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Research Article

Intergenerational Changes in Motherhood: A Qualitative Study

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What is already known on this topic?

- *Historically, motherhood was a role that was transmitted vertically from mother to daughter, but today it is transmitted both vertically and horizontally.*
- *Modern mothers include the innovations of the age in their motherhood experiences, in addition to what they acquired from their own mothers.*

What does this study add on this topic?

- *Scientific, economic and educational changes have become transformative elements of motherhood and have affected the motherhood experience. Today's mothers have taken on more responsibilities in addition to their traditional roles. Health researchers have generally approached motherhood in the context of health problems.*
- *Health professionals need a broader perspective to understand the psychosocial needs of modern mothers. Today's technological developments may offer new opportunities for health professionals to interact with mothers.*

Abstract

AIM: This study aims to investigate the intergenerational change in motherhood experiences.
METHOD: This study was conducted in a qualitative design between October 2020 and February 2021. In the study, 26 mothers and 26 grandmothers were interviewed individually and online through a semi-structured interview form. The interviews lasted an average of 60–90 minutes, and the data were analyzed by transferring them to the MAXQDA Analytics Pro Qualitative Data Analysis Program.
RESULTS: The mothers participating in the study are at least high school graduates and actively use social media. The majority of grandmothers are primary school graduates and housewives. Three themes were identified in the study. These themes are intergenerational similarities, differences, and causes of differences. Eight codes were determined under the theme of similarities, nine codes under the theme of differences, and four codes under the theme of reasons for differences.
CONCLUSION: While mothers and grandmothers reported that there were no changes in traditional mothering roles such as sacrifice, care-based love, patience, compassion, overprotection, and orderliness, they reported that there were changes in terms of knowledge, flexibility, respect for the child's individuality, and authority pressure. It has been determined that the most important factors in the changes experienced are intensive technology-Internet use, education, and economic factors.
Keywords: Maternal behavior, mother–infant relationssocial media

Introduction

The transition to motherhood is one of the most important experiences in a woman's life. This process is more challenging for women who are experiencing motherhood for the first time (Erfina et al., 2019). As an ideology, an institution and an experience, motherhood has been the subject of study for many writers (Biswas, 2022). A close examination of motherhood ideologies reveals that the fundamental function of motherhood is predominantly influenced by the myth of the maternal instinct. The pervasive belief that all women inherently desire to be mothers and will inevitably become mothers is a dominant societal perception. Consequently, motherhood ideologies endeavor to internalize this perception, thereby rendering motherhood sacrosanct and ensuring its acceptance as a societal obligation (Sever, 2015). The myth of sanctified motherhood symbolizes a woman who has become a mother and sacrificed herself. This concept is regarded as a paradigm of motherhood as an unfulfilled and infinite labor for women. However, with the advent of Westernization in the nineteenth century, a plethora of novel expectations and challenges pertaining to motherhood emerged, thereby precipitating a transformation in the conceptualization of parenthood. The concept of 'good' and 'ideal' motherhood emerged as a result of this transformation, with child care being recognized as the primary identity of women (Aktas & Ozden, 2020). While the expectations of motherhood have differed in each century within the historical context, contemporary motherhood is characterized by multifaceted responsibilities and numerous expectations (Aydogan, 2019).

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Motherhood is a phenomenon that gains meaning and is constructed depending on social roles and social changes in the historical process. The cultural, social, and economic structure in which motherhood is located exerts a significant influence on perceptions and experiences of the phenomenon. These are shaped by the ideologically dominant knowledge produced regarding motherhood (Ustun & Tor, 2024). Many feminists recognize the importance of the mother–daughter relationship and consider it to be the most powerful influence a woman can have in her life (Kitanovska-Ristoska, 2020). In this context, motherhood is a role that is passed from mother to daughter, from generation to generation (Mascetti, 2000). Shelton and Johnson (2006) state that mothers struggle between society's idealized expectations and their experiences. Badinter (2010/2011) states that today's modern motherhood is a challenging and demanding model with more roles and responsibilities, contrary to traditional expectations of motherhood. The modern mother is expected to know all the right information about childcare, to have a career, to be beautiful and well-groomed, to be a good wife and an individual (Aktas & Ozden, 2020; Ergul & Yildiz, 2021; Sever, 2015). However, in traditional motherhood, childcare is not limited to the mother alone. The child can be looked after by the elders in the family or by siblings, and modern knowledge and rules regarding childcare are not needed. Mothers are expected to take care of the housework and do not have to work, and even working is not welcomed. The reason for this is that the traditional mother acquires motherhood knowledge in traditional ways. This knowledge is transmitted through the generations, with mothers drawing upon the experiences of their own mothers or mothers-in-law (Sever, 2015). Comparing the concepts of the modern and the traditional mother, it becomes clear that the expectations of motherhood are concentrated on the side of the modern mother (Kizilkaya, 2018; Lecaj, 2019).

Experiences of motherhood that used to be transmitted between generations only within the family are now transmitted in the form of advice and suggestions between mothers who do not know each other through social media. Transmission that was once vertical is now horizontal (Aydogan, 2019; Chae, 2015; De los Santos et al., 2019; Gurcayir Teke, 2014; Kizilkaya, 2018; Ugurlu, 2013). Katz Rothman identified the ideologies that shape motherhood as patriarchy, capitalism, and technology. These three ideologies, interacting with each other, are transforming motherhood in certain patterns (Biswas, 2022). The role of the Internet, a major component of today's technology, in this transformation is quite large. Whereas in traditional media the role and experience of motherhood is conveyed through content such as films and advertisements, today it is conveyed through social media (Ugurlu, 2013).

This study has the potential to inform healthcare professionals on the most appropriate course of action when providing care and treatment to women, with the understanding that motherhood, a social and cultural construct, has undergone significant transformation over time. In this regard, the dynamics of intergenerational motherhood experiences have the capacity to influence the effectiveness of health services. This is due to the fact that, in this contemporary era where access to information has been democratized, the manner in which motherhood experiences are conveyed is highly diversified. Those who provide care services to women must be cognizant of the multifaceted roles women play in society and the family, and be able to comprehend their circumstances. In light of the advancement of information and communication technologies, it is imperative for health professionals to assume a pioneering role in assisting mothers in navigating the labyrinth of information networks. This study aims to serve as a comprehensive guide for health professionals, delineating effective approaches to engage with women who have become mothers in contemporary contexts. The study will also assist professionals in cultivating the appropriate attitudes to navigate and analyze the multifaceted phenomenon of motherhood, which is intricately tied to cultural and social structures. Health researchers have generally approached motherhood in the context of health problems. However, health cannot be considered in isolation from changing social phenomena. In this context, health professionals need a broader perspective to understand the needs of today's modern mothers. This study aims to explore the changing experiences of modern mothers, influenced both by their own mothers and by today's technological developments.

Research Question

1. How does the experience of motherhood change intergenerationally?

Methods

Study Design

A phenomenological research design was used to better understand the experience of motherhood. This study was conducted in accordance with the Consolidation Criteria for Reporting Qualitative Research checklist and prepared in compliance with the Standards for Reporting Qualitative Research guidelines (O'Brien et al., 2014; Tong et al., 2007).

Sample

To encourage participation in the study, an announcement was placed on a number of websites and social media sites that mothers frequently use.

The study was conducted between October 2020 and February 2021. The mothers who saw the call and wanted to participate were contacted, and an appointment was arranged according to their availability. The interviews were conducted via an online interview platform (due to the pandemic). The interviews were conducted by the first researcher (female). The mothers were interviewed first, and then the grandmothers were interviewed at another available time. Interviews with mothers and grandmothers were conducted separately and alone so that they would not be influenced by each other. Technical support was provided by the daughters to conduct the online interviews with the grandmothers. Two of the participants who accepted the study could not be included because they entered the coronavirus disease 2019 quarantine. While in-depth interviews were conducted with four mothers, the interviews were interrupted as they had to deal with their crying or waking babies, and the interview was resumed when they were available.

Homogeneous sampling was used to select the sample. The mothers who used any social media to represent today's mother, who were aged between 18 and 40, who had at least a high school education, who had their first baby between 2 and 24 months, whose own mother was alive, and who were willing to meet were included in the study. It was considered sufficient that the mother and grandmother had no problems that prevented communication. After interviewing 26 mothers and 26 grandmothers, it was decided that data saturation had been reached and the data collection phase was completed. The mothers were coded between A1 and A26 and the grandmothers between B1 and B26.

While the researcher was working as a midwife in the hospital for 5 years, the researcher noticed differences in the experience of motherhood attracted attention and started to question the sociological dimension of motherhood. Before starting the research, the researcher made many observations and passive observations about motherhood on social media. She conducted a multidimensional literature review to examine the differences in mothering behavior in the past and present and in social media. She decided to conduct research on this topic. The research was carried out as a master's thesis. The researcher strengthened her communication skills by attending the Interpersonal Relationship Psychotherapy Modular Training. She improved her skills by attending Qualitative Research Methods and MAXQDA Qualitative Data Analysis training. The second researcher with experience in qualitative research was the research consultant and was a psychiatric nurse and midwife.

Rigour and Trustworthiness

Regarding the reliability of the research, common themes were identified by the researchers after the data had been collected. Two experts with qualitative work experience were then asked to assess the validity of the themes. Using the method suggested by Miles and Huberman (1994), the agreement rate in the study was calculated as 96.25% (308 codes of agreement, 12 codes of disagreement). Guba and Lincoln (1982) emphasized that there should be credibility rather than validity–reliability in qualitative research and identified four main headings as the gold standard of credibility. These are credibility, dependability, confirmability, and transferability. The steps taken to ensure validity in this study were as follows: During the development of the interview form, the relevant literature was reviewed, expert opinion was sought, and consistency between the interview form and the literature was ensured (credibility, reliability). The data collection tool, raw data, codes, and themes were presented to an expert outside the research team, and their opinion was sought (transferability, credibility). Diversity was ensured in data collection. Personal interviews, interview recordings, and personal information forms were used (reliability, confirmability). A homogeneous sample was used in the selection of the research sample. The interview environment, the procedure, and the method of analysis were explained in detail (credibility, transferability). During the interview, in order to avoid misunderstandings, the participants' explanations—such as "... of what you said ..... I understand" and "Did you mean .....?" —were summarized with feedback (credibility, reliability). The results of the research are given with the statements. Emphatic and repetitive statements are given as numbers (transferability, confirmability). The themes and codes resulting from the data analysis were read to one of the mothers participating in the study, and her consent was obtained (transferability, reliability, confirmability). The generalizations made at the end of the study were limited to the study sample (transferability, reliability, confirmability).

Data Collection Tools

An individual characteristics questionnaire and a semi-structured interview guide developed by the researchers were used to collect data. The semi-structured interview guide contained four open-ended questions, and the questions asked were as follows:

- How do you evaluate your own motherhood experience?
- How do you evaluate your mother/daughter relationship?
- What kind of similarity do you think there are between your own motherhood and your mother/daughter mother's experience?
- What kind of differences do you think there are between your own motherhood and your mother/daughter mother's experience?

Data Collection

The interviews lasted on average 60–90 minutes and were recorded using the online interview platform, with the permission of the participants. Each interview was transcribed and deciphered on the same day. During the interviews, the necessary precautions were taken to allow the participant to express herself comfortably (during the baby's sleeping hours and after ensuring silence and solitude where the conversation would not be interrupted). The participants were encouraged and care was taken not to interpret or judge.

Statistical Analysis

Descriptive statistics were used to analyze demographic data in this study. MAXQDA 2020 Analytics Pro Qualitative Data Analysis Program was used for qualitative data analysis. The data were analyzed using the seven-step analysis method described by Colaizzi (Morrow et al., 2015). Before and after the interviews, relevant literature was continuously read to guide the researchers. The recorded data were transcribed verbatim and transferred to the MAXQDA analysis program. Once the qualitative data set was complete, the data analysis process began. The researchers read the transcribed data several times, focusing on the context of the data and the participants' responses, and selected significant statements. Then, by grouping similar expressions, codes and sub-codes, and then themes were created. Under these themes, relevant statements from participants were included and linked to their life experiences. The basic conceptual structure of the topic was defined. Interviews were conducted until theoretical saturation was reached, so that no new content appeared in the interviews and the same type of concepts and themes emerged in the data analysis.

Ethical Considerations

The study was conducted in accordance with the tenets of the Declaration of Helsinki. Ethical approval for the study was obtained from the İstanbul University-Cerrahpaşa, Cerrahpaşa Medical Faculty Clinical Research Ethics Committee (Approval no: 59491012-604.01.02, Date: September 08, 2020). Before the start of the interviews, all potential participants were verbally informed of the purpose and procedures of the research and were assured of confidentiality, safety, and their rights to beneficence, non-maleficence, and justice.

Results

Characteristics of the Participants

The average age of the mothers participating in the study is 29 years, and that of the grandmothers is 55 years. Other characteristics of the participants are shown in Table 1.

As a consequence of the qualitative analysis, three primary themes were identified. The themes and their respective codes are illustrated in Figure 1.

Theme 1: Similarities

Under the theme of similarities, participants reported expressions under the codes of overprotective, sacrifice, care-based, loving, anxiety, orderliness, compassion, and patience in both generations.

I am doing the same as my mother now. So only my child is happy, the rest is not important. At that moment, cooking, cleaning, these are in the background when it comes to children... (A5)

We are both very compassionate... after I became a mother I approach everything more emotionally like my mother. (A9)

I am normally impatient. When I became a mother, I became an understanding and patient mother just like my mother. (A14)

My mother was also a woman who wanted to do everything just right... even though I said I'll never be like that, now I'm doing the same... Keep the house clean, be stylish and beautiful... (A15)

Just like my mother, I am a mother who says that I should not eat, my son should eat, I will not sleep, my son should sleep. (A17)

Much about caregiving is the same. Years have passed, but we do many things the same. For example, washing children. She used to wash it too often, and so do I. My mom used to iron everything too, so I. (A24)

I know very well how tenderly my mother treated me and my brother. I think we have a common sense of compassion... It is very similar that we try to do our best... (A26)

She has panic attacks. She is overly apprehensive... she has fear if something suddenly happens. I would have that fear too. (B1)

Sometimes I see myself in it. She does not let her baby cry, She feeds the baby immediately when she is hungry, and changes her diaper when it gets dirty. I thought if I delayed these, my baby would get angry, now I see my daughter is doing the same... (B5)

She was overly fond of her child, and so was I. So overprotective. My wife and friends used to call me that too... (B17)

My daughter is overprotective like me. I was very interested in her. (B20)

Theme 2: Differences

Under the theme of differences, the participants mentioned knowledge, overprotectiveness, flexibility, authority, care orientation, respect for the child's individuality, sacrifice, experience, and patience as the differences.

The internet definitely has an effect. You can access every information.... I think today's mothers read too many books and they do more research. Previously, motherhood was instinctive... (A1)

In the past, superstitions were common. For example, my mother says let's give the baby water to drink. I have water in my milk, I say no need. (A2)

In my mother's time, she was constantly worried about the future... She grew up in a more oppressive family, she made us experience her own anxieties and forced us to do the things she always wanted... I don't think so, my child, she has a life too, she has a future too. You can make your own decisions. (A3)

Since they were four children and the opportunities and conditions were not that much, they let it flow. I'm questioning and researching everything right now. This is probably the biggest change. She was alone, there is no doctor, no other's support... She learned motherhood on her own... (A7)

I am more patient than my mother. I'm letting it flow. I don't get involved in everything... Maybe because I'm more educated than my mother. (A23)

I see moms on social media. For example, the woman I saw the other day constantly invents games about babies and shares them. Then I looked and said, I'm not doing any of this to my baby. Am I missing? In the past, mothers did not have such problems, everyone was the same. Now we see a lot of moms on social media. And current mothers are very knowledgeable. (A10)

Now mothers are conscious. Because they are educated... They do not need their husbands and family elders like our generation. They are raising their children as they want. (B4)

The subject of food... She doesn't force-feed the her baby when he doesn't want it, she doesn't run after the baby. But I would run after her to eat. I was very protective. (B18)

Table 1.
Demographic Information of Participants

Code	Age	Education	Employment	Age of Marriage	Social Media Used	Code	Age	Education	Employment	Age of Marriage	Social Media Used
A1	27	Bachelor	Engineer	23	Twitter	**B1**	49	Primary school	Housewife	21	Not using
A2	28	Associate degree	Child development	27	Twitter, Instagram	**B2**	56	Primary school	Housewife	20	Not using
A3	32	Associate degree	Child development	24	Twitter, Instagram, Facebook	**B3**	50	Middle school	Operator	18	Not using
A4	28	Associate degree	Secretary	26	Instagram, Whatsapp	**B4**	56	Primary school	Employee	20	Not using
A5	29	Bachelor	Teacher	26	Instagram, Facebook	**B5**	55	Bachelor	Officer	25	Not using
A6	33	High school	Accountant	29	Instagram	**B6**	59	Primary school	Employee	19	Not using
A7	40	Associate degree	Management	37	Instagram, Facebook	**B7**	66	Middle school	Employee	20	Not using
A8	27	Bachelor	Teacher	24	Twitter, Instagram	**B8**	54	Middle school	Housewife	22	Not Using
A9	27	Bachelor	Insurer	25	Instagram	**B9**	45	Primary school	Housewife	18	Not using
A10	27	Degree	HR specialist	25	Instagram, Linkedin	**B10**	58	Primary school	Housewife	24	Not using
A11	27	Bachelor	Psychologist	25	Twitter, Instagram, Facebook	**B11**	53	High school	Employee	21	Not using
A12	28	Bachelor	Nurse	24	Instagram, Facebook, Whatsapp	**B12**	50	Primary school	Housewife	21	Not using
A13	29	Bachelor	Nurse	24	Twitter, Instagram	**B13**	55	High school	Midwife	25	Not using
A14	29	Bachelor	Teacher	24	Instagram	**B14**	49	High school	Housewife	19	Not using
A15	28	Degree	HR specialist	25	Instagram, Facebook	**B15**	48	High school	Housewife	19	Not using
A16	34	Doctorate	Academician	30	Twitter, Instagram, Whatsapp, Telegram	**B16**	67	Associate degree	Teacher	25	Not using
A17	24	Degree	Academician	24	Instagram, Happy Mom	**B17**	61	Bachelor	Nurse	23	Not using
A18	28	High school	Physician assistant	25	Instagram, Whatsapp	**B18**	55	Primary school	Chef	25	Not using
A19	29	Degree	Teacher	26	Twitter, Instagram	**B19**	70	Primary school	Housewife	19	Not using
A20	31	Associate degree	Midwife	30	Instagram	**B20**	60	High school	Housewife	26	Not using
A21	34	Bachelor	Teacher	30	Twitter, Instagram	**B21**	70	High school	Teacher	23	Not using
A22	27	Associate degree	Child development	23	Twitter, Instagram, Facebook	**B22**	49	Primary school	Housewife	16	Not using
A23	33	Degree	Doctor	27	Twitter, Instagram, Whatsapp	**B23**	54	High school	Self-Employment	21	Not using
A24	33	Bachelor	Accountant	23	Instagram	**B24**	57	Primary school	Caregiver	17	Not using
A25	33	High school	Technician	31	Instagram, Whatsapp	**B25**	59	Primary school	Housewife	20	Not using
A26	28	Bachelor	Physiotherapist	25	Twitter, Instagram, Facebook	**B26**	50	High school	Housewife	21	Not using

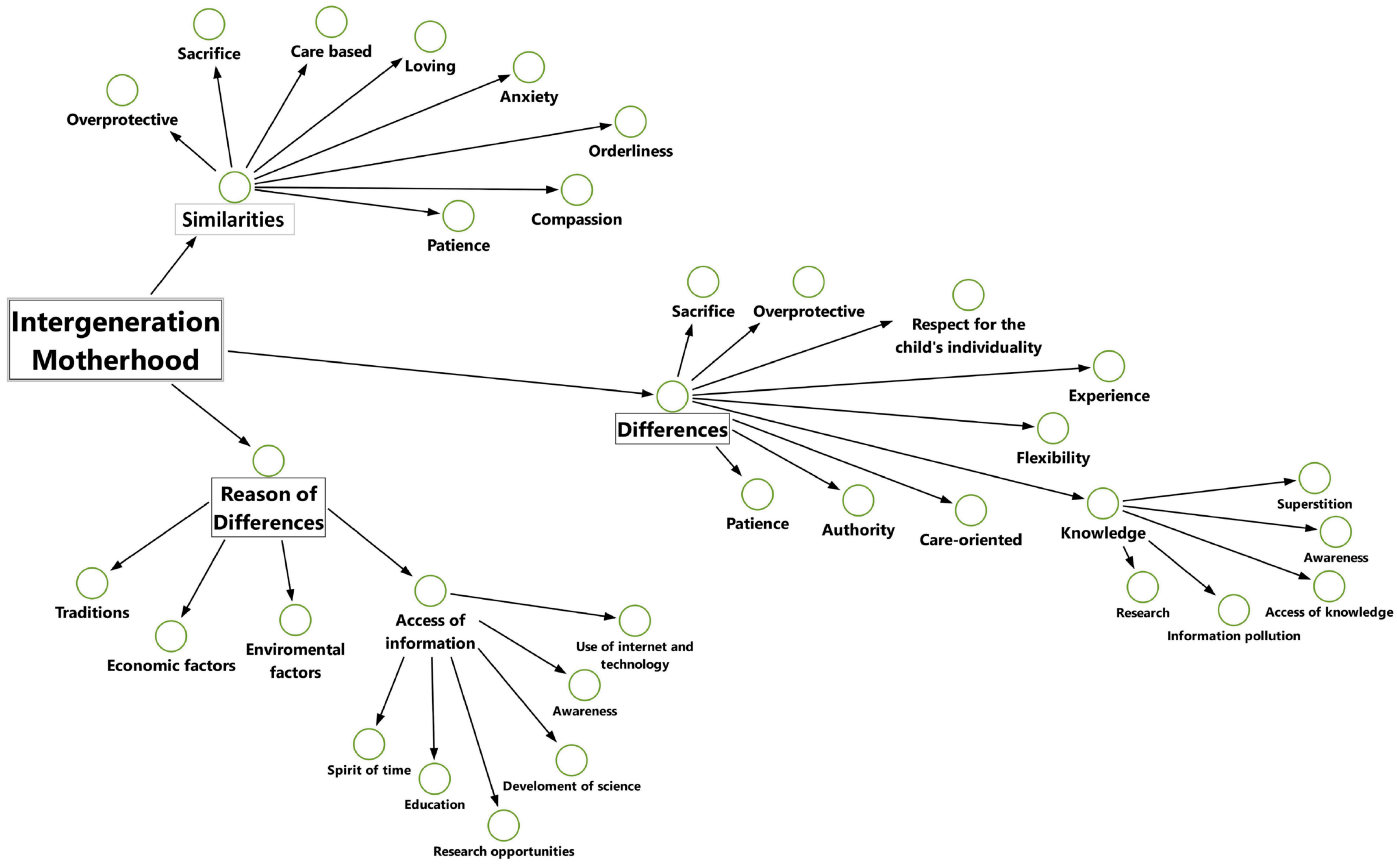

Figure 1.
Hierarchical Theme and Subtheme Model.

Theme 3: Reason of Differences

Under the theme of the reasons for the differences, the statements of the participants were grouped under the codes of access to information, economic factors, environmental factors, and traditions.

I will have raised my child with my mother. Support... But there was no such thing in my mother's time. The woman also does the housework, cooks and takes care of her husband. She has to take care of her child too... It's all the woman's burden. But technology causes certain things to be known and heard. The woman's burden is lightened. (A4)

We have immediate access to information. It wasn't like that in the past, and the new bride had to do whatever the elders said in the house. The woman was not given much right to speak, not so now. (A5)

Internet, social media has a lot of influence. Information spreads and changes very quickly. This is too tiring. There was no book before. (A6)

Over the years, education may change, that is, its development... We reach information more quickly. More research, too. Information is always changing... (A13)

The development of science with economic power... In other words, there was no television at that time. No phone. She can't even call her own mother and ask anything. Technology has developed, we have also developed economically. There are disposable diapers now... Books have multiplied, people are reading more. Things that used to be right are now proven wrong. (A14)

It is much easier to access information now... I try to find the answers to the questions that come to my mind on the internet, but it also has disadvantages. It was very easy to reach the information, but there is a lot of information. People are confused. (A21)

I think motherhood is better at this time... In our time, you can't sit, get up, do anything without the adults' permission. But not so now! Everyone's house is different, they go to bed at the time they want and get up at the time they want. Back then, you couldn't even hold your child in your arms and love, it was a shame. (B4)

I say economic... and, of course, to be conscious. They are more conscious. They read, they read online, they do. For example, the benefits of technology... (B19)

Age difference... In our time there was absence, Now we can reach everything. You call, it comes right away. (B22)

Traditions... I am Circassian. We cannot love or hug children in the presence of adults. My daughter did not follow these traditions and did very well. (B23)

The participant-based analysis of intergenerational motherhood experiences is shown in Figure 2.

Discussion

When the expression intensities of mothers and grandmothers about similarities in intergenerational motherhood experience were compared, it was determined that mothers used expressions that refer to similarities in terms of care-based, sacrifice, loving, and anxiety more intensely. On the other hand, grandmothers used expressions more intensely with overprotectiveness. Similarities such as care-based, sacrifice, loving, anxiety, and orderliness reported by both mothers and grandmothers are conditions that are considered within traditional motherhood roles. However, the type and intensity of similarity reported by grandmothers were significantly higher than those reported by mothers. While this shows that today's modern mother feels the burden of traditional mothering roles intensely, it suggests that grandmothers are not very aware of this burden on modern mothers or that they already see and internalize this burden as a normal part of mothering practices. Many researchers emphasize that the expectations of modern mothers are higher and stricter than those of traditional mothers (Aydogan, 2019; Sever, 2015). As Kitanovska reported, modern society perpetuates cultural pressures that promote the idealized role of motherhood and expects mothers to incorporate the innovations of the age into their mothering practices (Kitanovska-Ristoska, 2020). In many studies, such as our own, women have described their mothering experiences as both pleasurable and as a serious burden for them.

While many studies in the literature emphasize the pleasurable and feel-good aspects of devotion to one's child in the experience of motherhood (Benza & Liamputtong, 2017;Bermúdez et al., 2014; Fouquier, 2011; Javadifar et al., 2016; Hoffmann et al., 2022; Horne & Breitkreuz, 2018; Prikhidko & Swank, 2018), they also show that devotion consumes women after a while, leaving them feeling bad, with a never-ending sense of lack, and worried about being judged by the social environment for not being a good mother (Benza & Liamputtong, 2017; Forbes et al., 2021;Javadifar et al., 2016; Jewell, 2016; Odenweller et al., 2020; Shloim et al., 2020).

When the expression intensities of mothers and grandmothers about differences in intergenerational motherhood experience were compared, it was determined that mothers drew more attention to differences in terms of flexibility, authority, overprotectiveness, and knowledge, while grandmothers used expressions referring to differences more intensely in terms of gaining more knowledge awareness. While mothers and grandmothers mostly stated the use of technology and Internet research opportunities as the reason for the difference, grandmothers also intensely reported factors related to education and economy. Kallis et al. (2022), in their study on intergenerational change, found that mothering behaviors vary, with the new generation of mothers in particular valuing freedom and flexibility. Analyzing the mothering experiences of three generations, Karaymirza (2019) reported that the first two generations learned mothering through their own efforts and trial and error method based on the experiences of older generations, while the new generation learned by obtaining information from different sources due to both their high level of education and ease of access to information. In their study, Ustun and Tor (2024) emphasized that the older generation motherhood experiences difficulties in determining its sense of self-worth and cannot access equal opportunities in the public sphere. Conversely, new generation motherhood has been found to be under significant pressure due to societal expectations of excellence in all areas, despite improvements in the underlying conditions. The authors further posit that a comparative analysis of older and new generation motherhood is imperative for two primary reasons. Firstly, it enables the observation of the changing nature of motherhood throughout history. Secondly, it facilitates a deeper understanding of the factors contributing to this transformation (Ustun & Tor, 2024).

It was determined that the mothers mentioned the most intense technology-Internet use as the reason for the intergenerational difference, while the grandmothers emphasized the increase in the level of education and economic recovery more. As the grandmothers pointed out, developments in education and the economy are undeniable. In today's world, there have been serious advances in access to information, and mothers have had their share of convenience.

Scientific, economic, and educational changes have become transformative elements of motherhood and have influenced the experience of motherhood. In particular, the widespread use of the Internet and the presence of mothers, whose visibility on social media has increased, have accelerated these changes and paved the way for the diversification of representations of motherhood. In the study by De los Santos et al (2019), mothers stated that they frequently use social media platforms and share their knowledge and experiences. This is an unprecedented opportunity for the new generation. Zhang and Hanser's (2023) study revealed that mothers utilized diverse sources of information, encompassing Internet resources, peer support, literature, and professional guidance, in instances of discord with their own mothers and mothers-in-law concerning their maternal experiences. A salient finding was the strategic employment of medical expertise to counterbalance the influence of the older generation in the domains of postpartum and newborn care (Zhang & Hanser, 2023). Motherhood is now not only an experience learned from previous generations but also an experience that is transmitted horizontally through technology. Increased use of the Internet and social media, easy access to experts and scientific resources, and mothers' awareness of media literacy are enriching the experience of motherhood. As a result, mothers are relying less on the motherhood experiences of their own mothers or mothers-in-law and more on people and experts who have had similar experiences, who read and research, rather than traditional modes of transmission. Motherhood has never been so easy to learn, and yet so difficult.

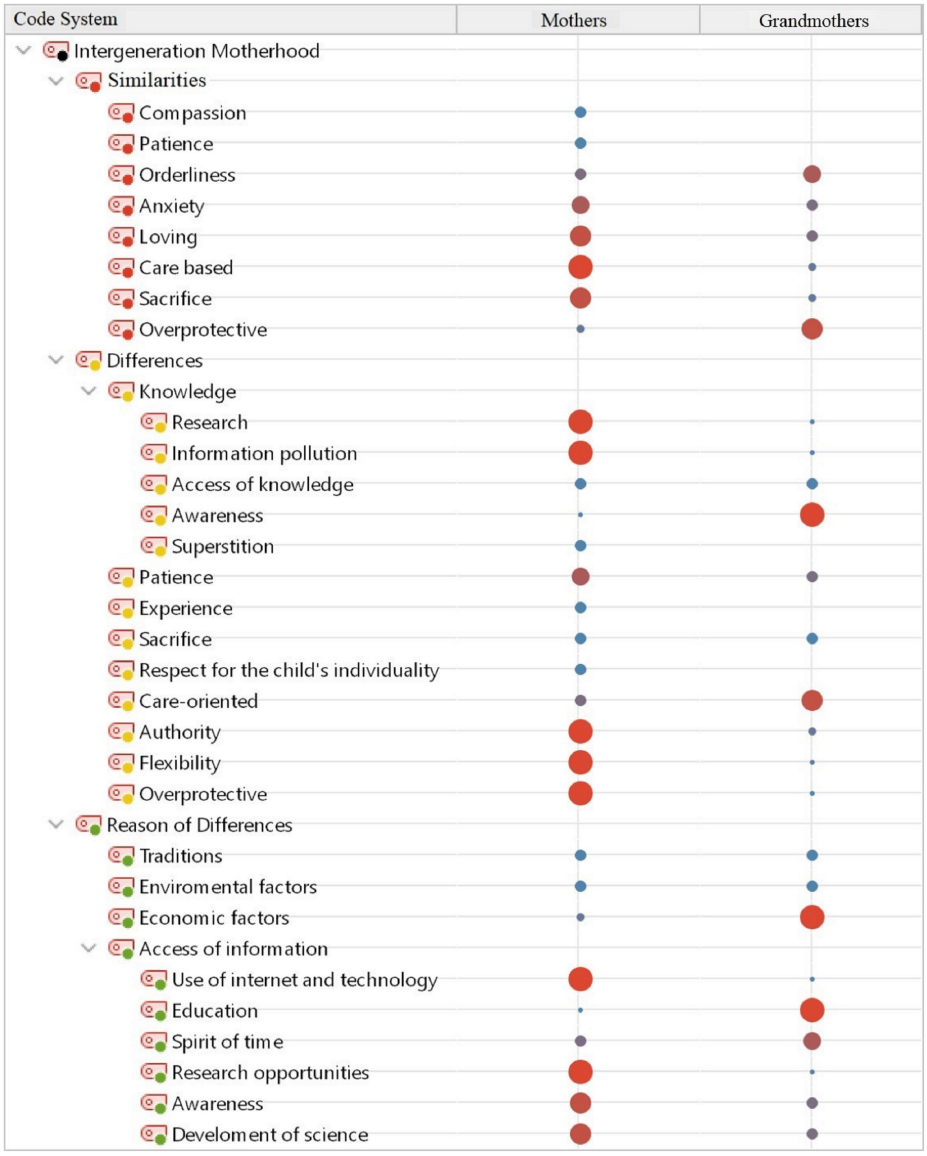

Figure 2.
Participant-Based Analysis of Intergenerational Motherhood Experiences.

Whereas in previous generations, women continued on their way as mothers, dependent only on patriarchal codes, today's mothers are expected to be both knowledgeable and equipped with these codes. Although this expectation has determined how the modern mother should be, mothers face many difficulties in meeting these expectations. Maternity practices, which in the past were based only on the vertical transfer mentioned in many studies, now proceed through both vertical and horizontal transfer (Chae, 2015; De los Santos et al., 2019; Gurcayir Teke, 2014; Lecaj, 2019; Ugurlu, 2013).

Conclusion and Recommendations

This study looked at intergenerational differences in the experience of motherhood through interviews with mothers and grandmothers.

At the end of the study, it was determined that traditional mothering roles, such as care-oriented, compassionate, and patient, continue and knowledge about motherhood has increased as a result of advances in education, economy, and technology. This situation imposes more responsibilities on modern mothers, in addition to their traditional roles.

First, the study only focuses on the experiences of 26 mothers and 26 grandmothers. Therefore, its generalizability is limited. Although it is assumed that all participants share their sincere thoughts, it should be taken into account that they may be biased in the information they give. The fact that the participants were selected from a single city and individuals with similar and specific characteristics can be a strong aspect of the study in terms of the homogeneity of the group, but it can also be considered a limitation.

The fact that the topic of motherhood, which is mostly studied from the perspective of social science researchers, was studied from the perspective of health science researchers is seen as a strength of the study.

Our findings show how much the experience of motherhood has changed between generations. Social pressures and traditions, which played an important role in the motherhood experience of previous generations, seem to have become less important. Books, technology, and social media are more powerful in the experience of motherhood for today's mothers. We have more effective tools than ever before to enrich the individual's experience and establish positive health habits. We are no longer limited to hospitals to reach new mothers. We should see the Internet and social media as opportunities to deliver health services.

Based on these findings, Internet technology may offer new opportunities for health professionals to reach mothers. It is vital that health professionals take the lead in helping mothers navigate information networks, especially as information and communication technologies evolve.

Data Availability Statement: The data that support the findings of this study are available on request from the corresponding author.

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