

Research Article

A STUDY ON PERCEIVED SUPPORT AND COPING OF SINGLE MOTHERS IN A MATRILLNEAL SOCIETY

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Abstract

Objective: This study aims to assess the perceived social support and to determine the coping of single mothers and compare the findings with that of married mothers. **Methods:** The study was conducted using the descriptive cross-sectional study design with a quantitative approach. Single mothers and married mothers in the age group of 18-45 years, residing in Shillong, Meghalaya-India and who have dependent children were considered as the universe in this study. Through purposive sampling technique a total of 60 participants were chosen out of which 30 were single mothers (study group) and 30 were married mothers (comparative group). Socio-demographic sheet was constructed for the purpose of this study, the Multidimensional Scale of Perceived Social Support and Brief COPE were administered for this study. Data was analyzed using SPSS version 25. **Results:** Mean of the total scores in perceived social support was found to be lesser in single mothers (59.60 ± 11.97) than that of married mothers (66.81 ± 7.013). This difference was statistically significant ($t=2.847, p=0.006$). In coping, it was seen that the difference was statistically significant in substance use ($t=-2.10, p=0.040$), emotional support ($t= 2.489, p=0.016$), behavioural disengagement ($t=-3.400, p=0.001$), venting ($t=2.676, p=0.010$), positive reframe ($t= 2.036, p=0.046$) humor ($t= 2.31, p=0.024$) and self-blame ($t=3.16, p=0.002$). **Conclusions:** This study is an attempt to better understanding of perceived social support and coping of single mothers as compared to married mothers. Therefore, this study would act as a guidance for policy makers to emphasize on these vulnerable family units and ensure that basic right to live dignity is fulfilled. *ASEAN Journal of Psychiatry, Vol. 23(8), December, 2022; 1-8.*

Key words: Perceived Social Support, Single Mothers, Married Mothers

Introduction

Single-parent family is the absence of one of the parents, either permanent or temporary. Single parent families in the past emerged due to the death of a parent either by illness, war or accidents. However in the present times socio-cultural factors such as divorce, separation,

abandonment etc. played an important role in emerging single parent households [1]. The lifestyles of single parents vary widely from country to country, depending on cultural background, family background and government policies [2]. As the burden of taking care of the

family falls on one parent, single parenting can be stressful and they face difficulties such as financial hardships, social stigma and various personal challenges such as physical and mental health.

Single mothers in this study comprised of women who were either separated/divorced from husbands or widowed and women whose children are born out of wedlock and who were currently not in a partnered living arrangement and married mothers in this study were those who were currently living with their spouses.

The Khasis of Meghalaya follows a matrilineal system of descent, succession and inheritance. In Meghalaya, women have more access to physical resources and are able to engage in income generating activities that help contribute the social security of the household [3].

Women in Meghalaya do enjoy a better status when compared to women in other regions of the country, however being a single mother with multiple roles can be challenging in many ways. Social support is a complex, dynamic and multidimensional concept, partly overlapping with social relationships. Its key concept incorporates both the structure as a whole under which supportive connections take place and the types of resources accessible through social relationships [4]. The former alludes to the kind of people connected by a specific type of tie in a system and the recurrence of contacts among them. The latter refers to the content of resources and influences flowing across the ties and covers the qualitative and behavioural aspects of social relationships [5].

Social support may likewise be indicated by the kind of help moving through social connections, assembled in four significant classifications: Instrumental support referring to assistance or help for the fulfilment of ordinary responsibilities (childcare, household related responsibilities, help for shopping, obtaining cash) emotional support providing empathy, sympathy, a safe space for sharing of personal problems and so forth; informational support related to providing guidance and information of particular requirements (employment opportunities, available services) and social companionship providing opportunities for

socializing such as getting together with friends or companions [6].

Folkman and Lazarus differentiated two types of coping that they called problem-and emotion-focused coping [7]. The former is focused at problem solving to alter the source of the stress and the latter is aimed at reducing or managing emotional distress that is related to a stressful situation. Most stressors elicit both types; however, problem-focused coping tends to prevail when people believe they can change the situation, while emotion-focused coping tends to prevail when people believe that the stressor is beyond their control.

Rousou reported that single motherhood places women in adverse social position and makes them vulnerable to poor health due to prolonged stress as compared to partnered mothers [8]. They tend to face discrimination and stigma not only from the society but even from their own family members. The lack of support from her environment contributes to stress and may cope poorly which further deteriorates mental health.

There is a consensus among researchers that single parents are more vulnerable to poverty and social exclusion, especially when they have dependent children [9]. Social isolation and poor social network can diminish the emotional support single mothers receive from family and this coupled with economic hardship contribute to poor mental health in single mothers [10,11].

For these reasons, support received from family, friends and significant others often represent a key source for single mothers. These different groups of people represent one of the most important risk-management and risk-coping options in providing social support and in compensating and making up for the inadequacies of the government assistance in general [12].

It was also seen that single mothers who experience poverty-related stress, feeling of loneliness and isolation and those with poor social and familial support tends to cope poorly as such related stresses hinders the development of effective coping abilities [13].

Hence, the main objectives of this study is to examine the psychosocial profile and to assess the perceived support and coping of single mothers and compare how it is different from that of partnered mothers.

Methods

This study has been approved by the institutional research ethics committee before the experiment was started. The patients have given their written informed consent for participation in the research study. The study was conducted using the descriptive cross sectional study design with a quantitative approach. A total of 60 participants residing in Shillong to Meghalaya, India, were chosen through purposive sampling technique out of which 30 were single mothers (study group) and 30 were married mothers (comparative group). The eligibility criteria included single mothers and married mothers from the age group of 18years to 45 years with dependent children. Single and married mothers in the life cycle stage of empty nest (all children launched out) were excluded from this study.

Following are the tools used for data collection:

- Socio demographic profile sheet was developed to gain personal information and family details.
- The Multidimensional Scale of Perceived Social Support (MSPSS) is a 12-item scale designed to measure perceived support from these three sources, namely family, friends and significant other. Firstly, the mean score of each source is calculated to know from which source the maximum or minimum support is received. To calculate mean scores:
 - **Significant Other Subscale:** Sum across items 1, 2, 5 and 10, then divided by 4.

- **Family Subscale:** Sum across items 3, 4, 8 and 11, then divided by 4.
- **Friends Subscale:** Sum across items 6, 7, 9 and 12, then divided by 4.
- **Total Scale:** Sum across all 12 items, then divided by 12.

In this approach any mean scale score ranging from 1 to 2.9 was considered low support; a score of 3 to 5 was considered moderate support; a score from 5.1 to 7 was considered high support [14].

- Brief COPE is a 28 item Scale used to understand various coping such as self-distraction, denial, substance use, use of emotional support, use of instrumental support, venting, positive reframing, planning, humor, acceptance, religion and self-blame. Items are rated on a scale from =I haven't been doing this at all, 2=I've been doing this a little bit, 3=I've been doing this a medium amount, 4=I've been doing this a lot. There are no overall total scores only total scores for each subscale and it is calculated by summing up the total of each subscale. Higher scores in each subscale indicated higher utilization of the specific coping strategy [15]. Interview was conducted through home visits and each interview lasted for an hour. The data was collected in a period of 3 weeks. Data was analyzed using SPSS version 25. Continuous sociodemographic information was analyzed using mean and standard deviation whereas categorical socio-demographic information was analyzed using frequency, percentage. Prevalence of perceived social support and coping between single mothers and married mothers were analyzed using mean and standard deviation.

Results

Table 1. Comparison of socio demographic profile among single mothers and married mothers

Variable	Group		t	df	p
	Married mothers	Single mothers			

	Mean	Standard deviation	Mean	Standard deviation			
Age	36.66	5.42	39	6.411	-1.52	58	0.134
Years of education	18.46	3.05	15.03	4.08	3.687	58	.001***

* p<.05; ** p<.01; *** p<.001; df=Degree of Freedom; N=60

It was seen that the mean age of the married mothers (36.66 ± 5.428) and single mothers (39.00 ± 6.411) which indicates that participants from both groups are in their middle ages. Married

mothers had more years of education (18.46 ± 3.05) compared to single mothers (15.03 ± 4.08) and this difference was statistically significant (t=3.687, p=.001 ***) (Table 2).

Table 2. Comparison of socio demographic profile among single mothers and married mothers.

Variables		Group				X ² /f	df	P
		Married mothers (N=30)		Single mothers (N=30)				
		F (N=30)	(%)	F (N=30)	(%)			
Monthly family income	40,000 or more	6	0.2	2	0.067	9.36	4	.053*
	29,000-39000	13	0.433	7	0.233			
	19,000-28,000	6	0.2	6	0.2			
	10,000-18,000	5	0.167	13	0.433			
	Less than 9000	0	0	2	0.067			
Occupation	Govt. Service	13	0.433	5	0.167	2.47	1	0.116
	Pvt Jobs	3	0.1	5	0.167			
	Business	6	0.2	4	0.133			
	Daily wage labourer	4	0.133	13	0.433			
	Home maker	4	0.133	3	0.1			
Family type	Nuclear	15	0.5	17	0.567	2.79	3	0.425
	Joint	14	0.467	10	0.333			
	Separated	0	0	2	0.067			
	Extended	1	0.033	1	0.033			

* p<.05; ** p<.01; x²=chi-square; f=Fisher’s exact test; df=Degree of freedom; F=Frequency (60); %= Percentage (100%)

It is shown that the monthly family income of a majority (43.3%) of single mother families is between 10,000 to 18,000 rupees whereas the monthly family income of a majority (43.3%) of married mother families is between 29,000 to 39,000 rupees. The difference was found to be statistically significant (X²/f =9.356, p=.053*).

Majority of married mothers (43.3%) are employed in government services whereas majority of single mothers (43.3%) are daily wage labourers. It was also seen that majority (50.0%) of married mothers and majority (56.7%) of single mothers were from nuclear families respectively (Table 3).

Table 3. Comparison of Perceived Social Support among single mothers and married mothers.

Variable	Group		t	df	p
	Married mothers (N=3)	Single mothers (N=3)			

	Mean	Standard deviation	Mean	Standard deviation			
Significant others	19.49	2.655	16.78	5.038	2.604	58	.012*
Family	20.08	2.166	19.58	4.738	0.526	58	0.601
Friends	18.77	2.706	15.9	4.843	2.83	58	.006**
Social support total	66.81	7.013	59.6	11.97	2.847	58	.006**

p<.05; ** p<.01; df= Degree of Freedom; N=60

It was seen that comparatively single mothers had less social support (16.78 ± 5.038) from significant others than married mothers (19.49 ± 2.655) and this difference was statistically significant (t=2.604, p=.012). The mean scores in the domain of social support from family also showed that single mothers scored lesser when compared to married mothers (19.58 ± 4.738 and 20.08 ± 2.166 respectively). Social support from friends was found to be higher in married mothers

(18.77 ± 2.706) than in single mothers (11.97 ± 2.847). Significant mean difference was also found between single mothers and married mothers (t=2.830, p=.006**). Mean of the total scores in perceived social support was found to be lesser in single mothers (59.60 ± 11.97) than that of married mothers (66.81 ± 7.013). This difference was statistically significant (t=2.847, p=.006**) (Table 4).

Table 4. Comparison of coping among single mothers and married mothers.

Variable	Group				t	df	p
	Married mothers (N=3)		Single mothers (N=3)				
	Mean	Standard deviation	Mean	Standard deviation			
Substance use	2.13	0.507	2.66	1.29	-2.1	58	.040*
Emotional support	7.56	0.626	6.83	1.48	2.48	58	.016*
Behavioral disengagement	3.4	1	4.6	1.65	-3.4	58	.001***
Venting	6.73	0.868	5.93	1.38	2.67	58	.010**
Positive reframing	7	0.587	6.43	1.4	2.03	58	.046*
Humor	5.36	1.18	4.5	1.676	2.31	58	.024*
Self-blame	3.83	0.985	5	1.76	-3.16	58	.002**

* p<.05; ** p<.01; df=Degree of Freedom; N=60

Out of the 28 items, only the sub scales that has significant differences was added in the table. It was seen that the difference was statistically significant in substance use (t=-2.10, p=.040), Emotional support (t=2.489, p=.016), Behavioral

Discussion

This study shows that single mothers in general have had lesser education than married mothers. According to Gahler and Garriga, the prevalence

of single motherhood has increased faster among those with lower levels of education [16]. McLanahan showed that in Canada, Finland, Germany, the Netherlands, Sweden and the

United Kingdom, less educated women were more likely to be single mothers [17]. This study also revealed that single mothers had lesser support when compared to married mothers. Absence of a life partner and the limited resources and social circle due to multiple responsibilities could also contribute to this finding. Crosier found that the perceived lack of social support and financial hardship were the most important factors contributing to poor mental health among single mothers [11]. Furthermore, reported that single mothers are short of various types of support, are socially distant and obtain less emotional and parental support while also having unstable social networks [10]. Cairney found that single mothers perceived that they had less social support, reported less contact with family members and friends and were less socially involved than were married mothers [18]. Lumino noted that the main sources of support are represented by kinship members and friends, who signifies an extremely significant part of the single mother's survival strategy as the basic needs of single mothers are met [19]. Social and welfare services and supports, indeed, can ease a great deal of issues experienced by single mothers while empowering them to improve and fulfill various needs, who would naturally appreciate any sincere emotional and mental support and emphatic assistance. Support from community centers, school systems and religious organizations potentially help the single mothers to adjust and accommodate to the new unexpected experiences [20]. Hamid and Salleh reported that the social support rendered to the single working mothers helped them tremendously [21].

This study further highlighted different ways of coping by single mothers as compared to married mothers. Coping strategy can be defined as the specific behavioral and psychological efforts that people employ to master tolerance and to minimize the impact of stressful events [22]. Coping strategies used tend to be different for different groups of people depending upon the availability and accessibility of various resources. Socio economic background, the level of support system plays an important role in a person's ability to cope as well [23]. It was seen from this study that, coping also mostly depends on the various support systems they have. Single mother

who has strong support system either from within family or from outside family tend to have better coping than those single mothers who lack the support. Single mothers with good support thus tend to get access to many resources easily whereas that is not the case with single mothers who lack support. Wadsworth and Santiago reported that single mothers who experience poverty-related stress, feeling of loneliness and isolation and those with poor social and familial support tends to cope poorly as such related stresses hinders the development of effective coping abilities [13].

Overall, the stronger the support system the better the coping skills in dealing with various stress factors. The limitations of the study was that the sample size was modest and a larger sample size would help in getting in depth results. Close ended questionnaires used in the study which limited the responses of the participants and the study only included participants from one cultural background. The findings of this study have several implications for psychiatric social work practice and research. It will not only help guide the mental health professionals to understand the psychosocial issues of single mothers but it will also assist professionals to frame necessary psychosocial intervention plan. The results reported are also important in terms of helping policy makers to work on policies and programs regarding the psychosocial and mental health problems experienced by single mothers.

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