DRAFT

Because I'm Worth It, Too:

The Effects of Social and Economic Inclusion on the Health and Well-Being of Lone Mothers in Atlantic Canada

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This report is compiled from a variety of sources written by numerous individuals involved with the "Rethinking Health Inequities" project headed by the Atlantic Centre of Excellence for Women's Health from 2003 - 2005. The research assistants, coordinators, manager, investigators and administrators who participated in this project, as well as the lone mothers who offered their time, are too numerous to be recognized individually, but sincere thanks goes out to each of these individuals for their commitment to advancing the cause of lone mothers' health and well-being.

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EXECUTIVE SUMMARY

In 1998, the Maritime Centre of Excellence for Women's Health (now known as the Atlantic Centre of Excellence for Women's Health) became part of a collaborative network of regional and provincial researchers, policymakers, community members investigating the barriers that inhibit marginalized communities from feeling socially and economically included in society at large. Health Canada approved a joint proposal from the network in 2000 entitled "A Just Society Where Everyone Counts: Promoting Social and Economic Inclusion in Atlantic Canada", prompted by the numbers of disadvantaged groups in those provinces. Drawing on the interest in this area, the Atlantic Centre of Excellence for Women's Health submitted a successful proposal to the Canadian Institutes of Health Research in March 2004 for a development grant entitled "Rethinking Health Inequities" to explore lone mothers and the tools of social and economic exclusion that negatively impacted on their health and well-being and that of their children.

The "Rethinking Health Inequities" project built on extant research addressing the complex social and economic environments of lone mothers. Within the Atlantic region, we have a clear understanding of the full implications of decreased poverty rates for lone mothers. Because the rates have declined almost entirely through increases in paid employment for lone mothers, there are still many women and children suffering tremendous economic privation. Having less time to take care of their children, their homes, and themselves has definite consequences for lone mothers' health and that of their families. A further complication for these families is the lack of national, accessible child care. In other words, employed lone mothers and their families may be paying a higher social, personal, and even economic cost for questionable gains. The goal of this project was to apply a social and economic inclusion framework (SEI) SEI to better understand and address the entire social and economic context affecting lone mother-headed families in Atlantic Canada.

From the findings, connections between assistant supports, programs and information and the health and well-being of lone mothers in Atlantic Canada have been extricated. In addition to providing an overview of the "Rethinking Health Inequities" project, this report examines the historical shifts of lone motherhood, perspectives on the label 'lone mother', and a portrait of lone mothers' experiences, including those related to health and well-being. Recommendations arising from the data are specific to supports, programs and information; in addition, recommendations are made that foster systemic changes in these structures and encourage full social and economic inclusion in society, which is shown to affect the health and well-being of lone mothers.

"RETHINKING HEALTH INEQUITIES" PROJECT

The following description of the "Rethinking Health Inequities" project is taken from the successful proposal for a development grant submitted to the Canadian Institutes of Health Research in 2003 that explores the connection between social and economic inclusion and the health and well-being of lone mothers. Authorship of these sections is collaborative.

Introduction

Notwithstanding a decade or more of research on the social determinants of health, significant and troubling health disparities among vulnerable populations remain, including among poor women raising children on their own. Sometimes we lack requisite research about specific populations: at other times we lack mechanisms to transform research into appropriate policies and programmes. The need is particularly urgent to re-frame and augment research and public policy development so that all regions and populations can benefit from more equitable and responsive public policy.

Marginalised groups in poorer regions of the country, such as Atlantic Canada, tend to be hardest hit by illness and by economic and social exclusion. Women are among the most vulnerable groups in this region of the country, and women raising children alone are at greatest risk of illness and marginalization. Recent research suggests that the social and economic circumstances of lone mothers in Canada has improved, but many programmes and policies remain insensitive, irrelevant or even antithetical to their needs.

To date, policy development dealing with lone mothers has often been the purview of elected officials and bureaucrats, with very little input from local community leaders or even lone mothers, the people for whom such policies are made. This situation needs attention so that significant contributions may be made to long-term planning and program design meeting health objectives for the population of lone mothers in Atlantic Canada.

Proposal

We propose using a Social and Economic Inclusion framework to identify the health needs of Atlantic Canadian lone mothers and their families, and to recommend improvements in policies and programming that address gender inequities and promote widespread social and economic inclusion (SEI) for this population.

The methodology of SEI is shown in recent research from the United Kingdom, where SEI has influenced a change in thinking about poverty, which is now understood to include a lack of education, poor health, poor nutrition, powerlessness, voicelessness, vulnerability and fear, as well as low income.

More inclusive and responsive public policy based on SEI is crucial in Atlantic Canada, where the social and economic conditions facing lone mothers, children, and their communities have remained unchanged (comparable to other parts of Canada) or worsened. Voicing the experiences of lone mothers in Atlantic Canada will not only improve their health, it will also serve as stimulus to create policy reform across the country.

Research Team

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Objectives

The "Rethinking Health Inequities" project proposes to

1) provide a complex, nuanced portrait of the perspectives, experiences, needs, and resources of lone mothers and their families in Atlantic Canada;

2) conduct research that will identify the most significant associations between lone mothers' health and their social and economic inclusion/exclusion status in Atlantic Canada;

3) assess the effectiveness and responsiveness of policies and programmes designed for lone mothers in Atlantic Canada;

4) evaluate how public policies and programmes could be enhanced and improved to promote even greater social and economic inclusion, and;

5) aim to bring together lone mothers, community leaders, policy makers, and researchers from a wide range of sectors and locales, to develop a robust, multidimensional, collaborative research network.

Literature Review

By the end of the twentieth century, researchers had amply demonstrated that discrepancies in health are intimately associated with differences in social, economic, cultural, and political circumstances (Aday,1993; Backlund, Sorlie, & Johnson, 1993; Bloom, 2001; Brown, 1995; Chen & Fou, 2001; Rogers, 1997). Economic inequities, in particular, were implicated in poor health: people with fewer economic resources are at greater risk of illness and are less likely to have timely access to health and social services (Hay 1994; Lynch, Kaplan, & Shema, 1997; Lynch, 1996; Pappas, et al., 1993; Poland, et al., 1998).

Poverty was firmly placed at the forefront of policy agendas in many forward-thinking government circles (Dewar, 1998; German Foundation for International Development, 1999; Guildford, 2000), and non-governmental agencies – local, regional, national and international – also considered the complex processes that shape health and its social determinants. Despite these conceptual advances, many societies still suffer under a considerable burden of illness that can be traced directly to social, cultural and structural factors, such as economic privation, geographic isolation, and discrimination. Canada is no exception. For example, a 2001 York University study revealed that poorer Canadians have a higher risk of heart disease: low income often results in poor diet, and poor diet in turn leads to illness (Raphael, 2001). In an analysis of chronic illness in the Atlantic region, Colman likewise notes that

"Patients with hypertension and diabetes, both associated with obesity and poor diet, are at great risk of chronic kidney failure" (Colman, 2002).

Combined with economic privation, gender disparities in health have come under scrutiny as investigators have documented the extent to which women's health issues are either ignored or treated as if they are identical to those of men (Barksdale, et al., 1999; Cotton, 1998; Davidson, et al., 2001; Doyal, 1995; Dresser, 1992; Fausto-Sterling, 1992; Matthews, Manor, & Power, 1999; McDonough & Walters, 2001; Rosser, 1994). Alarming evidence proves that lone mothers and their children are some of the most marginalised people in Canadian, indeed North American society, and thus vulnerable to poverty and ill health. We know, for example, that 87.8% of lone mothers without earnings have the highest rates of low income of any family group (Colman, 2003). In addition, we know that lone parent families are much more likely to experience hunger, homelessness, and other forms of privation (McIntyre, Connor & Warren, 1998; Pascall & Morley, 1996; Rude & Thompson, 2001).

The increasing number of families headed by lone mothers (Avison, 1997; Harding, 1993; Reekie, 1996) is a significant demographic change in North America, and highlights the urgency of this issue. In 2003, the half million lone mothers in Canada represented 4.2% of all family units (Colman, 2003). Lone mother are faced with complex choices in employment, child-rearing and health, their own and their children's. While there is no indication of a negative relationship between unemployment and lone mothers' self-reported health status, there is a negative association for lone mothers receiving social assistance (Curtis, 2001). In other words, the social stigma and stress created by receipt of social assistance may be more responsible for ill health than unemployment or even low income alone. Provincial work-for-assistance schemes in the 1990s required social assistance recipients to participate in often low-skill jobs in order to be eligible for income support. Such approaches clearly do not help lone mothers to achieve social and economic inclusion. This fact alone suggests that the limitations of the current public policy framework needs to be given closer attention.

Paid work is one economic and social opportunity, but as many researchers in Canada and elsewhere have concluded, it is not a panacea for this group of women either (Duncan & Edwards, 1996; Duncan & Edwards, 1997; Evans, 1992; 1996; Lord, 1992). One survey of poverty and social exclusion in Britain has concluded that "even if full employment were achieved, poverty and exclusion would not disappear" (Gordon et al., 2003). Indeed, a study of some of the poorest children in the United Kingdom has concluded that the welfare of these children may worsen when their parents move from welfare into work because blunt policy instruments for enhancing work opportunities may also exacerbate family instability and housing security as well as undermine general well-being (Adelman, Middleton & Ashworth, 2003). Canada uses similar policy instruments to address child poverty.

In addition, lone mothers' health disparities raise serious doubts about the sustainability of programmes aimed at decreasing poverty by moving lone mothers into the labour market. In regards to lone mothers' mental and physical health status, research has shown that lone mothers in Canada have a three times higher lifetime prevalence of depression and are more than three times as likely as married mothers to report alcohol or drug abuse (Avison et al., 1996). Lone mothers are poorer in general, have less education, and tend to smoke more than married mothers (Curtis, 2001). Lone mothers also report

worse health status than women in two-parent households, and the longer women are lone parents, the more prone they are to especially bad health. They have higher rates of chronic illness, disability days, and activity restrictions and are three times as likely to consult a health practitioner for mental or emotional health reasons (Perez & Beaudet cited in Colman, 2003).

Research Design

The research design for this study consisted of qualitative data informed by an SEI framework (see "SEI Framework" below). The methodology included focus groups and semi-structured one-on-one interviews. Focus groups of 5 – 8 participants were approximately two hours long, run by trained facilitators and recorded onto audio tapes; notetakers were also present and field notes were recorded. A semi-structured focus group guide (see **Appendix B: Focus Group Guide**) containing six questions and prompts was used. Anonymity and confidentiality was respected throughout the study, where first names only were recorded. Participants received a $25 honorarium for their participation in the study. Further assistance was provided (up to a maximum of an additional $25) to cover transportation costs and child/elder care expenses, where necessary. Focus groups were completed by February 2005.

Focus group participants were identified through purposive sampling led by the research team and community groups. The decision to focus on low-income lone mothers was consistent with information on those affected most by poverty: we know that 87.8% of lone mothers without earnings have the highest rates of low income of any family group (Colman, 2003). Hence, the decision was made to target the 60% of lone mothers living in poverty for the focus groups. Community partners included Single Parent Centres, Family Resource Centres and other organizations serving this population. Staff of these organizations provided the initial contact for participants, and community centre advertisements (see **Appendix D: Sample Advertisement**) and snowballing supplemented our recruitment.

Participants were limited to those self-identified low-income women (over the age of 18) who have the ability to speak English and currently raise children on their own. Theoretical sampling was used to ensure a cross-section of low-income women: unemployed, employed; on social assistance.

Data analysis was conducted on the focus group audio tapes, with the collection coordinated by one or more team members in each province. The project was completed in October 2005. The study included 28 women from New Brunswick, 18 women from Prince Edward Island, 31 women from Nova Scotia and 22 women from Newfoundland and Labrador for a total sample of 99 persons. Approximately 30% of participants indicated their employment status under "paid work". Tables below provide a demographic profile of participants.

"Rethinking Health Inequities" (2005) Study Participants by Age Categorized

		Frequency	Valid Percent
Valid	20-29	15	15.5
	30-39	46	47.4
	40-49	28	28.9
	50-64	8	8.2
	Total	97	100.0
Missing	System	2	
Total		99	

"Rethinking Health Inequities" (2005) Study Participants by Ethnic Group[1]

		Frequency	Valid Percent
Valid	Canadian	4	11.1
	English	7	19.4
	Acadian	6	16.7
	European	3	8.3
	African American	2	5.6
	Aboriginal	11	30.6
	Caucasian	3	8.3
	Total	36	100.0
Missing	System	63	
Total		99	

[1] 63 participants did not indicate an ethnic group (63.6%). 36 did (36.4%). Of those 36, 11 were Aboriginal (30.6%), etc.

"Rethinking Health Inequities" (2005) Study Participants by Income

		Frequency	Valid Percent
Valid	under $15,000	68	72.3
	$15,000-$24,999	20	21.3
	$25,000-$49,999	6	6.4
	Total	94	100.0
Missing	9999	3	
	System	2	
	Total	5	
Total		99	

"Rethinking Health Inequities" (2005) Study Participants by Sources of Income (other than paid work)[2]

	Frequency	Percent
income from any government source	61	61.6
child tax benefit	26	26.3
income assistance	42	42.4
employment insurance	11	11.1
child support	3	3.0
disability	3	3.0
other	9	9.1

[2] Multiple responses are possible. Total equals more than 100.0%.

"Rethinking Health Inequities" (2005) Study Participants by Education Level

		Frequency	Valid Percent
Valid	elementary	1	1.1
	some high school	19	20.0
	high school	29	30.5
	technical college	27	28.4
	university	12	12.6
	GED	7	7.4
	Total	95	100.0
Missing	9999	1	
	System	3	
	Total	4	
Total		99	

"Rethinking Health Inequities" (2005) Study Participants by Disabled or Chronic Disease/Disorder

		Frequency	Valid Percent
Valid	no	65	66.3
	yes	33	33.7
	Total	98	100.0
Missing	System	1	
Total		99	

What is an SEI Framework?

The premise of Social and Economic Inclusion (SEI) is that all citizens should have an ability to make informed choices and participate in society in a meaningful way to them (Public Health Agency of Canada, 2003). SEI developed from work done in Europe (Atkinson, 2002; Atkinson, Marlier, & Nolan, 2004; Social Exclusion Unit, 2004; 2005; 2006), has influenced a change in thinking about poverty. Where once poverty was narrowly defined as inadequate material income, it is now understood to include a lack of education, poor health, poor nutrition, powerlessness, voicelessness, vulnerability, and fear, as well as low income. Yet, in the beginning of the millennium, there has been little research applying SEI and this redefinition of poverty to the lives of lone mothers in Canada (Laidlaw Foundation, 2003-2007; Campaign 2000, 2005b; Inclusive Cities Canada, 2004; Canada's Community Inclusion Initiative, 1997; Ontario Council of Agencies Serving Immigrants, 2003).

Examining poverty in terms of economic deprivation alone does not capture the depth of poverty in which lone mothers live. SEI, as it developed in Atlantic Canada, examines financial resources, as well as social structural determinants, and the effects that policies and programmes have on peoples' lives (Guildford, 2000). Furthermore, determining the poverty of lone mothers by dollars alone dismisses the experiences of lone mothers who are not living below the low income cut-off rate, and typifies the very nature of exclusion that is detrimental to these families. Using an SEI lens to explore poverty includes understanding disadvantage, inequality, discrimination, barriers to access, disability, isolation, and marginalization. This understanding is then applied to a variety of world dimensions: culture, economics, participation, politics, relations, and structures (Shookner, 2002).

The SEI framework allows for a consideration of how someone is more or less included or excluded according to different dimensions and that exclusion or inclusion are not just outcomes, but processes that can be temporal, structural or social. This includes health status: utilizing an SEI framework considers the interactions among the determinants of health and focuses on the health impacts of being shut out from systemic forces (cultural, political, and economic) that determine access to society's resources. (Public Health Agency of Canada, 2003).

A modified deductive thematic approach using a SEI lens was used to analyze the data (Boyatzis, 1998). The focus group and interview guides were structured following a review and summative analysis of the key indicators of inclusion and exclusion (Atkinson & Davoudi, 2000; Burchardt, LeGrand, & Piachaud, 2002; Atkinson, Cantillon, Marlier, & Nolan, 2002), including the only survey that has been done to examine poverty and social exclusion (Rowntree Foundation, 1999). The guides served as the interpretive framework for developing the codebook. The broad themes that were developed paralleled the primary questions in the interview and focus group guides.

Eight key indicators of social and economic inclusion/exclusion, as were categorized, thus served as the initial thematic layer: (1) Symbolic/subjective aspects of social inclusion/exclusion; (2) Material income and resources; (3) Labour market inclusion/exclusion; (4) Physical environments; (5) Service inclusion/exclusion; (6) Social relations/social support; (7) Civil society engagement; and (8) Personal health and coping skills. For this report, sections have been itemized by the study's objectives (see

"Objectives"). Through an SEI framework that informs this research design, we reveal why it is necessary to look beyond basic (material) needs to understanding social needs, which includes gender barriers, that affect health.

Redefining "Need" through an SEI Lens

Some of the themes prevalent throughout the transcripts related to lone mothers' frustrations dealing with inflexible requirements for government policies and programs designed as if 'one size fits all'. Underlying these programs and services are assumptions about what lone mothers need and do not need. The foundation of these assumptions is often misunderstandings about the day-to-day realities of lone mothers.

Generally accepted program design practice utilizes needs assessments, because there is an expectation that, if asked, individuals will express needs that are unrealistic and insatiable. However, the results of this belief see need and necessity being determined by those who do not understand the situations of those surveyed, in this case, lone mothers. If lone mothers were asked to provide input about what they really need and do not need, misconceptions and inappropriate policies could be changed.

An SEI approach redefines necessities to include those things that are needed for lone mothers and their families to be included in society socially and economically. Unlike needs assessments, an SEI approach require an understanding of, and response to, everyday realities for lone mothers and their families.

When policies are created to respond to these realities and promote inclusion, two levels of gender needs should be considered. The first, practical needs, can be addressed by fulfilling daily needs such as income, nutrition and appropriate housing. In contrast, the second level are "needs formulated from the socially structured subordinate position of women to men in society", or strategic gender needs (Moser et al., 1999, p. 18). To meet strategic gender needs, policies must improve women's status and promote equity to remove systematic biases and change women's unequal position in society. Initiatives to address such needs would include funding for advocacy groups and legislative provisions for equality, such as pay equity and employment equity. Further recommendations, from researchers and the lone mothers themselves, are found in the "Selected Findings" section of this report.

SELECTED FINDINGS

Meaning of "Lone Mothers"

This discussion is taken from a draft document written by Karen Murray entitled "Disrupting 'Lone Mother' Discourses and Health Policy Research", an unpublished paper written in 2004. In it, Murray examines the historical development of the term 'lone mother' and its social, political, economic and moral associations.

Historical analyses demonstrate that all-encompassing labels such as 'lone mother,' 'single mother,' and 'single parent,' are relatively new developments.[3] These terms encompass ... the unwed, deserted, divorced, separated, or widowed mother.

During most of the nineteenth century, predominant social norms equated motherhood with dependency on the husband-father; mothers who fell outside of this framework were largely left to their own devices, and social resources were not targeted explicitly toward mothers who did not fit into the mainstream ideal. However, toward the end of the century, public concern about mothers deviating from the norm began to grow; and nowhere was this more apparent than in the increasing attention directed towards "unwed mothers."[4]

Until the latter part of the century, an "illegitimate" birth, although a legally defined category, was considered a private matter to be dealt with by the individual unwed mothers facing the predicament. At that time, unprecedented numbers of female workers were flocking to the city for work, moving far from traditions of rural and family life; and single and pregnant female city dwellers underscored the sweeping socio-economic changes underway. But as dramatic as these signs of social change were, they could not compete with the fear and anxiety brought about by unwed mothers.

Initially, religious leaders led the quest to stave off the dangers posed by the spectre of unwed mothers; but political authorities, who cast public praise and dollars on religious officials' efforts to set up

[3] Lisa D. Brush, "Worthy Widows, Welfare Cheats: Proper Womanhood in Expert Needs Talk about Single Mothers in the United States, 1900 to 1988," *Gender and Society*, 11, 6 (December 1997): 720-746; Kathleen Kiernan, Hilary Land, and Jane Lewis, *Lone Motherhood in Twentieth-Century Britain: From Footnote to Front Page* (Oxford: Clarendon Press, 1998): 111; Lara Lessa, "Single Motherhood in the Canadian Landscape: Postcards from a Subject," in *Canadian Social Policy: Issues and Perspectives*, Third Edition, Anna Westhues, editor (Waterloo: Wilfred Laurier Press, 2003): Chapter 5; Karen B. Murray, "Governing 'Unwed Mothers' in Toronto at the Turn of the Twentieth Century," *Canadian Historical Review*, 85, 2 (June 2004): 253-276; Gail Reekie, *Measuring Immorality: Social Inquiry and the Problem of Illegitimacy* (Cambridge: Cambridge University Press, 1998): 159; Miri Song, "Changing Conceptualizations of Lone Parenthood in Britain: Lone Parents or Single Mums?" *The European Journal of Women's Studies*, 3 (1996): 377-397.

[4] The portion of the paper dealing with unwed mothers draws heavily from my earlier work entitled "Governing 'Unwed Mothers' in Toronto at the Turn of the Twentieth Century," *The Canodian Historical Review*, 85, 2 (June 2004): 253-276.

maternity homes, supported them. Unwed mothers, who might have previously become desperate enough to commit infanticide, found a modicum of assistance at these homes. Yet, the primary goal was not to provide comfort to "inmates;" but rather to reclaim the lost souls of fallen women in order to reorient them toward accepted social norms and conventions.

Of course, unwed mothers were not the only ones deviating from the two-parent norm. There were also the "separated," the "deserted," the "widowed," and the "divorced," classifications that similarly labelled mothers according to their marital status. These mothers were also troublesome because of their lack of dependency on the husband-father, which again was often highlighted by the poverty and social visibility associated with economic marginalization.

Marital-status classifications designating mothers according to the absence of the husband-father were important to the development of public programs, which in Ontario began with the creation of mothers' allowances in the early 1920s. Initially only widowed mothers, considered unable to be dependent on a husband-father through 'no fault of their own, were deemed deserving of public aid.[5] However, over time, entitlements were broadened to include the various marital status categories. Unwed mothers, whose "extra-marital" sexual conduct rendered them the least deserving, were also the last group to be included in the program.[6]

In the 1970s, with the publication of the Canadian Council on Social Development's (CCSD) *The One Parent Family: Report of An Inquiry on One-Parent Families in Canada*, and the Vanier Institute of the Family's (Vanier Institute) *The One-Parent Family in Canada*[7], the term one-parent family entered mainstream policy discussions.[8] While some observers might consider this new classification as more progressive than earlier stigmatising discourses based on the marital status of mothers, it nevertheless continued to juxtapose one-parent families to the ideal two-parent heterosexual family norm. A close examination of these documents shows that female one-parent families were construed as having difficulty making rational choices concerning their sexual conduct, financial affairs, and parenting roles, thereby continuing the pattern of stigmatising images.

A new discursive turn occurred in the early 1980s as the gender-neutral language of the one parent family gave way to discourses centred on "single mothers." This shift coincided with the elections of Ronald Reagan and Margaret Thatcher who spearheaded attacks on government spending and social programs, attacks that emerged in Canada as well, although somewhat later. Social assistance recipients

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[5] Linda Gordon, *Pitied but not Entitled: Single Mothers and the History of Welfare, 1890-1935* (New York: Free Press, 1994).

[6] See Margaret Hillyard Little, *'No Car, No Radio, No Liquor Permit': The Moral Regulation of Single Mothers in Ontario, 1920-1997* (Toronto: Oxford University Press, 1998): esp. 32, 122.

[7] Canadian Council on Social Development, *The One Parent Family: Report of An Inquiry on One-Parent Families in Canada* (Ottawa: The Canadian Council on Social Development, 1971); Dorothy E. Guyatt, *The One-Parent Family in Canada* (Ottawa: The Vanier Institute of the Family, 1971).

[8] Kiernan, Land, and Lewis, *Lone Motherhood*, 111; Lessa, "Single Motherhood in the Canadian Landscape," 91; Murray (2001), "Upsetting the Public Divide,"; Song, "Changing Conceptualizations of Lone Parenthood in Britain: Lone Parents or Single Mums?" 377-397.

were reduced to "non-working" drains on the public purse, threats to tax payers, to the proper functioning of the economy and government, and a danger to the traditional family.

Within this context, there was a redoubling of negative imagery relating to single mothers. No longer were they viewed as playing an important role in raising the next generation, but instead they were depicted as flagrant abusers of their free choice, eschewing norms of traditional family life, and failing to take responsibility for their own social and economic security through paid employment.[9] Moreover, the quality of mothering offered by single mothers was called into doubt, as studies began to suggest that their children suffered from various child development problems. The fact that poverty and single mothers often go hand in hand was downplayed, even in social science research that appeared to prove – despite evidence to the contrary -- that above all family status was the strongest predictor of poor child development.[10]

The purpose of this brief genealogy is to show how images relating to mothers falling outside the two-parent traditional family norm emerged and transformed since the late nineteenth century. What is particularly remarkable is that, despite some important variations over time, stigmatising and negative discourses have been a consistent feature of this genealogy. What is also clear is that these discourses are deeply political and rooted in major policy issues concerning the role and extent of government intervention in social and economic life, and that these issues dovetail with other issues relating to age, class, and race. "Single mothers" are not, in other words, a self-evident, natural category – they are an artefact of hierarchal power relations that regulate the lives of mothers in a manner that supports traditional white middle-class norms of family, sexuality, and paid employment.

Government policies routinely label and target single mother for intervention. And statistics show a troubling portrait of the social and economic status of people falling under this category. Statistics reveal that a large percentage of individuals labelled as lone mothers have low incomes. Table 1 shows that, in 1996, 46 percent of Canadian lone mother families had incomes of less than $20,000 a year. Lone-mothers in three Atlantic provinces are even more likely to have incomes below this level, at 58 percent in New Brunswick, 59 percent in Newfoundland, and 56 percent in Nova Scotia (56 percent). Only a very small percentage of lone mothers in Canada, at 8 percent, have incomes in excess of $60,000.

[9] Keith Jacobs, Jim Kemeny, and Tony Manzi, "Power, Discursive Space and Institutional Practices in the Construction of Housing Problems," *Housing Studies*, 18, 4 (July 2003): 435-437. See also Simon Duncan, Rosalind Edwards, and Miri Song, "Social Threat or Social Problem? Media Representations of Lone Mothers and Policy Implications," *Social Policy, the Media and Mispresentation* (London: Routledge, 1999): 238-252.

[10] Ellen L. Lipman, David R. Offord, and Martin D. Dooley, "What do We Know about Children from Single-mother Families? Questions and Answers from the National Longitudinal Survey of Children and Youth," in *Growing Up in Canada*, Human Resources Development Canada, 1996: 83-92.

Table 1

Lone-Parent Family Incomes in Canada and by Province, 1996

	Can	NF	PE	NS	NB	QC	ON	MB	SK	AB	BC	YT	NT
% with income under $20,000													
Male lone-parent	26%	36%	30%	32%	35%	28%	24%	28%	30%	22%	25%	na	29%
Female Lone-parent	46	59	46	56	58	48	42	49	53	42	45	29	51
% with income $60,000+													
Male lone-parent	19	11	8	11	9	17	23	15	13	20	22	na	27
Female Lone-parent	8	4	4	4	3	6	10	6	5	7	8	12	12
na = not available.													

Source: Statistics Canada, 1996 Census, The Nation Series, CD-ROM, 93F0020XCB96004.

However, determining lone mothers along lines of income relies entirely upon the low-income cut off, a rather blunt instrument for measuring disadvantage. Lone mothers earning more than the poverty line may still lack access to affordable childcare, housing, and other social supports.

A study that focuses attention on lone mothers can serve as a proxy for broader issues of exclusion and disadvantage that touch on a host of issues that might affect many other individuals and groups. Indeed, such an analysis can draw attention to a wide range of structures and institutions that limit opportunities for individuals to achieve health and well-being. ...

Social inclusion can be a lens through which to examine various and overlapping aspects of how hierarchical power structures shape health inequalities,[11] particularly as they relate to the social determinants of health, including access to adequate incomes, affordable housing, education, employment, and other social supports.[12] From this angle, a study of health inequalities pertaining to lone mothers would not focus on individual behaviours, but rather on the institutions, policies, and programs that have rendered lone mothers a salient political category.

[11] Malcolm Shookner, *An Inclusion Lens: Workbook for Looking at Social and Economic Exclusion and Inclusion* (Halifax: Population Health Research Unit, 2002): 1

[12] Dennis Raphael has argued that these various determinants of health are so closely associated with the social state, that it too should be considered a key determinant of health. See his "The politics of population health: Why the social welfare state is the key determinant of population health," *Canadian Review of Social Policy* (forthcoming 2004).

Participants in the "Rethinking Health Inequities" project were asked to respond to the term 'lone mother' and discuss any associations the label had for them. From their comments emerged elements of social and economic inclusion, as did the stigma associated with lone parent families headed by women.

> *I don't personolly find that there is anything negative about a single mother.*
>
> *Honestly, I feel more of a negative connotation like if someone is asking me what do you do. It's like, "I am presently unemployed." Probably the only results of being a single parent that I find is people tend to generalize, like, if there is any time my son might misbehave or any particular... I can't even think of an example of a misbehaviour. But they might say, "Oh, do they have any siblings?" And I'll say, "No, he's the only one here." He has half siblings in another city. And they will say, "Oh, that is why."*
>
> *It's exactly the word – single. Like when you feel that you are all alone as a single parent because everybody is couples besides you. They can be homosexuals, they can be couples. It's like you are all alone so you don't fit with the rest of the world. You don't fit in there*
>
> *I don't know about discriminated against. I know sometimes I've come up against attitudes of – particularly where both my kids had a lot of issues – mental health issues in school, and so sometimes dealing with schools and sometimes dealing in the healthcare environment, I've come up against that attitude of, well – and it's unspoken but it's very evident that it must be parenting issues. The reason why your kids are acting and behaving the way they are is because you're on your own. And its unspoken but it's definitely that attitude of – maybe this is – your kids are from a broken home. You know that type of thing.*
>
> *it's really, really aggravating because none of us have chosen this way of life. It's just, you know, something that just happened.*
>
> *The only time I ever experienced this was at the hospital when she was born. They had nothing on my file. They didn't know that I was on Social Assistance. They didn't know that I was a single mother. And they noticed that I didn't have anyone coming to visit because all my family were in BC. So I had the baby with the doula and without a partner. That obviously is on the record that comes upstairs to the floor. And the next morning, the shift nurse came in and said...or the head nurse of that shift came in and said, "So we just want to make sure that you are okay and that you have everything you need. Do you need to talk to a social worker? Are you okay?" And I was, "Okay. No, I'm fine, thanks." It was this really... It felt really invasive.*
>
> *Being a single parent, I have noticed that first of all, there is a stigma. And I have been a single mother in BC as well as in NS. And that stigma means a lot of times you are targeted. Believe it or not, you get taken advantage of. [...] I have lost big bucks by mechanics and stuff like that because they know you are desperate and they take advantage of it.*

I mean there is such a stigma attached to being a single woman. And single woman that has children is hard enough. But you know who is treated better? A single man who has children.

Lone, I mean it could mean that you are alone, that there is one of you, but it sounds lonely. I don't like lone parent. So I will identify myself as a single parent.

Well, lone mother seems to be lonely and just isolated. And single seems to be more saying the partner is not present.

I've said before, like, a stay at home mom. You know, it's not as harsh. I find when you say single mom, people look at you as the lowest kind of the low, you know. You know, you are a single mother – you are on welfare or whatever. And when I say I am a stay at home mom, there is kind of a difference. It's like you are not so much labelled as a stay at home mom. A stay at home mom could mean yes, I am a single mother or I am a stay at home mom, I am married with kids.

Words stick with me for years – one person's word. Discrimination, Squaw, from when I was in school with all white people. They stick with me for years.

Oh, I always think of a lone wolf. I like that one more. Single mother sounds so depressing somehow.

People that are single, whether they be male or female, they are kind of made to feel like they have done something wrong. And that makes it hard to go out in the community and kind of face people because they just kind of look at you differently than they would if you were a couple.

I think like a stigma comes onto it. I don't know how really you could describe a parent on their own. Maybe even if you called it like single parents, not categories like a single mother because there ore single dads out there too. I just find like there is a stigma that comes with it, I find.

A Portrait of Lone Mothers in Atlantic Canada

Lone mothers in Atlantic Canada offer insight into a range of needs, experiences and perspectives of non-nuclear families. Many of the moments described by these women demonstrate the interwoven nature of challenges they face on a daily and ongoing basis. Even when not explicitly health-related, comments about living conditions, including employment, transportation, childcare, and perceptions of lone motherhood , highlight the social determinants of health that can compromise the well-being of these women and their children. Multi-layered and wide-ranging incidents emphasize the barriers to good health for lone mothers and their children.

Employment: Stable employment is seen as a panacea for those who perceive lone motherhood to be problem in need of a resolution. While there is evidence that permanent employment facilitates community inclusion and financial security, workforce participation is fraught with sacrifices for these women, and compounds their social and economic exclusion.

> *Like I say, you go out and work and earn a living and do all this. And either you work ond earn a living and can't afford reasonable, safe childcare, or you get somebody in the neighbourhood that does things to your kids. Or you stay home and starve. Like there are not a whole lot of options.*
>
> *It's almost like you are damned if you do and you are damned if you don't. You pretty much have to stay on Social Services. [...] But they don't give you any leverage to go get anything that you could actually live off of. You know, go to McDonalds and get a $6 an hour job. Well, you raise 4 kids on $6 an hour. You can't do it. Plus, you take away your medical benefit [...] I ended up paying $50 a week to go to wark. Now, who wants to do that? You can't do it. So you are in between a rack and a hard place.*
>
> *That is the question you get asked – "Do you do anything?" First of all, ta assume that I am a lazy whatever that doesn't do anything. But you have ta clarify: "Well, yes, I do." "Well, where do yau work at?" "I don't work at a job because circumstances have made it virtually impossible far me to do that." But when you tell me I am not working, that is just wrang. And it is discriminating, and you feel like crap most of the time.*

Transportation: Associated with lone mothers' decisions whether to pursue employment and negotiate its effects on their family life, transportation needs factor prominently in the experiences of these women. Regardless of geographical designations, including urban or rural dwellings, the cost and availability of transportation is an ongoing concern.

> *What I find is the hardest people without cars - you have no way of getting around[...]you have to have a vehicle or know somebody who's willing to drive you*

around[...]There's no public transportation, there's no... I mean, we can't afford to take a cab.

Even if you have a car [Sociol Assistance] don't do anything to help you to fix it.

And for me, my family don't fit into necessarily every car that happens to help me. I can't call my parents and say come pick me up because their car doesn't necessarily hold six people.

a single mother, you con't afford a car. So there is only so many types of jobs that you can get because you don't have a car. Like I was thinking about doing home care. Well, you can't do home care without a car because you have to travel from house to house.

Childcare: Prominent among the concerns of lone mothers in Atlantic Canada is the affordability and availability of reliable childcare: where these services are available, rates (and subsidies designed to offset childcare costs) are excessive; and where services are low-cost, other issues such as openings for children and hours of operation prevent their use.

I have no family. I have one aunt and uncle, my aunt is 68 and my uncle is about 73 so the chances of them babysitting is slim to none.

When the kids were sick, two of them, whenever emergencies pop up, say, one got hurt and had to go to the hospital, it was frustrating: one was sick because the other one was so high-strung and hyper or full of life, the other one is really draggy. And everything at the hospital and I would cry because there was no one else really there to help me, to support me with the children.

Perception of Lone Motherhood: Overwhelmingly, lone mothers in interviews and focus groups brought up the perceptions of lone mothers with which they have to contend. It is generalizations such as these that represent the systemic barriers preventing lone mothers from full social and economic inclusion in society.

When my son was in school, I knew he had a lot of trouble with math. And I would talk to the teachers to get tutoring or even to get the teachers to help him, to explain more. They didn't seem to want to bother. They always said, "You have to talk to the principal. You have to talk to this one." You know, they would pass it around, back and forth to different people. And I never got no straight answers, first or last. And when they found out that you were on Welfare, they didn't want to seem to want to be bothered. It was too much of a bother. They said, "Why should we try to help them?"

Because as women were taught from a very, very young age, to be supportive and understanding, but we're not really encouraged to be assertive. And boy god, I've had to learn to be ossertive. Without being nasty or aggressive – but I've had to – ond I don't think men quite face the some challenge.

Because it seems like they look down on you because you're not working. You're raising your child by yourself. Like I've had moms try to give me advice on how to raise her. And, to me they got no right to be telling me how to roise her. They're the first-time moms too.

I feel isoloted within thot community most times. It is a very family-orientated community, with a lot of old bload. I mean I grew up there so I know a lot of people. But as for myself and my children, we don't really sociolize with anybody or anything in thot community, especially in the last year.

Barriers to Good Health: The factors that intervene when trying to achieve or maintain good health are exacerbated for lone mothers, who face challenges to employment, transportation and social perceptions that double-income families may not face, or not face regularly.

There ore usually chunks of 5 doys in the middle of any given month thot I am completely conscious of what there is left to eat and how I am going to eat it and when we are going to eat it.

My other sondals must have broke, and I was down to hoving no sondals. [...]And they ended up cutting into my feet ond moking my foot bleed. But I had to weor them for a couple of months.

People are not interested. I even tried in the spring last year cleaning up around the building, the garbage. And they told me don't bother, nobody will come. We tried even to offer helping with the clean-up. We will give some free coupons for Tim Horton's and McDonalds. And the kids would just take the coupons but they won't clean. They just don't care. You can see, like people just dump the garbage from the balconies daily all oround the building.

I had a chemical burn on my hands just after I came in to go to school and I had to wait two weeks before I went to the hospital[...] I went up, it just so hoppened for me it was a Sunday afternoon I went there at 12:00 I got out of it at quarter to six. [....] On top of this I hod my son with me. I had given him a pack of Smarties 'til obout 2:00; at 5:00 I hod to literally sit down with a bag of Cheezies and a can of pop for supper because of that. [....] So I can go in and say here this is the problem and he'll say, "Yeah, you have a chemical burn from chemicals they put in water, whatever. Okay, I'll give you a prescription." Thot was it. I was three minutes, right, three minutes to go in and wait 5 and a half, 6 hours.

The Health of Lone Mothers and SEI

The basic needs of survival in Westernized society today are met by food, housing, education, employment and medical treatment. Often, the institutionalizing of assistance to ensure these needs are met for lone mothers results in feelings of exclusion. Potential supports, such as self-care, social connections, belonging to religious or community groups, and a sense of personal worth, can also mitigate ill-health.

Food: While lone mothers are aware of the importance of healthy eating, economic concerns often determine the amount and type of food being consumed. As well, many lone mothers will sacrifice in order to feed their children adequately:

> *I know I'm buying food for her, but I mean like the fruit and the vegetables – like the nutritional food – 'cause that's so expensive. I can pick up so much of it every now and then, but it should be on a regular basis. Like I should be able to do that all the time.*
>
> *But you know you can't get fruit and vegetables – that's a rare thing. / You have a hard time getting fruits and vegetables? / Yeah. That's in the best of times because , yes - $1.99 for a 2 pound bag of carrots – kinda steep.*
>
> *Not only that, it's cheaper to go into town and buy a bottle of pop and a bag of chips than a thing of watermelon or a tin of canned milk. Then they look at you and say your child is obese. And I was like, "Gee, I wonder why?"*
>
> *Yes, I might have a bit. I make sure they get before me. And if there is anything left over, I eat. If there isn't, I don't.*

Housing: The lack of safe, affordable housing figures prominently in lone mothers' comments. Although some women report on desirable qualities of their homes, greater numbers struggle to maintain adequate housing.

> *And I hate saying this, but I took this apartment because it has a walk-in closet off my bedroom that is almost as big as a bedroom. And that is where my daughter is. It has no windows in the room, but the rent is cheap.*
>
> *There is a house behind me here, and I noticed there were cops there once. And they tend to have their loud music on the weekends until midnight. I don't know how it is going to be in the summer. They just moved in December or January. The people below me, it's a nice family but there is someone that is down there that is not supposed to be living there. And I already told the landlord about that. And he's bad news. He's bad news. / And you think that could pose a danger to you or to your children? / Well, one morning there was a fight*

down there. I happened to be home that morning. And it scared me and the baby and the cats. And I told the landlord. I noticed they busted a hardwood chair like this all over the front yard. And it was pretty loud. And I didn't feel too safe.

There was a city dump. It was right there. / And have they cleaned it up? / Well, they have bulldozed it over, and grass grew over it. / But the stuff is still there. / Oh, yes.

Education: There is general recognition that higher education results in greater employment opportunities and a stronger earning potential, but restrictions and conditions placed on education put lone mothers in difficult positions regarding immediate needs and future plans.

Even on the weekends, you're trying to catch up on assignments[...] and you're trying to... more or less saying, "Okay, you play with this and Mommy will do this." There's not a lot of playtime together.

I missed two weeks of school last year because my little guy had an ear infection. When we go to the hospitol they gives him, well, he got allergies to antibiotics, to penicillin. I told them not to give him any sort of antibiotics, anything that's associated with penicillin. What did they turn around and do? They gave him an associate to penicillin. What happened? An allergic reaction. I had to miss school then because it takes 72 hours or whatever to get it into him and they don't recommend that you let your child go to daycare because of it, because apparently it's supposed to be contagious and whatever, so that was three days of school and all of a sudden, he's broke out because of an allergic reaction. I take him back up and they give him erythromycin, which is the alternative to penicillin, he comes home and another three days and he's broke out in hives this time, swelling, everything else. I take him back up to the hospitol, oh, they don't know what's wrong with him.[....]He's throwing up, it's on his face and under his eyes and stuff, it's almost scary, I take him in and he sees two more doctors, no, don't know what's wrong with him. It's not chicken pox, it's not this, it's not that, they don't give him no more medication or anything like that. Finally I gets an appointment after about two weeks to see my family doctor for her to tell me that they should never have given him the antibiotic in the first place. We find out he's allergic to penicillin, severely allergic to penicillin, severely allergic to erythromycin and give him another one and within three days it's cleared up. Well, he's feeling better of all those symptoms. And I missed 10 days of school. So where do I start when I go back to school?

My relationship broke up, not because of my kid, but because of school and stuff. I'd get up at 6:00 in the morning and by the time I get ready and get him out to daycore, and myself out to school, go to school for eight hours a day, came home, cook supper, clean up from supper, do the housework, you know, getting the child bathed and in bed and do my homework and by the time I go to bed, it's like the hell with the relationship, out through the door, I want to go to bed.

Employment: As noted in the "Literature Review" section, across-the-board employment measures for lone mothers are neither equally applicable nor sought. Gender barriers are evident, as is the stigma doubly placed on women who are heading households on their own.

> *But there have been a few times where I have applied for work at a specific place, and I feel like the director in that ploce, because she knows a bit about me and she knows thot I am a single parent, ond she knows that I have been on social assistance, hasn't hired me because she sees me as the needy and not able to fulfil thot role, even though I have the training and the skills necessory.*
>
> *If yau go for a job interview and say you are a single parent, it's just like, "Oh, well, we are not very interested," because they know you are going to take time off for your kids.*
>
> *I think it is the perception in the enviranment, the business world, that us women, when do get to work, we are to hong onto that job by the skin of our teeth.*

Medical Treatment: Similar to the stigma many lone mothers face in obtaining employment, the stigma that prevents lone mothers from accessing medical treatment may not be evident. Often the confluence of factors – childcare, prescription costs, alternative remedies and employment – has a greater bearing on healthcare service for lone mothers and their families.

> *I got to have something really, reolly, really wrong with me to go to the doctor. / Yeah, because, if I got to stay home from school, like, I consider thot is missed school, so I'm like, behind, right? And if I got to go to the dactor and if I go to school after, how am I getting to school after, because I'm missing my ride in the morning and how am I going to all of these other things?*
>
> *I got severe eczemo and it's actually really good right now, but the tube of that cream costs, like, $60. Some of the cream is, like, $80. It's really, really expensive so when I got to pay that 20% to get the eczema cream all the time, it's still too expensive for me to buy, so there's months when I go by that my lips are all swollen up and my hands are cut open because I con't take $10 to go get the cream and it's just the time it takes to go to the doctor's office.*
>
> *I wouldn't say that I am at an optimum health level right now. But I probably have okay health. I do have angoing odd gollbladder problems. I've had them since high school.[....]And I know I can control it with Chinese medicine if I could see o naturopath. But I can't access a one because I con't afford it right now. And I had ongoing thrush when I wos nursing my daughter as a toddler. And I couldn't access a naturopath then, either.*

Now I am on social assistance this month. Hopefully I will get a job and not have to be. But when I am on now, I can get any prescription I want or anything, which is great. But as soon as I go off social services, all of that stops. You have no benefits. I can't get a half decent job because I don't have the education to get a good paying job. So, if you work at all, you can't be on social services, so that means you can't get any medical benefits. So, if you do happen to get a $6 an hour job, which is what is available to most women that have no education, you can't do medical benefits. You can't get any of that. It's impossible.

Social Connections: Most lone mothers did not associate positive social connections with their health or that of their families. Yet the importance of contact in everyday circumstances is evident in several responses, even if that contact is fleeting or a means to an end.

I think there is some isolation that happens because I don't... I am not going to my spouse's work dinners and meeting more people that way. There seems to be less access to adult events. And even a lot of my other friends, I mean a few of my friends will invite me to the parties that they have but they seem to be larger networks of people that are partnered socially. So they end up at more things because they each have work or they both... And they meet... There is more overlapping or something.

I had to make a choice to give up my social life completely because it costs too much money. For me to go out for an evening, say I wanted to go to a movie... You are paying $10 or $15 for a movie, and then $20 for the night for somebody to watch your child, and transportation. You can't do it. I have no life when it comes to social anything. And I had to accept that because you can't afford it. I had no break, not one night oway from my son for 3 years, the first 3 years of his life.

Yes, it's a social [event]. You meet new people. Also, it's called networking – to find informotion about different jobs, and I get different ideas. That is how you learn things if you want to learn to get ahead, as they call it.

Like I don't know if it's regarding the single mother kinda thing, but sometimes we have a meeting and if I say anything, it's just... I'm nat there. Like my comments are out the window, like everybady else butts in and, like, interrupts, and it's like their conversation's more important or something – they don't let me finish.

Belonging to Religious or Community Groups: For some lone mothers, a sense of belonging is achieved through membership with religious or community groups. Some of the experiences are positive and some are negative, but the need to belong is a social determinant of health that may not be fully realized by lone mothers.

When I was single, we belonged to this church group. And within the church group, like, there were things for family and couples but nothing for single people. Or, like, they didn't make arrangements for single parents to go in and even to be involved in things.

I haven't really felt alone like in my community, but just sometimes I find you don't really have that emotional support when you are raising a child by yourself. Like I am fine doing it by myself. Like my ex does help out when he can, but I find the emotional support with your partner is not there. It's a little bit different.

The pastor... He said "There is nothing bad that I heard about you", because he was a new pastor. He said "We would be more than happy to have you and your daughter", so that made me feel good. You know, I thought it's like, even if I am a single mom and I am divorced, I am still a person to their eyes. So that feels good.

And I hear neighbours, like a lot of older people, they see me and they say, "You work all the time, and you never stop. You are busy, and you raise your daughter." And so it kind of builds up my self-esteem[...] Sometimes you don't see yourself but other people tell you. And sometimes when you are having a bad day, and somebody tells you that, it kind of gives you a lift.

Self-Care: Women, and lone mothers in particular, often place their needs behind those of their children, with the result that self-care is a rarely met health need. When possible, lone mothers search for inexpensive ways to boost their own health in order to cope with ongoing challenges.

You know that you could cry on their shoulders or get comfort but sometimes, you just don't want to bother people all the time. It's almost like you want to save up your favours.

I journal. [....] I stopped doing it for a couple of weeks. I haven't even thought about it. Nothing has been really bothering me. But I tend to turn to that. It helps.

And I think one of the most important things that I discovered for me was the importance of self-care. Really being good to me and taking care of myself because I did burn out. And you know, like I said, battled with depression. And when I was that withdrawn, I had nothing left to give to my kids. And you know eventually it dawned on me that if I'm not good to me, then I'm not good for them. And then over time I realized that I need to be good to me but because of me and because I'm worth it too.

Reading. Sometimes when I'm depressed I can't get my mind on anything. The best way I can do that is like to draw and then like I'm getting' into it and I'm – my mind is like miles away. So I think that's the only thing that actually gets me up – like you know, up and goin'?

[I] Watch the news. I like to read a lot. It just reassures me that there are people that are in much worse situations than I am.

I let it go. I do affirmations. I take quiet time even if it's 5 minutes. I pray. I journal. I do anything I have to. I will go to any lengths. I have a very simple, basic reality to my life. I mean there is all this stuff. Like life gives you stuff every day but I believe that I can only handle what I can handle. And I believe that I handle it to the best of my ability. And when I don't, then that is basically to the best of my ability for that time so I accept it.

Sense of Personal Worth: What goes largely unrecognized by lone mothers and others is that health , apart from medical well-being, has social ramifications that impact on an individual's sense of personal worth. For lone mothers, having a sense of satisfaction and personal well-being is equally signified in the phrase "overall health".

I find it very frustrating when because I am on Community Services, you've got to watch how many doys your child is absent, sick [and] make sure you are keeping track of it. It is hard because I have a disability – supposedly ADD, and dealing with anxiety/depression, but also deep down, I know I am very intelligent but also feel like I am drowning. So putting those two together, it can be frustrating

And I think there should almost be an automatic thing for... Like there are so many.... And we are talking mothers but I know lots of single fathers. They are so burned out. They are so tired. You know, you spend 24/7 being a parent to however many children there are, working a job or not working a job, or trying to find a job, or trying to keep a job, and you are so stressed. I mean the quality of living for my children is probably not what it should be because I am so stressed. You know? Like everybody says, there are so many hurdles to try and get over to even get out for an hour.

It's been a long time since I've poid to take anything for myself, which actuolly I find a little bit stressful. I danced for years and years. I did modern dance. And I find it hard not to get to use my body all the time.

Society has a way of kind of like, you know, you are at a certain level, and if you are not at a certain level, you don't fit here. It's like that is how I think. It is not always nice but that is how I feel. I connot deny that I feel like thot. But I always have to stand up and be strong, and say no, I have to fight this and I have to walk because I am in the world too. I belong in this world like everybody else. I have to find my space. But inside, it is very difficult.

Evaluation of Support, Programs and Information

Though a system-wide evaluation of various structures of support, programs and information that affect lone mothers' health is yet to be undertaken, comments from the participants in the "Rethinking Health Inequities" study can provide us with some early findings regarding the efficacy of such structures.

1. Support and Assistance

That lone mothers are challenged in meeting their own and their children's essential needs while on assistance programs is not the purpose of this study; nevertheless, the reality of the struggle to make ends meet did figure prominently in lone mothers' comments on the effectiveness of various regional, provincial and federal programs and policies.

> *I have done child care under the table. And I probably make about $200 a month doing that. And [if] I didn't do that, we would go hungry or I would be at the Food Bank.*
>
> *But [housing program costs] still go up more. It goes by your income. The more you make, the more they put the rent up. So to me, they punish you if you go to work and try to get ahead. You get punished either way.*
>
> *We've been connected through Child, Youth and Family Services, but again, even accessing services for that was a real battle sometimes. And I really learned, really, really learned to fight for my kids and to get what we needed.*
>
> *You don't get nothing for him. He's 18. Nothing. Sorry, they cost you more but you don't get anything. They whipped $200 right off my thing because he turned 18. He's still living with me, and I'm still feeding him, and I'm still paying all the bills.*
>
> *For them to give you a means to go to school, you have to be on Unemployment. So, to get Unemployment, you have to work at a $6 an hour job because you have no education. So, therefore, when you get Unemployment, you are making half of what you would work at a $6 an hour job. So, you raise 4 kids on that and go to school? You can't do it.*

Support and assistance programs must keep apace with increases in minimum wage and living expenses – these figures affect costs of food, shelter, heating, employment and transportation, which in turn offer opportunities for social and economic inclusion in society and foster good health for lone mothers and their families.

2. Programs and Services

Many lone mothers in the 'Rethinking Health Inequities' study identified supportive, influential programs that helped them increase or maintain their health and well-being. Several women mentioned by name regional and provincial centres, services, programs and community initiatives that they have found beneficial (listed below are examples of these; the list is by no means comprehensive).

> *I live in Newfoundland and Labrador housing, which is good, because my rent is not overly high. It goes by your income level, which is good. I was living in a house and the rent was, like, double, so that would have been really hard. But I'm lucky when it comes to that.*
>
> *My support is in the Parent Place, the Family Resource Centre [in Yarmouth, Nova Scotia][...]And if it hadn't been for them, the people at the Parent Place, I don't know where I would be today.*
>
> *And then other things that I have that is helpful is Native Council of Nova Scotia. I go to those meetings from time to time. And I wouldn't have learned what I did, like, culture and stuff.*
>
> *When I attend Support to Single Parents [in New Brunswick], I feel very welcome when I go there. It's a wonderful environment. The people are so friendly. And I enjoy going there.*
>
> *This year was the first yeor my children were actually able to go to do something sports-wise because here on Prince Edward Island, there's Kids Sport. And they paid for the kids to play, and paid for their uniforms and everything. So it's really great that way.*

There are existing services and programs in each of the Atlantic provinces that provide vital physical, financial and social support for lone mothers and their families. These structures range from safe and affordable housing to parent support groups, from cultural centres to assistance in promoting healthy lifestyles for children.

3. Information and Resources

Information outlining support and programs for lone mothers appears to be contentious; as 'Rethinking Health Inequities' participants stressed, there are few avenues to discover services, especially those affecting health and well-being, for lone mothers who struggle to provide the daily necessities of life.

> *I don't know, the community, unless you get out into it yourself and you go find things and look for things, then you are a part of it. But other than that, there is nothing... Like I don't see it posted up anywhere saying this is for single mothers and whatnot. I don't see a lot of that. Some places like the Family Resource Centre, they've got things for single moms and stuff. But I am just starting to find out about that now.*
>
> *And I mean, there may be programs out there, but I just don't know about them.*
>
> *Well, I think one thing is that there are so many programs. Like there is Talk to Me, I think, and different types of programs. Not only that but all these resource centres and everything with all the different programs inside of them. You can't find them out without researching it or just hearing it by words. Because it seems like it is... I don't know, the information is not given. I find if you are going to give birth like at the hospital, there should be some kind of a guide.*
>
> *Even Social Assistance, I didn't know they can help you with those things when you are trying to struggle. I always thought it was just income statements and that is all that they care about.*

Support and programs designed to assist lone mothers need to be made readily available in a timely fashion through a variety of channels. Coping with the provision of essentials for herself and her family, a lone mother cannot commit to extensive research in order to learn about support and services to which she may or may not be entitled.

There needs to be a formal evaluation of the measures designed to support, serve and empower lone mothers' health, either regionally or provincially, in order to determine the usefulness of programs. IN efforts to increase reliability, issues raised by lone mothers in the "Rethinking Health Inequities" study should be included, as should other contemporary research on the health of lone mothers. In the following section, specific recommendations from the study participants address positive changes to supports, programs and information. The final section, "Recommendations Fostering Systemic Shifts in Attitudes towards Lone Mothers", explores the system-wide changes that will assist in increasing lone mothers' health by way of fundamental structural reforms.

Recommendations Specific to Support, Programs and Information for Lone Mothers

1. Calculate Income Allowances to Reflect (Rising) Costs of Daily Living Expenses

As noted in the previous section, lone mothers assert that their income allowances are not adjusted to compensate for rising daily costs including food, utilities, gas, childcare, healthy activities, and education. Participants suggest that the calculations for determining these figures are revised to reflect current prices; doing so will provide more chances for lone mothers to consider healthy physical and mental activities, in turn paying attention to increased awareness of health and well-being.

> *If they got a program that will help you get milk and vegetables and stuff like that. It's only $45 or $50. It would help. / It makes a difference. / Oh yeah. Milk is almost $4.00 a container. And it makes a difference.*

I would just like to know how they figure aut what a person should have to live on. I really would. I got a disconnection notice in my mail taday from my pawer for $100, again. Now, I don't understand. I make $482.

I was getting $1400 in September but I was only getting $50 a week through social ossistance. They were only willing to pay $75 a week for o bobysitter. Nobody in their mind is going come in and babysit for a full week for $75. I wouldn't do it.

If we had more activities for kids that wouldn't cost so much. Most single parents I know are on welfare, and they don't have the extra money to put them into sports. And there is just... Like the Sports Fund is great but they don't cover everything. When you are talking about a child who is in between the ages of 8 to 16, you've got your hands full, and I have no idea what I am doing.

Their budgets, like, the ceiling with one kid you're allowed so much, and two so [much]. Their ceilings haven't changed you know. If you noticed groceries have gone up in the last couple af weeks, months whatever. Gas keeps going up, oil keeps going up everything keeps going up. But [the assistance payment] hasn't changed.

Day care, it was just... I was at the right place at the right time. I did end up getting a spot for my daughter. But it wasn't subsidized, and that was another whole slew of problems. You know, Assistance will pay up to $400 a month, and the day care was more than that. And I'm thinking... And I appealed that decision. I appealed that. Out of all the places that I called for day care, a good 25, 30, nobody was $400 or under. Nobody. So why would they have that in place, the $400 cap on day care? It just doesn't make any sense.

I did a seven-week work term and my child had to be in daycare an extra hour a day and I had to pay for that extra hour for the whole seven weeks to do my work term[....] it was only $25 a week, but at the end of seven weeks you're looking at $175 that had to come out of my own pocket, which was a lot of money considering I'm on a very, very tight budget. That was my spending money pretty much for the seven weeks I was there.

2. Ensure Greater Provision for Single Parent Support and Resource Programs

Participants in the study identified parent programs as a reliable, meaningful means of support and encouragement, and want to see more provision for these groups. Being able to identify with a community is a target of social and economic inclusion, and the resulting connections encourage lone mothers' health and well-being.

Having these resource centres, like the Support for Single Parents, the one lady that is facilitating these classes, she's got lots of experience[...] I feel drawn to her by her experiences and just her positive way of just wanting to overcome her struggles or her daily challenge or whatever, so it just feels good actually.

I did the program here – PETS? Whatever you call it. I found that was a delight. It's not just for single parents, it's not even just for.... It's for everybody. That's to help you with your kids. It's to help you with everything. So, that was a benefit.[....] Parent effectiveness Training. I don't know what the 'S' stands for. But it was a wonderful program. It helped me talk to my children better, listen to them better. And it's not only for the children, it's for adults too. It's wonderful.

[I felt included] when I got involved with the Single Parent Association, very much so, yeah. And I got involved with the support group in particular, [which] was a real big help, because here were other parents living the same kind of experiences that I was living ond what happens in the middle of the night when one of your kids gets sick and you gotta take him[...] well I gotta wake the other one up and drag him with me too, so it was really helpful to have that, to have that kind of community support.

I think it would be really nice if there was more parenting courses. You know, you don't have any experience to draw on things.

I faund it really helpful to be a part of an organization like the Single Parent Association that provides programs and supports and stuff to single parents. And when I found that, you know that was really helpful. Talking to other single parents, like reaching out and just realizing that I'm not alone in this – like there are other people who are living this kind of a life.

3. Distribute Information on Supports and Programs Accurately and through Readily Accessible Means

Given that many lone mothers are struggling to provide food and shelter for themselves and their families, information on supports and programs provided by social workers or disseminated through geographically diverse centres may not be appropriately accessible. Furthermore, information that has the potential to increase the health and well-being of lone mothers should be unhampered by regulation.

One of the things we've obviously said is the caseworkers need to be forced to be honest about choices on programs. I mean that is like the most obvious thing. And some of them are and some of them aren't. And I don't understand why.

There are so many services out there that I was not aware of, and that I wish I was aware of a lot sooner. Such as the volunteer drive, the milk tickets for yaur children and when you were pregnant, I didn't know anything about that. And the pre-natal benefit when you are pregnant, I didn't know about that. I was almost too late finding out that. And my social worker did not tell me about any of those services. Somebody else has. So I think they should

look into getting their social workers more involved with their clients to give them more knowledge of all these services that are out there.

What they should do, when they get new people to sign up, give them a list of access to information. You should tell them you are in this neighbourhood – you can go to the school or go to the library or go to your doctor's office or anywhere you hang out, where people could go to get information. And they should have all that information there anyway to access, to tell them there is counselling, there is child care services, day care services and also what do they cover.

More programs, more information out there on programs and stuff. That would definitely help. Just to make them easily accessible. / Not have four months of paperwork to do just get accepted into programs.

Recommendations Fostering Systemic Shifts in Attitudes Towards Lone Mothers

Design Appropriate and Non-Judgmental Incentive Programs and Policies for Lone Mothers to Leave Support Structures

Again, although a formal evaluation of supports, programs and information intended to assist lone mothers would be best, the comments below indicate the areas of large-scale systemic inadequacies with current offerings. Were the intention to promote the health and well-being of lone mothers kept in mind, structures would benefit from initiatives such as childcare coverage, financial incentives and educational opportunities distinct from other forms of support.

I think it's the system. I do honestly. Even though they're trying to get you off of the system, it's like they're not trying to get you off of it. It's awkward. It's like they don't want you on the system, but when it comes to calling you back to try to get you to do something else, you don't hear from them. Like I don't know if it's just backed up people – like you know are they overbooked, or – I don't know what it is but it don't make sense to me.

But you know, childcare is one of the biggest obstacles for most women that are trying to get off Assistance. Because you have to be making a really good wage to be able to afford to completely get off Assistance and make as even as much money as you do on Assistance. Because even when you start to make the money, your GST will change, and your Child Tax Credit will change.

Like education for single women is difficult because first of all, you have to make sure your kids are either in schaal or with a baby-sitter. Secondly, like I knaw from warking in Unemployment, Unemployment paid for me to go to the RCW course but they only paid for 80%. And I could not get a student loan because I had a student loan. And so like that took 20% of thot out of my own pocket that I didn't have to help pay for my education so that I could get a decent job to provide for my family.

I don't understand why people who are on student loans like myself aren't entitled to have social services. I looked into it when I first came to school and they told me yes, I can get a cheque from them every two weeks but I would have to give them $1870 of my student loan every term and then have to go and pay it back. It's not like I wouldn't mind doing that if that was $1870 that they would take off my student loan in the end but they don't they say, no you have to give us that which they consider as a shelter component which is $110 every week you're in school for 15 weeks so you're looking at $1870 and then they take that, just so you can have a cheque every two weeks and they don't take it off your overall student loan. So no matter which way you turn you pay that twice really in order to have a cheque every two weeks. To me that does not make sense, to me you're going to have a student loan, you're the person responsible for the student loan, you're the one paying interest, you're the one that's going to have to pay it back. Why should they be entitled to that much of it? It just blows my mind.

Like I have been told that you can only get the funding once. Okay, what if I want to go on and further my education? I can't. I've come to a dead stop. You know what I mean? I can't get ahead unless I go and get a loan. But there is no more funding. So maybe they could set up more funding for students who want to go on for single parents who wont to try to better their lives for themselves and for their families. So maybe that could be a big thing. Give the single moms more money, or single dads or whatever, so that they could further their education. Because I mean there might be a job in the community that they could get but they can't get because they need further education. And they can't get further education because they hove to put out the money.

Change Forms and Procedures that Perpetuate the Stigma of Lone Motherhood

Lone mothers, due in part to historical prejudice and political propaganda, are subject to stigma that inhibits optimum uptake of supports, programs and information. Changes in perception towards lone mothers can be expedited by reduction in the amount of procedure, championing of lone motherhood by policymakers, and recognition of financial difficulty pertaining to single-income families.

Because if I could get off this social assistance thing I'd be glad. I hate it.[....] I hate being – feeling that dependent on them. I hate it when you ask them for something and they don't – like you gotta go through 50 questions to get something and they make you feel like a common criminal when you want something.

I live in a low rental. You are in a stigma when you are a low rental. Even if you are working, it's still a stigma. It's really bad.

I mean there are a lot of people who aren't on Social Services that are working $6 an hour jobs. And I am sure they find it very hard. So I mean if I was to come in and get some plan, a special plan for me or whatever, then they would be kicking up a stink about it. And naturally I would too. And they are going. So I mean any policymaker is going to be looking at both sides of that fence, and saying well, unfortunately the single mothers have to be the ones to suffer through this because we have to look after our regular people first. Well, I know that ain't going to happen. We are at the bottom of the barrel.

Say for example in the area of car insurance. You have 10% off because you are a couple. When you are a single mom, you have to pay full price for insurance. And if you take courses, like if you are a couple, it's... And if you are single, you are... You know what, we need a lot more than these people because we don't have the other salary. We only have ours. So it's like I can understand people that do make $100,000 a year but when you are say $30,000 and under, I think that you could have a 10% off of your insurance because... But I mean when I was married, my husband had a good job. We had 10% off. When I got divorced, I paid full price.

Like, "It was your choice." Like I remember a woman at social services saying that to me when I was a single parent. Like it was your choice to be a parent. Well, excuse me, I didn't think I was going to be a single one, or a widowed one. I didn't know that my husband was going to die.

Validate and Reinforce Forms of Self-Care for Lone Mothers in Policies and Programs

Lone mothers face hardship socially and economically that often prevents their full inclusion in society. In order to convince these women that they are valued members of the community, the support, programs and information they are offered need to remark upon self-care as a strong indicator of lone mothers' health and well-being.

What I would appreciate, to have a group of single moms. And to be able to have like little seminars almast. Like ance a month, they will get together with a speaker, and they will educate us in what resources there are, how we can treat ourselves, how we can eliminate a little bit of stress, and things like that. Like practical things for every day. But I learn if you don't hear it, you forget it fast, and you just go with your day and yau go day by day, and you just don't bother really. But if somebody tells you, "Okay, you need to drink water..." That is my problem, I just don't have enough time to drink or eat.

You know, they talk about abusive marriages. Why don't they teach them how to get out of abusive families so that they can find peers and role models and other means? And they need to knaw how to bloody budget. You know, they are teaching these kids... My friend is complaining because she's got a good girl but now they are bringing into the Health all this counseling on drugs and drug awareness. It is too late. It's an escape. They have already been hooked into the escape. Teach them something to look forward to so that they don't need the escape.

And also I think that even if we had some camps or some reolly qualified people that either could go out and go in the home, that that person can get away and look forward to a few quiet hours themselves during the day or evening or weekend. Like to have some me time. And they would go back, they would be reloxed, they would be more focused. Even a night away. Like it would just give them more energy. They would be relaxed. They would be a better parent. Just a de-stressor.

Like I said, I would like if they had something set up like little groups or something, little socials for single moms. I think that would be good because I know single mams must be stressed out because I am stressed out a lot of the time. And I think little groups and that would be good. Like actually this year, in school... In some of the courses we have, we can do things within the community for peaple. And I was thinking about maybe starting something like that up.

Just someone to keep you in a positive mode, if you don't have positive mode around your body or you know your surroundings, it's going to bring you down and you're going to go down farther and farther and farther. That would be the first thing because I'm a strong believer if you don't take care of yourself, you're not going to take care of your children.

CONCLUSION

In 2005, the Atlantic Centre of Excellence for Women's Health spoke with 99 lone mothers in Atlantic Canada in an effort to identify the connections between social and economic inclusion in society and the health and well-being of these women. Data revealed a complex portrait of the needs and experiences of lone mothers, including the struggle to fulfill daily needs of nourishment and shelter, the high cost of childcare, the dilemma of pursuing education while maintaining quality childcare, and so on. Most women admitted that they rarely took the opportunity to consider their own health, yet it is the health and well-being of these women that is at the heart of research towards designing effective policies and programs for lone mothers and their children. The following findings and recommendations provide an insight into the health of lone mothers in Atlantic Canada.

1. Supports are largely outdated, and need to be made comparable to daily cost of living increases for lone mothers to feed, shelter and educate their children properly
2. Programs and services exist in the Atlantic provinces that do provide meaningful assistance to lone mothers
3. Information and resources may be available, but they prove difficult for lone mothers to access and are often removed from meeting the immediate needs of these women and their families

Recommendations that specifically address these findings include commitments to:

1. Calculate income allowances to reflect (rising) costs of daily living expenses
2. Ensure greater provision for single parent support and resource programs
3. Distribute information on supports and programs accurately and through readily accessible means

Systemic recommendations were also made:

- Design appropriate and non-judgmental incentive programs and policies for lone mothers to leave support structures
- Change forms and procedures that perpetuate the stigma of lone motherhood
- Validate and reinforce forms of self-care for lone mothers in policies and programs

While a formal evaluation process would certainly reveal other details about the state of health and well-being of lone mothers in Atlantic Canada, data from the "Rethinking Health Inequities" study is thought-provoking in terms of the needs of lone mothers, and how programs and policies can emphasize social and economic inclusion that has a bearing on the health and well-being of lone mothers today and in the future.

APPENDICES

Appendix A: References

Appendix B: Focus Group Guide

Thank you for taking the time to meet with us today. Your voice is very important to helping us understand the experiences of women raising children on their own.

1 What is it like for you to be a woman raising children on your own in ____?

Probe: Do you feel safe? Supported? Do you have particular challenges (housing, health, education, leisure time, poverty, family, social capital, community, essential services)

2 Let's talk about the community where you live. Describe things in your daily life that make it easier or more difficult for you?

Probes: Services, resources, costs?

3 Next I want you to think about what you would tell someone about life for you here in ____.

A) What makes it difficult for you to be included in your community?

Probe: Are there times when you have felt isolated in your community? If yes can you describe a situation when you felt like that?

B) What makes it easy for you to be included in your community?

Probe: Are there times when you have felt included in your community? If yes can you describe a situation when you felt like that?

4 Sometimes women who are raising children alone feel they must conform or participate in their community even when they do not want to. Describe what your experience has been.

Probe: have you ever felt obligated to participate in a program? (i.e. parenting classes, religious group) Are their policies that apply to you more than women who are not raising children on their own?

5. Given your experience, what recommendations would you make that would improve your life (as a woman raising children alone)?

Probes: What kind of services and resources would you like to see in your community?

6. We have been asking a lot of questions. Next we would like to give you an opportunity to talk about anything that you would like to add.

Probe: What did we miss? What is missing?

Appendix C: Information Letter for Focus Group Participants

Thank you for your interest in this research study entitled **"Rethinking Health Inequities: Social and Economic Inclusion (SEI) and the Case of 'Lone Mothers'."** Your participation in this study is voluntary and you may withdraw from the study at any time. Participating in this study will likely not benefit you, but we might learn things that will benefit others. The study is described below.

What is the study about?

This study aims to encourage discussions on experiences, perceptions and needs of women as they raise their children alone. We also seek to understand how your environment, the services available to you and government policies influence your health and well-being. In this stage of the study, the researchers wish to conduct group interviews with diverse groups of women raising children on their own in each of the Atlantic Canadian provinces.

Who can participate in the study?

We are particularly interested in hearing from a diverse population of women from a range of cultural and geographic backgrounds. You may participate in this study if you are a woman (over the age of 18) who is raising a child or children on your own, living on a low-income, have the ability to speak English, and live in one of the four Atlantic provinces. In order to have maximum participation from a diverse population, not all volunteers may be selected to take part in this study.

What will you be asked to do?

We are asking you to participate in a focus group that will last about two hours. The focus group will be audio-taped and notes will be taken. Before the focus group begins you will be asked to fill out a short written list of questions. These questions will allow the researchers to describe basic information about the women who participated in the group. We will also ask you to answer some questions during the group discussion that will help us understand your perspective on raising children on their own.

Are there any possible risks and discomforts to participating in the study?

There are no known risks associated with participation in this research. Some individuals may share experiences that are stressful or painful to them. You can withdraw from the process at any time should you decide that is the best course of action. You are free not to comment or to answer any particular question. You should also feel free to offer opinions and information on issues or subjects not raised by the facilitator that you think are relevant to this research. The group will be held in a comfortable community space.

Will you be compensated?

You will receive a $25 honorarium for your participation in the study. We can provide up to a maximum of an additional $25 to help to cover transportation costs and child care expenses related to your participation. We will not require receipts but you will be asked to sign for receipt of the funds. This money will be yours whether or not you complete the session.

Questions

If you have further questions concerning matters related to this research, please contact Barbara Clow or Linda Snyder during regular business hours at 902-494-7850, or toll-free at 1-888-658-1112.

Appendix D: Sample Advertisement

Invitation to Participate

For women who are:

over the age of 18

raising a child or children on their own

living on a low-income and

have the ability to speak English

Focus Group for an Atlantic Study:

Women Raising their Children on their Own

The objectives of the study are to understand how environment, services and government policies influence the health and well-being of women as they raise their children on their own.

Date

Time

A modest honorarium will be provided. In addition, expenses related to your participation, such as child care and transportation can be reimbursed up to a maximum of $25.

To volunteer contact Linda Snyder, Project Coordinator,

at 494-7850 or toll-free at 1-888-658-1112.

Please note that all volunteers may not be selected due to the size and numbers of focus groups.

Appendix E: Demographic Questionnaire

This brief form will help us to describe the women who participated in focus groups on women's experiences raising their children on their own. You are free not to answer any questions. **PLEASE DO NOT PUT YOUR NAME ON THIS FORM.** Once you have completed the form, please give it to the focus group facilitator.

PLEAS E CHECK THIS BOX ☒ IF YOU WOULD RATHER NOT COMPLETE THIS DATA FORM. PLEASE RETURN THE FORM TO US ANYWAY. THANK YOU.

1. In what year were you born? _____

2. Do you identify with any particular ethnic and/or racial group(s)?
   If so, which one(s)? _____

3. Were you born in Canada?
   ☐ No ☐ Yes

4. How would you describe the community you live in?
   ☐ Rural ☐ Village/Town ☐ City

5. Do you have a chronic condition or disability?
   ☐ No ☐ Yes

6. Are you (check all that apply)
   ☐ living with child/children?
   ☐ living with a partner?
   ☐ living with other family?
   ☐ living in another situation (please specify)?_____

7. How many children do you have? _____
   How many are girls? _____
   How many are boys? _____

8. Do you do paid work?

☐ No ☐ Yes

If so, what is your occupation? _____

If yes, is the work (check all that apply)

☐ Part-time?
☐ Full-time?
☐ Casual/On-call?
☐ Permanent?

9. Do you do volunteer work or unpaid work outside the home?

☐ No ☐ Yes

If so, what kind of work is it? _____

10. What is your annual household income from all sources?

☐ Under $15,000
☐ $15,000-$24,999
☐ $25,000-$49,999
☐ $50,000 or more

11. From what sources do you have financial support (such as government programs, banks, family, friends, employment, other)? Please list all that apply.

12. What is the highest level of education that you obtained?

☐ Elementary
☐ Some high school
☐ High school graduate
☐ Technical college
☐ University
☐ Currently enrolled in an education program (please specify)

13. Is there anything you want us to know about you?

Appendix F: Confidentiality Agreement

This is to certify that I, _____ (insert name of transcriber), take an oath of confidentiality regarding all data related to Rethinking Health Inequities: Social and Economic Inclusion (SEI) and the Case of 'Lone Mothers.' I understand that such confidentiality refers to any information collected as part of this study.

_____

Signature

_____

Date

_____

Witness' Signature

Appendix G: Honorarium for Participants

By signing my initials below, I indicate that I have received an honorarium of $25.00 for my participation in a focus group interviews for *Rethinking Health Inequities: Social and Economic Inclusion (SEI) and the case of 'Lone Mothers.'*

I understand this honorarium is taxable income. It is my responsibility to claim it on my income tax as Dalhousie University will not be issuing a T4A for this payment.

FOCUS GROUP INTERVIEW CODE	DATE OF INTERVIEW	PARTICIPANT'S INITIALS	RESEARCHER'S INITIALS