (Diakonia in Finland, Sakasti.)

In 2005, The Church Council of the Evangelical Lutheran Church of Finland had taken an official position on artificial insemination and issued a statement addressed to legislative authorities as the bill regarding artificial insemination was under preparation. The Church iterated that artificial insemination should only be used by married spouses and not otherwise. The Church Board did not approve of artificial insemination for single women and lesbian couples. According to the Church Board, it was important that legislation not diminish paternity and affect the father's role in the family. The child has a subjective right to father and mother, so it is not desirable for the law to bring children without a father into the world. According to the Church Board, the acquisition of a child was not a subjective right or neither a human right (Yle, 2005.)

The Catholic and Orthodox Churches are also of a similar opinion that in vitro fertilization is wrong because it separates human procreation from conjugal union. In the process, couples make themselves masters of life instead of stewards. The problem they see with in vitro fertilization is that it is tampering with the plan God has for people's lives. (Adamczyk, J, 2010)

In light of the Church position of 2005, we wanted to understand the developments in church position, attitudes and services considering that the law was passed against the wishes of the church and now 12 years later, the church was even offering peer support services to single mothers by choice. Furthermore, we wanted to understand how the SMCs viewed the church in their own lives and the lives of their children in the coming years.

4 METHODOLOGY

In this section we describe our research process, including what our research questions were, who the participants were and what methods we used to collect and analyze our data.

4.1 Research questions

The primary aim of the research was to determine the challenges faced by single mothers by choice in the Helsinki as well as identify the resources that the SMCs had available. Accordingly, our main research questions were:

1. What are the specific challenges faced by SMCs?
2. What are the resources and support available to SMCs?

The above questions would accordingly help accomplish our secondary aim of uncovering gaps in services and propose improvements or development of new services to better serve single mothers by choice. From these larger research questions, we were able to curate our interview questions which can be found in Appendix 2.

4.2 Data collection

In pursuit of our aims, we decided to carry out a qualitative research, which we felt was the most appropriate fit for the data we were trying to collect. Qualitative research is used to gain an understanding of underlying reasons, opinions, and motivations. It provides insights into the problem or helps to develop ideas. Qualitative research is also used to uncover trends in thought and opinions, and dive deeper into the problem. Qualitative data collection methods vary using unstructured or semi-structured techniques. (Labaree R.V., 2009)

For the same reason we used interviews as our mode of data collection as opposed to for example e-mail questionnaires which are somehow limited and rigid without much room for explanation and discussion. A qualitative research interview seeks to find and describe the meanings of central themes in the life world of the subjects. The main task in interviewing is to understand the meaning of what the interviewees say (Kvale, 1996). Interviews are particularly useful for getting the story behind a participant's experiences. The interviewer can pursue in-depth information around the topic. (McNamara, 1999). We felt that interviews would allow us to gather as much information as possible in the shortest period of time while keeping in the mind the participants' comfort and energy level with a possibility to digress should the need arise or delve into appropriate subjects more deeply.

We settled upon semi-structured interviewing as our interview format. In a semi-structured interview, the researcher sets the outline for the topics covered, but the interviewee's responses determine the way, in which the interview is directed. In general, the interviewer has a paper-based interview guide to follow, which is based on the research question. It is called semi-structured because discussions may diverge from the interview guide, which can be more interesting than the initial question that is asked. Semi-structured interviews allow questions to be prepared ahead of time, which allows the interviewer to be prepared, yet gives the participant freedom to express views with his/her own words. Semi-structured interviews are used to understand how interventions work and how they could be improved. It also allows respondents to discuss and raise issues that you may not have considered (Stuckey, 2013).

Free-format open-ended questions were asked (Appendix 1) that were divided into five broad sections. The questionnaire opened with questions about background information such as the age of the SMC, number of children, their relationship status, current employment situation as well as a brief overview of the process of becoming an SMC. Our second category of questions in line with our initial research questions were the challenges they faced, the resources available and utilized by the SMC's and possible lack thereof. Personal wellbeing

with a focus on the SMCs own health and wellbeing was the next category. Here questions about the need and use of personal time was highlighted as well as suggestions on how to create extra time and what resources could be utilized more efficiently. The next and fourth category focused on the religious aspect and of what opinions the SMCs were in this context relating to the group, their child or their own spirituality. Lastly, we wanted to know whether each SMC had any general comments, suggestions or messages for authorities, service providers or future SMCs about the topic of challenges and resources. This was an important area of our research as it highlighted the missing aspects of community development that we wanted to learn more about in our research.

In addition to the open-ended questions, a comprehensive table containing broad range of known services was used (Appendix 1) to standardize and expedite the identification and evaluation of resources, as well as discuss the access or lack of services or discover new services unfamiliar to the researchers.

Each interview was expected to last approximately an hour and took place at a venue most convenient for the SMCs as suggested by them including child-friendly locations in their own neighborhood such as libraries, cafes or private homes. The interviews were conducted in Finnish and voice-recorded. The recorded interviews were saved to private computers with access to researchers alone and heard several times over the following weeks to gather all relevant data into tables and extrapolate key findings. Upon completion and publication of the research, all raw data including voice recordings and notes will be destroyed.

4.3 Research participants

For our research, we interviewed six SMCs from a peer support group for single mothers by choice at Pitäjänmaki Church, located in the Pohjois Haaga area in Helsinki. The group is offered in partnership with the City of Helsinki and Simpukka Finnish Infertility Association. The group has been offered since January 2017 and is led by a parish worker and a Helsinki city social worker. It

meets once a month and each meeting is attended by 5-15 SMCs and their babies. The average age of the babies is one year old.

We participated in the monthly peer support group meeting in December 2017 to meet the SMCs, introduce the initial goals and idea of the thesis and inquire about their willingness to participate in the research. The mothers welcomed the thesis most positively and expressed their interest, desire and willingness to participate. Following the approval from the SMCs, research permits were sought from the City of Helsinki and the Pitäjänmäki church. The permits were received in February 2018. Subsequently, the interviews were conducted in March 2018.

Although, we had originally planned to interview eight SMCs, we found that the saturation point was reached after six interviews. Glaser and Strauss (1967: p. 61) defined saturation as the criterion for judging when to stop sampling the different groups pertinent to a category. Saturation means that no additional data are being found whereby the sociologist can develop properties of the category. This view of saturation seems to center on the question of how much data (usually number of interviews) is needed until nothing new is apparent. Similarly Grady (1998: p. 26) also explained that in interviews, when the researcher begins to hear the same comments again and again, data saturation is being reached... It is then time to stop collecting information and to start analyzing what has been collected.

A general profile of the SMCs interviewed is outlined below.

- The median age of the mothers was 41, ranging from 31-43.
- Almost all the babies were around one-year-old. Five mothers had a single child and one mother had two children aged three and one.
- The mothers were single at the time of the interview.
- All six mothers were on maternity leave and planning to end their leave and return to work or school in Fall 2018.
- They had sought daycare places for their children accordingly, so that the child would be approximately 1.5 years old at the time of starting daycare.

In addition to the single mothers by choice, we were able to interview the group leaders, Helsinki city family worker and the parish worker at the Pitäjänmäki church in order to take advantage of their experience working with this client group and learn / understand the issues from their point of view.

4.4 Data analysis

To guide the analysis of our data, we used the thematic analysis technique. Braun and Clarke (2006, p.79) define thematic analysis as a method for identifying, analyzing and reporting patterns within data. Thematic analysis is a widely used foundational method of analysis in qualitative research. In their book, they highlight step-by-step guidelines for using the thematic analysis which we followed in our own analysis of the data including:

1. Familiarizing ourselves with the data
2. Searching for themes
3. Reviewing themes
4. Defining and naming themes

We first took our raw data, which comprised of audio interview recordings and listened to them. The first listening helped us to familiarize ourselves with all the issues while we simultaneously also tabulated the names of all the organizations and services that support single mothers by choice and could be considered a resource.

Having familiarized ourselves and compiled the resources, we listened to each interview a second time to make notes of all possible themes relating to our research questions. As we listened to each interview, patterns and repetitions emerged which we then finalized as our main results. Finally, we listened as needed to reconfirm that the direct quotes from participants were as accurate as possible, particularly in translation.

4.5 Ethical consideration

Following the most important principles provided by Bryman and Bell (2007) with regards to ethical considerations, our research prioritized first of all the safety, dignity, privacy and anonymity of the research participants. We ensured that all our communication was honest, transparent and free of exaggeration or deception regarding the aims and objectives of the research. We strived to keep our research adequately confidential; free from misleading information or bias and maintain the highest level of objectivity in our discussions and analysis.

Realizing the necessity and significance of informed consent in human research, written permissions were sought from all research participants confirming their voluntary participation in the study. Informed consent is the process through which a researcher obtains, as well as maintains, the permission of a person to participate in a research study. Informed consent is achieved when a subject of your study receives full disclosure of the research plan and its intent, understands all of the information that is disclosed to him or her, voluntarily consents to participate in the study and understand they may withdraw from the study at any time. (Labaree, R.V. 2009)

The SMCs involved in the research were provided complete transparency with the intentions and procedures of the thesis. It was made clear that any objection or denial to interview questions was allowed and respected and any personal identification details would be left out of the publication. Any hesitation or further questions were responded to immediately as well as the comfort of the SMCs and their children during the interview.

4.6 Limitations

One consideration that came to mind after having completed all the data gathering and analysis was whether or not the peer group had an influence on the collective thinking of the SMCs. It is possible that there are resources or challenges that mothers outside this peer group face that are common but could

not be uncovered due to the homogeneity of our research participant group. It is also possible that the themes that emerged from the peer group differ to an extent from SMCs outside the group.

It is also worth noting that all our research participants were still around the one-year mark after having a child and still on maternity leave. Furthermore five out of six participants had a single child. It is unclear how the challenges and need for resources would change if the mothers had older children, multiple children, or had been working for several years.

5 RESULTS

In this section we report and reflect upon our main findings from the research. We start by discussing the resources, followed by an analysis of the challenges faced by SMCs. Although, it was not our main research question, it was important to understand the differences between single mothers and SMCs, in their opinion; and why the resources available for single mothers were sometimes not a good fit for SMCs. This discussion forms our third subsection. In the fourth subsection, we propose areas of development and finally our discussions on the diaconal perspective is contained in the fifth subsection.

5.1 Resources available to single mothers by choice

In this section, we discuss the resources available firstly from an organizational point of view and secondly in terms of the types of support they offer SMCs as discussed in our theoretical framework.

5.1.1 Resource list

Based on our interviews, we were able to compile a single comprehensive list of all known resources geared towards single mothers by choice in the Helsinki metropolitan area (Appendix 3). The list comprises 23 organizations and mentions the types of services offered through each organization along with their web addresses through which further information is available. This list could be utilized by current and future SMCs through sharing and distribution via the parish worker and Helsinki city social worker we interviewed, as well as the various networks to which the SMCs belong.

All the organizations mentioned help further the cause of SMCs though they may also have other client groups such as single mothers, parents through fertility treatments, or regular families. The organizations offer services free of charge or

for a fee. They can be roughly categorized as run by the City of Helsinki; not-for-profit organizations offering child and family services; private businesses or parishes. The list also contains organizations such as unions and associations who provide political voices and opinions, research and general trends to influence societal awareness and political policy.

5.1.2 Types of resources

Our research revealed the various resources used most commonly by SMCs as depicted by the graph below. Figure 4 shows the various types of services used and the percentage of research participants who used those services.

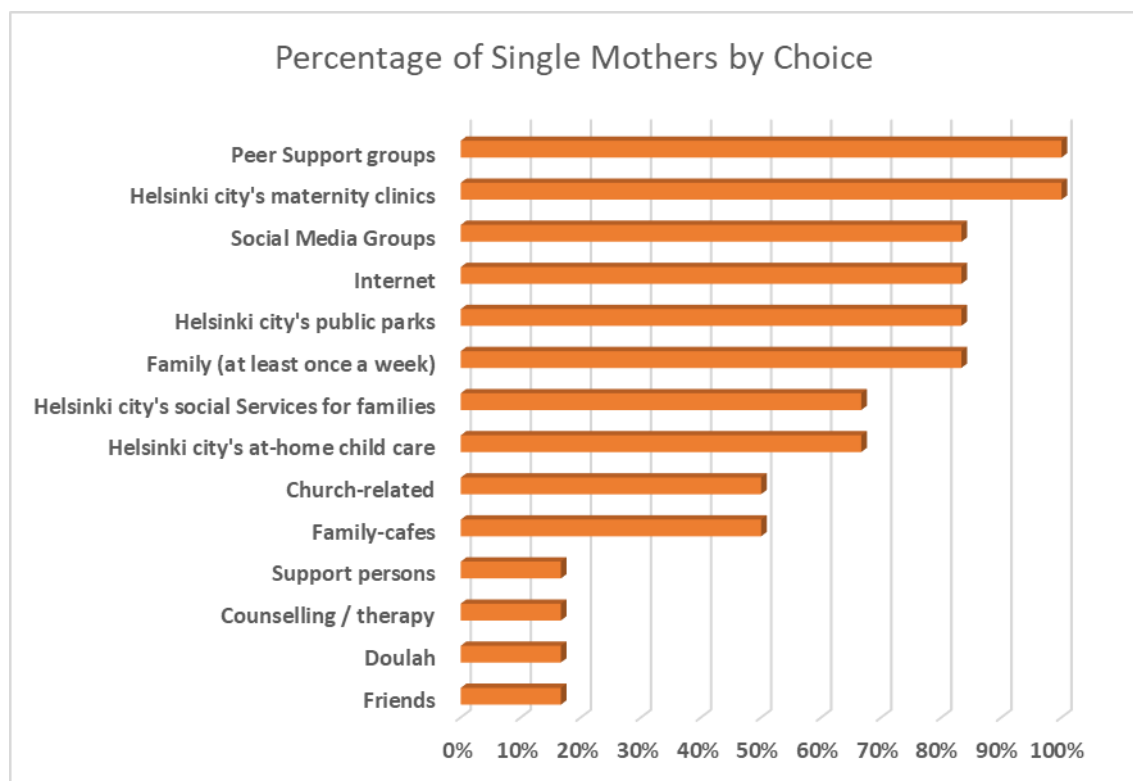


FIGURE 4. Types of services and percentage of SMCs utilizing the services

Our research revealed that the biggest resource utilized by the SMCs are the various forms of services available through the city of Helsinki. These include the maternity clinics, public parks, at-home childcare services as well as the social

services for families including home visits for counselling and sleep coaching for parents and babies.

Our research revealed that the tangible and emotional types of support services were most needed and valued by the research participants. For example, they were able to receive most of the information regarding pregnancy or child-birth, the development milestones of the baby through the internet, books, friends, or other sources. Furthermore, all of them had enough confidence, maturity, independence/self-reliance, and family/friend network so that they believed in themselves and their choice as being the right one. Thus they did not lack esteem support.

However, for example getting the three hours of at-home child-care services per week, or coaching on maximizing sleep time and thus reducing exhaustion and fatigue were highly prized as tangible forms of support.

That's the most critical. Getting help in those times of need and that you get some own time so that your sense of self stays intact.

Most precious support you could get

Home service comes once a week for 3 hours, that's practically the only consistent time I get for myself. When that ends, there won't be any consistent me time.

Yeah it's been very helpful that I can go run errands or have some me time.

The second largest source of support for SMCs were the peer support groups. There are currently two peer support groups in the Helsinki area for SMCs- the Pitäjänmäki church being the first one; and one organized by volunteer SMCs at the Single Parent Association being the second one. In addition, there were also some online peer support groups and one confidential social media group targeted towards SMCs that the mothers were a part of. According to Charles Drebing (2016, p.1-3), common benefits of peer support include:

1. Feeling less isolated

2. Receiving practical information based on personal experience
3. Receiving emotional support
4. Receiving practical support
5. Gaining insight into how to deal with a common problem
6. Gaining broader insight into yourself and your life
7. Gaining a greater sense of control over the problem
8. Expanding or changing some of your social network
9. Using your experience to help others
10. Building / rebuilding trust in others

We found our research participants derive most if not all of the benefits from the above list. For example, one SMC said:

I can share things here that I don't even share with my parents.

It is great to know that you are not alone feeling something or wondering about something....and you can know how someone else handled something that you have also been thinking about.

Furthermore, it was very important for the SMCs to find and have peers for their children, so that as the children grew older they would not feel alone in the world and know that there are others who have similar origins as them.

Of course, that I get to talk about things but also that he (the child) has his own friends where this phenomenon is normal and an everyday thing.

Maybe it's the fact that you want to find as many people like you as possible.

The third most important resource for the SMCs were the child and family activities such as weekly family mornings organized by Helsinki city public parks, family cafes organized by MLL, Single Parent Association and music/arts and crafts/play activities organized by the parishes. These activities organized locally offered the children opportunities to play and interact socially with other children and adults as well as offering the SMCs a chance to meet and socialize with other parents in the neighborhood and/or have a relaxing coffee in peace as they

watched the child play with others, sometimes under the supervision of trained professionals depending on the service.

It's nice to just come and do crafts when someone else has planned prepared it for you and even tells you how to do it if you're really tired.

It's so nice drinking coffee made by someone else and eating food provided by someone else. You do so much of it at home so it's just refreshing.

5.2 Challenges faced by SMCs

Before discussing the challenges faced by SMCs, it is important to note that all the mothers emphasized that no challenge could ever come close in size or intensity to their joy of being a parent. SMCs do not take their motherhood for granted and experience it with all its joys and sorrows as a privilege. Furthermore, they emphasized that they were well-aware and prepared going in that they would be raising their children alone and therefore are not expecting any type of support from anyone. They are ready, willing and able to handle their parenting obligations alone.

It's just such a sweet and wonderful thing. Nothing in the world could ever feel more meaningful or wonderful as this kid, it just doesn't make sense how great it is – an SMC with tears of joy

5.2.1 Lack of advertising/information about services

The SMCs felt that the availability of services could be better advertised; particularly in the case of Helsinki City services, which are a right of all Helsinki residents. For example, four of the SMCs said that the services were hard to find on the internet or through the maternity clinics; the first places they look for help. The SMCs noted how they only accidentally stumbled upon services, sometimes after the need had already passed, through random signs at parks or churches or through word of mouth through other mothers. The question then became how

to find the word of mouth sources, especially during pregnancy when they are at work all day until the official maternity leave begins.

When you start googling you don't find much because you don't know what key search words to use. After you find the names of organizations and specifically go to their websites, the information is all there, but it does not come up when you enter any search words, so how can you know that it is there?

You hear things through the grapevine but how do you find the grapevine in the first place!?

Maternity clinic is a good channel for it. (advertisement)

It also became apparent that sometimes the SMCs got the impression that they were being advised to contact child protection services, which they felt an aggressive and unsuitable response to their needs. Perhaps a greater explanation of the City's family work and services would have helped cleared this misunderstanding which prevented them from reaching out sooner.

5.2.2 Lack of consistency in services

According to our research, SMCs were dissatisfied with the information received from the Maternity Clinics due to the inconsistencies between clinics in different locations. For example the Malminkartano maternity clinic was well-informed with knowledgeable staff able to assist SMCs, whereas the maternity clinics from other areas had little to no knowledge about the topic.

Maternity clinic didn't tell me anything, they didn't know anything about this (about single mothers by choice).

Our research also revealed that until the peer support groups of Pitäjänmäki church and Single Parent Association were formed a year ago, there was little to no peer support available. Although there were some online groups, their activity and availability was inconsistent due to the fact that they were run by volunteer

SMCs therefore subject to the ability of its administrators to focus on it in their spare time.

In fact, greater consistency, accessibility, warm and safe space for sharing vulnerable experiences openly were the main reasons that led an SMC to form a second peer support group at Single Parent Association. However, the future of the group is not secure since it is also a volunteer-run group. The SMC who founded the group will return to work after maternity leave in the fall and may not find time any longer to focus on it. Thus, the question arises as to whether or not the group will be able to continue and keep growing as it has in the past; although for the time-being, it appears that some of the newer members are ready and willing to take over the role.

There's always newcomers so just have to reach out to the new ones in time. It's a rather small thing anyways to come make some coffee beforehand so I'm sure it'll keep going.

Although the Pitäjänmäki peer support group is professionally run, it meets only once a month. If a mother misses the monthly meeting due to sickness or weather conditions or transportation or any reason, she must wait a whole month for the next one. For example, we noticed that when we attended the group in March, there were 12 SMCS and 15 children present. However, at the April group meeting, there were only five SMCs and five children present with only two families being the same as the ones in March.

Therefore the need for at least one consistent professionally run peer support group that meets often clearly exists.

5.2.3 Lack of peer support during pregnancy

Given that pregnancy was the time of greatest uncertainty and change and when they felt most alone, the SMCs highlighted that is was also the time that they needed peer support the most.

Would've been nice to find a group during the pregnancy where you could talk about stuff

I found out about the peer support group afterwards... It would have been nice to know about it when I was pregnant. I really needed it.

Peer support is really crucial during pregnancy. It was not there when I was pregnant but it is really nice to see that some pregnant SMCs are already finding it and making their way to the Single Parent Association peer support group.

5.2.4 Lack of professionally led peer-group counseling

We found our research participants wanting more psychological support in the form of professionally-led peer group counseling in a closed-group, structured, theme-based format either as a lecture or general discussion, possibly by a psychologist, with childcare on site so that the SMCs could fully concentrate on the discussion. Different themes specific to SMCs starting from pregnancy and cycling through the different life stages of being a single mother by choice could be discussed based on request.

This need for additional counseling has also been proven in a research by Sälevaara, et al. published in 2013 in a study called Attitudes and disclosure decisions of Finnish parents with children conceived using donor sperm. Although this study was not specific to SMCs, it found that less than half of the parents (42%) had been satisfied with the psychological support offered to them. They concluded that the availability of psychological counselling before treatment increased the understanding of the importance of disclosure. People who have become parents after DI or IVF should also be offered counselling after the child has been born.

5.2.5 Lack of weekend services

Some SMCs mentioned that since they will be transitioning back to work in the fall, they would be unable to attend the groups that meet midday during

weekdays, therefore perhaps evening or weekend services would be a good idea. However, other SMCs mentioned that after a long day at work and rushing to daycare and finally getting home, they would probably want to enjoy their time with their child in and around the home in an unstructured fashion and not be interested in going anywhere, particularly not far from home. Single Parent Association recently started holding a peer support group that meets in the evenings every other week and according to the group leader, no new SMCs attended who worked during the day. However, the SMCs also mentioned that they wanted to stay in touch with their peer groups once they started working and not lose the connections they had made. Therefore weekend services were still desirable.

If you get off work at 16:00/17:00 you're too tired to go anywhere unless it's very close, within walking distance or then over the weekend

5.2.6 Lack of sufficient support network

Through the interviews we discovered that although families were a source of great emotional and esteem support anytime, they were a source of tangible support and child care only about once a week on average and in emergencies. This was due to many factors including for example, advanced age of parents impacting their role as grandparents; work/family schedules of siblings (aunts and uncles); physical distance (two SMCs' families live several hundred kilometers away from Helsinki). Also, only two SMCs had one or two friends whom they could concretely rely upon for help with child care. Even so, they did not want to impose on their friends and therefore only wanted to ask for help in case of emergencies rather than on a regular basis. This emphasizes the need for support services in the form of childcare to assist the SMCs in recharging their own batteries and finding their own sustained energy and endurance that parenting demands. This was also voiced by the mothers as an important theme and message for future SMCs.

Think about your support network beforehand and make sure it's a strong one.

If it feels like the right and best choice for you, absolutely go and try. There are just as many benefits just as there are struggles with being a single mother by choice.

Take care of your own wellbeing and remember, it is okay to ask for help and you should ask for help. You can admit if you need help.

The emphasis on building a strong support network on a day to day basis was also emphasized by the parish worker and city social worker.

They have a long road ahead as a single parent... The need a support network close by to help in the daily life such as picking up kids from daycare, watching kids so they can go to the grocery store.

5.3 Differences between single mothers and SMCs

The SMCs were asked what they felt were the big differences between the SMC groups and any single parent groups they participated in. They mentioned that very often in the single mother groups, there was negative talk about the ex-partner or the absence of a partner. Relationship conflicts, differences of opinions about raising the child with their ex-partner, visitation or legal issues surrounding this, lack of payment of child support were common themes. In single mother groups. However, since the SMCs did not have these concerns, it was a waste of time and drain of energy for them to listen to negative chatter on topics that do not concern or interest them. As a result, they preferred to avoid these groups and did not follow them much.

The topics discussed in single parent groups revolve around the missing parent and how to keep in contact with them, child support, the reason behind separation, which SMCs can't relate to so they do not gain anything from them.

Furthermore, they did not feel comfortable bringing up their own issues and sharing their feelings in these settings as they did not feel it was the right space. The SMCs also mentioned that whereas the other single mothers could have few days to themselves at a time while the children went to the other parent's house

to catch up on sleep, take care of self or have a social life; they were completely alone and got no break whatsoever at nights or weekends or ever. In this sense too, they felt more alone and isolated from the others in the single mothers groups as opposed to the SMC group.

The city social worker mentioned that although single mothers usually talk freely and openly about their pregnancy, for example; it takes SMCs a lot longer to warm up and open up after they have established their rapport and developed sufficient trust and comfort level. The parish worker also mentioned that in her experience, compared to other single mothers, there are greater feelings of uncertainty, self-doubt or loneliness among SMCs.

The SMCs mentioned that although the single mother groups were helpful in terms of informational support such as how to deal with sleep issues, incessant crying, feeding, or other child care issues these groups were not a source of emotional or esteem support for them.

5.4 Developmental areas

Based on the data gathered from the interviews, we identified the following areas that could be developed or improved to help bridge the gap between challenges and resources to support single mothers by choice.

5.4.1 Better advertising and distribution of information about services

Given the disconnect between service providers and service users described by the SMCs, we would like to propose a three-pronged approach to advertising the entire range of services available to SMCs.

First, one-hour-long informational sessions could be organized at the different maternity clinics two to four times a year on a rotating basis. The content of the session could be a talk by an experienced SMC or a Helsinki city social worker,

for example; and hand-outs of our resource list could be given to all attendees who may comprise of present or future SMCs, their families or friends or possibly nurses and staff of the maternity clinics. This would increase awareness about services both among SMCs and among maternity clinic staff. Similar informationals could also be held at public parks, peer support groups and meetings at Simpukka relating to maternity via fertility treatments. Since parks, peer support groups and maternity clinics are the places almost all SMCs visit, these would be great venues for service providers and services users to connect.

Secondly, if the printed resource-list could be posted on the poster advertisement walls of parks, maternity clinics and parishes; it could be a second easy yet efficient way of connecting the SMCs to their support resources.

Thirdly, our resource list could be distributed via existing peer support groups; organizations such as Pitäjänmäki church; Simpukka; Helsinki city social workers and their at-home childcare services; and Single Parent Association through their newsletter, as flyers as well as electronically through e-mails or social media groups. This would also be a cheap, yet effective way to reach a large audience with hopes that they will potentially pass it along further to whomever they see fit.

5.4.2 Development of an organization representing SMCs

During our research we noticed that although there are organizations representing various types of families (such as adoptive families, bicultural families, families who have lost a child, widowed families, multiple-birth families, lesbian families, gay, bisexual or trans parents, foster families, involuntary childlessness, blended families and single-parent families), there is not a single organization representing families of SMCs.

We came across an organization called Monimuotoiset Perheet or Diverse Families Network and its project called Finland for All Families. The project aims to make the views and needs of diverse families known to policymakers and

professionals working with these families, in order to make Finland a better place for all kinds of families. (Monimuotoiset perheet).

Perhaps in partnership with organizations such as Single Parent Association, Simpukka, or Monimuotoisetperheet, it would be possible to create an entity that focuses on the organization and development of services catered to SMCs. The need for such an organization was suggested by the parish social worker; and expressed by several SMCs to aid in the development, organization and maintenance of information and services tailored to SMCs. This organization could then also take lead in providing better internet access to services through relevant search words, advertising support resources, maintaining / monitoring websites, social media, blogs; organizing professionally led peer counseling groups, family activities, childcare, as requested by the SMCs in the challenges section. They could also be responsible for partnering with other organizations representing families with similar needs and representing the voice of SMCs both politically and in society. They could take a proactive role in addressing the concerns and needs of this small but growing SMC community.

5.4.3 Development of services as requested in interviews

Finally, services could be developed based on the needs addressed by SMCs during their interviews such as weekend activities; professionally led focused peer support group; development of free-of-charge child-care assistance such as that planned by LapsiArkki or possibly acquired through the service coupons available through the City of Helsinki.

5.5 Diaconal perspective

Pitäjänmäki parish is currently the only parish in Helsinki working with SMCs and thus has created a unique opportunity to practice the act of diakonia with a new group of people. The church social worker said that to her building trust is an important factor when working with others.

Trust; walking through this path together. If I can help then I will, and if I can't then I won't. Life is about walking together.

it seems that it is quite natural for them to come here (to the church environment). It shows the emergence of trust that they want their child to belong to the church and participate in church activities

From our interviews it became clear that most of the SMCs were not actively religious church-goers. They were neither particularly for nor against the church. However, they did feel that the Church could play an active role in bringing the communities and neighborhoods together through services such as the family activities, peer support groups, children's activities/hobbies or food clubs. Though most of the SMCs were christened in their childhood, they did not seek the church group as a place to go to for Christian discipleship but rather the peer support that they and their children received.

The musical activity; the large space with toys; opportunity for their children to play and interact socially with other children and adults; were important reasons to attend from the children's point of view. Five out of six interviewed SMCs wanted their children to attend parish activities for developing a social network within the neighborhood, and this peer support group paves the way into the church environment for future activities such as youth groups, confirmation camps.

For themselves, it was nice to be able to have a coffee and snack prepared by others as they watched their children and socialized with other SMCs. It was also appreciated that the Helsinki city social worker and parish worker were available during the groups for professional advice and opinions regarding any concerns or need for information or resources.

Whereas some SMCs mentioned that they welcomed the occasional references to God, others mentioned that they appreciated the lack of Christian references as they were of a different belief but still found the Pitäjänmäki parish support group a valuable place to go for socialization and support.

The act of diakonia is achieved simply by opening the doors of a parish environment and welcoming others in; it does not require teachings of the bible. It is a grassroots approach to meeting people where they are and thus supporting them in a way that reflects their needs.

Actions speak louder than words. Despite the position the church took in 2005 with regards to SMCs, the church has clearly changed its position by offering services such as the Pitäjänmäki church support group and initiating projects such as LapsiArkki that support single parents including single mothers by choice.

The fact that family work is an established part of the Church and society, drives the Church to accept the diverse family models that form as society evolves. Even though the church will continue to support the traditional family model, the Church's family work recognizes the diversity in family models and the importance of the kind of human relationships the child grows and lives in the midst of; as opposed to what the family dynamic looks like (The Church's Family Counseling Strategy 2016).

This is good news for SMCs. As one SMC stated,

We had heard beforehand that the church staff were positively pre-disposed towards us and that is the only reason why we decided to participate. I see it as a really good thing that the Pitäjänmäki parish has got such positive attitude and that we are welcome here.

6 CONCLUSION

In this section we will summarize the main findings of our research. We will further highlight areas where further research could be conducted that could be useful and interesting to all stakeholders and anyone interested in the topic. Finally, we will discuss how this research process has enhanced our own professional development.

6.1 Summary

In summary, one of the main challenges faced by SMCs was the lack of information about social support services available particularly during the time of pregnancy when they needed them most. Lack of consistency in knowledge about services for SMCs at the maternity clinics was also a challenge, while ensuring consistency and continued availability of the much needed and cherished peer support groups was also a concern. The need for peer support during pregnancy and possibly weekend services to ensure that the SMCs are able to maintain peer support as they go back to work in the fall, were also raised. A need for a consistent, ongoing professionally-led peer support group was highlighted. A need for cheap or free childcare support was also uncovered. Although this challenge is universal to most single parents, it is further exaggerated for SMCs

In terms of resources, after personal family, the most valuable resources of the SMCs were peer support groups, at-home childcare services offered through Helsinki city, and family activities offered by various public parks, churches and other family organizations.

SMC families are a new phenomenon as are the services and resources available to them. It will be interesting to follow how the services evolve and adapt to cater to the SMCs in the upcoming years. Furthermore, the interviewees are in the

beginning of their journey; and with time most will return to work, some may have more children or find a spouse.

The main concern of the SMCs is that their children do not feel alone/marginalized. Therefore, it is important to cater to their unique challenges and needs through various support services particularly peer support for themselves and their children. Most of the interviewees have wanted children for so long which gives them strength and endurance through single parenting challenges. However, they should not hesitate to seek help which is their right as a resident of Helsinki.

The message that each interviewee gave to future SMCs was to build a strong support network throughout their journey as SMCs for concrete help. They also felt that the joy, growth and personal fulfillment far exceeded any challenge they could possibly encounter and encouraged women not to wait for that perfect partner or let the biological clock run out, if they feel that motherhood is calling them.

6.2 Further research

During our research, we came across several issues that would be interesting topics to research further.

For example, it would be highly interesting to read research on families of single mothers by choice where the children are at least 10 years of age or older. What kinds of challenges do the children or SMCs face? Have the biological origins been an issue for the children? What about when they reach 18 and have a right to know the identity of their father? Have they discovered any donor siblings or are they interested in meeting them? How have the SMCs coped with 10 years of single parenting physically, mentally, emotionally, and financially? What have been their resources? Do they still seek peer support? Did they find spouses and are perhaps no longer single?

Additionally, considering that one of the biggest challenges uncovered in our research was the lack of information available about social support services targeted towards SMCs particularly during pregnancy when they needed it most, it would be quite useful if perhaps in the form of a product thesis, a brochure/guidebook could be created describing all the resources available (perhaps based on the resource list that we have developed during this research). This brochure could then be distributed to all the SMCs through various channels such as the maternity clinics, public parks, Helsinki city services, and various organizations such as Single Parent Association or Simpukka.

Similarly, it would be highly useful if as a project/product thesis, in partnership with one of the organizations above, someone could create web pages so that the brochure/guidebook described above containing the list of resources could be made available digitally through the internet, thus providing easy access for all.

6.3 Professional development- Deepti Golash

This research has contributed tremendously to my personal and professional growth. I learnt first of all about research methodology. Having been a financial crimes investigator in the past, I was already quite familiar with the ethical considerations; interviewing, analyzing, recording and reporting techniques. However, a quantitative, law enforcement perspective in the field of forensic accounting in the United States is quite different from a qualitative, academic human research perspective in the field of social services in Finland.

I also learnt a lot about academic writing and creating new knowledge based on existing literature and research. Although our research was relatively challenge-free (for example we were able to get sufficient research participants, who were very forthcoming with valuable, useful information and we received our research permits in a smooth timely manner), I developed a newfound understanding,

respect and appreciation of the challenges and efforts involved in creating scholarly work.

Furthermore, through this research I learnt in greater depth about single parenting from psychological, statistical, child and family work points of view particularly in the Finnish context. In particular, I had previously not given as much thought to the history or process of donor insemination; the legal issues; ethical discussion, societal attitudes and future considerations/trends surrounding single mothers by choice.

The research also paved the way for more frequent discussions about spirituality, religion, the diakonia and the Evangelical Lutheran church of Finland which I was happy to be a part of and learn more about.

It was also great to continue to practice and improve my Finnish language skills through this research considering that a lot of literature reading, and all verbal and written communications took place in Finnish.

I am certain that all of the above will help me greatly in my professional life whether I work with families; in Finland; with clients of various faiths or spiritual beliefs; or choose to pursue a master's degree in the future.

6.4 Professional development - Tiia Turkulainen

This research has had a huge impact on my professional as well as personal development. Firstly, I feel that I have a much clearer understanding of the process of conducting research and the smaller, more mundane details that play a surprisingly crucial role. The process of applying for research permits was much more intensive than I had originally thought, even though it went smoothly and without major problems or delays. I have come to value the time and effort even small details and edits can take in academic writing. As this is my first degree and have never written a major research paper or thesis before, I feel that my expectations clashed with the reality of the process of this research.

Secondly, interviewing participants was also a new phenomenon to me that I had not had any prior experience with. Learning the ins and outs of preparing interview questionnaires, finding the best way to transcribe such vast amounts of information and summarizing the interviews as a whole took some trial and error. Interviewing the participants was interesting as each interviewee brought their own rapport into the interview space and the atmosphere of the interviews changed with each person.

Lastly on a personal level, as a single and thus far childless person, this topic has taught me a lot about motherhood, regardless of the type of family structure in question. Prior to this research, I had very little knowledge about fertility treatments specifically, but also about motherhood as a general term. The universal, ethical and spiritual discussions that have risen throughout the interviews and research has given me much to think about and I have found myself being hard and fast on some of the principles I hold most true for myself.

Going forward, this experience has brought vast growth as a student, a future professional and active member in society. I expect to be better equipped for future research projects and papers as well as working with various client groups in my career as a social worker.

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APPENDIX 1: INTERVIEW QUESTIONNAIRE – RESOURCE CHART

INTERVIEW QUESTIONNAIRE OF SERVICES UTILIZED					
Service	Names of organizations	How did you find out about it	How long have you been going	How often do you go?	Useful / Recommend to Others
MAIN					
Neuvola					
Pitäjämäki Church					
Family					
Friends					
Other?					
OPTIONAL					
Doulah					
Parenting class					
Books					
Counselling / therapy					
Tukihenkiot					
Kotipalvelut					
Peer Support groups					
Church-related					
Perhe-kahvila					
Other groups					
Children's groups					
Other?					
DIGITAL SERVICES					
Websites					
Chat support					
Blogs					
Forum					
SOME					
Phone Hotlines					
Other?					

APPENDIX 2: INTERVIEW QUESTIONNAIRE

BACKGROUND INFO:

- Age, number of children, relationship status, work status
- Brief timeline from first thought of having a child to today

RESOURCES:

- What have been your most important resources from pregnancy times till today?
- Which of the services were most helpful / least helpful?
- What is missing? What would have been nice to know/have in hindsight? What were you unable to access and why? What would you do differently?
- What do you look for/expect in the groups/services you use? What do you avoid? (Location, time, activities, socializing, peer support, church influence, food?)
- Are you aware of resources such as mieskaverit, tukiperhetoiminta, other such and do you plan on using them?

PERSONAL WELL-BEING:

- What brings you joy and motivation day to day?
- Do you feel overextended/stressed/frustrated? What are your coping mechanisms?
- How often do you take time for yourself? How do you spend it? In the past, now and in the future? (Exercise, hobbies, time with friends, coffee?)
- What services could support your personal well-being?

CHURCH ASPECT:

- What impact has this group had on you?
- Are you christian/spiritual in any other way?
- Have you thought about christianity/spirituality in relation to your child?

GENERAL:

- What message would you like to send to readers, authorities, law-makers, services developers? Legal, social, economic, health related to assist SMCs?
- What advice/message would you like to send to future SMCs?

APPENDIX 3: LIST OF RESOURCES FOR SINGLE MOTHERS BY CHOICE

No.	Name of Organization	Type of Service	Contact Information
1	Äitien talo- Mothers home	Online community for single mothers by choice	https://aitientalo.com/
2	Confidential closed group	Social media - Facebook	secret group - access can be attained through other mothers
3	Ensi ja turvakotien liitto- The Federation of Mother and Child Homes and Shelters	Doulah, sleep chat, baby blues, postpartum depression	https://ensijaturvakotienliitto.fi/vauvaitkee/
4	Helsingin kaupunki- City of Helsinki	Home service/sleep guidance/social counseling for families with children, psychological services/therapeutic work for families with infants	https://www.hel.fi/sote/toimipisteet-fi/aakkosittain/perheiden-erityispaalvelut
5	Helsinki Missio- Helsinki Mission	Mom mentors, Alberts commonroom	https://www.helsinkimissio.fi/perhetyo
6	Jenny'n mummola- Grandmother Jenny's place	Activities for families with children	https://www.helsinginseurakunnat.fi/tapahtumat/44158#
7	Kenguruu	Online peer support	http://kenguruun.foorumi.eu/index.php
8	LapsiArkki	Child care assistance and peer support	https://www.lapsiarki.fi/
9	Public playgrounds	Activities for families with children	https://www.hel.fi/helsinki/fi/kasvatus-ja-koulutus/leikki-ja-avoin-toiminta/perheiden-aamupaiva-toiminta/
10	Mannerheimin Lastensuojelu Liitto- Mannerheim League for Child Welfare	Phone support for parents, family cafes, child care assistance, peer support groups, clubs/activities for children, family godparents, friend support, etc.	https://www.mll.fi/vanhemmille/
11	Monimuotoiset perheet- Diverse families	Organization gathers information for various diverse family dynamics	https://monimuotoisetperheet.fi/
12	Neuvola- Maternity clinics	Parental training, single parent meetings	https://www.hel.fi/sote/toimipisteet-fi/aakkosittain/neuvola
13	Pelastakaa Lapset- Save the children	Mentor family, mentor person	https://www.pelastakaaapset.fi/
15	Pienperhe yhdistys- Single Parent Association	Peer support, family cafes, man/dad mentor, camps, activitiesvertaistoiminta, perhekahvilat, mieskaveri, retket, leirit, mummila, jne	https://www.pienperhe.fi/toiminta/
16	Pitäjänmäen seurakunta- Pitäjänmäki parish	Peer support group	www.facebook.com/pitskursrknlapsetiaiperheet
17	Seurakunnat- Parishes	Activities for families with children	https://www.helsinginseurakunnat.fi/haku.html.stx?kategoria=reference:42V9BbFEP
18	Simpukka	Peer support for donor insemination-related support during planning, pregnancy and after childbirth	http://www.simpukka.info/
19	Totaaliharit ry- Total Single Parent Association	Peer support for single parents	http://totaaliharit.wikisite.com/totaaliharit
20	Tunnetila- Emotion space	Psychologist	http://www.tunnetila.net/palvelut
21	Väestöliitto- Family Federation of Finland	Family welfare organization	https://www.vaestoliitto.fi/vanhemmuus/
22	Yebomama	Midwife services	http://yebomama.fi/milky-morning/
23	Yhden vanhemman perheidenliitto- Single Parent Organization	Child protective services- to enhance the wellbeing of single parents and their family life	https://www.yvpl.fi/