

PERCEIVED HEALTH NEEDS OF SINGLE MOTHERS  
ATTENDING UNIVERSITY IN NEWFOUNDLAND  
AND LABRADOR: A FOCUS GROUP STUDY

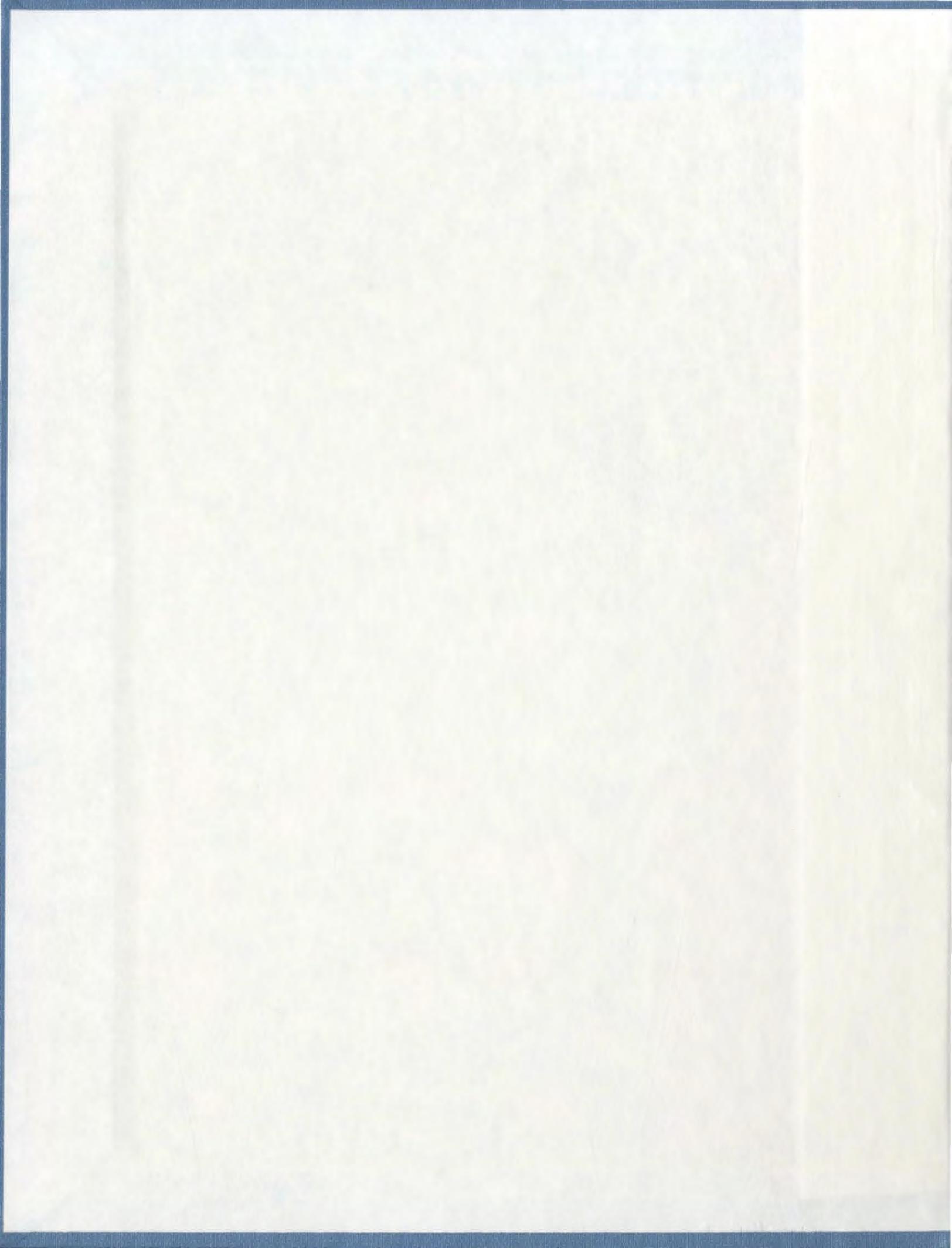
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NICOLE SNOW





**Perceived Health Needs of Single Mothers Attending University in  
Newfoundland and Labrador: A Focus Group Study**

**By**

**(c) Nicole Snow**

**A thesis submitted to the  
School of Graduate Studies  
in partial fulfilment of the  
requirements for the degree of  
Master of Nursing**

**School of Nursing  
Memorial University of Newfoundland**

**April, 2005**

**St. John's**

**Newfoundland and Labrador**





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## Abstract

The pursuit of a university education is not without challenge. For single mothers, the additional role of student can be quite taxing. Published studies have examined the experiences of working single mothers and those in low-income situations. Little is known of the health concerns facing single mothers who commit considerable time, energy and financial resources to attaining a university degree.

Using a phenomenological approach to focus groups and critical social theory as a contextual background, single mothers attending full time university studies in Newfoundland and Labrador were interviewed. The focus group transcripts were then analysed using Zemke and Kramlinger's approach (1982). Five themes emerged: "If I were only a student;" "Doing it alone;" "Surviving economically;" "There's not much left of me;" and "I've found my strength."

The findings represent the complex experiences and challenges facing these women. Nursing must become committed to developing a greater understanding of the issues facing marginalized groups such as single mothers in order to better support and meet their needs.

## Acknowledgements

There are a number of groups and individuals to whom I wish to express my sincere gratitude:

Firstly, I would like to thank my thesis committee: Lorna Bennett, my thesis supervisor, and Doreen Westera, co-supervisor, who provided their expertise and feedback over countless revisions. Your patience and guidance was amazing. I am extremely appreciative for this rewarding learning experience.

I am grateful to my past professors who have inspired and encouraged me to pursue graduate studies in nursing.

Thank you to the various university groups and departments who aided in the recruitment process, especially Student Parents at Memorial, Students Older Than Average, MUNSU Childcare Centre, Wellness Education and Student Affairs and Services, Memorial University.

Thank you to all of my family, friends, and co-workers over the past few years who have constantly offered support, encouragement and the occasional comic relief, especially when I so greatly needed it.

To Stephanie Short: I greatly appreciate having your editorial feedback and suggestions in the final revisions of this study.

Thank you to the Centre for Audio Visual Equipment at Memorial University for loan of the audio equipment used to record the focus groups.

Special thanks are extended to my parents, Mark and Lillian Snow, who have been kind, caring, and encouraging throughout all of my educational pursuits. They have fostered in their children the values of hard work, integrity, dedication and perseverance. I have been blessed to have you as parents.

To my husband, Ian, who has seen the highs and the lows of this journey: I cannot express in words how grateful I am for your presence and love throughout it all.

Finally, I wish to thank the women who were so open and receptive to participating in this study. They shared their lives with a stranger who, from their disclosure, has learned so much.

## **Dedication**

This thesis is dedicated to the memory of family members who passed away during its completion: My grandmother, Mary Snow; my grandfather, John Barrett; and my great aunt, Bride Morrissey.

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## CHAPTER 1

### Introduction

Pursuing a university education is both a challenging and life enriching experience. The many demands associated with a university education can greatly tax the personal reserves of any student. Young adults entering the post secondary educational system face lifestyle changes, financial issues such as increased tuition costs and student loan debts, the struggle for a new, mature self-identity, and challenging independent decision-making opportunities. These challenges can make the university or college experience appear daunting, even insurmountable, particularly for those students with little support, financial constraints, and many personal demands.

Single mothers enrolled in full time university studies can be especially affected. This group is comprised of women who have never been married and those whose relationships may have ended through divorce or death of a partner. Many are poor and have low levels of education (Lipman, Offord & Boyle, 1997). They face an immense challenge in dealing with the everyday struggle of raising children on their own, often with a meager income and little support. This is in addition to the ‘traditional’ stressors experienced by many students attending a post secondary institution.

#### ***Background Information***

Demographic information obtained regarding single mothers paints a bleak picture. Over 1.3 million single parent families were reported in the 2001 Canadian census, an increase from the 1996 census. Women comprised the vast majority of these lone parent families (81%). A significant number (46%) of Canadian families headed by

a single parent were living in poverty (Statistics Canada, 2004a). The average income of lone parent families in 2001 was \$32,696 while the average income of families with two parents was \$72,820 (Statistics Canada, 2004a). Of all female-headed households, 35% were in the low-income bracket (Statistics Canada, 2004b). Concurrently, in all areas of employment, women earned less per annum than males (Statistics Canada, 2004a). Overall, women tended to be at a greater risk for living in poverty than men. These statistical findings were noted consistently in the literature and highlight significant gender inequalities existing in society (Ali & Avison, 1997; Avison, 1997; Boutsen & Colbry, 1991; Brown & Moran, 1997; Duffy, 1995; Edin & Lein, 1997; Hahn & Schone, 1996; Remez, 1998; Reutter, Neufeld & Harrison, 1998; Sachs, Pietrukowicz, & Hall, 1997; Wijnberg & Weinger, 1997).

The trends in Newfoundland and Labrador have been quite similar to the statistics reported nationally. Newfoundland and Labrador reported one of the lowest rates of single parent families in the 2001 Canadian Census (14.9%), a number that has been increasing. In addition, Newfoundland and Labrador had one of the highest numbers of low-income families in Canada. There were 23,055 single parent families noted in the 2001 Census with over 80% (18,935) of these headed by women. The average income of lone parent families was \$27,437 versus \$60,322 for two parent families (Statistics Canada, 2004a).

These figures are significant when examining health and its determinants. Health is seen as a broad concept, not solely influenced by biology or genetics. In his document, *Achieving health for all* (1986), Epp described health as a “basic and dynamic force in

our daily lives, influenced by our circumstances, our beliefs, our culture and our social, economic, and physical environments” (p.3). From this broad definition, Epp identified three National Health Challenges that were paramount to Canada’s population health. Two of these challenges, reducing inequalities and enhancing people’s capacity to cope, drew attention to the importance of socio-economic determinants of health, particularly for women. Epp identified issues such as poverty, mental health issues, gender differences in chronic illnesses and expanding social roles for women as playing a part in these challenges, and pointed out that women are more susceptible to their negative influence.

While it may be considered to have earlier roots in the suffragist movement, the development of feminist theory came into being during the 1960s and 70s. During this time there existed recognition that women, as a whole, were an oppressed group. A need was identified to develop a theoretical and political framework that would serve to guide and shape the liberation of women from this oppression. Feminist theories were developed from those of Marxism, which analysed the economic exploitation of the working class. Feminism has provided a foundation for the examination of how society has exploited and oppressed women, particularly in terms of economic, political, societal, and reproductive equality (Jackson et al., 1993).

Despite this theoretical development and resulting increased awareness of women’s issues, a paradox exists in society’s expectations for women. Women continue to deal with issues such as gender role stereotyping, inequalities in the workplace (including reduced job opportunities and compensation), while facing numerous domestic

responsibilities, including being the primary caregiver for children as well as for dependent adult family members. Women tend to earn less than their male counterparts in the workplace, have less opportunity for education and training, and are subsequently more vulnerable than men to changes in the job market. They face numerous barriers to pursuing educational and employment opportunities, such as personal and domestic constraints, personal factors such as poor self-concept or self-efficacy, and a general lack of access to information and guidance related to career and educational choices (McGivney, 1993). While some of these barriers have lessened over time, their presence continues to impede gender equality for women in their work, their education and in their personal lives. Society has created and perpetuates these gender related biases for women (Federal, Provincial, and Territorial Advisory Committee on Population Health, 1996; Schreiber, 2001).

Despite the perception that women have many more choices available to them with respect to education, work and personal freedom, many of the same constraints that have impeded women for decades actually still exist today. When women are able to partake in employment or educational opportunities, they often do so while having to maintain all of their other domestic responsibilities. The role of male partners or other family members has remained relatively unchanged. The expectation that women must maintain their other domestic responsibilities while working or furthering their education, has led to issues with role overload and burden. When they do become fatigued, women tend to experience immense internal feelings of guilt and inadequacy in not being able to meet with society's expectations (Schreiber, 2001).

While women, as a whole, continue to deal with these inequalities, single mothers emerge as a particularly marginalized population. They are more at risk for socio-economic concerns. For example, poverty and high unemployment rates are not uncommon in this population. According to the 2001 Canadian Census, 14% of children lived in lone parent families (Statistics Canada, 2004a) and 46% of these families fell into the low-income bracket. This rate was four times higher than the low-income rate for two parent families with children (11%) (Statistics Canada, 2004b). In 2002, 28.2% of female single parent families with one earner were in the low-income bracket. For female single parent families with no earners, the percentage was 84.7% (Statistics Canada, 2004b).

Single mothers alone are often responsible for the financial stability of the family unit. Influencing this is the perceived lack of choice in accessing opportunities to exit poverty (Dowd, 1997), particularly in the pursuit of post secondary education. Attaining a higher education often places additional strain on personal reserves in the form of additional financial obligations, lack of availability for employment, and strain on relationships with children and other family members and social contacts (McGivney, 1993).

An individual's set of social circumstances can greatly impact his or her sense of self worth and well-being (Schreiber, 2001). Studies have indicated that socio-economic conditions, particularly income adequacy and education, have a significant impact on health status. It is also believed that this relationship is stronger for women than it is for men (Denton & Walters, 1999). Lipman et al. (1997) performed a secondary analysis of

the Ontario Health Supplement survey. Conducted in 1991 with nearly 10,000 participants, the survey shone much light on the demographic profile of single mothers in Ontario. Most of these women were aged 30 to 39 (40.6%). They were more likely to be younger and have a lower income than mothers in dual parent families. While these women did not significantly differ in the level of physical health, variations existed in mental health concerns with single mothers having poorer outcomes.

In particular, there were significant mental health concerns for single mothers as a population. Women have been found to have higher rates of depression than men (Bland, 1997). A perceived lack of social support, sense of belonging, and the presence of feelings of loneliness all affect an individual's mental health and well being and could contribute to depression (Hagerty & Williams, 1999; Simmons, 1994). Compounding this were findings that single motherhood and poverty were interrelated and both had an effect on mental health. This impact on mental health was hypothesized to be a result of the single mother having prolonged exposure to a number of different stressors over time (Avison, 1997). The well being of single mothers could be enhanced if more social supports are in place (Duffy, 1993).

When single mothers do decide to pursue post secondary education, they may discover that the culture of universities and other post secondary institutions does not make allowances for older adult students. The post secondary education system is often designed with the younger, single student in mind. Financial concerns are often the most significant source of stress for these women. Additional social tensions may exist with co-students and instructors. As well, many older students do not feel that they can

identify with their classmates and, therefore, have less of a sense of belonging (Quinnan, 1997). Single mothers, with the responsibility of being the primary caregiver for their children, do not have the same personal freedom as some of their co-students. A lack of identification with others and a lessened sense of belonging can contribute to significant health concerns (Hagerty & Williams, 1999). As well, organizational hurdles such as inflexible university policies, procedures and academic departments, continue to add additional burdens (Quinnan, 1997). While there has been some examination of the issues concerning older post secondary students, more research must be conducted to explore the health of student single mothers.

### ***Rationale***

The impetus for this research project was from my experience working in campus wellness programs. In an attempt to gain a better understanding of aggregates of the university student population, I discovered that little was known about, and available for, single mothers who were attending university in Newfoundland and Labrador. This lack of knowledge and awareness was particularly evident in the nursing domain. While university and health professionals working with this student population acknowledged this gap, there was a lack of opportunity and understanding in how to conduct research with this group. After devoting much of my nursing graduate course work in the area, I decided to develop a research project in order to increase this understanding.

### ***Purpose***

While it is recognized that developing knowledge and a deeper understanding of student single mothers and their health concerns is necessary, a gap continues to exist in

this area. Much information exists in areas typically associated with single mothers. These include poverty, socio-economic determinants of health, and feminist health issues. However, there is a lack of focus on the experiences of single mothers who decide to return to school and take on the additional role of student. Insufficient nursing research has been completed on female learners in educational settings, resulting in little theory development (McGivney, 1993).

While many single mothers engage in university education to increase their chances of obtaining higher-paying, meaningful work, additional strain is placed on their resources. All too often, health promotion and maintenance activities organized by campus health educators, nurses, physicians, community health officials, and government, do not give adequate attention to the needs of this population. Organizations such as universities must increase the time and energy that they devote to this aggregate of the student population. However, it is difficult to develop a plan to assist these students if there is inadequate understanding of their needs. This understanding is imperative for the appropriate development, implementation and evaluation of campus and community services and resources intended for these women. Of particular note is the opportunity for nursing to take a leadership role in this process.

Nursing researchers and others have commented on the relationship of women's place in society and their ability to engage in opportunities for self-improvement and development. Women have acted, and continue to act, as the predominant caregivers in society. While important, this role has a potential negative impact upon women's ability to engage in educational and health promoting activities (Wuest, Merritt-Gray, Berman,

& Ford-Gilboe, 2002). It is challenging to devote oneself entirely to the role of mother and student simultaneously and excel in both. In addition to meeting the time commitments, engaging in educational opportunities results in increased childcare and transportation costs that may be challenging to cover on one low income (Edin & Lein, 1997).

When examining this issue, numerous questions arise, such as: What are the health needs of this population? What do they perceive to be the key factors that impede their success in achieving a university education? What motivates these women to continue their educational pursuits in the face of many challenges? Only the women themselves can answer these questions through discussion of their experiences as single mothers and university students.

Therefore, the purpose of this study was to explore the experiences of single mothers enrolled in full time university studies in Newfoundland and Labrador and in particular, their perceptions of their health needs. Two interrelated theoretical frameworks guided this study: phenomenology and critical social theory. A phenomenological approach to focus groups as outlined by Calder (1977) guided focus group interviews in the data collection phase. Critical social theory helped to provide a socio-cultural context for examining women's experiences. It ensured that the questions guiding the focus groups, and the data analysis that followed, supported and respected the values and experiences of women. It also acknowledged the values and assumptions of the researcher, essential to a phenomenological approach. The focus group transcripts were then analyzed using the method outlined by Zemke and Kramlinger (1982).

Consideration was also given to Morgan's (1997) and Krueger's (1994) guidelines for using focus groups as a qualitative research approach.

***Research Question***

The purpose of this study was to explore the following question:

What are the experiences and perceived health needs of single mothers who are enrolled in full time university studies in Newfoundland and Labrador?

## CHAPTER 2

### Literature Review

There are numerous factors that can impact the health and well being of single mothers pursuing post secondary education, especially when considering the changing conceptualization of health and its determinants. The definition of health has evolved over the past number of years to mean more than the absence of disease. Health is not only influenced by biological factors such as genetics and early childhood development, but also by social factors such as education, housing, income, employment and neighbourhoods, and environmental factors such as air, water and soil quality (Canadian Institute for Health Information, 2004). An understanding of the breadth of health and its influencing factors is necessary when examining the health needs of single mothers returning to post secondary education.

A review of the literature has yielded little information dealing specifically with the population of single mothers enrolled in full time post secondary studies. What is evident in the literature is research that explores the links between women's health, the pursuit of education, and the many socio-economic factors that can impact on their success.

#### *Gender Considerations*

Gender issues related to the health of single mothers enrolled in post-secondary studies are incorporated throughout this literature review. These issues provide the context in which factors such as education and socio-economics must be examined.

Many of the issues that concern single mothers returning to post-secondary studies are rooted in current cultural realities for women. Historically, women have been identified in society largely through their relationships with men and their marital status. Employment outside the home was viewed as being less important than family responsibilities. Increased awareness of women's concerns since the 1960's encouraged women to maintain control over their own bodies and to gain financial and emotional independence. Marriage patterns changed as more women decided to pursue careers and personal goals over marriage. Concurrently, higher divorce rates resulted in an increase in the number of single parent families, most of them female-headed (Pakizegi, 1990). Such changing demographics have contributed to considerable alterations to the roles, responsibilities and self-conceptualizations of women.

In conducting this literature review, it became evident that there is a great need for gender sensitive research pertaining to women's health, especially for those individuals returning to post secondary education. Im and Meleis (2001) observed that a "major critical point of the theories related to women's health viewed through a feminist lens is the underlying and often unconscious male centered assumptions" (p. 310). They pointed out that many studies addressing women's health concerns focused on male generated biomedical models and did not take into account contextual considerations such as interpersonal relationships which are crucial to women's health. This gap supports the need for additional information that explores the health needs of women from their perspective as they pursue post-secondary education to gain access to professional positions.

In examining women's health issues, there must be careful consideration of the complexity of women's lives and the factors that affect health. Gender sensitive research must hold gender equality as one of its core beliefs, especially given the oppression that women have endured (Im & Meleis, 2001). The subordination of women has influenced their ability to achieve political, cultural, social, and economic equality. These factors, as identified by the Ottawa Charter, are critical in the pursuit and maintenance of health and well-being (International Conference on Health Promotion, 1986).

Directing attention to gender issues when conducting research provides a context in which the health implications for single mothers in post secondary studies can be examined. There are numerous gender related social inequalities that impact women's health. Women tend to have lower incomes, particularly those who are single mothers. Those who do work are primarily employed in lower status and lower paying occupations, such as those found in the service sector (Federal, Provincial, and Territorial Advisory Committee on Population Health, 1994).

Denton and Walters (1999) identified gender inequalities through their secondary analysis of the 1994 National Population Health Survey. This survey was intended to gain an understanding of both the health status and the determinants of health for the Canadian population. Denton and Walters focused on the results of 15,144 participants over the age of 20 years. They examined the structural and behavioural determinants of health using multiple least-squares regression. These researchers noted that, at the time, men were more likely than women to report being in the middle and higher income brackets and were also more likely to hold professional, management and supervisory

positions. Women in lower income brackets and with less education and skills, reported poorer health with greater frequency than women in higher income brackets. While this result was also true for men, the relationship was found to be stronger for women.

This trend has continued to exist. For example, the report *Integrating Socio-economic Determinants of Canadian Women's Health*, based on data from the Canadian Community Health Survey 2000-2001 (Vissandjee, DesMeules, Cao & Abdool, 2004) identified similar results to those found by Denton and Walters (1999). Women in the lowest income brackets, and with the lowest levels of education, also reported the lowest levels of health. Gender related socio-economic discrepancies and adverse health effects remain significant concerns for women, particularly those in low-income situations.

In terms of overall physical health, women tend to fare better than men. However, the gap between the physical health of males and females is closing, particularly for those in low-income situations. This may be related to an increase in high-risk behaviour in women. For example, Stewart, Gillis, et al. (1996) examined the issue of smoking by disadvantaged women. These researchers used a variety of methods in their multi-phased study including: a secondary analysis of the Ontario Health Surveys, and the Atlantic Canadian Heart Health Surveys; telephone interviews with representatives of thirteen smoking cessation programmes for women; focus group interviews (n= 254) and one-on-one interviews (n= 134) with women; telephone interviews with non-traditional support agencies (n= 29); as well as interviews with women who use these agencies (n= 22). The researchers focused on the findings from participants in phase four and six of the study who resided in the Atlantic region. For

these women, smoking acted as a coping mechanism. It allowed them to manage their increased stress from factors such as role overload, boredom, and loneliness.

Women tend to have poorer self-rated health status and psychological well being, as well as increased stress and depressive symptoms (Federal, Provincial, and Territorial Advisory Committee on Population Health, 1996; Health Canada, 2002; Lipman et al., 1997; Salsberry et al., 1999). Lennon, Blome and English (2002) conducted a literature review of studies pertaining to women on welfare and found that, on average, as many as one-fifth of these women exhibited symptoms of major depression. Also, women in low-income situations tend to live shorter lives than those women in higher socio-economic brackets (Wilkins, Berthelot, & Ng, 2002). Gucciardi, Celasun and Stewart (2004) also conducted a literature review of articles and reports regarding Canadian single mothers and came to similar conclusions. In their literature review, these authors identified many socio-economic issues such as poverty, role overload, and inadequate opportunities for educational attainment that adversely affected the health of these women.

Lipman, MacMillan, and Boyle (2001) examined the responses from a probability sample of 1,471 women who completed the Mental Health Supplement to the Ontario Health Survey (1990-1991). Single mothers were identified as being poorer, possessing a higher prevalence of all psychiatric disorders, and disclosing a higher rate of childhood abuse than other women. These researchers found that single mother status did not significantly predict the presence of a psychiatric disorder; however, a history of childhood abuse did. Lutenbacher (2000) also explored the relationship between abuse history and mental health. In this three-wave panel study, 59 women were interviewed

three times (one baseline interview, one at two weeks, and the final interview at approximately three months) and asked questions related to history of abuse, childhood sexual abuse, and health status. The participants also completed the Everyday Stressors Index, Rosenberg Self-Esteem Scale and the Centre for Epidemiologic Studies Depression Scale. The researcher found that while these mothers tended to report their children's health as good to excellent, 27% reported their own as poor to fair, 59.3% reported high depressive symptoms, 64% reported some form of childhood abuse and 41% had been in an abusive relationship in the past 12 months. There was also a positive relationship between participants who reported a positive perception of their health and those who reported higher levels of self-esteem, lower depressive symptoms, and fewer everyday stressors.

There is evidence that there may be differences in the health of single women compared to married women and employed versus unemployed women. McDonough, Walters and Strohschein (2002) reviewed the findings of the 1994 National Public Health Survey. The probability sample included over 6000 Canadian women aged 25-64. This study measured health, socio-economic position, social roles, and chronic stressors using least-squares regression and logistic regression. Socio-economic factors such as education, household income, and employment were positively correlated with health. Married women were identified as having greater health than their unmarried or unemployed counterparts. Conversely, divorced women were identified as having increased levels of distress, increased longstanding health problems, and more chronic stress. Non-employed women experienced greater financial and environmental stress,

while those with lower levels of education, including post-secondary reported increased levels of distress.

There is considerable emphasis given in the literature to the multiple roles women perform in their daily lives. The performance and maintenance of such a complex lifestyle can contribute to role burden, role overload, and subsequent negative health effects. In addition, the meaning and interpretation of challenging and conflicting roles can have health implications (Duffy, 1995; Facione, 1994; Gigliotti, 2004; Goldberg, Greenberger, Hamill & O'Neill, 1992; Gottlieb, 1997; Shiu, 1999; Spurlock, 1995; Stark & Cimprich, 2003; Young, 1999).

Facione (1994) reviewed literature examining multiple roles and the health of married, working women. The author acknowledged that an increase in the number of roles that one is required to perform could potentially increase the amount of stress that one experiences. However, the results of the studies reviewed concerning the roles of women were contradictory. From this review, Facione proposed that it was not the number of roles or the amount of work associated with these roles that contributed to women's ill health, but the subjective interpretation of these roles. This conclusion may shed some insight on the positive and negative experiences and outcomes of single mothers in post-secondary studies. If these women have a more positive perception of their responsibilities, then possibly, they could experience more favourable health outcomes.

Lahelma, Arber, Kivela and Roos (2002) performed a secondary analysis of national government surveys conducted in 1994 by Britain (General Household Survey;

n= 5,163) and Finland (Survey on Living Conditions; n= 2,595). The researchers focused on the results pertaining to women aged 20 to 49. Factors such as perceived health, employment, income, education, and family type were analysed using multivariate logistic regression. The findings indicated that single mothers reported the lowest levels of health. The researchers questioned whether this poor self reported health was possibly due in part to the multiple roles they hold. These findings are especially pertinent to the health and well-being of student single mothers. In becoming a student in the pursuit of a post-secondary education, single mothers are increasing the number of responsibilities they have in their already complex lives.

### ***Family Related Literature***

The health and well being of single mothers must be examined, not only at the individual level, but also at the family level. The term “family” has evolved to a much broader conceptualization than has historically been the case. The family has been considered to consist of “two or more individuals who depend on one another for emotional, physical, and/or economic support” (Hanson & Boyd, 1996, p. 6). More recently, Wright and Leahey (2000) stated “attributes of affection, strong emotional ties, a sense of belonging, and durability of membership determine family composition” (p. 70). Swift (1995) noted that the traditional view of the family as consisting of the male breadwinner and female caregiver continues to exist, despite changing definitions. This complicates the socially constructed obstacles which single mothers face every day.

In many instances, the family unit is considered to be the client in receipt of nursing interventions (Wright & Leahy, 2000). The family is critical in developing and

maintaining the health of its members. Women, as primary care givers, are often viewed as integral to promoting the health status of populations, particularly families. The health and well being of a single mother will undoubtedly have some effect on the health and well being of the entire family unit, including the children. Mothers are also the ones who make sacrifices to meet their children's needs, often neglecting their own needs in the process (Dowler, 1996).

Health promotion is a significant issue for families (Butcher & Gaffney, 1995; Ford-Gilboe, 1997). It is in the family unit that health behaviours are learned. These behaviours, health problems and concerns ultimately affect the entire family unit. For example, prenatal and early childhood experiences may have a lasting and significant effect on health and well-being (Federal, Provincial, and Territorial Advisory Committee on Population Health, 1994). Families and individuals within them are linked and interrelate with one another. If communities, and indeed society as a whole, are to be healthy, the most important place to begin health promotion work is at the family level (Hanson & Boyd, 1996).

Despite their increasing numbers, the family headed by the single mother has often not been viewed as a "legitimate" family form (Butcher & Gaffney, 1995; Donati, 1995; Ford-Gilboe, 1997; Morrison, 1995). Such a view portrays single parent families as deviant, pathological, less functional than the traditional two-parent nuclear family (Ford-Gilboe & Campbell, 1996) and not "normal" by conventional standards (Swift, 1995). The children themselves also experience stigma associated with a single parent home (Roberts & Matthews, 1993). This stance fails to recognize any family, other than a

heterosexual married two-parent family (Dowd, 1997). It assumes that families who do not fit this category are unhealthy and lack the ability to meet their own needs. Linked with this family stereotype is the association between child neglect and poverty. While there are numerous cases of neglect within affluent, dual headed families, the majority of attention paid to child neglect focuses on those in the lower socio-economic bracket, especially single mothers (Swift, 1995).

While women are viewed as being primarily responsible for childcare duties, single mothers experience a further unequal distribution of family responsibilities, in addition to childcare. This often results in additional stress for single mothers who may already fear being labelled as “neglecting” their children. This compounds the role burden for single mothers (Swift, 1995) who are often faced with limited choices in their attempts to improve their social situation (Dowd, 1997). Many barriers exist which can impede these women from engaging in post-secondary studies. These include role overload, numerous family responsibilities, problems accessing child-care, and facilitating child health and well-being. Because of these obstacles, many women often wait until the youngest child becomes old enough to either remain at home by himself or be taken care of by older children before seeking employment or furthering their education. There is also a strong reliance on family supports to assist in childcare (Schulz, Parker, Israel & Fisher, 2001).

With the shift toward placing more responsibility for health and well-being in the hands of individuals and communities, society has also shifted the focus of blame for poor health outcomes. Many disenfranchised groups are therefore viewed as having

some role to play in their ‘unfortunate lot’ in life. The focus on the individual in the assignment of ‘blame’ for poor health outcomes also deflects attention from deficiencies in the promotion, access, and implementation of health and social services (Wuest et al., 2002). Society, in ‘blaming’ these individuals and groups for their circumstances may have an altered view of those who are actively engaged in positively shaping the future for themselves and their families, such as student single mothers.

Family childcare issues also affect single mothers’ access to time off work or school, without penalty, if problems do arise with their children. Employment itself can bring much stress. Single mothers who do work may find the clash between family and work life physically and emotionally draining. Many women, when faced with this situation, will tend to prioritize the needs of their children over their own (The Hoops and Hurdles Research Project, 1995). The balancing of these various roles, in addition to societal pressures, increases the vulnerability of these women and their families (Hahn & Schone, 1996).

Studies do exist which explore the positive factors inherent in single parent families. Morrison (1995) recruited single mothers who could identify their families as being ‘successful’ (n= 16). These women were interviewed over a four-month time frame. Twelve of the women participated in family interviews. Demographic information was collected and women were asked questions regarding their views of the family’s success. The family sizes were small, with the majority having only one or two children. The average age of the mothers was 32.4 years. Themes were identified through the data analysis. Morrison (1995) found that these ‘successful’ single mothers

reported an increased educational level and greater financial resources. The participants viewed being a single parent as increasing the amount of control over both their lives and the lives of their children. Interestingly, flexibility, decision-making, time management skills and the ability to change were both strengths and stressors for these women. For example, being the only parent allowed for decreased friction between opposing parents; however, it also reduced the number of viewpoints that could aid in a decision making process. The women in Morrison's (1995) study expressed their confidence and pride in being able to manage life's challenges. Particularly noteworthy is the fact that the single mothers expressed concern with not wanting to place additional burden on their children. Participants felt that being in a single mother household was beneficial for their children in the sense that they developed responsibility, independence, respect, and self-esteem.

Ford-Gilboe (1997) also examined the strengths that influence health promotion behaviour in a sample of single parent (n= 68) and two-parent (n= 70) families. Participants were asked to complete a number of questionnaires measuring various psychosocial factors. With the single parent families, the researcher noted that family pride, internal locus of control, general self-efficacy, network support, community support, and family income were all factors contributing to the family's participation in health promotion activities. Family cohesion was of particular significance. It was hypothesized that a closely-knit family may perceive the problems of individual members as being family issues and will try to work better together to problem solve. Women with non-traditional sex role orientations may model behaviour for children in terms of problem solving and working together to find solutions. In all, the study found evidence

to challenge the negative view of single parent families. The author noted these findings could serve to empower single parent families to engage in health promotion activities. It may also allow for insight into some of the health promotion concerns that may exist for student single mothers and their families.

### ***Socio-economic Research***

The complexity of health and its determinants creates a challenge in identifying any absolute cause and effect relationships. However, socio-economic status plays a significant role in the health of any population (Hertzman, Frank & Evans, 1994; Stewart, 1990) and has been identified as “the single most important determinant of health” (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994, p. 2). Individuals, including single mothers, living in lower socio-economic situations tend to rate their health as being lower than those in higher socio-economic brackets (Avison, 1996; Federal, Provincial, and Territorial Advisory Committee on Population Health, 1994; Federal, Provincial, and Territorial Advisory Committee on Population Health, 1996; Health Canada, 2002; Lahelma et al., 2002; McDonough et al., 2002; National Forum on Health, 1997; Petterson & Friel, 2001; Salsberry et al., 1999; Schulz et al., 2001; Statistics Canada, 2003).

Vozoris and Tarasuk (2004) examined the health of Canadians receiving welfare support who were in the lowest socio-economic bracket (n= 51,938). To accomplish this, they completed a secondary analysis of the Canadian 1996/1997 National Population Health Survey. Vozoris and Tarasuk differentiated between two groups, those who were physically disabled and those who were not. Using logistic regression, they found that,

overall, welfare recipients in both groups were more likely to report having poor to fair health, poor functional health, depression, distress, and lower levels of social support. The researchers noted the potentially drastic implications that cuts to social programming could have on the health and well-being of individuals receiving social assistance. Many of the social origins for these negative health outcomes are particularly relevant for single mothers.

Issues with lower family income and other social concerns tend to be more prevalent in single parent than dual parent families. These economic realities are not caused by any fault or defect in the family unit itself, but are the result of a complex combination of environmental factors. Williams and Kurina (2002) examined the relationship between social structure and stress and their relationship to women's health. The authors raised three important factors that have increased the amount of stress that women currently experience, one of them being the increase in divorced and single parent families. They noted, in particular, the increased financial burden, parenting challenges, susceptibility to stress, and the possible negative health outcomes that are of concern for single mothers.

Williams and Kurina (2002) also discussed what they referred to as the 'feminization of poverty', thus drawing needed attention to the fact that women are disproportionately represented in lower socio-economic brackets. Previous works by Rodgers (1990) further elaborated on this phenomenon. Rodgers stressed that if mothers are poor then their children will be poor. The author explored the significant increase in the number of poor living in female headed households and factors such as inadequate

child support, incomes, and social welfare programmes that were believed to contribute, at least in part, to this growing concern.

Support for Rodger's (1990) argument has become further evident over the years. Studies examining the health of families headed by a single mother have yielded alarming findings. Single mothers have been found to be more likely than their married counterparts to report having children in fair to poor health. They also tend to have lower educational levels, less insurance, less income, less interpersonal support than those who are married, and tend to work in lower paying service sector positions with little opportunity for advancement (Allen, 1994; Hahn & Schone, 1996). Those who do rise above the poverty line through employment or post-secondary education, are more likely to have acquired professional qualifications, making them eligible for higher paying work (Hunsley, 1997).

Coiro (2001) explored the mental health of single African American mothers receiving welfare (n= 173). After completing a baseline questionnaire, participants were given a series of questionnaires at approximately three months and 24 months, measuring maternal depressive symptoms and its correlates, socio-economics, social support, stressors, and welfare-to-work activities. Using linear regression, the researcher found that mothers who received welfare reported significantly more mental health concerns, including depressive symptoms, increased levels of stress, and a lack of social support. Coiro (2001) also noted the need to support women in such circumstances as to do so would also be addressing the possible health concerns of their children. Women who attain post-secondary education are attempting to break this cycle of poverty and place

themselves and their families in better economic circumstances.

Women's poverty affects the health of the family unit and is increasingly associated with poorer health outcomes for both children and families (Allen, 1994; Avison, 1996; Newacheck, Stoddard, Hughes & Pearl, 1998). These outcomes include low birth weight babies, chronic health and psychological problems, lower self-esteem, abuse, and numerous other possible negative outcomes for both mother and child (Hall, Sachs, Rayens & Lutenbacher, 1993; Hunsley, 1997; Lutenbacher & Hall, 1998; Newacheck et al., 1998). Fleming and Charlton (1998) noted an increase in accidents, decreased immunization rates, and increased consultations with a health practitioner for children living in a household with one adult. Also of concern are the implications for the future health and well-being of children living in poverty.

Using focus groups, Williamson and Drummond (2000) interviewed 65 parents of children enrolled in the Head Start programme for 'at risk' children in Alberta during 1997-1998. These low-income families identified a lack of finances as being a significant barrier to promoting and maintaining their children's health. Financial resources affected: whether parents had the ability to buy medications and pay for treatments; whether parents could access transportation to take children to various services; whether parents could afford to place children in extra curricular activities and programs; and whether parents had enough money for quality housing, food, and clothing.

McIntyre, Officer, and Robinson (2003) explored low-income single mothers' experiences in feeling poor. The research was conducted in Atlantic Canada in three

phases. In the first phase, single mothers (n=141) were asked to complete a 24-hour food recall four times a month by responding to questions concerning their food intake via face-to face or telephone interviews. In the second phase, 24 women were recruited to participate in face-to face semi-structured interviews concerning their issues with providing nutrition to their families. In the final phase, feedback was collected from participants who attended meetings during which results from the previous phases were presented. The participants were very open to discussing how being poor affected their ability to provide the very basics in terms of nutritional sustenance. The researchers identified a number of feeling domains that represented the experiences of these single mothers. Included in these were feelings of deprivation, guilt, isolation, dependency, and despondency.

These issues, while not confined to any one particular developed country, are quite prominent in capitalist societies. A significant number of Canadian children live in poverty. According to the 2001 Census, 29% of all children under the age of 18 lived in low-income situations at one point during the 1996 to 2001 period (Statistics Canada, 2004b). These children are poor because they live in poor families. Given the strong relationship between socio-economics and health, the fact that a country like Canada has such high child poverty rates is cause for concern.

Campaign 2000 (2004) released a document discussing the issues and possible solutions concerning child poverty in Canada. The report emphasised that despite the goal of the Canadian government to end child poverty by the year 2000, little gains have been made. In fact, the financial situation for families headed by single mothers, as well

as child and family poverty rates, are worsening. The authors recommended various interventions that could aid in the reduction in some of these outcomes. These included an increase in the minimum wage, improved child benefits, increased meaningful, reliable employment, more accessible and affordable childcare and housing and increased social transfer payments. In particular, social transfer payments could contribute to improved social services programming and increased student aid, lower tuition fees and improved access to post-secondary education.

Countries that have a greater ‘social safety net’ of support are less likely to have people in low income situations (Canadian Institute for Health Information, 2004), have decreased rates of child poverty, have increased participation of women in the workforce (Ruspini, 1998) and have improved self reported health by single mothers (Lahelma et al., 2002). Social funding initiatives have been supported by reports such as the one compiled by the Federal, Provincial, and Territorial Ministers Responsible for Social Services (2003) that highlight the significant positive benefits of quality social programming on the health of children. Consequently, maternal-child outcomes are improved in countries where women are adequately educated and have some sense of control over their lives, and the lives of their children (Caldwell & Caldwell, 1991; Wuest et al., 2002).

Of significant concern is a very large group of “working poor” single parents who cannot afford needed services, particularly post-secondary educational services. Single mothers with limited incomes who are attempting to finance their education may not be able to avail themselves of needed health promoting services. Beyond financial

considerations, services may not be physically available at a particular place and time. A free service could exist but the individual may not have the means to travel to its location. Single mothers in full time university studies may not be able to take the time away from classes, studying, or writing papers to care for their families. The attitudes and values of both health care workers and the individual in need can also affect whether there is an actual or perceived obstacle to access (Stewart, 1990). Individuals and families supported by social assistance must also endure the associated social stigma. If the experiences and concerns of single mothers are not identified, respected and valued, then there is a high likelihood that they will not avail of the service again in the future. This may be especially true for women pursuing post-secondary education.

Reutter, Neufeld and Harrison conducted two literature reviews to examine the research on the health status of low-income women (1998, 2000). One of the reviews specifically focused upon 26 peer reviewed articles examining Canadian women (Reutter et al., 2000). Based on this review, the authors concluded that there is a need for future studies targeting low-income women. These studies would facilitate the full participation and verbalization of the concerns and needs of this population, thus giving them a strong voice in the research process. It was advocated that this research must be conducted valuing the individual experiences of these women and the social context in which they live. Through such participation, single mothers would be given the opportunity to share their varied issues, concerns, and strengths.

### ***Social Support Research***

Social support is “a combination of a person’s perceptions of support, the belief

that the support is personally satisfying, and the actual provision of services” (Duffy & Smith, 1990, p. 277). Social support from families, friends and communities, is linked to improved health. It has been suggested that social support is as important in a discussion of health as the inclusion of physical factors such as smoking, obesity, and hypertension. Social support acts as a buffer against stress, improves personal coping skills, promotes self-esteem, and increases one’s sense of control over life circumstances and level of self-care. Through the provision of support, people tend to feel respected and cared for (Federal, Provincial, and Territorial Advisory Committee on Population Health, 1994; Stewart, 1990, 2000).

Social support needs of single mothers include emotional support, financial support, having an intimate relationship, time for self, access to child care, an amicable relationship with one’s ex husband, and career and household help (Duffy, 1993). Arguably, these needs also apply to those returning to post secondary studies. A significant portion of the literature available concerning single mothers deals with social support and the actual or perceived lack thereof (Boutsen & Colby, 1991; Duffy, 1993; Duffy, 1994; Duffy & Smith, 1990; Ford-Gilboe, 1997; Friedemann & Andrews, 1990; Goldberg et al., 1992; Sachs et al., 1997; Whall & Loveland-Cherry, 1993). For example, in a previously reviewed article, Vozoris and Tarasuk (2004) found that the results of the Canadian 1996/1997 National Population Health Survey indicated that individuals in low-income situations reported receiving less social support than those in higher income brackets. This has significant implications for single mothers in low-income situations.

In receiving social support, an individual must first perceive a need for support and be willing to accept it. In turn, there must be some source of support available and accessible to the single mother (Duffy & Smith, 1990). The presence or absence of support can have a significant impact on the health and well being of the single mother and her children. For example, the reporting of health concerns may be decreased for women who have a positive relationship with and help from supportive individuals (Friedmann & Andrews, 1990; Williams & Lawler, 2001).

Society has a propensity to inflict feelings of guilt and shame on single mothers. While social support may be available, women may be hesitant to seek assistance because they fear that they would be perceived as unable to adequately care for their children. Some actually believe that their children will be removed from the home if they express concern (Sachs et al., 1997). These scenarios exist despite knowledge that the well-being of single mothers and their families is improved if social support is available (Duffy, 1993).

Wijnberg and Weinger (1998) interviewed single mothers (n= 41) who were full-time mothers, students, part-time workers, or full-time workers. The questions these women were asked in the one-on-one interviews centered on their future aspirations, the resources they sought, the resources available to them, and the usefulness of the resources in assisting them to fulfill their roles. While there were varied supports available, student single mothers indicated that they had conflicting views about their support networks. For example, participants indicated they had practical support such as childcare and transportation, but little emotional support. While important, this practical support did

not compensate for their emotional needs. They reported, “yearning to feel connected, cared about and validated by their social network” (p. 215). These participants described having hope for the future; being optimistic, goal-oriented, and committed to activities; and anticipating new opportunities for the future. However, they were also the most stressed and reported a great fear of failure.

In another study, Wuest et al. (2003) used feminist grounded theory to examine the concept of ‘intrusion’, a negative dimension of social support, as being the most significant problem in health promotion with single mothers and their families who have left abusive situations. Canadian single mothers (n= 36) participated in two interviews, either alone or with their children (n= 11). Of particular note were the issues surrounding the search for and receipt of assistance. These ranged from experiences with food banks, to interactions with family members, and to the legal system. These single mothers discussed how they felt belittled and judged in seeking assistance from community and government services. The process of repeatedly disclosing personal information to obtain and justify their need for help was demoralizing and isolating.

### ***Education and Health Related Research***

Health status improves with increasing levels of education (Denton & Walters, 1999; Rahkonen, Lahelma & Huuhka, 1997; Vissandjee et al., 2004). Canadians who do not complete high school are twice as likely to report fair to poor health than those with post secondary education or higher (Statistics Canada, 2003). Obtaining higher education improves opportunities for higher income, job satisfaction, employment security and stress reduction. It also facilitates a greater sense of control over one’s life

circumstances. With education, one is better equipped to solve problems and to access and understand information, especially information pertaining to health promotion and maintenance. In addition, higher education is associated with higher socio-economic status, which has already been identified as a major determinant of health in any population (Federal, Provincial, and Territorial Advisory Committee on Population Health, 1994).

Many Canadians view post-secondary education as a means to obtain a secure income and freedom from poverty. However, the processes that impede or enable individuals, such as a single mother, to achieve their educational goals remains unclear. Nord, Moore, Morrison, Brown, and Myers (1992) examined research related to adolescent parenting and concluded that adolescent single mothers were at a significant risk for not achieving their educational goals and for consequently living in lower socio-economic brackets. More research is needed to identify the enabling factors for older single mothers in educational settings. In particular, there is a dearth of research pertaining to the issues affecting older single mothers who are in post-secondary institutions, resulting in a limited understanding of their needs, including their health needs.

Walls and McPhee (2000) conducted a small qualitative study (n= 6) examining the experiences of female nurses in post-secondary educational settings. The data were obtained through written responses, informal interviews, discussions, and personal reflections. It should be noted that all these women were married. The participants reported that the time commitment involved with post-secondary education was quite

significant and took away from time available to spend with family. Coping with their studies required considerable balancing of time, resources, and schedules. For women who did not have reliable and consistent family incomes, their ability to cope was compromised by a lack of support and financial resources. They noted that instructors sometimes had unrealistic expectations of these women in terms of their academic performance. However, the participants described enjoying the opportunity to engage in higher education and took pride in their achievements. The authors stressed that in order for women in similar circumstances to be successful, organizations such as academic institutions must take into consideration the needs of mothers. It would be erroneous for these organizations to expect women to fail to meet their family and other personal obligations in their pursuit of post-secondary education.

Of particular local interest is a report compiled in 1991 by the Committee on Post Secondary Education for Single Parents. The issues raised by single parent students included the following: insufficient financial assistance; delay in grant assistance; child care costs; the costs of books and school supplies; lack of adequate and affordable housing; and transportation. This report did not specifically target the unique concerns of single mothers in university educational settings, nor did it attempt to gain an insight into the meaning of their experiences. It did, however, make a number of recommendations to government concerning the circumstances under which many single parents were living and included suggestions to address the concerns raised. These recommendations focused primarily on addressing the financial concerns that single mothers encounter in pursuing post-secondary education.

The Hoops and Hurdles Research Project (1995) conducted by the School of Social Work at Memorial University of Newfoundland in conjunction with Single Mothers Against Poverty, examined the issues of student single mothers in post-secondary educational institutions. Forty-seven women were interviewed, representing single mothers enrolled in Memorial University and Cabot College (presently known as the College of the North Atlantic). Participants responded to questions concerning their incomes, transportation issues, accommodations, childcare, and educational progression. The issue of most concern was income, which was felt to be inadequate to meet all their needs. Using a five point-rating scale, one third of women reported feeling either 'dissatisfied' or 'very dissatisfied' concerning their educational experiences. This discontent was also associated with having lower incomes, having two or more children, and receiving decreased levels of support from their peers.

Brown and Barbosa (2001) examined some of the obstacles that women face in becoming more self-sufficient. Their sample came from a group of women attending an occupational skills and health information centre for women in low income, unemployed, or underemployed situations moving into the workforce. The researchers first asked a group of 15 women to describe the challenges they faced in striving for self-sufficiency. The discussions were analyzed and themes identified. These themes were then presented to a second group of 20 women who validated and expanded upon the data. One of the barriers identified was a lack of self-esteem, especially in relation to school. Many women described negative experiences in the school system, which contributed to low self-efficacy and poor self-esteem, especially with respect to their ability to learn and

make decisions. These participants also felt they were very limited in terms of the personal options available to them. For these women, achieving educational goals appeared to be beyond their reach.

A number of studies have examined the relationship between factors such as single parenting, low-income, and the ability of single mothers to obtain and sustain meaningful employment. Unfortunately, obtaining employment does not necessarily ensure improved health and access to health services (Kneipp, 2002), nor does it automatically mean freedom from poverty (Lundgren-Gaveras, 1996), particularly for those lacking post-secondary education or training.

Many families who do have employed members continue to exist below the poverty line. Full or part-time minimum wage employment is not enough for a family to rise above poverty (Allen, 1994). Morris and Michalopoulos (2000) in their report on the Self Sufficiency Project (SSP) discuss such issues. The SSP was a project funded by Human Resources and Development Canada (HRDC) and managed by the Social Research and Demonstration Corporation (SRDC). A sample of Canadian single parent families (n=5686) receiving income assistance was selected. These families were assigned to a program group (n=2859) or control group (n=2827). Single parents in the program group worked full time (at least 30 hours per week) and received an income supplement in addition to their earnings. Despite obtaining employment and receiving this income supplement, 78.1% of single parents in the program group had an income that was below Statistics Canada's low-income cut off. This is in comparison to 86.8% of those in the control group.

Employed single mothers often face additional stress in the form of increased role responsibility. Not only is the woman the sole caregiver, but she is also the sole provider of financial support for the family. As well, work absenteeism has been found to be higher for women with young children (Vistnes, 1997).

Despite its challenges, employment for single mothers has been associated with positive outcomes for children. For example, Youngblut et al. (2001) explored this relationship in their study of 121 female-headed single parent families. Approximately half of these families (n= 60) had pre-term preschoolers, while the other half (n= 61) had full-term preschoolers. The children completed tests measuring their cognitive functioning, their verbal abilities, and their behavioral issues. As well, data were collected from the mothers concerning their employment history, their concerns regarding any discrepancy between their desired and actual employment and their relationship with their children. These researchers found that children of employed mothers demonstrated significantly higher scores on cognition and achievement tests than those who had mothers who were unemployed. It was postulated that the beneficial effect was not due directly to the employment but due to higher income and feelings of self-worth. The pursuit of post-secondary education could further contribute to these positive outcomes.

Removing oneself from social assistance, pursuing educational opportunities, and searching for employment can be a source of additional stress. Some educational and training programs are available for welfare recipients only, thus reducing the options for women who are not receiving social assistance but nonetheless lack financial resources.

Conversely, if funding is available, the educational and training programs may not be offered. Women may also need to upgrade their skills and gain more confidence prior to entering post-secondary education. Women need strong support during and after enrolment in such programs to facilitate their continued success (Brown & Barbosa, 2001).

### *Summary of Literature Review*

This literature review examined research that explored various health determinants, including gender, family structure and dynamics, socio-economics, social support, and education and how they relate to single mothers in the university setting. While this review may have certainly placed a great amount of emphasis on actual and perceived gaps in health and well-being, there was no intent to proclaim that all low-income family environments, including those headed by single mothers, are less than optimal for women and especially children.

It can be concluded that that single mothers face considerable stressors in choosing to pursue post-secondary education and in maintaining their momentum once they have initiated the process. As a result, there may be a perception in the literature that higher education may be unattainable for single mothers (Brown & Barbosa, 2001). However, little research has been conducted to examine the experiences of single mothers who do persevere, cope with their daily challenges, and exit from low-income situations through the pursuit of higher education. Complicating this research gap are health care providers who tend to focus solely on the dysfunctions and distress of single parent families and not their strengths (Butcher & Gaffney, 1995). The literature has suggested

the need for a better understanding of the issues facing these families and how health professionals and society at large can act to reduce the barriers and challenges they face. There is a great need to explore the motivation, strengths, needs, health, and well-being of women who decide to devote years of their lives and thousands of tuition dollars, to the pursuit of a university degree.

## CHAPTER 3

### Method

Two interrelated philosophical ideologies have guided me in this study: phenomenology and critical social theory. A phenomenological approach to focus groups as outlined by Calder (1977) guided the data collection phase. It ensured that the questions guiding the focus groups, as well as the data analysis, supported and respected valuing by women. It also acknowledged my values, assumptions, preconceptions and past personal experiences as a researcher, which is essential to a phenomenological approach. In accomplishing this goal, I was able to identify factors that can affect how the data were approached and interpreted. This process can greatly reduce the potential influence of such biases (Beech, 1999).

Critical social theory provided a contextual background for the data analysis. Its use is particularly helpful in nursing research. Social, cultural, political, and economical factors often interact to influence health options and practices of various populations. In doing so, peoples' health is often compromised. Nursing performs an emancipatory role in identifying such biases that are often inherent in society and within research and theory generation (Forbes et al., 1999).

#### *The Phenomenological Approach*

The phenomenological approach aims to discover and describe the meanings of ordinary life experiences. It is very much a reflective process. The researcher assists the participant to reflect upon his or her life experiences and describe these experiences in dialogue with the researcher. This method does not seek to identify a cause and effect

relationship, but aims to reveal the nature of a phenomenon as it is experienced and described (Boyd, 2001; Parse, Coyne & Smith, 1985; Shapiro, 1985).

The descriptions of life experiences are considered the data. The expansive nature of stories, interviews, and conversations are necessary as no single statement can fully capture the essence of these life experiences (van Manen, 1990). In reviewing the transcripts of focus groups, themes emerge. These are identified and labelled, giving meaning to the patterns emerging in the data. This label is often assigned using the terminology coined by the research participants and may be viewed as commonalities in the various descriptions gathered. In grouping the data, an understanding of the experiences and their meanings is better achieved (Ray, 1994). While assigning data to various thematic categories may appear to be reductionistic, the process aids in “capturing the phenomenon one tries to understand” (van Manen, 1990, p.87). Analysis of the data is complete when patterns are consistent, appropriate and understandable.

Annells (1999) identified four main categories that summarize the purpose of phenomenological nursing inquiry. Of interest to this study is the need to develop an understanding of the oppressive and suppressive influences on an individual’s, family’s or population’s sense of well-being. These include factors such as “culture, economics, moral / ethical stances, gender, politics, and traditions” (p. 6). Such factors closely link phenomenology with critical social theory which “advocates enabling people to become free of, or affected less negatively by, these forces” (p. 7).

### ***Critical Social Theory***

Scholars in Frankfurt, Germany first developed critical social theory in the 1920s.

Its foundations are rooted in phenomenology, existentialism, and the works of Karl Marx and Sigmund Freud (Duffy & Scott, 1998). Within critical social theory is the belief that society can be changed, often through social and environmental analysis (Rasmussen, 1996). In order to achieve this level of analysis, individuals must begin with self-reflection. People are components of the larger social system, but in order to examine society on its grander scale, one must first begin with oneself. From this enhanced self-awareness, one may better understand how one's characteristics interact with, and influence, one's views of society.

Once a higher level of self-reflection is achieved, there is freedom to engage in meaningful action. The concept of freedom is threaded throughout critical social theory, particularly in the form of emancipation. The extent to which a society is emancipated is evident in the level of democratic rights and freedoms that it holds dear. Freedom involves the belief that all individuals have a basic right to self-determination and the right to be free from oppression (Bohman, 1996).

In using such a theory to provide a background for research, the investigator must value its core components. The researcher is essentially, a participant (to some greater or lesser extent) in the research and is considered part of the data. Like phenomenology, the researcher does not set out to control the group or restrict the information provided by participants. His or her intent is to explore and understand the values, attitudes, and behaviours of the participants in an open and accepting environment (Booth, Kenrick & Woods, 1997).

Critical social theory is often used in studies dealing with marginalized

populations who have experienced oppression of some sort (Bent, 1993). It challenges health professionals to closely examine the socio-cultural influences that result in such an actual or perceived inequality. There is a link between individual choices, lifestyle, behaviours, and the opportunities and options that actually are, or are perceived to be, present (Forbes et al., 1999). If individuals perceive a lack of opportunity for engaging in healthy behaviours, often they will not. Nursing, in particular, has many goals that are interrelated with those of critical social theory. Both entities are “emancipatory in so far that they are aimed towards the greater common good” (Browne, 2000, p. 43).

### *The Use of Focus Groups*

Focus groups were used to explore the health needs of single mothers in post-secondary education. This research method allows for group interaction and “a greater insight into why certain opinions are held” (Krueger, 1994, p. 3). The objective of a focus group is to “acquire a set of responses from a group of people familiar with a topic, service, experience, or product being discussed” (Zemke & Kramlinger, 1982, p. 85). Created in the 1930's after the use of direct interviews was seen as too imposing and directive, focus groups were primarily used in product marketing. They offered an opportunity for companies to ask questions regarding their products to consumers, and to receive information on how they, the companies, could improve. Recently, investigators in the area of social studies and other disciplines have increased their use of focus groups in conducting research (Krueger, 1994).

In examining the use of focus groups, Calder (1977) discussed the presence of two types of knowledge, with everyday (first-degree construct) being of particular

relevance to my study. Everyday knowledge is based on the everyday reality and experience of an individual. Calder proposed that the world of everyday knowledge could be studied using a phenomenological approach to focus groups. Through focus group discussion of the participants' perceptions of a prescribed topic, rich qualitative data can be collected that assist the investigator to look for patterns (Thornton, 1996). These "patterns of experience" (Zemke & Kramlinger, 1982, p. 85) allow for emergence of various themes that aid in further understanding of the topic.

In a focus group, the research instrument is the moderator. The role of this individual is to provide an environment conducive to facilitating discussion between and among participants (Calder, 1977). The participants are encouraged to express their viewpoints and experiences without fear of pressure to conform, or fear of disapproval from others (Basch, 1987; Krueger, 1994). Not only is this permissive, informal social context important in supporting a phenomenological approach to focus groups, but it also promotes the ideals of critical social theory. It encourages a level of self-reflection and awareness that may not be achieved through alternate methods of data collection. The objective is to provide an open, accepting environment, allowing participants to feel empowered to freely express their thoughts, feelings, and concerns. This can be especially beneficial when conducting research with vulnerable or marginalized groups. Key elements in the discussion are analysed to provide information as to how the topic of discussion is perceived.

The participants' attitudes and perceptions about the topic of discussion can be facilitated through the synergy of the group. This process allows the researcher to gain

some understanding as to how the group feels about the issue, a perspective that cannot always be obtained through the use of surveys and questionnaires. The groups continue until “the moderator can anticipate what is going to be said” (Calder, 1977, p. 361). This usually happens around the third or fourth group, which is generally adequate for accessing patterns and identifying themes.

According to Zemke and Kramlinger (1982) there are three main phases to focus group research. The first phase, planning the group, involves defining the problem to be explored, identifying and meeting with the specific population of people who would have some understanding of this issue and developing the interview outline. The second phase involves conducting the group. In the third phase, the results are compiled and analysed.

The researcher first transcribes the tape-recorded data. These transcripts are reviewed while the researcher listens to the tape recordings of the groups, thus ensuring accuracy in the transcription and strengthening the understanding of the meaning behind the discussion. At this point, the researcher begins to internalize the data through rereading the transcripts, making notes concerning any observations and photocopying the transcripts. From these photocopies, sections of the conversation that capture the feelings, concerns, and issues discussed are cut from the transcripts and placed into envelopes. These envelopes represent various categories or topics. Once this process is completed, the sections of dialogue in each category (envelope) are reviewed repeatedly and themes emerge. The themes are then further reviewed to ensure that there is an accurate representation of the meaning in the discussion. The report is written and the findings disseminated.

Focus group research has a number of advantages. It promotes an open discussion that has the potential for rich data to be obtained. The researcher is allowed to delve further and search for meaning behind various comments that may be made. The group's discussion is conducted in a manner that promotes free self-expression and elaboration of viewpoints (Basch, 1987; Calder, 1977; Goss, 1998). This honest and open commentary promotes high face validity, meaning that the results of focus groups generally seem reasonable and believable (Krueger, 1994).

A number of limitations also exist with focus groups. The moderator/researcher must be aware of his or her own biases and misconceptions regarding the study group. Any bias on the part of the moderator/ researcher may influence the interpretation of the results. Consistent with phenomenology, these self-biases must be identified and put aside as much as possible. This process is known as bracketing. Bracketing continues while obtaining and analysing the data, taking into account the researcher's preconceived notions. The moderator/researcher may minimize this influence by asking for additional sources of data interpretation. This includes contacting research participants or colleagues and engaging them as partners in the data analysis. In doing this, the validity and objectivity of data interpretation is enhanced (Paley, 1997).

The moderator/researcher has less control in focus groups than with individual interviews. However, this does not suggest that no control exists. Sim (1998) describes the interaction between the moderator/researcher and the group as a "delicate balance" (p. 347). The use of a list of key questions helps keep the groups attuned. The data are more difficult to analyze in the sense that the social environment must also be considered in the

analysis. Focus groups may also be difficult to organize especially with the increased number of participants and environmental conditions that must be in place (Krueger, 1994).

### *Participants*

Participants were recruited from Memorial University, a post secondary educational institution in St. John's, using purposive sampling (Polit & Hungler, 1995). Memorial University's administrative representatives in the department of Student Affairs and Services were contacted for approval. Letters of correspondence are included in Appendix A. Once this was completed, campus groups including Student Parents at MUN (SPAM), Students Older Than Average (SOTA), Memorial University Student Union (MUNSU), MUNSU Day Care Centre, Student Housing and Food Services and The Centre for Nursing Studies (a college affiliated with Memorial University) were contacted. Through their representatives, students were informed of the project and asked to participate. Flyers outlining the study were posted around the campus. These flyers provided my phone number, pager number, and e-mail address so that individuals could obtain further information regarding the study. A copy of the flyer is provided in Appendix B.

Interested individuals who contacted me were provided information regarding the study, including a review of the consent form. This was achieved during telephone or face-to-face discussions. Participants were also offered the opportunity to review the consent form in person, allowing them ample time to review it without pressure. A copy of the consent form is included in Appendix C.

Criteria for inclusion in the research project included the following:

- < mother of single parent families
- < separation from partner for at least one year
- < unmarried and not living in a co-habiting relationship
- < physical custody of at least one child
- < be able to speak and read English
- < over the age of 19
- < full time enrolment in university
- < a willingness to participate

The criterion referring to co-habitation was removed in one case to allow the participation of an individual who, although she was in a co-habiting relationship at the time of the group, could adequately reflect on her experiences as a single mother prior to this situation.

If the individual was willing to participate and met the inclusion criteria, I requested information regarding the participants' schedules, and later contacted and informed them of times that focus groups were being held. I gave careful consideration to schedule times that allowed single mothers to participate with the least amount of interference with other commitments (Krueger, 1994). For example, with this student parent population, groups were not scheduled during the mid-term or final exams.

Prior to starting each focus group, participants had their role in the project clearly explained and were informed that they could refuse to participate at any time. Reminder

phone calls were made to each participant the day before the focus group (Krueger, 1994). If an individual did not have access to transportation to the focus group, or experienced difficulties in obtaining childcare services, I provided reimbursement for cab fare and sitters.

Initially, the target recruitment numbers for each group was six to eight, with the aim of conducting four focus groups. Krueger (1994) recommends focus groups consisting of five to seven participants. Zemke and Kramlinger (1982) recommend no fewer than five and no greater than twelve. These small numbers allow for facilitation of conversation and are easier to manage (Stevens, 1996). However, aiming for a recruitment of eight per group allowed for flexibility if participants decided to drop out of the project after initial consent and assignment.

During the process of recruitment, many challenges were faced. I did not obtain numbers that would permit such a large group size. All attempts were made to schedule between four and six participants for each group. However, attrition was high and focus groups were frequently rescheduled due to lack of participants. I continued to liaise with various student groups, particularly those with high female/single mother membership. Posters continued to be posted and re-circulated. The various academic departments who were contacted and informed of the project offered support. Information about the research project was provided in classroom settings. Meetings were held with the administration of MUNSU Day Care Centre (the campus child care centre) and support for the project was obtained. Information regarding the research project was provided to parents through the administration and flyers were also posted in prominent areas of the

Centre. Despite this strategy, focus groups contained between two and four participants. The target number of focus groups was four, as supported by Calder (1977), and Krueger (1994). It was anticipated that by the completion of the fourth focus group, repetition in participants' responses would occur, resulting in data saturation.

### *Setting*

The location of the focus groups was carefully selected. It was located on the university campus, was easily recognized and easy to find, free of distractions, included ample, although not free, parking, and was directly located on a number of major bus routes. In addition, the location was in an area of campus that was not affiliated with any one particular academic or administrative department (Zemke & Kramlinger, 1982)

Quality audio equipment obtained from the Centre for Audio Visual Equipment at Memorial University was used for recording the discussion, thus aiding the subsequent analysis process. The room itself was suitable for such a meeting. The chairs present were comfortable and arranged in a circular fashion, allowing people to face each other and make eye contact. Stationery and pens were distributed and participants were encouraged to write down points for discussion. A large table was also provided to allow participants to lean forward, make notes and feel less body conscious. Equal spacing between all participants sitting at the table was facilitated. During the focus groups, refreshments were made available and placed on the table for free access to all (Krueger, 1994; Zemke & Kramlinger, 1982).

### *Data collection*

In keeping with the phenomenological approach to focus groups, participants

were asked to discuss their experiences and their perceived health needs as single mothers in full time university studies. As recommended by Zemke and Kramlinger (1982) discussion was initiated by asking a broad question “What it is like to be a single mother and a full-time university student?” This aided in focusing the group on the general topic of discussion at the onset of the conversation, yet was broad enough not to restrict participants’ responses.

More direct questions were generated and asked once the discussion began to flow. A list of questions that guided discussion of these issues is provided in Appendix D. This interview guide assisted in providing an outline of questions that could be used to stimulate discussion. It helped to keep me focused on the discussion and served as a reminder of what were appropriate and inappropriate questions to ask. However, I did not rely solely on a rigid list of questions, but accepted the participants’ responses and acknowledged their value, whatever the outcome (Thornton, 1996). The discussion was audio taped using the equipment available in the room. I also made notes as the discussion progressed, after the group and during the transcription process. These notes were analysed in addition to the taped data (Zemke & Kramlinger, 1982).

Morgan (1995) recommended that questions could be pre-tested with individual interviews prior to using them in the focus group setting. In preparing these questions, I consulted with student groups such as SPAM in addition to conferring with the thesis committee members who had experience with focus group research. The questions were then successfully used in a pilot focus group. The findings of this pilot were used in the data analysis, with permission from the participants as they included rich commentary

from the participants.

### *Data analysis*

Focus groups provide qualitative data that allows for insight into the perceptions, feelings, and opinions of the participants. The method used for this study primarily followed the process by Zemke and Kramlinger (1982) and was informed by Calder's (1977), Krueger's (1994) and Morgan's (1997) approaches. The information was analysed inductively, based upon the discussion, not on hypotheses or theories and keeping in mind the key concerns of phenomenology. Data analysis began as soon after the focus group as possible to facilitate an accurate reflection of the events. I first transcribed audiotapes personally. These transcriptions were then read thoroughly and coded, making note of any themes that emerged. This occurred as repetitive comments, statements, or concerns that were common throughout all of the focus groups. This process continued until all of the data were absorbed (Torn & McNichol, 1998).

Attention was not only given to the wording, but also to the context in which it was said (Morgan, 1995). Each statement and code was re-examined carefully and categorized under a broader theme. Notes that dealt with ambiguous questions or comments and other relevant observations were analysed in conjunction with the taped data. Meetings were also held with the thesis committee, during which debriefing and review of the focus group discussion and thematic coding were conducted. Engaging in this collaboration minimized biases and enhanced the validity of the data (Polit & Hungler, 1995). This method of using transcript-based analysis is the most rigorous method of analysing data obtained from focus groups (Krueger, 1994). Demographic

data were also collected and analysed for this study using a list of questions as provided in Appendix E.

### *Credibility*

According to Krueger (1994) it is quite appropriate for focus groups to be used to gain an increased understanding of the needs of a population. As with any research relying on self-reports, there is concern that people may be affected by feelings of discomfort participating in group discussions. There is always the worry that participants may provide socially desirable responses to questions. However, focus groups do, in fact, have high face validity in that the comments made by the participants are generally authentic. Krueger (1994) warns that the information obtained from focus groups cannot be generalized and should be scrutinized and re-examined through other forms of research. Conversely, Morgan (1998) believes that focus group research has enough strength to be credible as a stand-alone approach.

Calder (1977) states that the “greatest threat to qualitative research findings [is] not lack of generalizability but lack of validity” (p. 363). The credibility of phenomenological research is increased through a number of means. For example, I had extensive exposure to the data, achieved through doing my own transcribing, followed by multiple readings of the transcripts with careful scrutiny of the findings. Attempts were made to contact participants to discuss and validate the findings. As well, the identification of themes was made using the participants’ own terminology (Thomas, Smucker, Droppleman, 1998). The findings of focus groups do tend to be valid in that similar information and patterns emerge from conducting different groups in a variety of

settings (Kidd & Parshall, 2000).

‘Scientific rigor’ is also a concern with qualitative research. Some critics discredit the value of such studies as they think that they are not reproducible and therefore not reliable. Obtaining a true representation of a phenomenon in qualitative research is sometimes viewed as questionable in that it is challenging to verify it (Sandelowski, 1986). Supporters of qualitative research acknowledge the value in obtaining such rich, individualized information and understanding. Krueger (1994), Paterson (1994), Sandelowski (1986) and Schutz (1994) explored the issue of rigor in qualitative studies. While one of the benefits is the ‘closeness’ achieved through the meaningful interactions and self-disclosures made in the interviewing process, researchers must exercise caution in adversely influencing the data collection and analysis. This intimacy can enhance participant interaction in increasing the perception of trust and conveyance of empathy by the researcher. However, care must be taken to reduce the effect of personal biases or feelings in how questions are presented, how one reacts to comments made by the participants, and how one interprets the data. I had to be acutely aware of any possible preconceptions I held regarding student single mothers from my own personal and professional life.

In this focus group study, all comments, both positive and negative, were encouraged, and judgement was not passed regarding the discussion. I was also aware of the non-verbal indicators such as facial expressions and other body language that I portrayed, as this could send a message to the participants and influence results. Focus groups were conducted in a consistent manner and assumptions about the groups were

not made. The goals of the study were clearly outlined, thus reducing the perceptions that some participants may have had that the findings would be used for some negative means. As well, qualitative research must acknowledge the norms of the group being interviewed. All the participants, though sharing the common characteristic of being single mothers who are in full time university studies, have different life experiences and their individual feedback was encouraged. Powers issues between the participants and myself were minimized, as I was not in a position of power or influence over the participants, nor did I attempt to portray myself as such (Booth et al., 1997).

### *Ethical considerations*

It is generally recommended that participants should not be familiar with each other or with the investigator prior to the focus group as it may impede full self-disclosure. However, this may not always be possible. In order to stress the importance of confidentiality and facilitate discussion, all participants were asked to sign an oath of confidentiality before the focus groups began (see Appendix F). This form was on carbon copy paper and once signed, each participant was given a copy for her records. In addition, I stressed at the beginning, throughout and at the end of each group, that confidentiality was crucial. Ground rules, clearly stated at the beginning of each focus group, were also constructed to help guide the flow of the discussion. This included items such as stating the need to allow for one person to speak at a time, to respect the comments and feedback of others, and not to criticize what others were contributing, but to feel free to present varying viewpoints as necessary. In moderating the groups, I acted to direct the flow of discussion and ensured that all of the single mothers had an

opportunity for participation.

Copies of the consent form were made available to all participants. A meeting or telephone discussion was arranged to discuss the project, review the consent form, and to adequately determine the individual's suitability for the project. The consent forms were given to each participant after they had expressed initial interest in the project. Time was allotted for each individual to read the form and ask any pertinent questions.

The potential risks of participating in the focus groups were discussed. I acknowledged that participants might feel uncomfortable with discussing personal information in the group environment. As well, I explained that sensitive information could result in emotional upset for some. If someone did become upset, I was prepared to stop the discussion and ask the participant if she wished to continue. If she was unable to decide, I would have suggested that it might be best that she remove herself from the discussion. In addition, I was prepared to assist in determining what supports participants had in place that could be helpful in dealing with their concerns. If these did not exist, a referral process to a counselling centre was set up so that if anyone felt she needed to seek professional help, assistance would be facilitated. It was acknowledged that synergism could occur in the focus groups, with the participants disclosing more information than they may have initially intended (Smith, 1995). I was quite aware of my ethical responsibilities in terms of reportable concerns such as child abuse issues that could possibly arise in such a setting.

Approval from the Human Investigation Committee at Memorial University of Newfoundland was obtained prior to the commencement of the study. A copy of the

Human Investigation Committee's approval letter is included in Appendix G. All information from the study, including the data, demographics, copies of the consent form, oath of confidentiality form, and any other information that could identify the participants, were kept in a locked cabinet in my home and accessible only by myself. Participants' names were not included in the transcripts. In addition, any material with names was secured and kept separate from the data. The data will be stored for a period of five years after publication of findings.

## CHAPTER 4

### Findings

This chapter presents the findings from the four focus groups conducted to explore the experiences and perceived health needs of single mothers enrolled in full-time university studies. It is divided into three sections. First, the participants will be introduced. Secondly, a description of identified themes will be presented. Thirdly, information that was not included in the thematic analysis, but provided a context for the participants' experiences as students and single mothers, will be considered.

#### *Introduction to the Participants*

Four focus groups were conducted, with a total of eleven participants (n=11). A Demographic Data Form was used to obtain participant information (Appendix E). All participants were single mothers. Their ages ranged from a 20 to 24 year old grouping to a 40-plus grouping, with the majority of the participants being older than 30 (n= 8). Years in university ranged from one and one half to nine years. The majority of individuals were in university for more than three years (n= 7). The programs in which they were enrolled included the arts, social studies, and human sciences. The number of children ranged from one child per family to five, with the ages of these children ranging from preschoolers to young adults. All women had children who were under the age of majority.

These single mothers identified a number of income sources. They included student loans (n= 8), parental support (n= 8), study grants, child tax benefits and social assistance (n= 3). Of note is the fact that while only three women identified social

services as a source of income, most of the women who participated in the focus groups described having experiences with income support. The household incomes of these women were generally low. Five reported an annual income of \$10,000 to \$14,999, one reported an annual income of \$15,000 to \$19,999, two reported an annual income of \$20,000 to \$24,999 and two individuals reported an annual income of \$30,000 to \$34,999. One individual stated that her annual income varied. None of the mothers reported full-time employment.

### *Thematic Analysis*

The tape recordings of the focus group discussions were transcribed and analysed using the methods outlined in Chapter 3. From this process, five themes emerged: “If I were only a student”; “Doing it alone”; “Surviving economically”; “Not much left of me”; and “I’ve found my strength”. These themes highlighted five different aspects of the experiences of these single mothers in university studies and their perceived health needs. The theme “If I were only a student,” described the multiple responsibilities and role burden associated with being both students and single mothers. It also highlighted how participants experienced the differences between, and lack of identification with, other students in the university educational system. “Doing it alone” provided insight into the feelings of isolation and inadequate support experienced by the participants in relation to family, friends, and the community in general. The theme “Surviving economically” detailed the financial difficulties encountered by single mothers who not only had to sustain themselves and their children using one income, but also had to support their own educational expenses. “Not much left of me,” captured the feelings of demoralization

and self-erosion experienced by the participants as they continually met challenging obstacles in pursuit of their goals. Lastly, the theme, “I’ve found my strength” detailed the means by which these women learned to cope with and overcome their daily struggles in being single mothers, caregivers for their families and full time university students. These themes were identified using quotes taken directly from comments made by participants during focus group discussion. While each theme was considered separately, there were some common threads that overlapped across themes.

***“If I were only a student”***

Participants in the focus groups described their experiences in being both single mothers and full-time university students as very challenging. This challenge was due in part to the necessity of assuming multiple roles. The single mothers described the difficulty in performing these roles as significantly impacting upon their ability to meet their academic responsibilities. Many of the women described, in detail, their day-to-day routines, highlighting the “realities” by which they lived.

Participants noted that their daily schedule was “exhausting,” “stressful,” “time consuming,” and that there were not “enough hours in the day.” There was a consensus among all the women that they lacked the necessary time to adequately confront and surpass challenges they encountered in their everyday lives, including the challenges they faced as students. One mother commented, “Being a parent is hard, being a student is hard, being both really takes a lot of energy, a lot of time management.”

Their routine was generally described as being very structured. The single mothers spoke of returning home from university at the end of the day, preparing meals,

assisting children with homework, and then only after the children were asleep, focusing on their own schoolwork.

One single mother described her routine:

If you can't get the children to bed at night you never have any time for yourself.

You often have one hour at night after you've finished your papers and things like that. It's your unwind time and that's gone because it's midnight, 12:30, one o'clock before you've finished. You're exhausted sitting at the computer... It's very difficult and I don't feel that despite all that's said that there's recognition or validation for that difficulty.

Another participant commented:

You're in school all day and then you get home and you do your kids stuff, supper, homework and all that stuff and spend some time with them. Then they go to bed and that's your study time and it's like as soon as you're finished your study time, you're dropping and you go to bed. It's like there's no time for me. Absolutely not.

In addition to caring for children and school responsibilities were the daily house maintenance, chores and routine daily activities expected of these women as the primary caregivers. Seemingly simple activities, such as housework, took on a different meaning. One single mother commented that there was no energy left for housework. When she finished her semester, she required a week "to get up the energy to clean the house," noting that "this is draining, this is tiring, it is hard." Another participant commented that having peace and quiet and little to do was a "luxury."

This routine took its toll on the emotional and physical health of these women. Participants remarked that there was no time to be sick when you are a single mother and a full-time student. One woman observed that the struggle to cope with her emotional and personal issues was “a lot more difficult to deal with than doing four courses.” Participants described physical ailments such as long-term disabilities and chronic illnesses that were precipitated or exacerbated by the stress of the daily routine. Going to a physician took time away from other activities such as childcare, schoolwork, or household chores. Because of these responsibilities participants noted that they did not have time to adequately care for themselves or to recover if they were ill.

It also was clear in the discussions that this schedule was having a negative impact on the relationships between these women and their families. One participant noted that her “mothering was suffering” under the duress of the daily routine. Participants in other focus groups discussed this as a sense of being absent from their children’s growth and development, and in being unable to give their children the parenting they needed. Many participants attributed this absence to their academic commitments. One woman noted the difficulty with “trying to squat in some quality time” with her child. Participants not only emphasized the lack of interaction with their children but also the difficulty with performing tasks and chores that affected their children. For example, one woman discussed feeling unprepared for Christmas in terms of having gifts and children’s preparations completed due to her hectic schedule with final exams.

In addition to their responsibilities as mothers, these women also discussed their

concerns for aging parents. One woman identified her experience in being the only adult child available to care for her elderly mother. The performance of these multiple aspects of being a caregiver, not only for her children, but also for her aging parent, led this woman to wish she was “just a student.”

Participants described numerous challenges in fulfilling their student role, including their ability to complete schoolwork. These women believed time at home, ideally, should be focused on children and their needs. However, the amount and quality of this time varied, depending upon university related commitments. A number of the single mothers expressed having great difficulty with saying “no” to children when they wanted their mother’s attention. Participants claimed that preparation for final exams was the most stressful and challenging.

These single mothers noted that they had very little flexibility with their time. Participants felt that the amount of time spent on campus during the day was insufficient to complete all schoolwork. They described trying to finish what work they could on campus while their children were in school. There was little opportunity to go to the library or engage in school-related group work during the evenings and weekends due to family commitments. Even if time was available, transportation and childcare became significant challenges in getting to and accessing campus services. Participants also reported being unable to pay for sitters. One single mother noted that she informed classmates she could only engage in group work if it fit into her family’s schedule and budget. Another participant explained that writing papers was quite challenging at home as priority for computer use was given to her children.

Participants also described how there was little time in their complex schedule for campus and community involvement. Any social activities required careful planning as they were so challenging to accommodate. Participants noted they they could not attend school-related functions and socials because of a lack of child care. One single mother stated “I do try to get out once a week...sometimes it ends up being once a month...I was hoping to be close to a lot more people but I find it very isolating here.” Others described financial costs and constraints as having impeded their ability to socialize. The frustration experienced by the participants left them feeling ambivalent about their desire to interact with others. One woman stated, “I know I complain about not having a social life but when I get out there I’m like ‘I don’t even want to be here’. I’d rather be at home sitting on my couch.”

Overall, participants felt very different from their classmates. They identified a number of concerns that impacted upon their ability to meet academic, personal and family needs. One single mother described these challenges as being “the realities of our lives.” These realities could not be isolated from each other; they were very much interrelated. One participant described it in the following manner:

The fact that we’re parents here who have [the] reality that we have exams and papers to write, and while [we’re] writing [our] exams and doing [our] papers, [we’re] thinking about the needs of [our] children. They cannot be separated. They are absolutely interconnected and it’s [in] trying to be so wonderfully creative that you can balance that out.

Participants discussed their perceptions of other students on campus. A number of

the mothers said they felt envious of students who they perceived as having fewer responsibilities. One single mother commented:

For me, I find they have totally different priorities than us... even... going to class and it's a Monday morning and all you're thinking is ... I hardly didn't get any sleep the weekend, the kids were sick, or ... whatever, and they're like 'Oh I'm so hung over. I got so drunk.' ... You just want to slap them.

Participants believed that some of this lack of responsibility stemmed not only from students not having children, but also because of their ages. They felt these younger students had more support from family members and more opportunities to engage in extracurricular activities. This support, participants believed, came in the form of parental financial assistance, meal preparation and performance of household chores, thus allowing these students to focus more on school. They also believed that these students had greater opportunities and flexibility in their schooling. One participant noted her inability to take advantage of learning opportunities outside the province. These restrictions, she felt, did not exist for other students.

Participants also discussed the nature of their relationships with their classmates. Some acknowledged that while relationships were generally positive, many differences were evident. One single mother, who described feeling isolated, stated that she did not go out with people at university because "I'm a mature student," and highlighted the fact that most people in her classes were younger. Another woman described herself as being "like their (*the other students* ' ) mother." Participants also discussed how they believed their classmates had difficulty in relating to them. One stated she felt other students

perceived themselves as different from her and that they did not want to offer her support.

She described a situation in which she required assistance with a computer program, asked fellow students for help, and was refused. She felt that classmates had little tolerance of her unfamiliarity with ‘common’ teaching tools currently used in the university environment.

Individual course and programme requirements were also of concern.

Participants believed their experiences with course sequencing and choices were quite different than those of other students. For example, most of these women were unable to have a semester without course work. One woman stated that she did not have a semester without course work in over three years. Most participants, due to time constraints and family commitments, could not register for more than three courses. To do so compromised their ability to complete and perform well in a course while attempting to adequately meet their family’s needs.

These challenges with course scheduling resulted in participants being unable to pursue programmes in which they were interested and for which they felt qualified. One participant discussed being unable to register for a required course one semester. This course was offered after her children got out of day care and school in the afternoon. Because she already had day care funding, she could not also obtain financial support for sitters’ fees during the day. Therefore, she had to withdraw from this course and wait until a subsequent semester when it would once again be offered. She described this experience as “very restricting.” Degree programs such as business or engineering that required enrolment in five or more courses per semester, or completion of work term

placements, were also viewed as inaccessible.

Participants described feeling very different from other university students in terms of recognition of scholastic achievement. Entrance into faculties involved a significant weighting of academic grades. Some of the single mothers believed that an emphasis on marks alone without a consideration of an individual's personal life circumstances decreased their opportunities. Many scholarship requirements state that a student must have full time status and be enrolled in four or five courses. Participants perceived this as a lack of organizational flexibility on the part of the university. They also viewed it as inconsistent with adult learning principles. One single mother believed that publicly, the university portrayed an acknowledgement of campus diversity only as a part of "political correctness."

Participants noted perceived differences in how they and other university students approached financial needs and responsibilities. For example, they objected to being grouped with other university students for government and emergency student loans. Participants felt their need was more urgent and genuine than the need of some other students who sought financial assistance. One single mother described her perception of other students who stated they were in need of money: "I mean if they're saying 'God I need money for clothes' or whatever... I'm thinking I need money for food. There's quite a difference there you know."

The feelings of isolation also extended to how participants viewed themselves in comparison to other parents. One woman stated that being a single student parent at university did not equal being a married student parent at university. She felt that, by

grouping all student parents together, the special needs of single mothers were overlooked. These needs were felt to be different from the needs of parents who attended university and had spouses for support. Participants also discussed how their experiences with being single mothers and university students were quite different from those of single mothers who were not engaged in post-secondary education and did not have these additional responsibilities.

Participants discussed how they felt university instructors and other university officials perceived them. Some of the women believed they were treated differently because they were single mothers. While participants did note that most professors were generally understanding of their individual circumstances, some professors did not take into consideration the daily challenges these women faced in achieving their university education. One woman commented:

There's no lee way given. I'm not saying that we should be given special consideration or whatever.... Just sometimes you just don't have the time to get that assignment done and your professor is just going to say, "That's your problem. You have to get it done. You have plenty of time." They just don't understand... For me when I go home, I try to separate as much as I can, school and home.... And I try to do everything I can here [at school] and I go home and that's [my child's] time, that's our time at home but sometimes it's just that you can't do that.

These women all provided vivid and detailed accounts of the daily struggles they faced in being single mothers and university students. These daily challenges greatly

impacted their ability to perform the multiple roles they played as mothers, adult children, friends, classmates and students. As well, participants described feeling compromised emotionally and physically as a consequence of living their lives in such a chaotic manner.

### ***“Doing it alone”***

Participants emphasized that the challenges associated with being a single parent attending university were heightened because they were alone. This experience in being and feeling alone was especially evident in the participants’ discussion of social supports. While the concept of social support is discussed in the literature as it pertains to the experiences of single mothers (Boutsen & Colby, 1991; Duffy, 1993; Duffy, 1994; Duffy & Smith, 1990; Ford-Gilboe, 1997; Friedemann & Andrews, 1990; Goldberg et al., 1992; Sachs et al., 1997; Whall & Loveland-Cherry, 1993; Wijnberg & Weinger, 1998) what is missing are the experiences of single mothers in full time university studies.

Participants reported having few supports available to them. Often, they raised their children with minimal or no help from family, friends, or the child’s father. One single mother described her life prior to school: “I [was in the] house...by myself, breastfeeding this child, watching the TV... that was my life.” Another single mother stated she was in school all day and came home to “do all the parenting,” which she described as being “extremely stressful.” Younger mothers reported how they experienced a dramatic change in their responsibility level as they ‘juggled’ caring for a child and attending university. They acknowledged that their children were totally dependent upon them and as a result, they, the mothers, had few social interactions. One

single mother described the experience as being “pretty lonely.”

The experience of being a single mother, alone and in university, had a significant impact upon their daily schedules. For example, some participants noted that, despite wanting to cook nutritious meals for their children, there was little time to do so, resulting in an increased use of take-out food. Other women stated that being the sole caregiver meant that they were the only person available to care for their children when they (the children) were not in school. This impacted on how these single mothers chose university courses and planned their schedules. Some participants noted that they only registered for classes taking place during their children’s school hours. Therefore, these women had to avoid early morning, late afternoon, and evening classes. Ultimately, this impacted upon their ability to complete their degree programme.

Dealing with emergencies and other unexpected events was particularly difficult for the participants. These unplanned occurrences did not fit into their tightly scheduled routines as these women often did not, or could not, allow for much flexibility. Of note were the demands placed upon the participants when their children became ill. One participant noted that, to her, the experience of being a single mother in school and caring for sick children was quite different than being a working single mother:

There are sick days at work, or there are family days...but when your children are sick and you’re a student... there’s a lot more pressure in knowing that you have to go and ask a professor to give you an extra week or a day or however long you might need [for an assignment].... Then you’re still unable to do the work you would normally do in the evenings...It’s like, ok, you got your extra week to do

your work, or to catch up on your work, or prepare for a test, but because your child is sick, you still can't do it. Whereas, that problem isn't there if you're working. It's a mess. It's burdensome.

Participants noted that this additional stress placed more strain upon their ability to focus and complete assigned tasks and study for exams. One woman described having a sick child and, due to lack of childcare, taking all of her children to the pediatric emergency room with her. Another single mother related her experiences of waiting with her child for hours, knowing that she had assignments due or exams scheduled. Participants also stated that they attempted to complete schoolwork while waiting at physicians' offices or emergency rooms.

For some of the participants, the experience of being sick, themselves, and alone was extremely stressful, especially if they had young children for whom they had to provide care. One single mother described her experience of being ill and having to care for her children with no assistance:

I had strep throat [and] I developed... bronchitis on top of that. Here I was trying to take care of my kids and I was just like I can't do this... and there [were] times when you know, the kids would be watching TV and I'd go in the kitchen and I'd just break down because you're just exhausted and you're just [saying] 'I need help.'

The majority of the single mothers reported having very little or no help with childcare if they became ill. One single mother discussed her own personal health concerns. She explained that she could not schedule a required medical procedure due to her academic

commitments. This woman had a previous medical procedure performed and was left to recuperate while caring for her children, at home, alone. She repeatedly questioned, “What if something happens to me?” Another single mother discussed her experience with returning to school after surgery, describing it as a “terrible.... stressful” experience and that she “barely made it.”

Participants also noted that they feared becoming seriously ill to the point where they simply would be unable to care for their children. These mothers described how they were concerned their children would be unable to cope with a seriously or chronically ill mother. One woman stated “When I do get sick, it worries me so much because I’m their stability.” Participants noted that they felt the children’s fathers could not or would not provide such stability. They expressed considerable fear that their ex-partners would obtain custody and raise the children if they became seriously ill or died.

Other unexpected events that occurred within the household also had a negative impact upon the participants’ ability to cope alone. One single mother stated:

Sometimes the profs start off the semester by saying late assignments are automatically deducted so many percent. So if a child is sick, or if the computer crashes, or something happens, there’s a leak in the basement or anything, you have to spend those last two days seeing to it and those last two days is when you tidy everything up [with the assignment]. You, yourself are intimidated. You’re a mature student, you should know better, inverted commas... but... we don’t have any reserves. There’s no one to fall back on. I have found that I have no one to fall back on.

This sense of being alone extended to other aspects of family life. One single mother described how her neighbourhood was a difficult residential area in terms of the impact on her children. She stated that she wanted to move to a more quiet area, as she did not have time for the “extra parenting” that was required for living in a “bad neighbourhood.” Participants also noted that while they may have had family living near by, they perceived them to be unavailable or unwilling to offer assistance. One single mother commented that her siblings had their own families and that it was “hard for them to understand” her experiences and personal situation.

Participants discussed their frustration in being unable to meet the seemingly simple, but important needs of their children, such as reading them a story. They provided examples of situations in which children wanted their mothers to stay at home and not go to university classes or attend group work or research. Participants noted that their reply was often “I’m sorry, I don’t have time tonight. I have to study.” One single mother stated that she felt like she was missing out on the “little things” in her child’s life. She and others discussed their feelings of guilt in not being able to spend more time with their children. Conversely, some participants discussed feeling the need to be away from their children at times. These feelings occurred either in response to difficulties with childrearing or as a need to have time to spend alone. Participants also discussed “feeling trapped” in their homes, especially with very young children. The availability of childcare dictated when and for how long participants could leave and be away from home. Some of the mothers, again, described feeling guilty in disclosing their desire to increase their personal time when they wanted so much to devote more time to their

children.

When discussing university services and supports, participants felt there was a lack of awareness of what was available, not only to single mothers, but also to students in general. Some of the participants reported that they were unaware of student organizations such as Student Parents at Memorial (SPAM), and Students Older Than Average (SOTA). Those who were aware of these groups generally had mixed feelings concerning them. SPAM had previously been a single parents group. A few of the mothers discussed their disappointment in the name change. They stated that a group devoted entirely to the concerns of single parents on campus was needed to provide a collective voice for student single mothers. Other participants found these groups to be helpful in providing support, a means of identifying with others, an outlet for social interactions, and a source of information concerning important issues such as student aid. One single mother noted that “you can’t go in to [*the student organization office*] and talk all day...but I just need that, to go into [*the student organization office*] and go talk.”

Other student organizations, such as political groups, were identified as having “a lack of commitment” to the concerns of student single mothers. Elected student representatives were viewed by participants as inadequately acknowledging and addressing the needs and concerns of single mothers on campus. Participants also felt there was a lack of interest from these groups in making a concerted effort to formally engage single mothers on campus in serious dialogue to explore their concerns. One single mother stated “They don’t have an awareness.... they aren’t there for us.”

Overall, the single mothers in this study felt unsupported by many individuals,

groups and organizations in the pursuit of their academic aspirations. This experience left these women to face their everyday challenges feeling alone and abandoned by the very people they perceived to be there to help.

*“Surviving economically”*

Financial concerns were evident throughout the focus group discussions. Economics exerted a significant impact upon nearly every aspect of the participants’ daily lives and the lives of their children: the challenges in obtaining sitters for evening and weekend study groups; the inability to take extra courses due to the increased tuition and child care costs; the inability to pay for parking on campus; the inability to afford other school related costs such as photocopying; having enough food to eat; and being able to afford activities associated with leisure time. One participant stated:

I’ve come to realize... that being a student ... isn’t about the things I thought it would be about. It’s about surviving economically. It’s not necessarily academics or maximizing my learning. I’ve spent an enormous amount of time... battling government for money...I believe it to be the single, biggest factor, major factor, for any single parent...here on campus and that it ultimately ends up being the... end all to your education.

Participants provided considerable insight into the financial constraints they experienced and how this translated into their daily routine. One participant stated that she had \$175 out of \$500 per month left over from paying rent. This money was allotted for food, bills, car, gas, and whatever other expenses she may have had. Most of the women commented on being unable to afford sitters for their children. Others discussed

their disapproval of the amount of fees paid to the university, such as late payment or mandatory recreation fees. One participant noted that the forty-dollar recreation fee for the semester was quite significant to her, as it equalled one quarter of what she would spend on food for a month.

Women with chronic illnesses or who had chronically ill children noted that the expense of medications was tremendous. One single mother described how she had spent thousands of dollars on medications for her and her children. Some of these expenses were covered by health insurance. However, the amount she was required to pay each year still reached in the hundreds of dollars. Health insurance was felt by some to be too expensive. Single mothers discussed how there were no differences in family plan rates, despite the size of the family. Others felt medications were poorly covered under health plans. They discussed how some medications that they required, or that might have been more effective were not paid for, especially under social services drug plans. One woman felt that this situation existed because those on welfare were viewed as “not deserving” of new and, perhaps, more promising treatments.

Most participants discussed how this financial stress manifested itself as emotional and physical health concerns. However, not all made this connection. One single mother initially did not equate finances with health. She commented that the problems she experienced with student loans had “nothing really to do with health but it just makes you stressed.” Other group members then quickly pointed out that financial burden and stress certainly have health implications. From this discussion, this participant came to the conclusion that some of the emotional stress she experienced was

possibly exacerbated by her financial situation. Other single mothers readily identified the connection between health and finances. One participant commented on the stress she experienced in not having enough money for necessities such as food. She stated, “If we could feed our children and ourselves well. I don’t mean wonderfully, but well. It’s something that’s really important to have.” Another participant identified how economic concerns weighed heavily on her mind. She stated, “I find being a single parent, the only paranoid issue you have [is] whether or not you have enough for tomorrow.”

The lack of finances and reliance on social services, student loans and family assistance was very trying and demoralizing for these women. They perceived their economic situations as greatly reducing the flexibility and availability of options open to them, both personally and academically. While social services provided for some of their needs, overall, the experience was very restricting and disempowering. One woman described her negative experiences with social services:

All they do is give you a cheque. They don’t know anything about you.... your ... financial officer, they’re not a social worker... They do less and less... They don’t phone to see how you’re doing. There is no... follow-up. There’s no one concerned about your welfare. ... There’s no validation of anything we do and it’s not like we’re going to a counselor unless you really need one. There’s no concern about a single parent, for those who aren’t doing well, themselves, as persons, or those who are doing well. It’s all about child protection. There’s a big piece missing.

Participants discussed numerous discrepancies and ironies in the “system,”

particularly for those who were supported by social services. Participants described being unable to pay their own older children for babysitting younger siblings. However, they could hire a sitter from another family who is supported by social services. These women discussed their concerns with feeling that it 'paid to stay on welfare' and that there was little financial incentive to return to school. They acknowledged that individuals required much self-motivation to obtain a university education and that the task of generating and maintaining this drive was extremely difficult. For example, one woman commented that she had an opportunity to complete an extracurricular course that had the potential to generate income and reduce her reliance on social services. However, she did not have the initial finances for the course fees, was refused funding by social services, and was therefore unable to avail herself of this opportunity. This single mother stated that even if she could have paid for the course herself, she could not have afforded the extra childcare costs for her children. She also noted that social services would not pay for additional sitters' costs, as the course was not required for completion of her university degree. This resulted in the single mother feeling extremely unsupported in her pursuit of personal and professional goals. These participants reported feeling the need to become more active in achieving self-sufficiency but because of the design of government services and programmes, they were unable to pursue their goals to their fullest extent. Scenarios like this highlighted the paradoxes that exist for single mothers.

It was also noted by the participants that there were discrepancies in the amount and types of financial supports that single mothers received. Some of the women reported having child maintenance support payments, alimony, or some other form of

income supplementation. Others noted the presence of a significant other, friend, or family member who contributed financially or in other ways, such as helping with childcare or cooking. However, all participants did not identify these supports. One single mother stated, “There are those of us where none of this exists.” Of particular concern were the challenges associated with receiving child support payments from ex partners. Some women experienced much difficulty in receiving these payments from the fathers of their children, despite negotiated settlements.

These mothers also discussed the need for an increase in study grants. Unlike student loans, these are funds that do not have to be repaid upon completion of a university degree. One woman stated that few student single mothers knew of their existence. Student Aid was noted to be a significant stressor. Participants described the significant amount of debt they incurred in pursuing their university education. This debt was described by one single mother as being “scary.” She stated, “I’m going to have a student loan of about forty five thousand dollars...I’m [going to] owe... a mortgage-sized debt by the time I’m done.” This participant believed the debt load associated with tuition and living costs greatly influences and possibly deters women, and especially single mothers, from enrolling in post-secondary studies.

At the time the focus groups were conducted, Memorial University had proposed an increase in the minimum full time course load requirement from three courses to four. This would affect a student’s eligibility for Student Aid. In order to receive financial assistance, one must be enrolled in full-time studies. Participants noted this policy had the potential to be devastating for single mothers as many could not maintain a full

complement of courses and adequately address their other responsibilities. This, they noted, would not only adversely affect single mothers, but also students with disabilities who would not be able to complete five courses a semester. As well, some participants who received social assistance noted that they were required to defer the shelter component of their student loans to social services. They explained that this allotment of funds was viewed by social services as being an overpayment. However, these women were expected to pay this amount back to Student Aid when their student loans entered repayment status. Many single mothers discussed how they felt that this was unfair and reprehensible. One woman stated, “I don’t know if it’s criminal or illegal, but it’s morally [wrong]. Government is double dipping [from] student parents, single parents.”

Participants were very candid in how they discussed their experiences with living in low-income situations. They detailed how living on social assistance translated into how they conducted their daily lives. These single mothers also noted the stigma that they perceived. This stigma existed despite the demonstration of an ability to overcome the numerous challenges that existed. Some women felt that these struggles, particularly those relating to economics, were not recognized and appreciated. One woman felt invalidated for what she had accomplished in raising her children by herself on a very low income. There was also the perception that single mothers were being “penalized” for their life circumstances and were viewed as “not deserving” of support.

*“Not much left of me”*

The effects of unrelenting stress are profound and can erode away the essence of a person. The single mothers in this study frequently referred to how the experiences of

being a single mother in university studies had taken a toll on their self-concept, their self-esteem and their overall sense of well-being. One participant even described the experience as “traumatizing.” Much of this loss of self occurred over time as participants struggled to meet their needs and the needs of their families.

Physically, cognitively, and emotionally, participants reported feeling exhausted. One single mother stated that there were times in which “you feel like you’re going to have a heart attack... The stress causes you to have physical aches.” Other participants noted, “We’re just so tired,” and “drained.” Much of this exhaustion was a result of “fighting the system.” The single mothers described the many difficulties they encountered during their university experience. Over time, the burden of battling these challenges became overwhelming for some. One frustrated woman emphasized, “I just want what is mine. I have a right to this education. I have a right to get on with my life. There is such a thing as ‘I have paid my dues’.”

This struggle was intensified by the monetary constraints that affected these women. One woman in particular, provided a striking account of her experience. She described her challenges with student aid, the lengthy process of dealing with various government organizations, and her encounters with numerous government and university representatives who examined her case. Eventually, this participant obtained a student loan but not without scars. She stated:

It was what I had to do to get to that place, to get that money, and I don’t think that I’ve gotten back from that place. I think that really took from me the best of who I am at this point... I can’t do this much more.

Participants noted their frustration with consistently having to ask for assistance, financially and otherwise. This process left some of these women feeling demoralized. One single mother noted, “nothing embarrasses me anymore... I have guts left but I have no shame left.” These women explained how they wanted to be independent and how they resented their reliance on other parties for help. For some participants, this translated into experiencing a lack of control over their lives, which contributed to the duress they experienced. One single mother stated, “The stress that I’m under is amazing... you have a lot of sick people here, not because we’re not mentally healthy, but because we can’t help it, we’re at the.... mercy of [the] bureaucracy.”

Participants discussed what they perceived to be inconsistencies in the values of government organizations, inconsistencies that left these women feeling confused, disillusioned and drained. These mothers described the dilemma they experienced in using social services and student loans. They wanted and needed this financial support while they completed their education. However, participants believed that once they became consumers of the “system,” many policies and regulations hindered their ability to develop personally, to broaden their skills and to enhance their academic experience. One single mother commented, “...[We are] trying to get ahead.... [This could] save them money in the long run.... They don’t seem to want to support you... and they are supposed to be your support systems.” Another participant discussed the numerous delays in the social services system, particularly in accessing caseworkers. She described this situation as “beating your head against a brick wall.”

Financial assistance that was available afforded many participants a very low

standard of living. Single mothers in the study identified a number of difficult situations and choices that they needed to make in order to provide for themselves and their children. One woman described this process as living “from hand to mouth.... you are maintenance the whole time [with] no supports.” Another single mother stated that she was given “just barely enough” on which to live. Some participants provided accounts of “sacrificing” their own health and well-being so that their children could have access to healthy food, schooling, and extracurricular activities. This “sacrificing” was experienced in many ways. Participants stated it was necessary to place children’s needs above their own, as resources were simply not available for everyone. Other women discussed how sacrifice was an expectation that society held for women in general. One participant stated in a tone of frustration, anger and cynicism:

Women have been socialized to be taken out of the picture.... We take ourselves out because you’ve been taught to do that.... They [*women*] are going to do it and the only way.... you can survive for the needs of your children and to hold all other responsibilities is to put yourselves last. We’ve demanded that of women from the beginning of time, ‘that you must sacrifice dear.’

Participants also linked this expectation of women to how they perceived society’s values concerning children’s well-being and the education of women. Many felt that government departments and agencies, including educational institutions paid ‘lip service’ to single mothers. Participants acknowledged the link between family and maternal well-being and the well-being of children. One woman believed that despite the public and political claims otherwise, “children are at the bottom of the heap” as a

government priority.

Participants discussed the manner in which they attempted to compensate for their financial shortcomings. For example, these women had numerous concerns about having money for food. Many times, accomplishing this involved a search for help, an experience that these single mothers found very draining. One participant described, at times, having to send her son to school without lunch money. This usually occurred close to the day that she received her social assistance cheque. The woman stated that she would contact the school and ask the staff to loan her child money for lunch. This, she said sarcastically, was her way of “reaching out to the community.”

The reliance on food banks was discussed along with the feelings resulting from this necessity. One single mother commented that she found her encounters with the food bank generally positive. However, at times she felt that she was “taking [food] from someone who’s really, really in need of it.” Other participants noted that they felt quite differently. These individuals found the experience demoralizing and degrading. Comments such as “I am sick and tired of being there” and “I find it so embarrassing” expressed their frustration.

This kind of existence had a significant influence upon family well-being. Participants detailed how this negative impact increased tension, strained family relationships and created additional stress for single mothers. One participant reflected upon her first experience being a single mother and a full-time student when her child was younger:

I got through the year but there wasn’t much left of either me or my daughter or

our relationship actually.... It's what it's taking from you in [the] process and from our children, from your relationships with your children...It does damage to the essence of who you are.... the essence of your family... You can never truly focus, you have to learn how to split (*yourself*) and yet ... all that remains functioning. The level of functioning is questionable I tell you, but you're functioning.

This woman also described other examples of how she felt her relationship with her family deteriorated. She commented that she was unable to afford an evening with her child and questioned why it was so difficult to accomplish such "small things." This participant questioned herself and others in the group, "This is so small and why is this piece so hard?"

These frustrations created difficulties in how these women interacted with other individuals in their lives. Participants reported occasionally experiencing difficulties engaging in even the simplest conversations with friends and peers. One single mother described how it was difficult to let other people see her struggle. She recounted experiences in which she found it difficult to reply to the commonly asked question "How are you?" This woman described usually saying, "Oh fine, doing great," but certainly not feeling that way. Another participant commented, "I don't like people asking me how I am because sometimes somebody asks and you know they really care and you fall apart."

Ultimately, this type of existence became overwhelming for these women. One participant summarized her feelings on the topic as the following:

It does undermine our health. I'm constantly, constantly exhausted... I'm so tired I don't sleep at night. I get annoyed [with noise] just a sound outside my window. I'm awake, like that. I can't do anything with my child because I don't have the money. I can't take him out to McDonald's. I can't do that sort of scooting out of town for a drive. I can't afford the gas. It's really that tight... It's really the biggest danger to our health above anything else... Because we're mothers we know how to look after ourselves because we know how to look after our children... But we just don't have the resources to do so, and to have to deprive our children of things that are important for their balance, for their mental, emotional and health balance, stresses us.... My thoughts are more of my children.

This discussion prompted other women to agree that they are worried about the well-being of their children and that "If you're not doing well, then your child is not doing well."

***"I've found my strength"***

Participants described a number of means by which they were able to cope with the stressors of being a single mother engaged in full time university studies. Many noted that this was a very difficult accomplishment. However, these women claimed that the potential benefits of achieving a university education far outweighed the alternatives. One woman spoke of how she, at times, thought, "I'm absolutely nuts to have to come back to school," but reasoned, "What else can you do?" Another single mother commented that she had experienced people asking her "How do you do it?" To which,

she replied, “To you it’s just life...it’s just the way things are.”

Many of the participants reported that coping evolved from taking some control over the hectic schedule. The burden with the schedule was at its worst when these single mothers started their university programme, but had lessened somewhat once they adapted and settled into a routine. This involved enrolment in fewer courses per semester, preparation of a budget for the entire semester, studying whenever they had any free time, and seeking out assistance from professors and others who were supportive and understanding. One participant stated, “After the first couple of semesters it clicks [as to] how to manage your time. [You learn] you can’t study before 8:30 at night... [But] it takes a while to manage it all.” One participant spoke of completing a time management seminar. From this, she learned how to set and maintain a study schedule for her and her children. Setting priorities was a challenge, but participants described feeling confident and assured as to what they valued most. One single mother noted

If I have to choose between my schoolwork and my kids, my kids are going to come first... and if I lose marks because my assignment is going to be late because one of my kids is sick, then so be it.

In the focus group discussions, the single mothers displayed a distinctive attitude and perspective that appeared to be critical in how they viewed and managed their financial stressors. This attitude conveyed a certain amount of acceptance for their life situations, without negating their desire to persevere and overcome life’s obstacles. Participants described wanting to exert more control over their lives and the lives of their families, yet they had to accept what they could not change. As one single mother noted,

“It will always work itself out... [It’s the] one saving grace... [But] it’s what it takes from you in the process.” Another participant commented that she did not become very stressed with her life circumstances, stating, “There’s nothing I can do about it.”

Other women tried to approach their economic situations in a positive manner. One participant felt that she became more creative when she had less money. She described making clothes, looking for free or inexpensive activities for her children, learning to cope with what she had, buying only what she needed, and using her credit card to accumulate points for travel. Many of the women described how they managed their finances, rationing how much each creditor received and when. This approach also applied to schoolwork. One participant noted that she had to accept the fact that she could not achieve all A’s. She commented that “[I] do all my work the best I can.”

When asked about their social life, single mothers tended to respond to the question with the use of humour. Some participants reported that they attempted to link with other single mothers and form friendships and support networks. Acknowledging the fact that the experience of being a student was finite was also helpful for some of the single mothers. One participant commented, “Two more years, if I can get through two more years.... What else are you going to do? Sit at home all day?”

Participants discussed how they learned to exert some control and influence on how government policies related to them. They described this process as a survival tactic. Some women would no longer report to officials that they received any help, monetary or otherwise, from family and friends, no matter how small. To do this meant that they would be penalized by social services. Participants also discussed how they dealt with

individuals in the “system” who they perceived as impeding their ability to meet their needs and the needs of their families. These individuals were described as offering very little support and encouragement. Participants reported that they were tired of being told, “I’m sorry” by those whom, they felt, should be more accommodating and understanding. In these instances, the single mothers were compelled “go over [the person’s] head,” to negotiate with and confront supervisors and managers in order to meet their needs.

Some of the women discussed the support that they offered to other single mothers and what they received in return. One participant noted:

It’s nice to meet other single parents and they talk about [school] and I always encourage them... They ask me questions, [tell me] what’s been positive in their lives.... And I think.... for them to get anywhere they have to [start] somewhere, but they have to go through the hard times. You just have to do it.

Participants explained how they found external supports to be helpful as well. Finding opportunities to vent was critical. They described having friends whom they could call when life circumstances became difficult. One single mother found that getting involved with campus health and wellness programs was beneficial while others noted the need to have a support group. However, some participants found the process of accessing campus services to be quite challenging at times. The single mothers described feeling best helped by sources of support that were readily available to offer immediate assistance if a crisis arose. One woman described going to the office of a student group and breaking down in front of a stranger there. She stated that she needed this catharsis due to the stress she endured at the time.

Many of the participants said the experience of being a single mother and a full-time university student was a period of growth and self-discovery. They made comments such as “I’ve learned that I’m a lot stronger than I thought I was because you have to be” and “It’s definitely not easy to come back to school with kids.... If you can get through it, more power to you.” One participant described how she completed her first degree after having her child: “I went back and I accomplished it. That one bit of accomplishment really gave me a boost of self-confidence.” Another single mother stated that she attributed her successes to being “crotchety and stubborn.... looking at myself in the eye and saying ‘you’re not down, you can do this.’...Being determined not to give up... I know I can do it.” This self-motivation was critical in maintaining the momentum to persevere through their academic, family, and personal struggles.

Personal development and self-awareness also emerged through a broadened exposure to available opportunities. One participant described how she was a very different person when she was married. After her divorce, she sought counselling to learn how to care for herself and become a better parent. From this, she was able to garner the strength to return to university studies. She described this process as “Finding myself... I was secluded for 18 years. It’s like I’m growing. It’s like I’m a 20 year old.” Despite all of the challenges, setbacks, and personal sacrifices she made, this woman believed that the difficulty associated with being a student single mother was far better than living in an abusive relationship. Other participants supported these statements in that they felt that this self-enrichment was worth the struggle, both personally and for their families. To the divorced woman, the role of the student offered more freedom,

social contacts, self-control, and self-determination. This woman discussed how she rationalized the required length of time to complete her degree. She acknowledged that it would take considerable time, but in that period, she would either have her degree or have nothing. She said she always wanted to go to university but in her previous relationship she was not “allowed.” This woman found the university experience to be empowering. She stated, “I’m here. I [have] found my strength.”

Other participants discussed how the experience of being a single mother and a full-time university student was a process of self-affirmation. Higher education was described as being “about me. It is about personal accomplishment [and] fulfilment.” One participant stated that through this process, she had proven to herself and others that “there was something inherently good about me.” She described that in living this experience, she and her children have “survived.” Knowing and believing that they had survived was critical. The single mothers noted the great sense of self-satisfaction for what they had accomplished. As one participant stated, “It’s far less important to prove anything to anyone except yourself...it’s about me.”

Some were appreciative of the changes they experienced in living this life. One participant stated that she had a significant lifestyle change after having her child. Previously, her life was very self-focused. This changed to having to balance her needs with the needs of her child. She identified her child as coming first, university second, and herself as last in her list of priorities. However, she noted that she liked herself more and believed that she had become “a better person” as a result.

Most participants conveyed a heightened sense of responsibility in reflecting upon

their motivators. They identified this journey of self-improvement as having evolved from a desire to become better providers for their children. Participants made comments such as, “I look at education as [being] for my son. I can’t drop out because what are we going to do?” and “Just knowing that I have to do it... Nobody else is going to do it.... It’s just us and that’s it...It keeps me going. I have to do it for us.” Another woman stated that she had thought about quitting university but decided, “I thought if I quit, I’m still going to be right where I [am now].”

The hope of achieving the possible benefits of a university education made living through these challenges worthwhile. Participants also described wanting to be positive female role models for their children, and in particular their male children. One single mother felt that attaining university education was her “only way out of the hole.” She conveyed this message to her children and emphasized the importance of higher learning. This participant also acknowledged that she would need to eventually financially support her own children in post-secondary school. Having an education with increased earning potential would greatly assist her in accomplishing this.

Overall, participants felt that their ability to remain motivated was fuelled by a strong drive to succeed. This drive enabled these women to overcome obstacles and remain focused, even when there were major challenges. One single mother stated that obtaining a university education had to be something that “you really want to do.” Participants spoke of the need to never lose sight of their goals. For some, the goals were to obtain their degree, find employment and become a “productive member of society.” For others, the reward was a sense that, ultimately, they truly enjoyed engaging in higher

education.

### ***Contextual Considerations***

A great amount of information came out of the focus groups that was not considered unique to the experiences of single mothers enrolled in university studies. Participants provided insight into their experiences as women, students, and individuals living in low-income situations in addition to being single mothers in this context. However, this insight into the daily lives of these women painted a backdrop upon which all other information was considered.

Participants described the frustration and challenges they faced daily as women. Society, as a whole, was perceived to ignore the needs of women, including their need to pursue higher education. Participants noted that society expects women to leave commitments such as work and school when they have children. They discussed the patriarchal nature of society, including educational institutions. Participants also felt that the university did not adequately acknowledge the unique concerns of women in general, not only those who are single mothers.

These women all expressed concern for the safety and well-being of their children, particularly those with chronic illnesses and/or learning difficulties. It was noted that these conditions were difficult to treat and manage, especially for those on a limited or fixed income. Women discussed the extra roles their children had assumed, such as providing childcare for younger siblings and taking increased responsibility for household chores. They noted the frustration that they and their children felt in performing these additional roles. Participants also expressed feeling guilty about this

situation, stating they expected too much of their children. For example, some of the children assumed caregiver roles towards their mothers. Many participants described their children as sensing the tension their mothers experienced and wanting to reach out to help.

Caring for male children held a particular concern for some single mothers. These boys craved male attention. Some participants questioned how the lack of a male role model would affect their son's development and future relationships. These women felt that they were required to compensate for this lack of a male presence in their children's lives. They also noted that dealing with questions from young children asking about the identity and location of their father was very difficult, especially if the father had little to no involvement.

Participants discussed numerous gaps and concerns with sources of support. They noted their strained relationships with ex-partners and family members and discussed how this strain had a negative impact on both their well-being and the well being of their children. They reported a lack of physical and monetary support, as well as experiencing harassment from ex-partners that resulted in fear of their personal safety. Participants also noted issues in dealing with the 'ex's' new partners, especially in terms of childrearing practices and household rules. However, a number of the mothers discussed how they did not want to adversely impact their children's present or future relationship with their fathers. Therefore, these women did not speak negatively of their ex partners in front of their children.

Families and friends were described as both a source of stress and a source of

support. For some participants, this stress and support came from their own mothers. One participant noted that being a single mother helped her to develop and improve her relationship with her own mother. Some mothers stated that they perceived their families as interfering in how they raised their children. These women described how they felt a need to prove to their mothers they were able to adequately care for their children. This need for approval and assistance resulted in some mothers feeling quite guilty.

Social contact with friends and dating were issues that offered challenges to the participants. Single mothers commented on feeling unable to spend time with friends or to develop romantic relationships. Others discussed how past relationships negatively influenced how they related to others. This included having few social connections or developing a sense of bitterness towards men. Participants indicated that they did not view their own personal needs as a priority, including the need to form intimate relationships. One woman described how a family member told her that she should not date until her children were grown. Others described a concern that their family dynamics would be negatively affected by the presence of a significant other. Despite this, these single mothers acknowledged that social contact was necessary.

A number of participants did note their lack of awareness of supports and services in place to help single mothers and students in general. Participants described not knowing about student organizations and services, such as the existence or the location of the campus food bank. They felt that dissemination of this information was critical and should be more adequately shared among all students.

### *Summary of Findings*

The single mothers who participated in the focus groups provided a poignant description of their experiences in full-time university education. The information was coded and grouped under five themes: “If I were only a student,” “Doing it alone,” “Surviving economically,” “There’s not much left of me,” and “I’ve found my strength.” These women disclosed numerous practical and philosophical challenges that they encountered on a routine, daily basis in their struggle to achieve a better life for themselves and their children. They also identified their driving motivators and inherent strengths. These strengths were critical in balancing the precarious situations experienced by these women and facilitated the attainment of their goals.

## CHAPTER 5

### Discussion

The focus groups were successful in providing valuable information and insight into the experiences of single mothers enrolled in full-time university studies. In this chapter, the results of the thematic analysis will be discussed in relation to pertinent literature. It should again be noted that very few studies examining the specific health needs of single mothers in university were identified. Some of the research reports (Brown & Barbosa, 2001) pertaining to mothers in educational or employment-training settings included those who were married and had an immediate source of support such as a spouse or a partner. Other studies (Brown & Moran, 1997; Duffy, 1994; Lutenbacher, 2000, 2002; Lutenbacher & Hall, 1998) did not specifically focus on single mothers engaged in these pursuits. This demonstrates a significant gap in the knowledge base pertaining to these women. While some parallels are evident, any comparisons of my study to the available literature must be approached with caution.

#### *“If I were only a student”*

Participants described feeling overwhelmed with their life situation, with role overload and burden being common concerns. They discussed how they barely met most of their responsibilities and experienced a sense of loss and frustration in the process. These women believed that they possessed the ability to be good mothers, excellent students, friends, and supportive family members. However, achieving all of these goals was impossible. They described how they wanted to perform well in everything they pursued, but, in many instances, thought that they had to settle for considerably less.

The stressors that the student single mothers encountered in my study were comparable to those identified in the literature about working mothers, especially the stress of having to perform multiple roles and to meet numerous demands (Kushner & Harrison, 2002). The possible deleterious influences associated with these multiple roles are identified in the literature. These include the stress experienced from ‘juggling’ many schedules (Spurlock, 1995) and the lack of emotional support from family members (Wijnberg & Weinger, 1998). However, single mothers in post-secondary educational settings are faced with many additional role challenges that do not exist for other women such as those who are employed (Spurlock, 1995).

Single mothers obtaining a university education must display a considerable commitment for an extended period of time. Participants in my study expressed concern that time-consuming activities such as homework and research competed with the role of caregiver and mother and extended beyond the parameters of a ‘nine to five job.’ The daily routine of these women was carefully constructed with little room for modifications. They discussed the challenges associated with their schedule and their lack of time to engage in personal and social activities. This affected their ability to initiate and maintain relationships with others, including family members. For example, quality time spent with children was at a premium and participation in campus and community activities was minimal or nonexistent.

Maintaining these multiple roles within such a restrictive context has many potential adverse consequences. Stark and Cimprich (2003) identified role burden as being a significant factor in the ‘attentional’ health of women. This ‘attentional’ health is

related to a person's ability to focus or concentrate. According to the authors, "In the multidimensional context in which many women function, the capacity to direct attention is essential for effective cognitive, behavioural, and social functioning" (p. 95). The long term effects of having one's attention directed in many different competing directions can contribute to fatigue, mental exhaustion, and difficulties with daily functioning.

Participants in my study discussed how they felt "exhausted" and drained of energy in living their daily lives. Their routines were complex and their responsibilities were many. In addition to being a single mother, these women also had to devote great amounts of time and mental energy to their studies. If the act of performing multiple roles decreases a person's potential to concentrate and attend to cognitive tasks, then how could these women fully commit to and succeed in achieving their academic goals without experiencing many difficulties in the process?

Walls and McPhee (2000) and Shiu (1999) discussed how women returning to post-secondary education could be adversely affected by the lack of understanding and assistance from family members, thus increasing the levels of frustration and burden they experienced. Participants in my study felt isolated from classmates, friends and family members who, they believed, did not understand their experiences and challenges. In particular, they discussed their concerns about being unable to identify with their university peers and envying their free lifestyles and numerous choices.

The women in my study also discussed their inability to engage in extracurricular activities, including those that may have benefited them academically, professionally or socially. They also perceived that the university, in general, and some professors, in

particular, had a narrow understanding of single mothers and the challenges they face. A common concern identified by participants was that they wanted professors to understand that not all deadlines could be met. There is evidence in the literature to support the view that some professors do not fully appreciate the challenges facing women returning to post-secondary education. For example, Walls and McPhee (2000) noted that such educators must be aware of the obligations women hold and be flexible in their approach to scheduling and academic expectations.

Participants in my study felt that some student policies did not take into consideration the unique experiences and struggles of marginalized populations in post-secondary education, including student single mothers. For example, participants wanted to be considered for scholarships despite not having the course load requirements, a necessary choice made due to their increased responsibilities. While they had educational and career aspirations similar to other students, they felt a sense of defeat because they could not pursue these dreams and goals. They had to focus on the single task of achieving their degree while attending to their family responsibilities. All other academic related pursuits were seen as unattainable.

It was also evident in the discussion that these women felt quite different from other single mothers or other parents in university. They perceived themselves to be more disenfranchised and disempowered than their non-student counterparts and married student mothers. The need to acknowledge this diversity has been explored in the literature. Single mothers have identified themselves to be in a more vulnerable position in terms of their incomes, their ability to balance responsibilities, and their ability to

maintain their mental well-being compared to married mothers in similar settings (Ali & Avison, 1997). There are also differences within the grouping of 'single mothers' itself. These women have varying backgrounds, life situations and concerns that impact their well-being (Wijnberg & Weinger, 1998). The single mothers in my study reported their frustration with post-secondary institutions, government, and society who ignored this uniqueness and failed to understand their diverse health needs.

### *“Doing it alone”*

Inadequate social support for single mothers and low-income women is a commonly explored issue in the literature. This lack of support has been related to the presence of increased levels of stress in student single mothers (Wijnberg & Weinger, 1998), to the presence of role strain (Goldberg et al., 1992), to the need to achieve academic success (Boutsen & Colbry, 1991), and to the effort required to gain self-sufficiency (Brown & Barbosa, 2001). From my focus group discussions, the single mothers overwhelmingly reported feeling alone and unsupported in these and other areas of their lives.

Participants described some positive experiences associated with receiving support from family and friends, primarily in the form of financial and childcare assistance. The benefits of receiving such help are discussed by Shiu (1999) who found that assistance from family and domestic workers was helpful in encouraging mothers who were returning to part-time nursing studies to continue with their education. However, not all of my participants' comments concerning support were positive. The single mothers in my study described their experiences in university as marred by a lack

of help from peers, government and university officials, friends and family. These situations affected every facet of the participants' daily lives.

Compounding a lack of support was the participants' need for assistance at times, but feeling conflicted in asking for this help. The women in my study wanted to be independent from family members, friends, and government, university and community services, but realized that this was often not possible. When assistance *was* obtained, many participants noted that it came with a price. Participants reported feeling that family members interfered with the manner in which they wanted to live their lives and raise their children. Wuest et al. (2003) found similar findings. In their study, single mothers reported how they desperately needed assistance and felt obliged to seek it from family. However, in accepting this assistance, the women found themselves lacking control as their family members became more intrusive in their lives. This diminished their autonomy and increased their dependency on others.

The women in my study described a need for a greater social support network, particularly from government. Having such a social infrastructure that is supportive to vulnerable populations can be quite beneficial. Wijnberg and Weinger (1997) explored social support concerns in a study of single mothers in the United States and England. The researchers questioned how the hopes, dreams, and support systems of a single mother could affect her ability to work or pursue higher education. They found that compared to English women, American women felt more desperate with respect to their financial situation, had a greater sense of alienation, increased feelings of discontent, and a decreased sense of idealism. Interestingly, they also found that single mothers in

England were more autonomous, had increased problem solving abilities, and had more social support which allowed them to engage in continuing education. American women did not identify such support. The researchers suggested this might be attributed, in part, to England's stronger social support system and their society's greater sense of responsibility for all citizens. It would be interesting to examine the social and educational concerns of Canadian women in comparison to other cultures and nationalities. As Canadians, we value the social security network we have developed over the years. Ironically, the single mothers in my study reported feeling disillusioned with and unsupported and devalued by the 'system.' This added additional frustration to the many challenges they already faced daily.

A lack of social support may contribute to fatigue and exhaustion. Participants in my study discussed the exhaustion they experienced in response to the schedule they maintained as the primary caregiver for their families. Most of the women were knowledgeable about the possible negative effects of this exhaustion on their physical, mental and social well-being. Some of the single mothers reported feeling more weary than others. It is possible that the women who reported increased stress had inadequate supports in place. Lahelma et al. (2002) found that the single mothers they surveyed reported poorer health, possibly from a combination of multiple roles and less community attachment. The key to dealing with the role burden appeared to be the buffering effect that community supports offered. Gigliotti (2004) supported this finding in her study of married women enrolled in an associate nursing degree programme. The researcher found that women over the age of 37 with a high degree of student role involvement and

low network support reported an increase in maternal student role stress. Future examination of this possible association may prove useful for understanding the concerns of other mothers in post-secondary education.

Due to their tightly scheduled routines, emergencies and unexpected life events contributed significantly to the amount of stress experienced by the women in my study. Surprises either could not be accommodated or led to considerable duress. This meant that these women were required to carefully consider what took priority in their families. Young (1999) examined how women from various social backgrounds prioritised their family health needs. Mothers from higher socio-economic backgrounds experienced little difficulty in dealing with family emergencies. However, single mothers in lower income brackets reported considerable difficulty, particularly in terms of transportation, money, support and childcare, and tended to rely more heavily on their social network. For example, the women in Young's study more frequently asked neighbours and friends to assist with childcare as they attended to the needs of other children. This social network was viewed as a possible substitute for economic resources.

Wijnberg and Weinger (1998) obtained similar findings. Single student mothers in their study were most likely to use extended family resources for childcare if children were ill. If the mothers themselves were sick, they would also use such family resources. Many of the single mothers in my study noted that they did not always have a support person in place for such emergencies, thus making coping and adapting quite a challenging endeavour. Staying at home to recuperate either oneself or the children meant that time was lost from academic responsibilities, thus placing them 'further

behind' than they already felt they were. In addition, for the participants in my study, physically being unable to care for children appeared to signify a loss of control over their family unit. These women also expressed fear of losing children to ex-partners whom, they felt, were unable or unfit to care for their children. This negative view of the ex-partner stemmed from many sources such as histories of abuse and lack of support.

The culmination of the personal experiences of the women in my study resulted in feelings of loneliness and the sense of being trapped. Ongoing experience with these feelings can have serious implications. Other studies have also found associations between loneliness, lack of employment, domestic violence and marital status (Lauder, Sharkey & Mummery, 2004), as well as depression (Hagerty & Williams, 1999). In addition, Qin, Agerbo and Mortensen (2003) identified factors such as single marital status, unemployment, and low income as increasing suicide risk. Given its far-reaching implications, further examination of the effects of loneliness on health and well-being of single mothers, especially those in post-secondary education, is necessary.

### ***“Surviving economically”***

Obtaining a university education can result in a significant debt. Financial concerns permeated virtually every facet of the daily lives of the participants in my study. The incomes of these women were very low, with just over half reporting an annual income of less than twenty thousand dollars. This is lower than the average reported income for Canadian single parent families (Statistics Canada, 2004a). A number of sources for this income included social services, student loans, and financial support from ex-partners. While only three participants identified social assistance as a source of

income, most discussed having experiences with it. This can be interpreted in either of two ways: women either had previous experiences with social services and were able to reflect upon it in the focus groups; or, for whatever reason, they simply did not identify it on the demographic data sheet completed at the beginning of the groups. It is also possible that participants did not feel comfortable with disclosing income amounts and their sources to a stranger. While not explored, the participants may have feared being stigmatized as a result of identifying themselves as 'welfare recipients.' The experiences of single mothers feeling this stigma have been explored in the literature (Swift, 1995; Wuest et al., 2003). Society has negative connotations of poverty and social assistance which impacts upon individuals living within these contexts. Women may believe that if their living situations were identified, then they and their families would be negatively stereotyped. It is plausible that such experiences contributed to the disempowerment that many of these women felt.

The experience of living on social assistance was described as being quite negative. Social assistance provided a very meagre living for these women and their families. It dictated how these women could purchase food, pay bills, enrol in courses and engage in social activities, in addition to how they cared and provided for their children. Most participants acknowledged the relationship between finances, their personal health and the health of their children. In making this connection, they expressed much frustration. They reported feeling belittled, disempowered and undervalued by the very individuals and groups whose mandate it is to help. Other studies have reported similar practical challenges and negative psychological consequences of receiving little

financial assistance (Polakoff & Gregory, 2002; Wuest et al., 2003).

Participants in my study painted a negative picture of being in a family supported in part, by student loans. This means of financial assistance was viewed as not taking into consideration the very unique needs of this student population. It influenced their choices for courses and, indeed, their entire programme of study. The concerns, challenges and everyday lives of these single mothers were very different from those of other university students. Participants believed that the university or society in general did not acknowledge this difference. The report of the Committee on Post-Secondary Education for Single Parents (1991) and the Hoops and Hurdles Research Project (1995) both described the long-standing problems that Newfoundland and Labrador single mothers have faced in receiving student loans. This money is considered by Social Services to be income and despite the increased financial demands both considered and not considered by Social Services, the amount of social assistance a single mother and her family can receive is lessened.

The Committee on Post-Secondary Education for Single Parents (1991) recommended that financial assistance from Student Aid should not be considered income. However, more than a decade later, these policies continue to exist and negatively influence the lives of single mothers pursuing post-secondary education. Having to fight constantly for enough money for a family to live on, in addition to having enough to finance a university education, was described by the participants in my study as exhausting and demoralizing.

In addition, the sources of financial support were not consistent for all women.

As previously noted, numerous financial sources were identified by the participants in my study and resulted in a wide variation of reported incomes. Having more than one source of income meant that these women had to be familiar with the policies and regulations of a number of different government departments. This process could be very confusing and increased the risk for errors, omissions, or misunderstandings to occur. The Hoops and Hurdles Research Project (1995) identified this reliance on numerous sources of financial support as a significant issue, arguing that this situation added to the financial instability experienced. Many of my participants reported having considerable difficulty in meeting many of their basic needs, including food, shelter and transportation, notwithstanding their academic related financial obligations. The financial issues identified are of significant concern to single mothers, especially those in low-income situations (Lipman et al., 1997) and could considerably affect the well-being of children living in poverty (Campaign 2000, 2004).

The challenge of ensuring adequate nutrition was discussed on a number of occasions during the focus groups. It was compelling to listen to these women discuss their difficulty in meeting such a basic need, particularly for their children. Inadequate nutrition is often viewed as an indicator of poverty and is associated with increased physical and mental health concerns (James, Nelson, Ralph & Leather, 1997; Siefert, Heflin, Corcoran & Williams, 2001). It is difficult to determine a cause and effect relationship between the two, as nutrition is but a component of a much larger network of health determinants. However, beyond the physical implications of not eating well, there are also numerous potential psychological implications. The women in my study

discussed what not having enough to eat meant to them. They described the negative feelings they experienced in being unable to consistently provide their children with nutritious meals. Feeding their children became an act of rationing: these women often went without proper nutrition themselves in order to meet their children's nutritional needs.

The single mothers in my study also described not having enough money for extracurricular activities for themselves and their children. Many of the activities discussed, such as placing children in sporting activities, were identified as potential positive health promoters for children. Previous research by Williamson and Drummond (2000) indicated that low-income parents are concerned with the effects of their socio-economic status on the well-being of their children. These researchers discussed how low-income families identified a number of factors such as low finances and lack of transportation as decreasing their children's ability to engage in activities such as sports, activities that not only have potential physical health benefits, but also have potential social benefits. Participants in my study expressed frustration over not being able to provide this outlet for their children, especially when they knew how important it was to their health.

### *“Not much left of me”*

The single mothers in my study identified the goal of securing meaningful employment that could sustain themselves and their families as the impetus for pursuing higher education. The resolve of these women in meeting this goal was constantly being challenged. Obstacles were encountered and losses endured. The effects of this struggle

were profound as expressed in the overall tone of the focus group discussions. While many humorous and light-hearted comments were made and strengths identified, the predominant emotional undertone was of anger, loneliness, exhaustion, and at times, defeat. These women were disillusioned with those who were supposed to be there to help and guide them in this process. Ultimately, maintaining their pursuit of a university degree was no simple task.

Participants discussed how managing high levels of stress and confronting numerous daily challenges eroded their sense of self worth and their relationships with others. For example, they spoke of past and present stressful and at times abusive, relationships with family and ex- partners. Brown and Barbosa (2001) found that many single mothers in their study tended to stay in non-supportive situations while enduring physical and emotional abuse in order to achieve their academic goals. This contributed to feelings of poor self-concept. Many women were fearful of leaving maladaptive, yet familiar ways of living in order to achieve these goals. While the women in my study were able to leave their controlling and abusive situations, they too, related how the residual effects of these negative situations permeated through to the present day.

The manner in which these women described their daily lives, the stressors they faced and the effect it had upon their psychological well-being certainly raised concerns with respect to their mental health. Previous studies noted that single mothers in low-income situations often reported mental health concerns such as depression and low self-esteem, more so than their married counterparts (Coiro, 2001; Demo & Acock, 1996; Lipman et al., 1997; Petterson & Friel, 2001). The literature has also indicated that an

increase in stressors is positively correlated with depression (Coiro, 2001). The women in my study described an array of mental health concerns, with increased stress, anxiety and mental exhaustion being the most common. They lacked a sense of belonging to a group, a sense of being supported by others, and possessed a strong sense of loneliness in their struggles.

Participants in my study expressed the feelings they experienced in seeking help from others. This involved recounting their story over and over to strangers who, they perceived, did not have a genuine concern for their well-being or the well-being of their families. These encounters occurred at food banks, with staff at their children's schools, representatives of student organizations, with university and government workers and officials, and with others. There was a great amount of shame involved with this self-disclosure. Some of the participants stated that, over time, they had lost this shame, possibly from becoming desensitized from the repeated process of 'baring one's soul' and family concerns. This experience is supported by studies examining the experiences of women in poverty (Polakoff & Gregory, 2002; Wuest, et al., 2003) which indicated that many women felt their lives were open for public scrutiny simply because they were receiving assistance, financial or otherwise, from publicly funded sources. In order to obtain this assistance, they were forced to divulge all family and personal concerns. Wuest et al. (2003) also noted that the women in their study perceived that their credibility was constantly challenged in this process, leaving them feeling demoralized and powerless. There was little recognition for the difficulty involved with actually asking for help and little comfort for those who were told that they did not qualify for

assistance.

Rising to the challenge of meeting the needs of their families required much self-sacrifice on the part of these single mothers. This affected how they budgeted money, rationed food and organized their time. Ultimately, the needs of their family were given priority over their own. Dowler (1996) supported this finding, noting that by coping in this manner, women can, inadvertently, negatively impact their own health and well-being.

Kushner and Harrison (2002) found that employed mothers described feeling guilty in trying to meet all work, family, and personal demands placed upon them. One woman in their study described this as falling into the “superwoman trap” (p. 52). Schreiber (2001) discussed how depressed women verbalized their feelings of inadequacy and linked this to the marginalization women face. Similarly, the single mothers in my study discussed the feelings of guilt they experienced in being unable to adequately meet all their role expectations, despite questioning whether these tasks were realistic and attainable given their life circumstances.

The negative experiences of these single mothers, especially repeated over time, can lead to feelings of self-erosion. Participants in my study felt that the essence of themselves as valuable human beings was compromised. For example, they reported feeling unable to respond to questions of genuine concern from others for fear of breaking down emotionally, yet they were expected to comply with requests for personal information to strangers in order to meet their needs. These women expressed fear about being unable to retrieve what was taken from them and their families in the process of

“fighting the system.”

***“I’ve found my strength”***

All of the focus groups ended with a discussion of what the single mothers in my study believed to be the motivators, personal or otherwise, that contributed to their success. While some participants needed encouragement to identify these motivators, all acknowledged that they possessed, in some form, the strength to cope and the ability to meet their goals and manage the daily stressors they encountered. A significant factor in this coping process was the act of taking some control over their lives. While this process of taking control is a key component for women’s coping (Duffy, 1995; Morrison, 1995), it proved to be quite difficult at times for the women in my study. A vast amount of these women’s lives was heavily influenced by outside individuals and groups, such as social services and family members. However, exerting some independence, such as carefully orchestrating the family’s schedules, enabled them to manage more effectively.

The ability to ‘juggle’ numerous roles and adjust to the hectic schedule of being single mother, primary caregiver, and student was critical. Participants reported that once they settled into a routine, the stress lessened somewhat. This ability to prioritise responsibilities has been described in the literature as ‘balancing’ (Gottlieb, 1997). Kushner and Harrison (2002) described this concept as the means by which employed mothers coped, including meeting expectations and demands through focusing on priorities; being fair and letting go of expectations and demands; using available resources; and working around constraints.

Edin and Lein (1996) discussed how single mothers receiving welfare

supplemented their income through working for cash or not reporting all income to social services. These single mothers felt compelled to engage in such strategies in order to provide for their children. The women in my study used similar strategies. They felt that their ability to cope was connected to prioritising their responsibilities, being creative and persistent in finding and securing sources of support and being able to ‘work the system’ in order to meet their needs and the needs of their families.

Research in the area of coping and “juggling” multiple roles also suggests that it is not necessarily the numbers of roles or sources of support that facilitates coping but how women perceive their stressors (Shaw, 1999; Wuest, 1998). The single mothers in my study framed their stressors through acceptance of the level of responsibility they had and the stressors they faced. They identified the issues that they could confront and change, as well as those they could not. This acceptance, at times, took the form of a fatalistic approach to their life situation. It should be noted that this form of fatalism has been identified as part of the Newfoundland and Labrador culture (Gushue, 1974). Fatalism, in this context, does not imply that Newfoundlanders and Labradorians cower in the face of adversity, but the contrary. It means that people accept the aspects of daily life that they cannot change, but are quite prepared and optimistic in confronting the many struggles and adversities that face them daily. Being raised in this social and cultural environment may have impacted upon the socialization of some of the women in my study and their approaches to stress. In any instance, this coping mechanism appeared to allow participants to focus their energy towards issues that needed the most attention and to defer energy from problems that were beyond their control.

The single mothers in my study identified their dedication and hard work as contributing to their academic success. Boutsen and Colbry (1991) also found that single parents attributed their accomplishments to their own motivation and drive to do so and appeared to take responsibility for their academic performance. Education, in fact, may act to potentiate the coping mechanisms of these women. This relationship has been explored in the literature by LeCuyer-Maus (2003) who found that high-risk mothers, with an average of 13 years of education, reported using higher levels of coping mechanisms in response to stress. The participants in my study were potentially exposed to more sources of assistance and to alternate means of improving self-sustenance by engaging in the university experience than if they remained at home.

While the literature tends to focus primarily upon the negative health associations with single motherhood (Brown & Moran, 1997; Goldberg et al., 1992; Gucciardi et al., 2004; Lipman et al., 1997; Lutenbacher, 2000; Lutenbacher & Hall, 1998; Remez, 1998), it is also possible that, given the obstacles these women faced, there might have been some intrinsic drive that kept them motivated. Single mothers in my study identified personal strengths that they felt contributed to their successes thus far. They were also very goal oriented in their hopes for a brighter future for themselves and their families. Maintaining this hope may be in keeping with the personal orientation of these women. The fact that they have returned to university, at great financial and personal cost, indicates a strong desire to achieve their goals and aspirations. Participants felt that their life situation, albeit difficult, was improved from the situation of staying in poor relationships and remaining on social assistance. This is consistent with research

conducted by Wijnberg and Weinger (1998) who found student single mothers to be hopeful, goal oriented, committed, and seeking of new future opportunities.

My study also calls for the need for a reorientation of the portrayal of the single parent family. Some of the participants noted how they felt their families, despite their problems and concerns, were healthier and more loving than many two parent families. Morrison (1995) noted how having a positive view of the family unit could impact upon coping. In Morrison's study, 12 single mothers who considered themselves to be successful were interviewed. Interestingly, all these women had been employed since being divorced and were content with their positions. These women managed to cope with challenges and hardships, and felt this process strengthened their families and acknowledged that a single parent family could be very happy and emotionally rewarding.

The findings indicated that the participants in my study felt a sense of pride in their accomplishments and in their ability to cope. They had an overwhelming sense of responsibility for their families that spurred their intent to achieve their goals. They also wanted to portray positive role models for their children, perhaps in the hope that they would not find themselves having to make the same challenging decisions their mothers faced everyday. University was an opportunity for much self-growth and personal discovery, a process that these women welcomed.

### ***Support for the use of Focus Groups***

Despite the challenges and concerns that arose in using focus groups in collecting the data for this study, there were many benefits. Participants described their

appreciation of the use of this research method. They commented on how this experience gave them a venue to vent their frustrations and validate their experiences. Participants shared information with one another and assisted in identifying services and supports that were unknown. The single mothers also supported each other in the focus group. They provided feedback and encouragement to one another in the choices they were making and the struggles they encountered. After noting their lack of social interactions, one single mother stated, “this [*the focus group*] is socializing.” This type of exchange would not have been possible through the use of one on one interviews or through quantitative methods.

### ***Contextual Issues Underlying the Findings***

A number of the contextual issues that arose from my study, and provided a background for the data, are also noted in the available literature. For example, the single mothers were generally older than the average student. At Memorial University, the vast majority of full-time female students (78%) are between the ages of 16 to 23 (Centre for Institutional Analysis and Planning, 2004). This is consistent with previous studies concerning single mothers in post-secondary education (Boutsen & Colbry, 1991; Wijnberg & Weinger, 1998).

Participants discussed their concerns with inappropriate role expectations for their children. This was illustrated as they identified their concerns in expecting their children to assist with childcare and performance of household chores. Researchers such as Sachs et al. (1997) and Lutenbacher and Hall (1998) examined the role expectations that single mothers held for their children, including children acting as confidants and providers of

emotional support to their mothers. Studies that sought to examine ‘successful’ single parent families stated that such parents resisted placing these extra responsibilities upon their children (Morrison, 1995).

Participants in my study reported many instances in which they felt they were viewed or treated differently, not only because they were single parents, but also because they were women. Studies such as Wuest et al. (2003) have also explored this experience, identifying how many of society’s overall views of women are influential in how single mothers are perceived. This includes viewing women as ‘weaker’ and as ‘victims.’ It is interesting to consider how the results of my study would vary if the experiences of student fathers were explored.

Women continue to be viewed differently from men. The single mothers in my study felt negated, belittled and, at times, felt that they were not perceived as ‘good mothers.’ Swift (1995) examined child neglect and found it to be predominantly portrayed as a low-income single mother scenario. She acknowledged the connection in the literature between poverty and neglect, but was quick to note that not all poor women neglect their children and not all neglected children live in poverty. The women in my study conveyed their frustration in being single mothers in low-income situations and the negative stereotypes they encountered, not only from society at large, but also from family and friends. Society’s negative view of poverty, women and their families must be confronted in order for change to occur.

### ***Summary of Discussion***

The findings of my study have been examined in relation to the available

literature. Parallels have been identified with studies exploring the issues of low-income and employed women who are either single or married mothers. The many responsibilities held by these women played a significant role in their health and well-being. What is lacking in the literature is the exploration of single mothers pursuing post secondary education. Women, and indeed society as a whole, are advised of the potential benefits, economic and otherwise, of achieving a university education. The single mothers in my study have taken this advice and made the difficult decision to pursue their academic and professional goals. This decision was accompanied by many challenges. These women reported feeling isolated from their peers, alone in times of need, belittled when in search of help and lacking a sense of personal wholeness. Single mothers, in returning to university, are revealing a sense of hope in designing a better future for themselves and their families. Further exploration of how nursing can assist these single mothers in this endeavour is crucial to help make their successes a reality.

## CHAPTER 6

### **Limitations, Nursing Implications and Summary**

This study has described the experiences of single mothers enrolled in full-time university studies. From a critical analysis of the data obtained via focus groups, actual and potential health concerns have been identified. This chapter will discuss some of the limitations and the challenges encountered in this project. As well, implications of the findings for nursing practice, research and education will be outlined and a final summary made.

#### ***Challenges and Limitations***

Recruitment problems can be a common issue experienced by researchers using focus groups for data collection (Morgan, 1995). A number of these challenges were encountered in recruiting participants for this study. Memorial University has campuses in both St. John's and Corner Brook. Due to the associated travel costs, participants were recruited from the St. John's area only. Despite making contact with key stakeholders and student organizations, personal communication with student single mothers, e-mails to list servers, and distribution of a large number of flyers and letters, it was not possible to recruit the recommended number of participants for each focus group.

I was contacted by a number of student single mothers who stated that they were very interested in participating. However, scheduling the focus groups became challenging in that there was a high degree of difficulty coordinating the available times for single mothers who already had a hectic daily agenda.

Once groups were scheduled, concerns continued to arise. Despite the use of

reminder calls prior to each focus group and the provision of reimbursement for sitters' fees and cab fares, there were a number of occasions in which only one to two individuals out of five or six recruited arrived at the focus group location. There were also instances in which no one arrived. This occurred despite the decision to over recruit. Potential participants were given reminder calls twice to determine their intent to attend the groups. This allowed the single mothers three opportunities to participate in the study. After this time, if they did not attend, their names were removed from the list of potential participants.

From their communications, I sensed that these single mothers were highly interested in attending, but either had difficulty to do so because of their schedules, or because they were preoccupied with other ongoing personal issues. In providing reasons for not attending, many women stated that unexpected events occurred, such as a child being ill, while others stated that they had forgotten. While this did prove frustrating for me at times, this experience was instrumental in my developing an appreciation for the challenges that these women faced. Many told of the frustration they felt in wanting to participate, but they simply did not have the time. To them, this study was an extra item in their already lengthy list of daily responsibilities. As data collection continued and four groups were completed, it became evident to me that recruitment issues were holding back the progression of the study. The data collected up to that point was very rich, common themes had emerged, and a decision was made to proceed with data analysis using a lower number of participants than originally anticipated.

In addition, there are limitations associated with the small number of focus group

participants. Because of the small sample size and the qualitative nature of the study, the findings cannot be generalized to the population of single mothers pursuing university studies in Newfoundland and Labrador. However, this study does provide a compelling account of the experiences of these women and their health concerns. Other focus group studies that yielded a small number of participants (Butcher & Gaffney, 1995; Derksen & Nelson, 1995) and experienced challenges in recruiting single mothers (Keating-Lefler, Hudson, Campbell-Grossman, Fleck & Westfall, 2004) were found in the literature. While the researchers in these studies identified low recruitment numbers as being a potential concern, they did note that the focus of the findings was not on the numbers of participants but on the quality of the interactions that occurred. They observed their participants as having an opportunity for positive feedback and personal growth through the focus group experience. This observation is supported by Morgan (1995) who noted that smaller focus groups, especially those aiming to examine complex life experiences, are more appropriate in allowing a full discussion of the participants' beliefs, experiences and concerns.

### ***Nursing Implications***

It was challenging to obtain research that targeted single mothers in post-secondary educational settings. Consequently, it is anticipated that this study has resulted in a greater understanding of the unique health needs of these single mothers attending university full-time. It has also raised a number of issues that require attention from nursing in terms of practice, education and research. Nurses encounter these women and their families in a variety of contexts, including adult and pediatric acute care, mental

health, school health, and community settings. Such attention and understanding are necessary in order to ensure that appropriate, timely, and context-sensitive care is provided.

### *Nursing practice*

The health and well-being of any population extends well beyond the medical model. The concepts of primary prevention and primary health care involve setting up a far-reaching strategy for health promotion. Efforts must be directed at “multiple risk factors, focus on multiple settings, and target neighbourhoods or communities with a high level of need” (Avison, 1997, p. 662). Health promotion for marginalized groups must occur from the grassroots level. In effectively working with single mothers, adequate consultation with and inclusion of these women and their families must occur in all aspects of decision-making and design of service delivery. Ultimately, the aim of these actions is to enable these groups to participate in and take ownership of their health and well-being.

Browne et al. (2001) recommended that any strategies used should be co-operative, cross-sectoral, comprehensive, pro-active, and holistic, with an investment in non-medical services that support health and well-being. This collaboration must occur among various health professionals, community groups, educational institutions, and government agencies. It should also include raising awareness of and working for improved access to educational and employment opportunities, income support, and childcare increases (Lahelma et al., 2002).

More information is needed to examine how the provision of such incentives and

intervention strategies may affect single mothers in or considering post-secondary education. As the primary caregivers, nurses can mediate this interaction, collaborate with other professions and agencies, and provide support for single mothers in the process. In doing so, nurses can ensure that an adequate and thorough understanding of the health needs and concerns of these women and their families is facilitated (Meleis & Im, 1999).

The development of this understanding can be influenced through a number of means. Society in general has many attitudes towards single mothers and low-income families (Swift, 1995). These attitudes can have a profound impact upon the development of nursing care, health policies and intervention strategies for these groups. The manner in which health professionals perceive and are perceived by single mothers can have a significant effect on their perception of health needs and their motivation to seek out assistance when required. Low-income individuals can identify negative attitudes and biases in health professionals, even in those who may attempt to mask these feelings. These attitudes illustrate that health professionals are subject to the influence of current societal thought, even if it is negative (Allen, 1994). The consequences of this bias can have serious negative health implications for single mothers and their families.

Unfortunately, it is possible that nursing, in working so closely with marginalized groups, may have become somewhat desensitised to the needs of various populations, including single mothers and their families. In providing care, nurses must exercise a great deal of self-reflection regarding the opinions and beliefs they hold. Studies have examined the negative and unsupportive attitudes and behaviours conveyed by nurses to

clients and in particular, unmarried mothers (Ganong, 1993; Ganong & Coleman, 1997). These preconceptions can act as significant barriers to the provision of care, especially if the clients' personal characteristics, lifestyle, or life circumstances are objectionable to the nurse in some way. For example, Ganong and Coleman (1997) found that nurses tend to provide adequate 'technical' care to clients who may have personal life circumstances that the nurse finds difficult to accept. However, the psychosocial care may be adversely affected, leaving the client feeling as if their emotional needs have been ignored. The researchers speculated that this might contribute to clients ignoring health promotion activities as well as resisting contact with health professionals.

Supports for single mothers in university are not consistent. The women in my study identified that reliable sources of support are either lacking or are present but with numerous problems. In addition, as supported by Gottlieb (1997), many single mothers were not aware of potentially helpful services that were already in place. Nursing can act to effect much change in this area. For example, nurses may examine the need for more health promotion work to be implemented on campuses, or liaise with student groups and university administration to ensure that campus services are suitable. Researchers, including nurses, tend to underestimate the number of older single mothers (Rendall, 1997). This is significant for programming by the university for its student population, as student residences, programmes, activities, and advertising are commonly geared towards the younger student (Quinnan, 1997). More work is needed to assess the needs of the older student in the university setting to ensure that this growing population is not neglected in health promotion and maintenance efforts.

A greater nursing presence may be needed on post-secondary campuses, with the goal of providing comprehensive primary health care, health management, and follow-up in conjunction with current student health and counselling services. As well, nurses working in community and mental health settings need to have an appreciation of the roles and responsibilities of single mothers, including those in post-secondary education.

The provision of comprehensive and diverse services is facing competition within health care reform. In the process of streamlining and consolidating health care and social services for the purpose of cost-efficiency, organizations have become larger, more intimidating and less personal. Stewart (1990) notes, "A major factor contributing to fragmented, depersonalized care is an emphasis on the convenience of health care personnel. Fragmented care ...increases the likelihood of stereotyping and lessens the opportunity for equal access to quality care" (p. 453). Therefore, the efficiency achieved may not equate to efficacy.

Nurses hold a very special place in the delivery of healthcare services. As expressed by Ganong and Coleman (1997), "Nurses represent to many patients the human face of large and often impersonal health care systems" (p. 150). In neglecting to provide sensitive care to clients, nursing is contributing to the oppression of disenfranchised groups such as single mothers. Nurses must never lose sight of the characteristics and needs of the population they serve, and be willing to challenge policies that promote the marginalization that single mothers face. As well, government policies and bureaucracy have a 'trickle down effect', thus positively or negatively influencing the lives of any population, including the lives of student single mothers and

their families. Policies that promote less than optimal environments for marginalized groups must be challenged. Williamson and Drummond (2000) stated that success in reducing inequalities in health would only occur if “health education is accompanied by policy advocacy and social action strategies that challenge and attempt to modify structural conditions that contribute to health inequalities” (p. 129). Nurses must be ready to engage in meaningful interactions with targeted populations, develop a broader awareness of their health issues and advocate for policies that allow for achievement of health promoting goals, including access and support for post-secondary education.

### *Nursing education*

Nursing education must become more proactive in fostering critical thinking in baccalaureate and graduate students. This higher level of analysis is not only targeted towards traditional practice settings, but also to the creation of a heightened awareness in the student concerning the socio-economic and political factors, such as poverty and education, that impact health. With the recently regenerated focus on primary health care, nurses need to become more proactive in identifying how these numerous health determinants impact upon groups such as single mothers. Preparation for this endeavour must begin at the undergraduate level and continue through graduate studies.

While this shift is occurring, more gains are needed. Sword, Reutter, Meagher-Stewart and Rideout (2004) identified a lack of exposure to issues concerning poverty in their examination of Canadian baccalaureate nursing students. The findings indicated that students were able to identify the link between poverty and health but lacked awareness of issues associated with poverty in Canada. This was exemplified by

comments indicating that some students did not even realize there was a poverty issue in Canada, as they often associated poverty with Third World countries. Clearly, more information and discussion of poverty and its effects on health must be integrated into nursing curricula.

The connection between healthy public policy and poverty has been documented in the literature. For example, countries such as Sweden and Finland, with social policies offering a greater ‘social safety net’, tend to have lower poverty rates (Ruspini, 1998) and have fewer gaps in self-reported health for women in low-income situations (Lahelma et al., 2002). Examination of this issue in the literature indicates that a shift from the present focus on health care policy to healthy public policy must occur in nursing curricula (Reutter & Duncan, 2002; Reutter & Williamson, 2000). This includes the development of baccalaureate, graduate, and continuing education nursing curricula related to healthy public policy and its relationship to the empowerment, health, and well being of marginalized populations, including single mothers.

This change in focus for nursing curricula must extend beyond the classroom. Students need to have opportunities to work with marginalized groups, such as student single mothers, in the clinical setting (Sword et al., 2004). This would accomplish a number of goals. It would facilitate the application of theory to practice and allow students to develop a meaningful understanding and appreciation of the experiences of marginalized groups, including single mothers. As well, nursing students would be afforded the opportunity to develop their advocacy skills and to develop a greater understanding of the practical implications of current health, government and other

institutional policies on well-being.

Nurse educators also need to develop a heightened awareness of the issues associated with single parenting, not only for the purposes of transferring this knowledge, but also for offering support and understanding to nursing students who may be single mothers. It is highly likely that, given the fact that nursing is a predominately female oriented profession that continues to primarily attract female students, many nurse educators have come or will come into contact with women who are full-time students and single mothers. This recommendation has also been noted in literature examining the experiences of women in post-secondary studies (Walls & McPhee, 2000). Student single mothers have the potential to offer a great deal to the nursing profession and their needs and concerns must be given due consideration.

### *Nursing research*

While I have placed much emphasis on the gender related issues brought forth in my study, the need for further exploration of the specific health needs of single mothers in university cannot be overstated. This study exposed a glaring lack of research and understanding of the health needs of single mothers in the university setting. This group of women, while sharing many similar concerns to single mothers in general, do not consider themselves as sharing all the same characteristics. The participants felt different and even marginalized from their peers who are not attending university. Thus we see the diversity in their experiences. Im and Meleis (2001) commented on this diversity, noting that universality could not exist in gender sensitive theories. No such concept exists, as the experiences of women are so complex. Therefore, because of the

uniqueness of each individual situation, women must be given a greater voice in theory development. Numerous accounts of women's strengths, struggles, backgrounds and present day realities must be heard. Researchers must also identify their own assumptions regarding women's health issues, as this can impact on how theory development research occurs.

Gender sensitive research must take on a socio-political perspective and consider the "interactions, empowerment, and emancipation of women within socio-political contexts" (Im & Meleis, 2001, p. 313). Further exploration of the effects of health policy upon the health and well-being of women in low-income situations is needed (Reutter et al., 1998), especially for single mothers in post-secondary education. Gender sensitive research must outline an action plan for nurses, illustrating how to provide gender sensitive care and how to become proactive in women's health issues. This input is crucial in developing a better understanding of the unique needs of student single mothers.

More examination of the broader determinants of health must be considered. Single mothers in university are often faced with a barrage of roles and responsibilities, in addition to the social and economic contexts in which many live. Nursing must commit to the meaningful exploration of stressors and health needs, as well as the identification of inherent strengths (Ford-Gilboe & Campbell, 1996). For example, more information is needed to explore the strengths that single mothers possess that contribute to coping. Reutter et al. (1998) also identified this gap in their review of research concerning low-income women. Nursing must strive to gain a better understanding of

what motivates single mothers to maintain their health and to pursue their academic and professional goals.

The research methods used in this study are also worthy of note. Webb and Kevern (2001) noted that there was a lack of research-based nursing literature available pertaining to the use of focus groups as a research method. As well, despite its practical challenges, the focus group interview was successful in obtaining insight into the lives of the single mothers in my study. Feedback from the participants concerning this method was positive. Many commented on how they did not feel alone and appreciated the opportunity to have someone listen to their concerns in such a setting. This method, in conjunction with phenomenology and critical social theory, would greatly contribute to future examination of the issues facing single mothers in post-secondary education. It would also contribute to a greater understanding of the meaning behind health concerns and health promotion challenges (Hildebrandt, 1999).

### *Summary*

There are many challenges and benefits in achieving a university education. This study examined the experiences of single mothers enrolled in full time university studies in Newfoundland and Labrador. A phenomenological approach to focus groups was used with critical social theory providing a contextual background. Zemke and Kramlinger's approach to focus group data analysis (1982), was employed, resulting in the identification of five themes: "If I were only a student", "Doing it alone", "Surviving economically", "There's not much left of me" and "I've found my strength."

These themes highlighted the highs and lows experienced by the women who

participated. The findings indicated the need for a greater awareness of the paradoxes that exist for such women. The single mothers were compelled to pursue higher education in the hope of forming a better life for themselves and their families, yet they encountered many obstacles that tested their resolve and determination. A greater understanding of these issues is needed in order to encourage, support, and promote successes for these single mothers. Nursing, in taking an emancipatory approach to this issue, can aid in stimulating this awareness, not only in current and future nurses, but also in government, post-secondary, and community organizations.

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**APPENDIX A**

**Letters of Correspondence**

P.O. Box 23103  
Churchill Square  
St. John's, Newfoundland  
A1B 4J9

Carson Leonard  
Acting Dean  
Student Affairs and Services  
Memorial University of Newfoundland  
St. John's, Newfoundland

Dear Mr. Leonard,

I am a Master of Nursing Degree student at Memorial University's School of Nursing. I have an expressed interest in the health of young adults and adolescents, especially those in the university/ college setting. I am writing to request permission to recruit participants for my thesis research project. This project is titled *Health Needs Assessment of Single Mothers Attending University in Newfoundland: A Focus Group Study*. This project has been designed in collaboration with my thesis supervisor Lorna Bennett, and will be examined by the Human Investigations Committee at Memorial University.

The information obtained from this study will be of great benefit to the university administration. My extensive literature search has yielded little information regarding this group. I believe that it is important to increase the availability of such knowledge in order to better assess and meet the needs of this ever increasing population. In doing so, services and policy formation can be better directed to them, based on these identified needs. Hopefully, this will aid in making their university experience less difficult, more productive, and improve the likelihood of obtaining their degree. I would greatly appreciate your support in this matter.

I am available to meet with you to discuss any questions or concerns that you may have. Please feel free to contact me at 738-0156 or [nsnow@ganymede.cs.mun.ca](mailto:nsnow@ganymede.cs.mun.ca).

I look forward to hearing from you.

Sincerely,

Nicole Snow, BN, RN

cc. Robert Shea, Acting Director, Student Development  
Dr. K. Brian Johnston, Director, Student Housing and Food Services  
Dr. Russell Harpur, Director, Student Health Services  
Dr. G. Hurley, Director, Counselling Centre  
Ms. Kathie Saunders, Wellness Educator, Wellness Education

P.O. Box 23103  
Churchill Square  
St. John's, NF  
A1B 4J9

Una Howard  
President  
Student Parents at MUN  
Memorial University of Newfoundland  
St. John's, Newfoundland

Dear Ms. Howard,

I am a Master of Nursing Degree student at Memorial University's School of Nursing. I have an expressed interest in the health of young adults and adolescents, especially those in the university/ college setting. I am interested in learning more about the perceived health needs of single mothers who are attending full time university studies in Newfoundland. I am writing to request your support in recruiting participants for my thesis research project. The project is titled *Health Needs Assessment of Single Mothers Attending University in Newfoundland: A Focus Group Study*. The research proposal has been designed in collaboration with my thesis supervisor, Lorna Bennett, and will be examined by the Human Investigations Committee at Memorial University.

I would greatly appreciate your support in the conduction of this study. This will involve allowing me to post notices in your society office in order to recruit participants. The information obtained from this study is greatly needed. My extensive literature search yielded little information regarding the health needs of post secondary students who are single mothers. By improving the availability of such knowledge, services and policy formation can be better directed.

I am available to meet with you to discuss any questions or concerns that you may have. Please feel free to contact me at 738-0156 or [nsnow@ganymede.cs.mun.ca](mailto:nsnow@ganymede.cs.mun.ca).

I look forward to meeting with you.

Sincerely,

Nicole Snow, BN, RN

P.O. Box 23103  
Churchill Square  
St. John's, Newfoundland  
A1B 4J9

July 19, 2001

Joan Rowsell  
Director  
Centre for Nursing Studies  
St. John's, NF

Dear Ms. Rowsell,

As per our meeting yesterday, July 18, 2001, I am writing to request permission to recruit research participants at the Centre for Nursing Studies.

I am a Master of Nursing Degree student at Memorial University's School of Nursing. I have an interest in women's health, particularly that of single mothers, and designed my Master's thesis research in the area. My project titled *Health Needs Assessment of Single Mothers Attending University in Newfoundland: A Focus Group Study* was designed in collaboration with my thesis supervisor Lorna Bennett, and has been approved by the Human Investigations Committee at Memorial University.

I wish to recruit participants from the Bachelor of nursing Degree Program at the Centre. Recruitment will involve posting flyers identifying the study and my contact information. I will also, as discussed in our meeting, send copies of the flyers to faculty in the BN Program to inform them of the project.

The information obtained from this study will be of great benefit to the Centre for Nursing Studies and Memorial University. My extensive literature search has yielded little information regarding this group. I believe that it is important to increase the availability of such knowledge in order to better assess and meet the needs of this ever increasing population. In doing so, services and policy formation can be better directed to them, based on these identified needs. Hopefully, this will aid in making their university experience less difficult, more productive, and improve the likelihood of obtaining their degree. I would greatly appreciate your support in this matter.

If you have any further questions, please feel free to contact me at [nsnow@ganymede.cs.mun.ca](mailto:nsnow@ganymede.cs.mun.ca) or at 738-0156.

With kindest regards,

Nicole Snow

P.O. Box 23103  
Churchill Square  
St. John's, NF  
A1B 4J9

738-0156

June 25, 2001

**This letter is intended for SINGLE MOTHERS attending Memorial University. If you are not one of these individuals, please kindly disregard this letter.**

Dear Parents,

I am a Master of Nursing Degree student at Memorial University's School of Nursing. I am in the process of conducting research for my thesis: *Health Needs Assessment of Single Mothers Attending University in Newfoundland: A Focus Group Study*. This study has been designed in collaboration with my thesis supervisor and has been approved by the Humans Investigations Committee at Memorial University.

The purpose of this study is to gain an increased understanding of the perceived health needs of single mothers who are attending university studies in Newfoundland.

If you wish to obtain more information regarding this study, please contact me at the above phone number, or by email [nsnow@ganymede.cs.mun.ca](mailto:nsnow@ganymede.cs.mun.ca).

Thank you for your time and consideration.

Respectfully,

A handwritten signature in black ink, appearing to read 'Nicole Snow', written in a cursive style.

Nicole Snow BN, RN. MN(c)

**APPENDIX B**  
**Recruitment Flyer**

# ATTENTION SINGLE MOTHERS

Are you interested in participating in  
a research project to discuss your  
health needs?

I am a Master of Nursing Degree  
student conducting research for my  
thesis:

*Health Needs Assessment of Single  
Mothers Attending University in  
Newfoundland: A Focus Group Study*

If interested, please contact  
Nicole Snow at 738-0156,  
pager 553-6494, or by email  
([nsnow@ganymede.cs.mun.ca](mailto:nsnow@ganymede.cs.mun.ca)).

**APPENDIX C**

**Consent Form**

## CONSENT TO PARTICIPATE IN RESEARCH

**TITLE:** **Health Needs Assessment of Single Mothers Attending University in Newfoundland: A Focus Group Study**

**INVESTIGATOR:** Nicole Snow, BN, RN, Master of Nursing Degree Student  
Memorial University of Newfoundland School of Nursing  
Telephone: 738-0156                      Pager:553-6494

You have been asked to participate in a research study. Participation in this study is entirely voluntary. You may decide not to participate or may withdraw from the study at any time.

Information obtained from you or about you during this study, which could identify you, will be kept confidential by the investigator and strongly encouraged among all participants. To stress the importance of this, each participant will be asked to read and sign an oath of confidentiality. The investigator will be available during the study at all times should you have any problems or questions about the study.

The purpose of this study is to gain an increased understanding of the perceived health needs of single mothers who are attending full time university studies in Newfoundland.

Focus groups will be used to collect information. These focus groups will be held at a time that is mutually convenient for the participants and the investigator. At these meetings, you will be asked questions regarding your views and concerns as a single mother attending university. You will also be asked to fill out a form providing basic demographic information.

There will be four (4) focus groups with approximately eight (8) participants each. You will be asked to attend and participate in only one focus group. This will be of approximately two hours duration. Refreshments will be served at this time. The session will be audio-taped and the results analysed for common themes.

You and all the members of each focus group will be contacted individually after the information has been analysed to ensure that the information obtained is correct. It is at this point that you will be asked to clarify any of the information or ask any questions which you may have. This follow up meeting will be held at a time and place which is mutually convenient with you and the investigator. The follow up meeting will depend on the nature and extent of the comments which you will make. It is anticipated that this should take approximately one half to one hour.

**Participant's Initials:** \_\_\_\_\_ **Page 1**

**CONSENT TO PARTICIPATE IN RESEARCH**

There are very few potential risks to you. You may feel uncomfortable with discussing personal issues in a group situation. If there are any personal issues with which you need assistance, a referral process will be in place to help. You may answer only those questions which you feel comfortable in answering. You may withdraw from the study at any point you wish. This will in no way have any negative impact on how you will be treated in this study.

If you do not have your own transportation, or have difficulties finding child care, cab fares and sitters' fees will be reimbursed by the study. In addition, you will not be asked to undergo any physical examinations or tests.

There are no immediate benefits for you in participating in this study. Everyone who participates will receive a summary of the results if they wish.

Your signature indicates your consent and that you have understood the information regarding the research study. In no way does this waive your legal rights nor release the investigator or involved agencies from their legal and professional responsibilities.

**Participant's Initials: \_\_\_\_\_ Page 2**



**APPENDIX D**

**List of Proposed Questions to Guide Group Discussion**

## List of Proposed Questions to Guide Discussion

### *Health Needs Assessment of Single Mothers Attending University in Newfoundland: A Focus Group Study*

#### Introduction

Introduce moderator, identify and explain the research project, set ground rules for communication, and ask participants to complete the oath of confidentiality forms.

#### Icebreaker

Ask the group to identify themselves by their first name and tell the group something about themselves (e.g. What they enjoy as a hobby, how many children they have, what academic program they are in, etc.).

Identify health as being a broad concept which is not only related to physical well being but also as a resource for living, affected by emotional and socio-economic factors.

#### Introductory Question

Tell me what it is like to be a single mother and a full time university student.

#### Follow-up Questions

How do your needs impact your physical and emotional health and well being?

How does this impact influence your need for social interactions?

What have you done to deal with this impact/ influence?

What personal attributes do you rely on in order to deal with this impact/ influence?

Let's summarize the discussion thus far.

Any points that have been missed?

Ask participants to complete the demographic data form.

Summary and farewell.

**APPENDIX E**

**Demographic Data Form**

### Demographic Data

#### *Health Needs Assessment of Single Mothers Attending University in Newfoundland: A Focus Group Study*

**Age:**

less than 20  20 to 24  25 to 29  30 to 34  35 to 39  40+

**Year started university:** \_\_\_\_\_

**Years completed to date:** \_\_\_\_\_

**Program of study:** \_\_\_\_\_

**Number of children:** \_\_\_\_\_

**Ages of children:** \_\_\_\_\_

**Means of financial support (please check all that apply):**

government student loans  part time employment  full time employment

bank loans  child's (children's) father(s)

other (please specify): \_\_\_\_\_

**Approximate net yearly income:**

less than \$4999  \$5000 to \$9999  \$10,000 to \$14,999

\$15,000 to \$19,999  \$20,000 to \$24,999  \$25,000 to \$29,999

\$30,000 to \$34,999  \$35,000 +

**Thank you**

**APPENDIX F**

**Oath of Confidentiality**

**HEALTH NEEDS ASSESSMENT OF SINGLE MOTHERS ATTENDING UNIVERSITY IN  
NEWFOUNDLAND: A FOCUS GROUP STUDY**

**CONFIDENTIALITY FORM**

While participating in the focus groups for the above research project, you may become exposed to personal information regarding other participants. In order to respect these individuals' privacy, **it is strongly encouraged** that you keep information discussed in the focus groups **confidential**. If you are concerned with some of the discussion, you may wish to contact the project investigator, **Nicole Snow** BN, RN, at **738-0156**, or pager, at **553-6494**.

This trust in the confidentiality of the discussion is necessary in order to allow all participants to feel comfortable with discussing their health needs within the group environment.

**OATH OF CONFIDENTIALITY**

**I, \_\_\_\_\_, hereby promise, to the best of my ability, to respect the privacy of the participants in the focus groups conducted for the project above and to keep all information related to the project confidential.**

\_\_\_\_\_  
**(Signature of Participant)**

\_\_\_\_\_  
**(Date)**

**APPENDIX G**

**Approval Letter from Human Investigations Committee**





