

102969



PO

EASTERN HEALTH BOARD

The Health and Welfare Needs of Single Mothers

=====

*Dr. Maeve Peyton
Dr. Anna Clarke
Dr. Jeremiah Fogarty
April 1994*

Chapter 7	Results	27
7.1	Demography and General Characteristics of the Mothers	27
7.2	Putative Fathers	30
7.3	Housing	32
7.4	Health Service Eligibility and Utilization	32
7.5	Health Related Behaviour of the Mother	34
7.6	Factors Contributing to the Pregnancy	35
Chapter 8	Discussion	37
8.1	General Characteristics of the Mothers	37
8.2	Putative Fathers	40
8.3	Housing	41
8.4	Health Services Eligibility and Utilization	42
8.5	Health Related Behaviour of Mother	43
8.6	Factors Contributing to the Pregnancy	44
Chapter 9	Summary of Findings	46
Appendix i	Study Questionnaire	
Appendix ii	Irish Social Class Scale	
References		

Acknowledgements

To the Public Health Nurses in Community Care Areas 1 - 8, Eastern Health Board who administered the questionnaires. Their commitment and good work was much appreciated.

To the Public Health Nurses, Community Care Areas 1 - 8 who initially validated the data on the participants.

To Lorraine Monaghan and Geraldine Monaghan for their expertise in the typing of the studies.

To Dr. Ronan Conroy, for statistical advice.

Finally, to all the mothers who participated in the study and gave willingly of their time. Without their contribution, these studies could not have been undertaken.

terms of reference of the EHB committee were to be adhered to it would be necessary to compare the health and welfare status of single mothers and married mothers.

On initial scrutiny of the central register of single mothers the following factors came to light:

1. There was a substantial number of young single mothers (aged 15, 16 and 17 years old) for whom it would not be possible to match a group of married mothers of comparable age.
2. There appeared to be a preponderance of single mothers likely to belong to the lower social classes (4, 5 and 6, O'Hare 1985) based on addresses entered on the register (based on a working knowledge of social class distribution within these geographic areas).

Considering the above factors, it was decided to conduct two separate studies.

Study 1: A descriptive study of the health and welfare status of young single mothers 17 years of age and under.

Study 2: A comparative study of the health and welfare status of single and married mothers 18 years of age and over.

The same questionnaire was used in both descriptive and comparative studies.

The questionnaire was tested on a pilot basis and amended where necessary.

Thirteen Public Health Nurses (PHNs) were seconded from the eight Dublin CCAs to administer the study questionnaire. A detailed briefing session was held with PHN interviewers prior to the study commencement date of 9th September 1991, sample questionnaires having been piloted and circulated to the PHNs prior to this meeting. Liaison was maintained between study co-ordinators and the PHNs via a nominated Superintendent PHN throughout the entire study period. Frequent meetings were held between the study co-ordinators, the interviewing PHNs and the liaison Superintendent PHN during the period of field work, which took approximately 12 weeks to complete.

2.3 DATA PROCESSING:

On return of each questionnaire, it was checked for accuracy and any omissions. The data was then coded in the column on the questionnaire allocated to this function (Appendix i).

Social class of both mother and father was coded employing the Irish Social Class Scale (1985) (Appendix ii).

2.4 DATA ANALYSIS

Computer coding having been carried out by the study co-ordinators, data entry was conducted by a commercial company. Data were analysed on a personal computer by the co-ordinators using the Epi-Info software package.

References were listed according to the Harvard Method.

Social Class:

Social class of mothers, based on the Irish Social Class Scale - Classification of Occupations O'Hare (1985) is presented in table 3:

Table 3:

Social Class	Number	(%)
1	2	1.2)
2	0	(0)
3	20	(12.1)
4	29	(17.6)
5	88	(53.3)
6	16	(9.7)
7	10	(6.1)
TOTAL	165	(100)

The great majority (80.6%) of mothers came from working class (social class 4 - 6) backgrounds.

Pregnancy Factors:

One hundred and twenty four (75.2%) mothers reported having had only one pregnancy at the time of the study, while 41 (24.8%) mothers reported two or more pregnancies. The latter group included one mother of 17 years who had two children, one miscarriage and was pregnant again at the time of the study.

Only 8 (4.8%) of the young single mothers said that they planned to become pregnant. One hundred and ten (66.7%) mothers reported that although the pregnancy was unplanned, it was "wanted" while a substantial number 47, (28.5%) reported their pregnancy as "unplanned and unwanted".

Factors in relation to Baby:

Prematurity was not a problem with the babies of these young mothers, as 159 (96.4%) mothers had pregnancies that progressed to 35 weeks and beyond. Only two and four mothers respectively reported a gestation of 28 weeks or less or 29 - 34 weeks duration.

3.2 THE PUTATIVE FATHER:

One hundred and fifty-nine (96.4%) mothers reported that the child's father was a single man. While 41 (24.8%) did not know the age of the father, the remaining 124 (75.2%) mothers gave an age range of 13 - 24 years with the mean age being 18.8 years.

Seventy-six (46.1%) mothers reported that the child's father was either unemployed or she did not know his occupation. Of 89 (53.9%) fathers for whom an occupation was reported, 77 (86.5%) of them were employed in manual occupations (social class 4 - 6).

Forty-eight (29.1%) mothers reported that the child's father's name was entered on the child's birth certificate.

Almost half 81, (49.1%) of the mothers reported having no contact with the child's father while 61 (37%) reported contact at least once weekly.

Only 18 (10.9%) mothers reported receiving weekly financial support from the child's father and a further 10 mothers received monthly financial support. However, the greater majority 137, (83.0%) including all 81 mothers with no contact, reported receiving no financial support from the child's father.

3.3 HOUSING:

One hundred and ten (66.7%) mothers lived in local authority housing and over a quarter 44, (26.7%) in private-owner housing. A further 10 (6.1%) mothers lived in private rented accommodation. The majority (132, 80.0%) lived in houses with 32 (19.4%) mothers living in flats. Twenty-seven (84.4%) of these were local authority flat-dwellers. One mother lived in a rented mobile home.

Forty-three (26.0%) mothers had moved residence since the birth of the child, 27 (62.8%) having moved once, 6 moved twice and 10 moved three times.

The majority of mothers 127, (77.0%) lived with their family. However, 21 (12.7%) mothers lived alone with their child(ren). Only six reported living with the child's father.

Separation of Mother and Child:

Sixty three (38.2%) mothers had been separated from their child at some time since birth and with 45 (71.4%) of these, the separation had been only on one occasion. Of the 60 mothers who gave a reason for the separation, the commonest were, hospitalization of child in 19 (31.7%) cases, hospitalization of mother in 16 (26.7%) cases and holidays in 13 (21.7%) cases. One child was in long term care at the time the mother was interviewed. The mean duration of separation of mother and child in the remaining 62 cases was 2.7 weeks (range 1 - 20 weeks). Excluding cases of hospitalization of the child, the most frequent carers of the child during the period of separation were the mothers family 33/41 (80.5%).

Allowances:

Of 157 mothers answering the question, 136 (86.6%) reported being in receipt of the Lone Parents Allowance. Sixteen (19.6%) said that they were receiving more than one allowance and five mothers reported being on no allowance.

3.5 HEALTH RELATED BEHAVIOUR OF MOTHER:

One hundred and fourteen (69.1%) mothers were current cigarette smokers with 14 cigarettes being the mean number smoked. Although less current smokers (90, 79.0%) actually smoked in pregnancy, this proportion is high and the mean number smoked in pregnancy was 11 cigarettes per day.

The proportion of young single mothers consuming alcohol regularly (70.3%) was similar to that currently smoking with 116 mothers in this category. Substantially less women 35, (21.2%) consumed alcohol during pregnancy ($p < 0.001$).

Forty three (26.1%) young single mothers reported having had a cervical smear test in the two years preceeding interview. Not surprisingly, 31 (72.1%) of these were between 17 and 18 years when they had their index baby in 1989 and hence were between 19 and 20 years at the time of the interview.

Parental Support:

One hundred and twenty seven (77.0%) young single mothers reported that both parents knew of the pregnancy. A further 31 (18.8%) reported that only the girl's mother knew. Of the situations in which both parents knew of the pregnancy, 118 (93.0%) mothers received support from both parents. In 33 (20.0%) cases only the mother gave support and only the father in three cases. Five mothers reported lack of support from both parents during her pregnancy. However in these five situations, parental support was forthcoming after the baby was born.

"Why did you become Pregnant?"

Where the young single mother was given an opportunity for an open reply as to why they became pregnant, the response was as follows:-

Table 5: Why did you become Pregnant?
(answer by all 165 single mothers to open question)

REASON	NUMBER	(%)
<i>Unplanned/mistake/accident</i>	62	(37.6)
<i>Don't know/no reason/just happened</i>	55	(33.3)
<i>To maintain or establish relationship</i>	11	(6.7)
<i>Wanted child/planned pregnancy</i>	6	(3.6)
<i>To be independant</i>	4	(2.4)
<i>Alcohol</i>	3	(1.8)
<i>Miscellaneous*</i>	24	(14.5)
TOTAL	165	100%

**(Miscellaneous reasons include:- company for other child, lack of information, going to get married, lust, to get at my father, stupid curiosity, etc.)*

Chapter 4

DISCUSSION

Few studies involving teenage single mothers have solely addressed this age group of 17 years and under. As expected the majority of births occurred to those aged seventeen and to a lesser extent sixteen years of age. Many studies describe an increasing number of teenage pregnancies. In the Republic of Ireland the proportion of non-marital births as a % of total births has been increasing over the last decade. Furthermore, there is also an increasing proportion of non-marital births to teenagers (CSO 1972 - 1989)

4.1 DEMOGRAPHY AND GENERAL CHARACTERISTICS OF YOUNG SINGLE MOTHERS:

The age range of mothers was 14 - 17 years. The majority (80.6%) of these young single mothers were in social classes (4 - 6), with over half of the study population being in social class 5. These findings are in keeping with Hare and Smith (1993) who showed that there was a higher rate of pregnancy in teenagers under 16 years in socially deprived areas of Tayside.

Pregnancy Factors:

A quarter of the mothers in the study group had two or more pregnancies. Kaul et al (1993) described 18% of teenagers aged nineteen years and younger in their West Glamorgan Study as having had two or more pregnancies. As expected, the pregnancy in the present study was planned in only 5% of cases.

Factors in relation to the Baby:

Very few low birth weight or premature babies were born to these young mothers. This is contrary to the findings of the previous studies of Crellin et al (1971), who reported a figure of 11% low birth weight in babies of single parents. Our figure of 6% is close to the findings of Rosenberg and McEwan (1991) who reported low birth weight in 8% of babies. Unfortunately, the majority of these young single mothers in the present study did not choose to breastfeed their babies.

whom were aged 17 years and under. The proportion of these young single mothers in employment in the current study is higher than would be expected as the Central Statistics Office quotes that 37.4% of all Irish women aged between 15 and 44 were employed during the years 1986 - 1990.

While the majority of young mothers described their home background as "happy", over a quarter were brought up apart from one or both parents and significantly more of this sub group described their home background as "unhappy". This finding was similar to that of Weir (1970) who showed that 30% of single mothers came from broken homes and 39% from unhappy homes. Thompson in 1956 stated that the incidence of broken homes falls from 40% in the unmarried group to 18% in those who conceived after marriage. It would appear therefore that little change has taken place in the forty year interval since that study.

The presence of another single parent in the family of the young single mothers was common. This can be contrasted with the study by Powell et al who in 1982 showed that only 18%, of their sample had an unmarried sister who had been pregnant. The increased proportion in our study may partly be explained by the fact that we used a wider definition of the immediate family when asking about other single parents in the family. Furthermore, it may be related to the overall level of increasing non-marital births. A significant finding in our study is that the group with single parents in the immediate family were more likely to have had two or more pregnancies.

4.2 THE PUTATIVE FATHER:

The child's father was unmarried in the majority of cases, which was similar to findings in studies by O'Hare et al (1983) and Peyton (1985). In contrast, Powell et al (1982) reported that 17% of partners were married. The mean age of fathers (18.8 years) was slightly older than that of the young single mothers (16.6 years). Over half of the putative fathers were reported to be employed, the majority worked in manual occupation, social class 4 to 6. 46% were either unemployed or occupation was unknown. Flanagan and Richardson (1992) described two thirds of putative fathers in their study as being employed and social class distribution was similar to that in our study. In the present study nearly half of the respondents indicated that they had no contact with the child's father after the birth while a lesser number reported contact once weekly at least. McDonnell et al (1988) reported a similar finding with only one third of putative fathers being in contact with the children at one year. Only 17% of mothers in the present study reported that they receive either weekly/monthly financial support

all. Similarly in 1984 Darling showed that over a half of the study sample sought medical advice within three months of suspecting they were pregnant. 70% of her study group was aged under 25 years. Peyton (1985) similarly reported that 37% of her sample delayed ante-natal care until the second trimester and 10% until the third while two mothers received no care. One third of that study group were aged between 15 - 19 years. Powell et al (1982) showed that 56% of the sample attended for first ante-natal visit in the third trimester and 9% were unbooked. Green et al (1989) showed that single mothers significantly presented later than their married counterparts for ante natal care and also that they have fewer ante natal visits.

Post Natal Care - Mother and Child:

Over a third of the mothers indicated that they did not attend for a post natal examination. Peyton (1985) reported significantly less single than married mothers availed of a post natal examination. However, of the single mothers who attended, those aged 15 - 19 years were the best attenders. The majority of mothers brought their babies to a doctor for a six weeks medical developmental examination. Peyton (1985) reported a 91% uptake of this examination a similar finding to the present study. The majority of mothers attended for the nine month developmental screening examination by appointment for baby. Peyton (1985) reported a lower uptake figure of 71% for this screening examination.

Immunisation:

Four fifths of children reportedly completed the primary immunisation schedule of Diphtheria, Tetanus and Oral Polio Vaccine and 72% completed immunisation with Pertussis. Peyton (1985) reported a much lower uptake of 40% uptake of Diphtheria, Tetanus and Oral Polio and a 22% uptake of Diphtheria, Tetanus, Pertussis and Oral Polio in her sample. The uptake figures in the present study would appear high considering the social class mix of the study population. Although our findings were not validated and are based on parental report alone, Clarke (1993) found good agreement between parental reports and documentary evidence of immunisation.

4.5 HEALTH RELATED BEHAVIOR OF MOTHER:

A high level of cigarette smoking is reported by young single mothers both at the time of interview and, more importantly, during pregnancy. In previous studies smoking during

4.6 FACTORS CONTRIBUTING TO THE PREGNANCY:

Of 42% of single mothers who cited reasons for their becoming pregnant a third reported they wished to "strengthen the relationship", a further third said "it just happened" or "was an accident" and 16% wanted "to be independent". Ryan (1983) reported the main responses from the single sample who became pregnant as "took a chance", "I didn't think it could happen to me" and "careless".

Parental Support:

Over three-quarters of single mothers reported that both parents had known of the pregnancy and in a further 20% of cases, only the mother knew. In cases where both parents knew of the pregnancy, 93% received support from both parents. These findings were similar to that of O'Hare et al (1983) where 83% of the responders had informed both parents of their pregnancy. Similarly Flanagan and Richardson (1992) reported that 85% of mothers and 74% of fathers were aware of the pregnancy at the time of delivery and of parents who were aware of the pregnancy, the majority were either very supportive or supportive and a small number were not very supportive or not supportive at all.

Darling (1984) found that the main reasons the girls did not tell their parents they were pregnant was either "concern for parents" or "a fear of parents reaction". McIntyre (1977) has pointed out that for most of the women telling their parents also involved breaking the news that they had been sexually active thereby opening themselves to a new interpretation of character.

Why did you become pregnant ?

In response to this open question 71% reported the pregnancy to be either "unplanned, a mistake, an accident or no reason". This is in keeping with the finding of low contraception usage among these young single mothers. Ryan (1983) reported single girls became pregnant because they - "took a chance", didn't think it would happen to me" and "didn't mind", all similar type responses to those in our study.

Chapter 5

Summary of Findings

1. The age range of single mothers was 14 - 17 years
2. The majority of mothers were in the socio-economic groups 4 - 6
3. One quarter of the mothers reported two or more pregnancies
4. Only 5% of mothers planned the pregnancy
5. Breastfeeding was practised by few mothers
6. The majority of babies born were full term gestation
7. Education was minimal for the majority of mothers
8. Over one third of the mothers reported a single parent in their immediate family. This group were significantly more likely to have had two or more pregnancies
9. The majority of putative fathers were in the 13 - 24 year age group, in social classes 4 - 6, and single
10. The putative fathers name was entered in less than one third of the childrens birth certificates
11. Almost half of the mothers reported having no contact with father of the child
12. The greater majority of mothers were reported not to receive any financial support from the child's father
13. Two thirds of the mothers lived in Local Authority Housing
14. Over one quarter of mothers had moved home since the birth of the child, the majority moved once
15. The majority of mothers lived with their families
16. The majority of mothers were in receipt of General Medical Services facility (GMS)
17. The majority of mothers sought ante-natal care after twelve weeks of pregnancy
18. While only one third of mothers attended for their own post natal medical examination, almost all mothers brought their baby to a doctor for a six week medical examination
19. The majority of mothers attended with their babies for the nine month Developmental Screening Examination
20. About 80% of children were reported to have completed their primary immunisation schedule (excluding pertussis), 72% completed pertussis immunisation.
21. One third of mothers had been separated from their children since birth - the majority on only one occasion, and mainly for hospitalisation of child
22. Few single mothers availed of cervical screening

Chapter 6

METHODOLOGY

STUDY 2 - The Comparative Study

A comparative study of the health and welfare of single and married mothers 18 years of age and over.

6.1 STUDY POPULATION

The procedure of selection of single and married mothers was as follows: All single mothers 18 years and over were identified from a central register and allocated a unique identifying number. In order to be included in the study, the mother was required to meet the following criteria;

- (a) that she be still single*
- (b) that her baby be still living*
- (c) that her baby not be in long-term foster care*
- (d) that her baby not be adopted*
- (e) that she not be known to be co-habiting*
- (f) that she be still resident within the Dublin area*

The sample size required on statistical advice in order to have sufficient numbers for valid comparisons between the two groups was 600 mothers, 300 single and 300 married mothers. The cases were selected using random tables.

In order to avoid any potential bias that might arise in comparing the two groups of mothers, it was decided that comparisons between the groups would need to be controlled for factors such as age of mother, birth date of child, social class and geographic area. Therefore, both groups were matched for these four characteristics in the following way:

- (i) Every single mother was matched with a married counterpart within the same Community Care Area (CCA). The remaining matching criteria were in order as described below.
- (ii) The married mother to be matched with the single mother was selected according to the date of birth of her baby (i.e. the next date of birth on the birth register after the date of birth of the single mother's child).

The questionnaire was initially tested on a pilot basis and amended where necessary.

As single mothers were interviewed, questionnaires were returned to study headquarters, where the study co-ordinators selected the married controls according to the criteria specified.

Married control mothers were interviewed by each PHN immediately after all the single mothers had been interviewed.

Thirteen PHNs were seconded from the eight Dublin CCAs to administer the study questionnaire. A detailed briefing session was held with PHN interviewers prior to the study commencement date of 9th September 1991, sample questionnaires having been piloted and circulated to the PHNs prior to this meeting. Liaison was maintained between study co-ordinators and the PHNs via a nominated Superintendent PHN throughout the entire study period. Frequent meetings were held between the study co-ordinators, the interviewing PHNs and the liaison Superintendent PHN during the period of field work, which took approximately 12 weeks to complete.

6.3 DATA PROCESSING:

On return of each questionnaire, it was checked for accuracy and any omissions. The data was then coded in the column on the questionnaire allocated to this function (Appendix i).

Social class of both mother and father was coded employing the Irish Social Class Scale (1985) (Appendix ii).

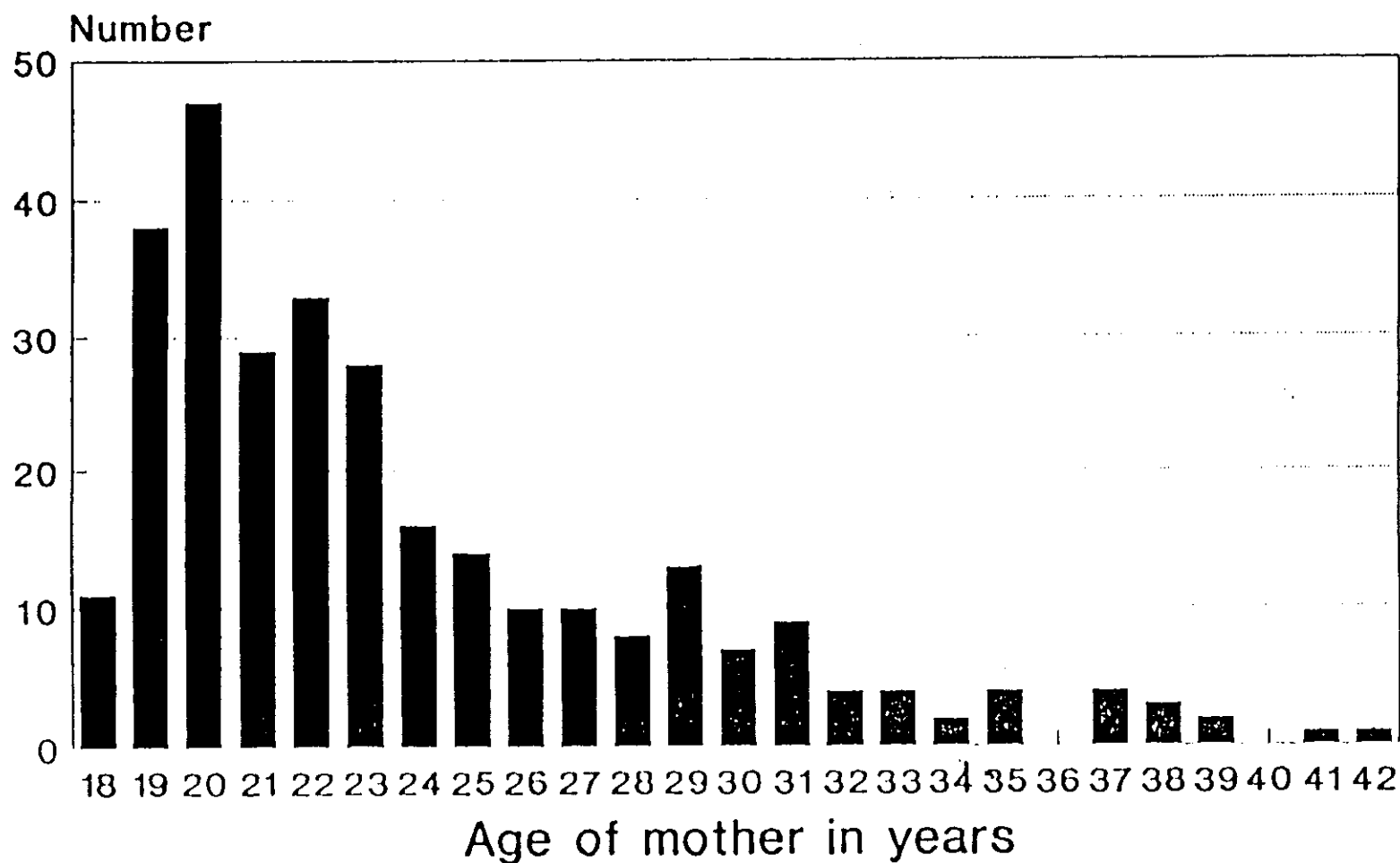
6.4 DATA ANALYSIS

Computer coding was carried out by the study co-ordinators and data entry was conducted by a commercial company. Data were analysed on a personal computer by the co-ordinators using the Epi-Info software package.

References were listed according to the Harvard method.

Figure 1:

Age distribution of single mothers at time of baby's birth in 1989



Eighty (26.8%) single mothers reported not wanting the pregnancy compared to only 18 (4.6%) married mothers (OR = 6.8; 95% CI = 3.8 - 12.2, $P < 0.001$).

Factors in relation to baby:

Similarly low proportions of both single (13, 4.3%) and married (15, 3.8%) mothers had babies of low birth weight (< 2.5 kg) (N.S).

Only 8 (2.7%) single mothers and 7 (1.8%) married mothers had premature babies (born before 34 weeks) (N.S)

Sixty four (21.5%) single mothers compared to 148 (37.9%) married mothers reported breastfeeding their babies (OR = 0.5 95% CI = 0.4 - 0.7, $p < 0.001$). However only 39 (60.9%) of these single mothers were still breastfeeding at one month while 109 (73.6%) of their married counterparts were still breastfeeding one month after delivery. (N.S)

Employment and Education

One hundred and eighty one (60.7%) single mothers as opposed to two hundred and eleven (54.1%) married mothers were stated to be employed at the time they became pregnant, which showed a significant difference between the mothers ($p < .01$). One hundred and eighty four (61.7%) single mothers had attained only partial secondary education compared to 183 (46.9%) of their married counterparts who had not completed secondary education (OR = 1.5 95% CI = 1.1 - 2.3, $p < 0.05$). Only 20 (6.7%) single mothers had completed third level education whereas 64 (16.4%) of the married group had done so (OR = 0.4 95% CI=0.2 - 0.8, $p < 0.01$).

Sex Education

Knowledge of the 'Facts of Life" (sex education) was received by both married and single mothers predominantly at home, at school, from friends or from a combination of sources. Only 8 (2.7%) single mothers and 3 (0.8%) married mothers reported having received no sex education.

Social class distribution of the putative father is presented in Table 4. Of the 217 (72.8%) fathers for whom an occupation was stated (from which social class category was derived) 143 (65.8%) came from social classes 4 - 6.

Table 4: Social class distribution of putative father

SOCIAL CLASS	NO.	%
1	16	5.4
2	27	9.1
3	31	10.4
4	68	22.8
5	47	15.8
6	28	9.4
Unemployed/Unknown or Not Stated	81	27.2
All Classes 1 - 7	298	100

Two hundred and forty eight (83.2%) of putative fathers were reported as single, 20 (6.7%) as separated and 19 (6.4%) as married.

Only 124 (41.6%) single mothers reported that their child's father's name was entered on the child's birth certificate.

One hundred and five (35.2%) mothers reported no contact with the child's father. A further 38 (12.8%) reported only irregular contact. In contrast, 142 (47.6%) reported daily or weekly contact with the child's father.

One hundred and eighty seven (62.8%) single mothers reported receiving no financial support from the child's father while 76 (25.5%) reported receiving weekly or monthly financial support.

Attendance with their child for the nine month developmental screening examination was reported to be very high among both single 279/298, (93.6%) and married 368/390 (94.4%) mothers. The Health Board clinic was the favoured site for this examination among both single 274, (92.0%) and married 365, (93.6%) groups. Only 5 single mothers and 3 married mothers reported attending their GP or hospital for developmental examination.

Very high completed primary immunisation rates were reported by both single (87.2%, 260/298 for DT and Polio and 73.8%, 220/298 for DPT and Polio) and married (92.1%, 363/390 for DT and Polio and 80.3%, 313/390 for DPT and Polio) mothers. The reported uptake of BCG vaccine was also reported to be high among single (88.6%, 264/298) and married (91.3%, 356/390) mothers.

Uptake of Measles Mumps and Rubella (MMR) vaccine was reported to be 73.5% (219/298) in the children of single mothers and 83.6% (326/390) in the children of married mothers. Significantly more children of single mothers (76, 25.5%) versus married mothers (64, 16.4%) were reported not to have had MMR vaccine (OR = 1.6; 95% CI = 1.1 - 2.3, $P < 0.05$).

Similar proportions of single mothers children (78/298, 26.2%) and married mothers children (105/390, 26.9%) were reported to attend creche/day care/nursery/pre-school (OR = 1.2; 95% CI = 0.8 - 1.8, NS). Only 27 (9.1%) single mothers and 19 (4.9%) married mothers (NS) reported being involved in the Community Mothers Programme.

Significantly less single mothers (107/298, 35.9%) compared to married mothers (182/390, 46.7%) had been separated from their child since birth (OR = 0.7; 95% CI = 0.5 - 0.9, $P < 0.05$). Only 34 (11.4%) single mothers versus 71 (18.2%) married mothers (OR = 0.6; 95% CI = 0.4 - 0.9, $P < 0.05$) cited their own hospitalisation as reason for separation. However, more single mothers (25/298, 8.4%) than their married counterparts (20/390, 5.1%) (NS) gave hospitalisation of the child as a reason for their separation.

Allowances:

Two hundred and five (68.8%) single mothers reported receiving the "Lone Parent Allowance". Only 11 (3.7%) such mothers reported receiving more than one allowance (excluding the "Childrens Allowance"). 33 mothers (11.1%) reported as receiving no allowance.

(OCP) users (OR = 4.2; 95% CI = 2.6 - 6.9 P < 0.001). Significantly less single mothers (25/161, 15.5%) than their married counterparts (93/244, 38.1%) were condom users (OR = 0.3; 95% CI = 0.2 - 0.5, P < 0.001). Of those who reported using natural methods of family planning, significantly fewer single (2/163, 1.2%) than married (27/271, 10.0%) mothers used natural methods (OR = 0.1, 95% CI = 0.01 - 0.5, P < 0.001).

Similar proportions of both single (19.5%, 58/298) and married (18.7%, 73/390) mothers reported using some form of family planning when they became pregnant (OR = 1.1; 95% CI = 0.7 - 1.6, P = 8.1, NS). Of these, the single group (32/58, 55.2%) were more likely than the married group (21/73, 28.8%) to be using the oral contraceptive pill for this purpose (OR = 3.1; 95% CI = 1.4 - 6.7, P < 0.01) and less likely to be using natural methods (4/58, 6.9% vs 18/73, 24.7%) (OR = 0.2; 95% CI = 0.1 - 0.8, P < 0.05).

7.6 FACTORS CONTRIBUTING TO THE PREGNANCY

Table 5 lists contributory factors reported by single mothers to their becoming pregnant.

Table 5: Factors reported by single mothers to contribute to their becoming pregnant (from a list of options)

FACTOR	N	%
No factor reported	163	(54.7)
Unhappy Home	9	(3.0)
Wish to be Independent/Grown Up	13	(4.4)
Wish to strengthen relationship with boyfriend	23	(7.7)
Wish to improve financial status	4	(1.3)
Alcohol	21	(7.0)
Other factors than above	56	(18.8)
Question not answered	9	(3.0)
All factors	298	100

Chapter 8

DISCUSSION

The number of births to single women are increasing annually throughout the Western World. In Ireland in recent years, though the birth rate has fallen, the number of non marital births continues to rise steadily. Such births increased from 3% of all births registered in 1972 to 18% in 1992, CSO Ireland (1992). In England and Wales, the pattern is similar where the percentage of live births which took place outside marriage rose from 7.2% in 1964 to 27% in 1989, (RCOG 1991). In Ireland in 1989, 12.3% of 52,018 live births were to unmarried mothers (CSO, 1989). In the same year there were 3575 births registered to single mothers domiciled in the Eastern Health Board Area and this number comprised 54% of the total number of single mothers for the Republic of Ireland in that year. This case control study is based on a random sample of these single mothers. It is perceived that some single mothers and their children have many unmet needs. The aim of this study therefore, is to ascertain the health and welfare needs of these mothers and children. This comparative study has shown some similarities but also some major differences have emerged in health and welfare needs.

8.1 DEMOGRAPHY AND GENERAL CHARACTERISTICS OF THE MOTHERS

The majority of births in this study were to single women in the 20 - 24 year old age group, which was a similar finding to that reported in the national birth statistics for the same year 1989 (CSO, 1989). This was also reflected in research by Flanagan and Richardson et al (1992) and Powell et al (1982) and Crellin et al (1972). The present study showed a greater number of single mothers were categorised in the socio-economic groups 4 - 6 which was similar to the findings in most other studies (Weir 1970, O'Hare et al 1983, Flanagan and Richardson 1992, and Beatson et al 1989).

Pregnancy Factors:

It is well documented in the literature that the majority of single mothers have one child and the results in this study were no different. As expected, the single mothers had significantly less pregnancies than their married counterparts. However, over one third of the single mothers reported having had two or more pregnancies. Findings of other studies are shown as follows:

Factors in Relation to Baby

It has been well documented in the literature that births to unmarried mothers particularly young girls, contribute to higher than expected low birth weight, premature birth, perinatal and infant mortality, higher than average birth defects and lower IQ, (Powell et al 1982 and Blondel et al 1988). However, low birth weight or length of gestation were not significant findings in the present Irish study.

Breastfeeding was not a popular practice for either single or married mothers and was much lower than the national figure of 34%. An association between breastfeeding and social class and breastfeeding and age was shown by Hurley et al (1992) in Dublin. There was a higher breastfeeding practice in socio economic groups one and two, than in groups four, five and six. Hurley et al (1992) further showed that breastfeeding practice by all mothers was unsatisfactory, very few mothers under the age of twenty five years breastfed their babies.

Employment and Education

Surprisingly in the current climate of high unemployment, nearly two thirds of single and slightly over half of the married mothers were reported to be employed at the time they became pregnant. The educational level attained by both single and married mothers was low and particularly so for the single group. The majority of mothers did not complete second level education and very few of either group completed third level education. An earlier Scottish study by Hopkinson (1976) reported minimal educational achievement in a sample of single mothers, Peyton (1985) described minimum education received by single and married mothers in inner city Dublin. Beatson et al (1989) using British census data reported that 74% of the single as opposed to 43% of the married mothers had no further education since leaving school, though the age of school leaving is not indicated. Flessig (1991) described only 20% of the study sample of mothers over age 19 years who had unintended pregnancies as having finished "full time education". On the other hand, Ryan (1982) and Darling (1984), reported in previous Irish studies that single mothers had higher educational levels than their married counterpart.

Sex Education

The majority of both single and married mothers received some form of sex education. Earlier research of Kirke (1972), Hopkinson (1976) and Forest (1979) reported a lack of such education from any source. More recent work by Powell et al (1982) described one third of mothers as having had sex education of some kind, mainly in school. However, it was

Nugent et al (1987) described married Irish fathers as becoming increasingly more supportive during pregnancy and more involved in childrearing care than in the past. This degree of involvement however, was not true of the partners of the single mothers in this study or that of a later study by Nugent et al (1989). In the present study, the fathers name was said to be entered on the birth certificates of less than half of the infants. Despite this however, over half of the children had daily or weekly contact with their father. No contact was reported by one third of the respondents in the present study. However, McDonnell et al (1988) reported that only one third of fathers were in contact with their children at one year of age. In general, it appears that many children of single mothers do not have contact with their father in their early formative years, and thereby miss out on the family unit experience.

Almost two thirds of the putative fathers were reported as providing no financial support for their children.. Between 15% to 25% were described in various other studies as having done so and some of these were on foot of maintenance orders or child support payment as described by Flanagan and Richardson et al (1992) and Darling (1984).

8.3 HOUSING:

A higher proportion of single than married mothers lived in local authority housing. Over one third of these moved home since the birth of their baby as opposed to 12% of their married counterparts. It has been well documented in previous studies that single mothers move more frequently than married mothers, (Peyton 1985, Clarke 1992). It was reported by McDonnell et al (1988) that one third of the single mother sample considered themselves as having a major problem in the area of housing, as opposed to one tenth of married mothers. About one third of the single mothers in the present study lived alone with their child which was higher than that described by Peyton (1985), McDonnell (1988). Twelve per cent of mothers in this study stated that they lived with the child's father although this group would have been excluded from the study sample had knowledge of the co-habiting status been known at the onset of the study. Flanagan and Richardson (1992) reported that nearly 20% of mothers were planning to co-habit with the father and in fact, 16% were doing so after the birth of the child. A study by Peyton (1985) reported that a third of the study sample of inner city mothers were co-habiting with child's father at the time of interview. Interestingly, Powell et al (1982) described over three quarters of the study sample of single mothers as being in a stable relationship, over one third of whom had marriage plans and a very small number were living with father of child at interview prior to the birth of the child.

half of children of married mothers, the main reason was hospitalisation of the child for the single group and of the mother for the married group. Although not ascertained in the study, the reason for hospitalisation by married mother could have been associated with the birth of another child.

Allowances:

Over two thirds of single mothers in the present study were in receipt of the lone parents allowance and only 7% of them were employed. However, Flanagan and Richardson (1992) described a higher proportion of unmarried mothers (40%) being employed which was similar to the national average of women employed at that time. O'Grady et al (1991) reported that nearly half of the study group who first claimed the lone parents allowance in 1986 were unemployed. They also showed that there are higher levels of unemployment among lone parent applicants and their families, than in the population generally.

8.5 HEALTH RELATED BEHAVIOUR OF MOTHER:

Cigarette smoking was reported to be significantly higher among single mothers than their married counterparts both during pregnancy and currently. The consumption of alcohol did not appear to be a significant factor for either group, either during or after the pregnancy.

The uptake of Cervical Screening was low for both groups of mothers but particularly so for the single mothers. A 20% uptake of cervical screening offered by appointment to inner city mothers was reported by Herity et al (1993).

Contraception Practices:-

About half of the single respondents were reported to be using some method of family planning at the time of interview. The oral contraceptive pill was the method of choice for both groups of mothers. Natural methods of family planning were not commonly used either before or after the pregnancy by single or married mothers but less so by single mothers. It was reported that family planning methods were being availed of by few of the mothers, particularly single mothers at the time of their becoming pregnant.

Parental Support

It is often suggested that many parents are not aware, or furthermore on being aware, are not supportive of their single daughters in their pregnancy. Results of the present study revealed that in over three quarters of cases both parents were aware and in a further one fifth of cases either one or the other parent were aware and very few had no knowledge of the pregnancy. Nugent et al (1989) reported that at the time of interview conducted in the seventh month of pregnancy, one fifth of fathers did not know of the pregnancy. It would appear however, that the vast majority of mothers are aware of their daughters pregnancy at the time of delivery. Powell et al (1982) described nearly one quarter of single girls who booked for ante natal care in a Dublin Hospital of not having informed anybody of their pregnancy. O'Hare et al (1983), and Flanagan and Richardson (1992) described three quarters of the 1986 sample of single mothers of having informed both parents and by 1989 this figure had increased to 95% of women who had informed at least one parent of their pregnancy before delivery.

The majority of parents in the present study who knew of the pregnancy were supportive of their daughter. This finding was also recorded by Flanagan and Richardson (1992) who also found that mothers were more supportive than fathers. It is heartening to see that attitudes have changed since 1984 when Darling reported 31% of the single sample of mothers of having no parental support in early pregnancy. A further measure of increased parental support in recent years is indicated by the high number of women residing in the parental home during pregnancy, as shown by Flanagan and Richardson (1992).

Regular attendance at Religious Service was not shown to be a common practice for either group of mothers but particularly so for the single mothers. Other Irish studies Kirke (1979), Ryan (1983) described similar findings. However, because of other inter related factors it is difficult to draw any firm conclusions on religious service attendance.

19. More single than married mothers sought ante natal care (first attended) in the last three months of their pregnancy.
20. Less children of single than married mothers were reported to have availed of measles, mumps rubella immunisation.
21. Separation of mother from child was less for the single than married mothers.
22. More single than married mothers were current smokers and smoked during their pregnancy.
23. Cervical Smear Screening was availed of less by the single than the married mothers but uptake for all mothers was low.
24. Similar numbers of single and married mothers were currently practicing artificial methods of family planning.
25. Where practiced, both at the time of becoming pregnant and currently, the commonest means of family planning by the single group was the oral contraceptive pill. The least common method was the condom. Less single than married mothers used natural methods.
26. No particular factor was identified which contributed to the single mother pregnancy, on posing an open question.
27. Most of the parents were aware of the pregnancy of their daughter

SECTION B - Putative father (Skip this section if married)

25. Date of birth
26. Occupation.....
(Describe exactly most recent occupation)
27. Marital status (1) Single (2) Married (3) Separated (4) Divorced (5) Other
28. Is father's name on child's birth certificate? (1) Yes (2) No (3) Don't know
29. Do you have contact with the child's father?
(1) Daily (2) Weekly (3) Monthly (4) Irregular (5) None
30. Do you receive any financial support from child's father?
(1) Weekly (2) Monthly (3) Irregular (4) None

☐ ☐ ☐ ☐ ☐ ☐ 46

☐ 47

☐ 48

☐ 49

☐ 50

☐ 51
SECTION C - Housing

31. What accommodation do you have
(1) Local authority (2) Private rented (3) Private owner-occupied
32. Type of accommodation
(1) House (2) Flat (3) Hostel (4) Other (Describe).....
33. Have you moved since the birth of your child?
(1) Once (2) Twice (3) Three or more (4) Have not moved
34. If single, do you live
(1) Alone with your child(ren) .. (3) With child's father
(2) With your family (4) Other (Describe)
(5) Not applicable

☐ 52

☐ 53

☐ 54

☐ 55
SECTION D - Health services

35. Health service eligibility
(1) Medical Card (4) None
(2) Private health insurance (e.g. VHI) (5) Don't know
(3) Employer-provided scheme (6) Other
(e.g. Guinness, CIE, Garda) (State)
36. When was your pregnancy confirmed?
(1) First 3 months (2) 3-6 months (3) 6-9 months (4) Not confirmed (5) Don't know
37. What was your earliest ante-natal care?
(1) First 3 months (2) 3-6 months (3) 6-9 months (4) No care (5) Don't know
38. Did you attend for your post-natal examination? (1) Yes (2) No (3) Don't know
39. Did your child have a six-week examination carried out by a doctor?
(1) Yes (2) No (3) Don't know
40. Did your child attend for 9-month Developmental Examination at any of the following -
(1) Health centre (5) None - no appointment received
(2) GP (6) Other
(3) Hospital (7) Don't know
(4) None
41. What immunisation has your child had?
(1) Polio + 3 in 1 x 3 (6) Polio + 2 in 1 x 1
(2) Polio + 3 in 1 x 2 (7) Different combination:
(3) Polio + 3 in 1 x 1 (State combination of above)
(4) Polio + 2 in 1 x 3 (8) None
(5) Polio + 2 in 1 x 2 (9) Don't know
42. Did your child have BCG? (1) Yes (2) No (3) Don't know

☐ 56

☐ 57

☐ 58

☐ 59

☐ 60

☐ 61

☐ 62

☐ 63

63. Were you practicing family planning methods when you became pregnant? (1) Yes (2) No

☐ 92

64. If Yes, which method were you using?

- | | |
|------------------------|----------------------|
| (1) Natural methods | (6) Condoms |
| (2) Pill | (7) Condoms & creams |
| (3) Depot (injections) | (8) Sterilisation |
| (4) Coil | (9) Other |
| (5) Cap | (Describe) |

☐ 93

65. Did you take any non-prescribed drugs during your pregnancy (sniff, inject, oral)?

- (1) Yes (Describe) (2) No

☐ 94

66. Do you use any non-prescribed drugs now, (sniff, inject, oral)?

- (1) Yes (Describe) (2) No

☐ 95

67. Have you had a previous pregnancy(ies) (confirmed) (1) Yes (2) No

☐ 96

If No, go to Q.70 if single or Q.75 if married

68. Outcome of previous pregnancy(ies)

- (a) Live birth No.
- (b) Stillbirth/death No.
- (c) Miscarriage No.
- (d) Other No.

☐ 98
☐ 99
☐ 100
☐ 101

69. Who in general cares for your previous child(ren)?

- (a) Myself No.
- (b) Father No.
- (c) Both parents No.
- (d) Maternal parent No.
- (e) Paternal parent No.
- (f) Adopted No.
- (g) Fostered No.
- (h) Other No.
- (State)

☐ 102
☐ 103
☐ 104
☐ 105
☐ 106
☐ 107
☐ 108
☐ 109

Q.70 - 74 incl. to be completed by single parents only

70. Did any of the following contribute to you becoming pregnant?

- | | |
|--|--------------------------|
| (1) Unhappy home | (5) Alcohol |
| (2) A wish to be independent/grown up | (6) Non-prescribed drugs |
| (3) A wish to strengthen relationship with boyfriend | (7) None |
| (4) A wish to improve financial state | (8) Other |
| | (State) |

☐ 110

71. Did your parents know of your pregnancy?

- (1) Father (2) Mother (3) Both (4) Neither (5) Not applicable

☐ 111

72. Did your parents support you during your pregnancy?

- (1) Father (2) Mother (3) Both (4) Neither (5) Not applicable

☐ 112

73. Did your parents support you after birth of child?

- (1) Father (2) Mother (3) Both (4) Neither (5) Not applicable

☐ 113

74. Why did you become pregnant?

☐ 114

75. Do you attend religious services? (1) Regularly (2) Occasionally (3) Non-attender

☐ 115

REFERENCES:

Study 1

Beatson-Hird, Yuen P, and Balarajan R. (1989) Single Mothers: Their Health and Health Service Use - Journal of Epidemiology and Community Health 43, 385 - 390

Central Statistics Office Dublin (1972 - 1992) Statistics on Births outside Marriage

Clarke A.T. (1992) Low Immunisation Coverage Rates: Fact or Fiction ? Thesis for membership of the Faculty of Public Health Medicine, Royal College of Physicians of Ireland.

Clarke A.T. (1993) Low Immunisation Coverage Rates: Fact of Fiction ? Irish Journal of Medical Science, 1993, Vol. 162, Supp. 11:20

Crellin E., Pringle H.F., West P. (1971) Born illegitimate National Childrens Bureau

Darling V. 1984 "And Baby Makes Two" Federation of Services for Unmarried Mothers and their Children Dublin Chapter 1.3.11.

Department of Health and Social Security, England and Wales (1974) Report of the Committee on one parent families, HMSO Cmnd. 5629 Vol. 1.2

Dockeray C.J., Powell, B.F.M., (1984) Psychological aspects of adolescent pregnancies in Ireland - unpublished paper, St. James's Hospital, Dublin

Flanagan N., Richardson V., (1992) Unmarried Mothers: A Social Profile. Department of Social Policy and Social Science Research Centre, University College, Belfield, Dublin 4.

Flessig A. (1992) Unintended Pregnancies and the use of contraception: changes from 1984 to 1989. British Medical Journal Vol. 302:147

Greene S. M., Joy M., Nugent., O'Mahony P., 1989 Contraceptive Practice of Irish Married and Single first time mothers. J. Biosoc. Sci. 21, 379 - 385

Hayes C. (1991) Teenage Pregnancy - A descriptive study report, Eastern Health Board

Health Care for Mothers and Infants A review of the Maternity and Infant Care Scheme (1982) Department of Health and Medico-Social Research Board. Government Publications Office, Dublin

Hopkinson A. (1976) Single Mothers - The First Year, National Council for Single Parents Edinburgh 1 - 210

Thornton C., Brennan R., Denham P., Brown A., Education by the Gynaecologist.
Analysis of a school programme in Ireland. Journal of the
Irish Medical Association 72. No 2. 56

Weir S. (1970) A Study of Unmarried Mothers and their Children in
Scotland. Scottish Health Services Studies No 13. Scottish
Home and Health Department.

Health Care for Mothers and Infants A review of the Maternity and Infant Care Scheme (1982) Department of Health and Medico-Social Research Board. Government Publications Office, Dublin

Herity B., McDonald P., Johnson Z., Cody M., Hurley M., O'Kelly F., Carroll B., McGee D., Duignan N., (1993) Dublin Cervical Screening Programme. Unpublished Report.

Hurley M., Fogarty J., (1992) Study on Infant Feeding Practices in a Community Care Area, Eastern Health Board, Ireland.

Illsley R., Gill D.G., (1968) Changing Trends in Illegitimacy (quoted by Juliet Cheetham 1977). Unwanted Pregnancy and Counselling.

Kirke D. (1979) Unmarried Mothers. A Comparative Study (i) Economic and Social Review 10. 2. 157 - 67

Kirke D. (1979) Unpublished Thesis. A sociological Study of Unmarried Mothers 4.17., 4.30., 5.2)

McDonnell K., Fitzgerald M., Kinsella A., (1988) A Community Based Study of Unmarried and Married Mothers. Medical Science Vol. 1 57, 3, p. 79 - 82

McLanahan S., Booth K., (1989) Mother only families - problems, prospects and politics. Journal of Marriage and the Family; 51, 3, Aug. 557 - 580.

Nugent JK., Greene S., O'Mahony P., Hourihane D. (1989) Unmarried mothers and the transition to parenthood. An Irish Example. Presented at UNESCO/CNR Conference, Rome, May 1989.

O'Grady T. 1991 Unpublished Thesis Married to the State. A study of unmarried mothers allowance applications

O'Hare A. (1985) Provisional Irish Social Class Scale, Classification of Occupations. Dublin medico-Social Research Board.

O Hare A., Drowy M., O'Connor A., Clarke M., Keirwan (1983) Mothers Alone. Three Candles Printers Limited

Peyton M. (1985) Unpublished Thesis. A Study of Inner City Single Mothers to determine uptake of Child Health Services during the first year of the Childs Life. 10, 53 - 58

Powell B., Dockerey J., Swaine E. (1982) Unmarried Mothers. A Survey of 200 presenting for ante natal care. Irish Medical Journal 75, 7. 248 - 49

Report of the RCOG Working Party on Unplanned Pregnancy (September 1991) Royal College of Obstetricians and Gynaecologists. Chamleon Press Limited, London SW184SG.

- Richardson V., Donohoe J., Fitzpatrick A., Flanagan N., Scanlan S., (1988)***
Unmarried Mothers delivered in the National Maternity Hospital, Dublin
- Ryan S. (1983)*** Unpublished M.F.C.MI. Thesis. Characteristics and attitudes of single and married mothers. 6 - 7m 11 - 29
- Scott J., Penny R. (1990)*** Do Black Family Headship Structure make a difference in Teenage Pregnancy. A comparison of 1 parent and 2 parent families. Sociological Focus 23.1, 1 - 16.
- Thompson B. (1956)*** Social Study illegitimate maternities British Journal of Preventive and Social Medicine Vol. 2 p. 75 - 87
- Weir S. (1970)*** A Study of Unmarried Mothers and their Children in Scotland. Scottish Health Services Studies No 13. Scottish Home and Health Department.
- Zelneck M. (1979)*** Sex education and knowledge of pregnancy risk and U.S. teenage women. Family Planning perspective 11:W06, 355 - 357

REFERENCES:

Study 2

- Beatson-Hird, Yuen P, and Balarajan R. (1989)** Single Mothers: Their Health and Health Service Use - Journal of Epidemiology and Community Health 43, 385 - 390
- Blondel B., Zuber MC., (1988)** Marital status and co-habitation during pregnancy: relationship with social conditions, ante-natal care and pregnancy outcome in France. Journal Paediatric and Perinatal Epidemiology 2 (2) : 125 - 137
- Central Statistics Office Dublin (1972 - 1992)** Statistics on Births outside Marriage
- Clamen D. A., Gregg C., (1972)** Changing Sex in America and Scandanavia. Canadian Medical Association Journal Vol. 101, No. 6 pp. 328 - 334
- Clarke A.T. (1992)** Low Immunisation Coverage Rates: Fact or Fiction ? Thesis for membership of the Faculty of Public Health Medicine, Royal College of Physicians of Ireland.
- Clarke A.T. (1993)** Low Immunisation Coverage Rates: Fact of Fiction ? Irish Journal of Medical Science, 1993, Vol. 162, Supp. 11:20
- Crellin E., Pringle H.F., West P. (1971)** Born illegitimate National Childrens Bureau
- Darling V. 1984** "And Baby Makes Two" Federation of Services for Unmarried Mothers and their Children Dublin Chapter 1.3.11.
- DePersio Sr., Chen W., Blose D., Loreng R., Thomas W., Zenker (1992)** Unintended Childbearing : Pregnancy Risk Assessment Monitoring System - Oklahoma, 1988 - 1991. Morbidity and Mortality Weekly Report. December 18, 1992/Vol. 41/No. 50
- Flanagan N., Richardson V. (1992)** Unmarried Mothers: A Social Profile. Department of Social Policy and Social Science Research Centre, University College, Belfield, Dublin 4.
- Flessig A. (1992)** Unintended Pregnancies and the use of contraception : changes from 1984 to 1989. British Medical Journal Vol. 302 : 147
- Forrest J., Henshaw S. (1981)** The impact of Family Planning Programmes on Adolescent Pregnancy. Family Planning Perspective 13; No. 3, 109
- Greene S. M., Joy M., Nugent., O'Mahony P., 1989** Contraceptive Practice of Irish Married and Single first time mothers. J. Biosoc. Sci. 21, 379 - 385

- Hurley M., Fogarty J., (1992)** Study on Infant Feeding Practices in a Community Care Area, Eastern Health Board, Ireland.
- Kaul S., Vui Lo S. (1993)** Characteristics of Pregnant Teenagers in West Glamorgan. Department of Public Health Medicine, West Glamorgan Health Authority, NHS, Cymru, Wales
- Kirke D. (1979)** Unmarried Mothers. A Comparative Study (i) Economic and Social Review 10. 2. 157 - 67
- Kirke D. (1979)** Unpublished Thesis. A sociological Study of Unmarried Mothers 4.17., 4.30., 5.2)
- McDonnell K., Fitzgerald M., Kinsella A. (1988)** A Community Based Study of Unmarried and Married Mothers. Medical Science Vol. 1 57, 3, p. 79 - 82
- McIntyre Sally (1977)** Single and Pregnant. Croom Helm.
- Morbidity and Mortality Weekly Report (January 3rd 1992)/** Vol. 40/Nos. 51 and 52
- O'Hare A (1985)** Provisional Irish Social Class Scale, Classification of Occupations. Dublin medico-Social Research Board.
- O Hare A., Drowy M., O'Connor A., Clarke M., Keirwan (1983)** Mothers Alone. Three Candles Printers Limited
- Peckham S., (1993)** Preventing Unintended Teenage Pregnancies, Public Health. Vol 107, P125 - 133.
- Peyton M. (1985)** Unpublished Thesis. A Study of Inner City Single Mothers to determine uptake of Child Health Services during the first year of the Child's Life. 10, 53 - 58
- Powell B., Dockerey J., Swaine E. (1982)** Unmarried Mothers. A Survey of 200 presenting for ante natal care. Irish Medical Journal 75, 7. 248 - 49
- Richardson V., Donohoe J., Fitzpatrick A, Flanagan N, Scanlan S., (1988)** Unmarried Mothers delivered in the National Maternity Hospital, Dublin
- Rosenberg K., McEwan H.P., (1991)** Teenage Pregnancy in Scotland; Trend and Risks. Scottish Medical Journal.
- Ryan S., (1983)** Unpublished M.F.C.MI. Thesis. Characteristics and attitudes of single and married mothers. 6 - 7m 11 - 29
- Smith T. (1993)** Influence of Socio Economic Factors on attaining targets for reducing Teenage Pregnancies - P1232 - 1235.
- Thompson B., (1956)** Social Study illegitimate maternities British Journal of Preventive and Social Medicine Vol. 2 p. 75 - 87

Social Class Numbers, Categories and Descriptions

CODE NO.	CATEGORIES	DESCRIPTION
1	Social Class 1	Higher Professional and Higher Managerial; Proprietors and Farmers owning 200 or more acres
2	Social Class 2	Lower Professional and Lower Managerial; Proprietors and Farmers owning 100 - 199 acres
3	Social Class 3	Other non-manual and Farmers owning 50 - 99 acres
4	Social Class 4	Skilled manual and Farmers owning 30 - 49 acres
5	Social Class 5	Skilled manual and Farmers owning less than 30 acres
6	Social Class 6	Unskilled manual
7	Social Class 7	Unknown

43. Did your child have the MMR vaccine? (1) Yes (2) No (3) Don't know
44. Does your child attend a creche/day care/nursery/pre-school? (1) Yes (2) No
45. Have you and your child been involved in the Community Mothers Programme?
(1) Yes (2) No
46. Have you been separated from your child since birth? (1) Yes (2) No - **go to Q.51**
47. How often have you been separated? (1) Once (2) Twice (3) Three times or more
48. Reasons for separation
 (1) Hospitalisation of mother (4) Unable to cope
 (2) Hospitalisation of child (5) Other
 (3) Holidays (Give reason)
49. Total duration of separation (If less than one week enter as one week) weeks
50. Who cared for your child during your separation?
 (1) Child's father (5) Relative/neighbours
 (2) Cohabitee (6) Child placed in care
 (3) Own family (7) Hospital
 (4) Father's family (8) Other (Describe)
51. What allowance, if any, are you in receipt of at present?
 (1) Lone Parent Allowance (7) Unemployment Assistance
 (2) Supplementary Welfare (8) Blind Pension
 (3) Disabled Persons Main. Allowance (9) Domiciliary Care Allowance
 (4) Unemployment Benefit (10) Other (Name)
 (5) Disability (11) More than one of above
 (6) Invalidity (12) None

☐ 64

☐ 65

☐ 66

☐ 67

☐ 68

☐ 69

☐ ☐ 71

☐ 72

☐ ☐ 74

SECTION E - Health related behaviour of mother

52. Have you had a cervical smear test in the past 2 years? (1) Yes (2) No (3) Don't know
53. Do you smoke cigarettes at present? (1) Yes (2) No
54. If Yes, how many do you smoke per day?
55. Did you smoke cigarettes during pregnancy? (1) Yes (2) No
56. If Yes, how many did you smoke per day?
57. Do you drink alcohol at present? (1) Yes (2) No
58. If Yes, how much of each **per week** do you drink?
 (1) Beer (1/2 glass = 1 unit) units (3) Spirits (1 measure = 1 unit) units
 (2) Wine (1 glass = 1 unit) units (4) Port/sherry/liqueur
 (1 measure = 1 unit) units
59. Did you drink alcohol during your pregnancy? (1) Yes (2) No
60. If Yes, how much of each per week did you drink?
 (1) Beer (1/2 glass = 1 unit) units (3) Spirits (1 measure = 1 unit) units
 (2) Wine (1 glass = 1 unit) units (4) Port/sherry/liqueur
 (1 measure = 1 unit) units
61. Do you practice family planning now? (1) Yes (2) No
62. If Yes, what method do you practice?
 (1) Natural methods (6) Condoms
 (2) Pill (7) Condoms & creams
 (3) Depot (injections) (8) Sterilisation
 (4) Coil (9) Other
 (5) Cap (Describe)

☐ 75

☐ 76

☐ ☐ ☐ 79

☐ 80

☐ ☐ ☐ 83

☐ 84

☐ ☐ 86

☐ 87

☐ ☐ 89

☐ 90

☐ 91

Strictly confidential

QUESTIONNAIRE

SECTION A - Demography & other data

1. Survey No.
2. I.D. No. 3. (1) Married (2) Single
4. Community Care Area 5. D.E.D.
6. Date of birth of mother
7. Number of confirmed pregnancies reported by mother to date
8. Was this pregnancy (1) Planned (2) Unplanned wanted (3) Unplanned unwanted
9. Date of birth of child
10. Birth weight lbsozs or (1) 2500g or more (2) <2500g (3) Don't know
11. Gestation (1) 28 weeks or less (2) 29 - 34 weeks (3) 35 weeks or over (4) Don't know
12. Did you breast feed your baby? (1) Yes (2) No
13. If Yes, for how long did you breast feed?
(1) 1 week or less (2) 1 week - 1 month (3) >1 month
14. What level of education did you attain ?
(1) Primary (2) Secondary - partial (3) Secondary - complete (4) Secondary - partial & secretarial or FAS
(5) Secondary - complete & secretarial or FAS (6) Third level - partial (7) Third level - complete
15. Where did you learn about the 'Facts of life' (sex education)?
(1) Home (2) School (3) Friends (4) Relatives outside home
(5) Books/magazines/films (6) Other (7) None
16. Were you employed at the time you became pregnant? (1) Yes (2) No (3) Don't know
17. Mother's most recent occupation
18. Husband's most recent occupation (if applicable)
(Describe exactly most recent occupation)
19. Occupation of mother's father if mother is single **and has never worked**
(Describe exactly most recent occupation)
20. Social class: 1 - 7
21. Would you describe your home background generally as being (1) Happy (2) Unhappy
22. Were you brought up apart from one or both parents? (1) Yes (2) No
23. If Yes to Q. 22, was this due to
(1) Death of a parent (2) Separation (3) Divorce
(4) Desertion (5) Single parent (6) Other (state)
24. Are there any single parents in your family (i.e. sister/brother/aunt)?
(1) Yes (2) No (3) Don't know (4) Not applicable

DO NOT WRITE HERE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	8 <input type="text"/> 9
<input type="text"/>	10	<input type="text"/>	<input type="text"/>	13
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	21
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	22
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	26
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	29
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	30
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	31
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	32
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	33
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	34
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	35
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	36
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	37
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	38
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	39
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	40

Chapter 9

Summary of Findings

1. Single mothers were younger than their married counterparts
2. The majority of single mothers were in socio-economic groups 4 - 6
3. Over one quarter of the single mothers had two or more pregnancies
4. Many more married than single mothers had planned their pregnancy
5. More single than married mothers reported not to want the pregnancy
6. Breast feeding practice was lower among single than married mothers
7. More single than married mothers were reported to be in employment at the time they became pregnant
8. More single mothers had less education than their married counterparts and particularly so, for third level education.
9. More single mothers than married mothers described their home background as being unhappy.
10. More single than married mothers described having a single parent in the immediate family.
11. The majority of putative fathers were in the 20 - 24 year age group, in social class 4 - 6 and single.
12. The putative fathers name was entered on less than half of the children's birth certificates.
13. Nearly half of the single mothers reported irregular or no contact with the child's father.
14. (1) Nearly two thirds of mothers were reported as receiving no financial support from putative father
(2) One quarter of the mothers were reported as receiving weekly or monthly financial support.
15. More single than married mothers lived in local authority accommodation.
16. More single than married mothers moved home.
17. The majority of single mothers resided with their families. About one tenth resided with father of the child.
18. More single than married mothers had General Medical Services (GMS) facility.

Powell et al (1992) described only half of their study group as having practised contraception and a much lesser number having regularly availed of any form of family planning. It was reported by Greene et al (1989) that about one third of their single mother sample used any contraceptive method as opposed to over three quarters of their married counterparts, in a study based at the National Maternity Hospital, Dublin. They further showed employment status to be significantly associated with use of contraception. Claim of contraceptive failure was made by 50% of single users as opposed to 14% of married users studied by Green et al (1989). Ryan (1983) described a much lower prevalence of contraceptive failure (2%) in her study of single mothers. As "failed contraception" has a large subjective component and is difficult to validate, we cannot make direct comparisons with these studies. However, slightly less than one fifth of both single and married mothers in the present study reported that they became pregnant while using family planning. Single mothers were more likely to be using the oral contraceptive pill and married mothers were likely to be using natural methods of family planning when they became pregnant.

8.6 FACTORS CONTRIBUTING TO THE PREGNANCY

Though a great deal of literature has been written and published about the various aspects of single motherhood there is a scarcity of data concerning the reasons why single girls become pregnant. Those stated appear to be varied and complex, incorporating physical, psychological and sociological factors (Illsley 1968). In this study, over half of the single mothers reported that there was no particular factor which contributed to their becoming pregnant. Factors such as 'aim to strengthen the relationship with boyfriend' and 'alcohol' were cited as reasons by 15% of mothers. Interestingly Powell et al (1982) reported that over a quarter of single mothers and a third of putative fathers were under the influence of alcohol at the perceived time of conception. Ryan (1983) reported that over half of the single mother sample indicated some degree of irresponsibility such as "chance", "careless", "didn't think it could happen to me", and "alcohol" was listed as contributory factors in the pregnancy by 2%. In the present study, in response to an open question as to why they became pregnant, nearly half of the single mothers reported their pregnancy to be either "unplanned", "a mistake" or "an accident". A further quarter of the mothers were unable to cite a reason and 3% attributed the pregnancy "to drink".

8.4 HEALTH SERVICE ELIGIBILITY AND UTILIZATION:

Ante-Natal Care:-

Four fifths of single mothers had access to full medical services as opposed to one fifth of the married group, and fewer single mothers reported no health service cover. Early and consistent attendance for ante natal care services is strongly advocated as outlined by Kirke (1974), Powell et al (1982), O'Hare et al (1987), and Flanagan and Richardson (1992). Most of the single mothers attended for ante-natal care within the first six months, however, more single than married mothers were late ante-natal care attenders. A worrying finding was that three single mothers did not have any ante natal care at all. Powell et al (1982) described about one in ten single mothers as being unbooked for the delivery. Darling (1984) reported over half of the sample as having sought medical advice within three months of suspecting they were pregnant. Overall Nugent, Green et al (1989) concluded that single mothers have fewer pre natal visits than their married counterparts and also that their first ante natal visit is later than the married mother and the findings of this study would agree with that.

Post Natal Care:-

It has been previously documented that many mothers, particularly those who are single and in the lower socio-economic groupings do not attend for their own six week post natal medical examination at any centre (Irish National Survey 1981, Peyton 1985). The trend in this study was similar. It was found however, that the majority of mothers brought their child for a six week post natal developmental examination. Uptake of the nine months screening examination appointment was high for single and married mothers.

Immunisation:

The uptake of the primary immunisation was reported to be much higher in this study than that of the national average uptake, particularly so for Diphtheria, Tetanus, Pertusis and Polio Vaccine (3/1), (EHB 1992, Clarke 1993). Similarly, a higher level of uptake for the Measles, Mumps and Rubella immunisation was described, which however was shown to be less for the single group.

Just over one quarter of children of both single and married mothers attended creche or day care services. Fewer mothers were involved in the Community Mothers Project. Separation from mother was experienced by a quarter of single mother children as compared to nearly one

reported also that two thirds of the sample did not understand the menstrual cycle. Zelneck (1982) in the United States has shown that young people who have had sex education are no more likely to have sexual intercourse than those who have never had such education. The report of the Royal College of Obstetrics/Gynaecology (1991) has stated that over the last ten years, sex education in schools in Britain has tended to become more broadly based. It is now considered by many schools to be as much about personal relationships, as about how the reproductive system works. Pupils need to learn the importance of respecting the rights and feelings of others and of developing loving, caring relationships as friends, parents, members of a family and sexual partners. Pupils must also learn to protect themselves from abuse and exploitation. Sex education should teach about the law as it relates to sexual behaviour and should respect religious, cultural and moral viewpoints. It can compensate to some extent for parents' lack of knowledge and their inhibition about sexuality and contraception. A properly organised programme of sex education can provide children with accurate factual information.

In the recent study, many more single than married mothers reported having had an unhappy home background. This is a common feature reported by other researchers in studies of unmarried mothers. Thompson (1978) states that the incidence of broken homes falls from 40% in the unmarried group to 18% in those who were married. Clamen et al (1972) reported that nearly one half of the study sample of Canadian unmarried mothers considered they came from an unhappy home. Kirke (1979) reported a similar finding. Alienation from parents has been described as an indication of girls who may be more likely to have sexual experience. Kirke (1979) described 13% of single as opposed to 5% of married mothers who were considered to have a poor relationship with their parents. Scott and Penny (1990) showed that a positive mother daughter relationship in either one or two parent families after age ten directly delays age of first pregnancy. Crellin et al (1971) reported that children of unmarried mothers achieve less well.

8.2 PUTATIVE FATHER:

Information on putative fathers was limited to some degree by lack of knowledge of them by single mothers, as in other studies. The majority of fathers were single under thirty five years of age and from social classes 4 - 6. Similar findings were reported by authors of other studies O'Hare et al (1993), Peyton (1985), Flanagan and Richardson (1992). In the present study, six per cent were described as being married. Powell et al (1982) quoted a higher figure of married putative fathers (17%), Darling (1984) 12%, and Richardson (1988) 2%.

Author	Year	Number in Study (N)	Study Type	% of women who had more than one pregnancy
Weir	1970	288	A representative sample of Edinburgh single mother maternities	38.00
Powell et al	1982	200	A presenting sample of single mothers in a Dublin OPD	22.00
O'Hare et al	1983	4049	A representative sample of all births to single women in maternity hospitals/units with 500 or more deliveries per year in Ireland	19.00
Peyton	1985	83	All births to single women during one year in an inner city area. Case-control study	52.00
Flanagan and Richardson	1992	5080	All births to unmarried mothers 1986 - 1989 in a Dublin Maternity Hospital	20.00

It was reported by Dockeray and Powell (1984) that over one third of the unmarried mothers in their sample were raised by a single parent. McLanahan and Booth (1989) examined aspects of mother only families and reported that children of such families are more likely to become single parents.

Very few of the single mother pregnancies were reported to have been planned. Green et al (1989) showed that only 7% of the single group had planned their pregnancy. On the other hand, Fleissig (1991) reported that almost one third of the single mothers studied in England and Wales had "intended" pregnancies. However in Britain, many pregnancies of married mothers are also unplanned, 15% of all married mothers surveyed were reported to have preferred the pregnancy to happen later, or sorry it happened at all (RCOG 1991). The proportion of unplanned pregnancies for all births in Great Britain increased from 27% in 1984 to 31% in 1989, (Fleissig, 1991). Of course, there have been a number of changes over the last twenty years in Britain, in social attitudes, social policy and legislation, which may have influenced both the incidence and consequence of unwanted pregnancy. Race and marital status at conception were described by De. Persio et al (1992) in Oklahoma, as being associated with pregnancy intention at all ages, black women and unmarried women less than twenty years were most likely to report unintended pregnancies.

Why did you become Pregnant ?

In response to this open question to single mothers, 138(46.3%) reported the pregnancy to be either "unplanned", "a mistake or an accident". A further 65 (21.8%) said they "don't know/no reason/it just happened". A further 37 (12.4%) reported that "they wanted a child" or "that the pregnancy was planned". Nine (3.0%) cited "drink" as the cause and a further 9 cited getting pregnant as a reason "to strengthen a troubled relationship with a boyfriend".

Parental Support:

Of the 298 single mothers, 215 (72.1%) reported that both parents knew of her pregnancy. A further 61 (20.5%) reported that either their mother (48, 16.1%) or their father (13, 4.4%) knew. Seven (2.3%) mothers reported that neither parent knew of her pregnancy while in a further 15 (5.0%) cases the question was either not applicable (e.g. both parents were dead) or not answered. Twenty (6.7%) single mothers reported receiving no support from either parent during her pregnancy and 60% (12/20) of these mothers did not get support from either parent after the birth of her child.

Religion:

Sixty nine (23.2%) single mothers and 142 (36.4%) married mothers reported that they were regular attenders at religious services (OR = 0.5; 95% CI = 0.4 - 0.7, $P < 0.001$) and 81 (27.2%) single mothers versus 64 (16.7%) of their married counterparts reported that they were non-attenders (OR = 1.9; 95% CI = 1.3 - 2.7, $P < 0.001$).

7.5 HEALTH RELATED BEHAVIOUR OF MOTHER

Significantly more single (171/298, 57.4%) than married mothers (169/390, 43.3%) reported not having had a cervical smear carried out in the two years preceding the survey (OR = 1.6; 95% CI = 1.1 - 2.1, $P < 0.01$).

Single mothers (201/298, 67.4%) were more likely to be current cigarette smokers than were their married counterparts 160/390, 41.0%) (OR = 2.6; 95% CI = 1.9 - 3.7, $P < 0.001$).

Of current smokers there was no difference between single (161/201, 80.1%) and married (133/160, 83.1%) mothers with respect to smoking 10 cigarettes or more per day (OR = 0.8, 95% CI = 0.5 - 1.5, $P = 0.5$, NS).

The proportion of both single (168/298, 56.4%) and married mothers (141/390, 36.2%) who smoked during pregnancy was somewhat less than their respective current smoking status but again significantly more single mothers smoked during pregnancy (OR = 3.4; 95% CI = 1.5 - 2.8, $P < 0.001$). However, proportionately fewer single mothers (111/168, 66.1%) than their married counterparts (112/141, 79.4%) were heavy smokers (10 cigarettes or more) when pregnant (OR = 0.5; 95% CI = 0.3 - 0.9, $P < 0.05$).

Two hundred and eighteen (73.2%) single and 270 (69.2%) married mothers reported that they were current alcohol drinkers (OR = 1.3; 95% CI = 0.9 - 1.8, $P = 0.23$, NS). Mean units of alcohol consumed per week by single (4.9 U) and married (3.8 U) mothers were not dissimilar and were well below the World Health Organisations (WHO) recommended weekly maximum intake of 14 units.

Fewer single (109, 36.6%) and married (125, 32.1%) mothers reported drinking alcohol during pregnancy (OR = 1.2; 95% CI = 0.9 - 1.7, $P = 0.25$, NS). Mean intake of alcohol in units per week consumed in pregnancy was higher for single (4.9 units) than married (3.4 units) ($t = 31.6$, $P < 0.05$) but nevertheless still well below the WHO recommended maximum weekly intake level.

One hundred and sixty one (54.0%) single mothers and 243 (62.3%) married mothers were currently practicing artificial methods of family planning (OR = 0.5; 95% CI = 0.2 - 1.2, $P = 0.19$, NS). Of those who practiced artificial means of family planning, significantly more single (129/161, 80.1%) than married (119/244, 48.4%) mothers were oral contraceptive pill

7.3 HOUSING:

One hundred and forty six (49.0%) single mothers reported living in local authority accommodation compared to 104 (26.7%) of their married counterparts (OR = 2.4; 95% CI = 1.6 - 3.5, $P < 0.001$) despite the fact that the groups were matched for social class. One hundred and twenty five (85.6%) single mothers who were local authority tenants belonged to social classes 4 - 6.

Ninety (30.2%) single mothers reported that they had moved one or more times since the birth of their child in 1989 compared to only 46 (11.8%) married mothers (OR = 3.1; 95% CI = 2.1 - 4.7, $P < 0.001$).

In the case of single mothers, 36 (12.1%) reported that they were living with the child's father while 107 (35.9%) reported living alone with their child(ren). Almost half (147, 49.3%) were still living at home with their families. The median age of this latter group was 21 years (range 18 - 34 years).

7.4 HEALTH SERVICES ELIGIBILITY AND UTILISATION

Two hundred and thirty six (79.2%) single mothers reported having medical cards compared to 78 (20.0%) of their married counterparts (OR = 26.5; 95% CI = 12.8 - 54.7, $P < 0.001$). Fewer single mothers (22, 7.4%) reported having no health services cover compared to married mothers (77, 19.7%) (OR = 0.3; 95% CI = 0.2 - 0.5 $P < 0.01$).

The majority (263, 88.3%) of single mothers first attended ante-natal care during the first or second trimester. Twenty seven (9.1%) single mothers compared to 9 (3.0%) married mothers reported seeking ante-natal care only in the last trimester of pregnancy (OR = 4.7; 95% CI = 1.9 - 11.2 $P < 0.001$). Three single mothers reported having had no ante natal care while no married mother was in this category.

Eighty (26.8%) single mothers reported failing to attend for post natal examination compared to 72 (18.5%) of their married counterparts (N.S) Despite the relatively high proportions in both single and married groups who did not avail of the post natal check for their own health, almost all respondents, both single 294, (98.7%) and married 383, (98.2%) reported bringing their child for the six week examination by a doctor.

Home Background:

Forty seven (15.8%) single mothers described their home background as being unhappy whereas only 23 (5.9%) married mothers did so (OR 2.9, 95% CI 1.7 - 5.1, $p < 0.001$).

One hundred (33.6%) single mothers compared to 81 (20.8%) married mothers reported having another 'single parent' in their immediate family (i.e. sister, brother or aunt) (OR = 1.7; 95% CI 1.2 - 2.4, $p < 0.01$).

7.2 PUTATIVE FATHER:

Table 3 shows the age-group distribution of the putative father in the case of the single mother group. While the 20 - 24 year age-group predominated, in over one fifth (63, 21.1%) age was either unknown or not stated.

Table 3: Age-group distribution of putative father

Age Group (Years)	No.	%
16 - 19	25	8.4
20 - 24	101	33.9
25 - 29	59	19.8
30 - 34	20	6.7
35 - 39	16	5.4
40 - 44	10	3.4
45+	4	1.3
Unknown/Not Stated	63	21.1
16 - 45+	298	100

For the 235 (78.9%) fathers for whom an age was recorded the median age was 24 years (range 16 - 60 years).

Age Distribution:

Figure 1 presents the age distribution of single mothers at the time of the baby's birth in 1989. Even though married mothers were matched for age with their single counterparts to within 5 years of the latter, the mean age of the married group (26.7 years, range 18 - 41 years) was significantly greater than the mean age of the single group (23.8 years, range 18 - 42 years) ($P < 0.01$).

Table 2 documents the social class distribution of the 298 single mothers in the study. The majority 195, (65.4%) came from Social Classes 4 - 6.

Table 2: Social Class distribution of the 298 single mothers

SOCIAL CLASS	NO.	%
1	9	3.0
2	23	7.7
3	68	22.8
4	16	5.4
5	145	48.7
6	34	11.4
Not Stated	3	1.0
All Social Classes	298	100

Pregnancy Factor

At the time of the survey (late 1991), 100 (33.6%) single mothers reported having had two or more pregnancies, (58 had two pregnancies and 24 had three). Married mothers had a mean of 2.6 pregnancies compared to 1.6 pregnancies for their single counterparts ($P < 0.01$).

Two hundred and forty eight (63.5%) married mothers reported having planned their pregnancy compared to only 39 (13.1%) single mothers (OR = 9.9; 95% CI = 6.2 - 16.0, $P < 0.001$).

Chapter 7

Results

STUDY 2

7.1 DEMOGRAPHY AND CHARACTERISTICS OF THE SINGLE AND MARRIED MOTHERS

Out of 401 single mothers 18 years and over selected by systematic random sampling from the central register of single births for 1989, 354 (88.3%) were eligible for the study (40 had married since the birth of their child, in 1989 and 7 had moved outside the Dublin area - thereby not being eligible). Six (0.2%) mothers refused to participate and 50 (14.1%) could not be contacted. Two hundred and ninety eight (84.2%) single mothers of those eligible participated. Each of these single mothers was matched with either one (if from social class category 4 - 6) or two (if from social class category 1 - 3) married controls. In all, 390 married controls participated in the study. Table 1 reveals the distribution of single (cases) and married (controls) mothers by Community Care Area (CCA).

Table 1: No. of cases and controls in each Community Care Area in study

CCA	CASES	%	CONTROLS	%
1	36	12.1	51	13.1
2	35	11.7	57	14.6
3	16	5.4	24	6.2
4	28	9.4	34	8.8
5	33	11.1	39	10.0
6	23	7.7	28	7.2
7	52	17.4	62	15.9
8	75	25.2	95	24.4
Areas 1 - 8	298	100.00	390	100.00

- (iii) A married mother was selected if her age was within 5 years of her single counterpart.
- (iv) The married mother must have belonged to the same social class category (1-3 or 4-6) as the corresponding single mother.

As social class ascertainment for the single mothers was carried out by Public Health Nurses (PHNs) prior to the commencement of field work it became apparent that for single mothers selected from the central register by systematic sampling there would be no difficulty in selecting 150 mothers from social class category 4 - 6 but it would not be possible to select 150 single mothers from social class 1 - 3, as the latter did not exist in such numbers. On the basis of further statistical advice, an alternative approach was used to retain the power of the study, i.e. rather than a matching ratio of 1:1, two married mothers would be matched with each single mother in social class category 1 - 3, giving a married:single ratio of 2:1 in this subgroup.

354 single mothers were eligible for inclusion in the study, and of these, 298 mothers participated in the study. They were matched with a total of 390 married controls. The response rate was 84.2%

6.2 DATA COLLECTION

It was decided to use an interviewer administered questionnaire to collect data. This questionnaire collected data under the following headings:

- A - DEMOGRAPHY AND DATA RELATED TO PREGNANCY**
- B - PUTATIVE FATHER**
- C - HOUSING**
- D - HEALTH SERVICES ELIGIBILITY AND UTILIZATION**
- E - HEALTH RELATED BEHAVIOUR OF MOTHER**
- F - FACTORS CONTRIBUTING TO THE PREGNANCY**

The same questionnaire was used in both descriptive and comparative studies.

23. Over two thirds of mothers were current cigarette smokers, though less mothers smoked during pregnancy
24. Over two thirds of mothers consumed alcohol regularly. Significantly less consumed alcohol during the pregnancy
25. About one tenth of the mothers were reported to practice contraception at the time of their becoming pregnant, however, 60% were doing so at the time of interview two years later. The main contraceptive method was the oral contraceptive pill.
26. Nearly all of the mothers and to a lesser extent the fathers, were aware of the pregnancy of their daughters
27. On posing an open question, no particular factor was identified which contributed to the pregnancy

Religious Service Attendance:

One in five of these young single mothers were regular attenders at religious services, 47% occasional attenders and 33% non attenders. In two Irish studies, Kirke (1979) and Ryan (1983) reported less adherence to practice of religion among single than married mothers. However, because of many other interrelated factors, it was difficult to draw any firm conclusions.

pregnancy has been shown to be a causative factor of low birth weight babies. In the present study sample this effect was not seen. As regards alcohol consumption in this young age group, 70.3% reported consuming alcohol regularly at time of interview. However, substantially less of the sample consumed alcohol during pregnancy (21.2%). Was this related to their knowledge of the dangers of alcohol consumption during pregnancy or was it related to the fact that this young age group find it difficult to get outlets to sell alcohol because of their young age? Only one quarter of the single mothers reported to having had a recent cervical screening test and the majority of those were the older teenagers in the study.

Contraception Practices:

Although only 10% of the sample of single mothers reported using contraception at the time they became pregnant, 60% reported doing so at the time the study was conducted two years later. Three quarters of those who used contraception when they became pregnant reported condom use. Powell et al (1982) - in their study of 200 unmarried girls booking for ante natal care at a Dublin hospital showed that 55% of single mothers never used contraception, 27% had occasional use and 18% regularly used contraception. The contraceptive method of choice was coitus interruptus in 21% of cases followed in 13% of respondents by the oral contraceptive pill, the condom was used in 10% of cases. Green et al (1989) showed in their Irish Study that 64.% of unmarried mothers had never used any contraceptive method. At the time of the present study interview, the oral contraceptive pill was reputed to be the contraceptive of choice. O'Hare et al in the 1983 study concluded that Irish teenagers are probably less likely than older age groups to use contraception or to have recourse to a termination once they have become pregnant. Agreement is seen in the report by Fleissig (1991) who found that among mothers who had unintended pregnancies the use of birth control at conception altered with age from 37.9% of teenagers to 87% of mothers aged 35 or more. Kaul et al (1993) described the main reasons why teenagers do not use contraception at time of conception as:

- (i) unpremeditated and opportunistic sex
- (ii) attitude and personality
- (iii) ignorance

from the child's father. Darling (1984) reported that 15% of putative fathers in her study provided financial help while a further 12% did so through a maintenance order. Similarly the study of Flanagan et al (1988) reported that 16.1% of single mothers reportedly received an income from the putative father in maintenance and child support payments. This lack of financial support by the putative father may contribute to the finding that a high proportion of these young single mothers were in receipt of the Lone Parents Allowance.

4.3 HOUSING:

Housing appears to be a major area of concern of single mothers both before and after the birth and particularly movement from one type of accommodation to another. However, teenage single mothers often still live in the family home and the younger the girl, the more likely she is to live at home with her family. McDonnell (1988) found that 82% of the single mother sample were living with their parents, a similar proportion to that in our study although the mean age of our group was lower. Peyton (1985) showed that a lesser figure of 50% of those aged 15 - 19 years lived with their parents. In the present study the majority of young single mothers lived with their families in local authority houses. Richardson et al (1988) described a similar trend as did Beatson - Hird et al (1989) in Britain. The British Family Committee Report (1971) stated that "the housing circumstance of one parent families was generally worse than that of two parent families" and that moreover "one parent families have a much greater risk of becoming homeless" In the present study it was reported that 13% of mothers were living alone with their child. This was similar to the figure of 10% described by Peyton (1985) and lower than that of McDonnell (1988) of 18%. In the present study a quarter of mothers had moved residence since the birth of the child, 63% of those having moved once, 4% twice and 6% three times. Peyton (1985) showed that half of the total sample moved home during the child's first year of life. The mobility of this group is an important factor in terms of subsequent follow-up and delivery of health care services. It is important to point out that due to the mobility of this group, 23 mothers who were eligible for inclusion in this study could not be found.

4.4. HEALTH SERVICES UTILIZATION: **Ante-Natal Care**

Less than half the young mothers had sought ante natal care in the first twelve weeks of their pregnancy. 11% did not attend for care until after 24 weeks and one mother did not attend at

Education:

The majority of the single mothers had not completed second level education at the time of interview in Autumn 1991. This may be partially explained by the young age-group of the sample. However, of the 107 mothers aged 17 years, only 18 had completed second level education. This is similar to the findings of Peyton (1985) and Beatson-Hird et al (1989), but differs from those of Ryan (1983) and Kirke (1979) which reported higher educational levels attained by the mothers. The low educational level attained by the respondents is unsatisfactory in a society where education, an essential tool for future life, is free to all individuals. Early school-leaving is a factor requiring consideration when planning sex education school programmes.

Sex Education:

In the present study, only one third of the mothers reported they received sex education at school, and the remainder from a combination of sources including parents and friends. The low reported level of sex education in schools indicates an area identified by the Working Party Report of the Royal College of Obstetrics and Gynaecology in the United Kingdom (1992) that contributes to increased teenage pregnancies. An Irish study by Thornton (1972) described poor sexual knowledge in both boys and girls, particularly knowledge concerning fertilization and methods of fertility control. Gahan (1978) described 22% of Irish school leavers as having received no sex education at school and further that when it was provided it was perceived as inadequate by 61%. Kirke (1979) also reported that few mothers in her comparative study had sex education either from their parents or at school. Over ten years since Thorntons study (1972) Ryan (1983) showed that over 50% of both single and married women had no knowledge of the menses. Research in the United States and Sweden suggests that sex education may increase contraception usage and may delay the start of sexual intercourse in very young teenagers. However, it is suggested that sex education cannot be used in isolation but linked to advisory and support services and contraceptive clinic provision, Peckham (1993).

Employment:

One third of the mothers in the study group were in employment when they became pregnant. A similar finding was reported by Donohoe et al (1988) for those of all age groups, 12% of

Religious Service Attendance:

Thirty-three (20.0%) young single mothers reported that they attend religious services regularly, 78 (47.3%) occasionally and 54 (32.7%) reported that they are non attenders.

Contraception Practice:

Only 17 (10.3%) respondents reported using contraception at the time they became pregnant whereas 99 (60.0%) reported doing so when the study was conducted two years later.

The oral contraceptive pill was the favoured method of contraception with 91 (91.9%) respondents using it.

3.6 FACTORS CONTRIBUTING TO THE PREGNANCY:

Only 69 (41.8%) mothers cited a contributory reason to their becoming pregnant and the reasons given are listed in table 4:

Table 4: Main Contributory Reason to Pregnancy among the 69 Respondents who gave a Reason

REASON	NUMBER	(%)
<i>A wish to strengthen relationship</i>	20	(29.0%)
<i>A wish to be independant/grown up</i>	11	(15.9%)
<i>An accident or a mistake</i>	11	(15.9%)
<i>"It just happened"</i>	8	(11.6%)
<i>Unhappy home</i>	7	(10.1%)
<i>Alcohol</i>	5	(7.2%)
<i>Failed contraception use</i>	3	(4.3%)
<i>Planned/wanted baby</i>	2	(2.9%)
<i>Wish to improve financial status</i>	2	(2.9%)
	69	100%

3.4 HEALTH SERVICES ELIGIBILITY AND UTILIZATION:

One hundred and fifty eight (95.8%) of these young single mothers were medical card holders at the time of the study and therefore eligible for free medical care.

Ante-Natal Care

Only 69 (41.8%) mothers had sought ante-natal care in the first twelve weeks of their pregnancy while 76 (46.1%) did so before 24 weeks gestation. Of particular concern are the 18 (10.9%) mothers who did not attend ante-natal care until the third trimester of pregnancy and one mother who did not attend at all.

Post-Natal Care

While almost all mothers were ante-natal care attenders at some stage of their pregnancy, 56 (33.9%) mothers reported failing to attend for post-natal examination. Nevertheless, almost all (162 or 98.2%) mothers brought their baby to the doctor for its six week examination.

One hundred and forty seven (89.1%) mothers attended with their babies for the "9 month" Developmental Screening Examination. Only 3 reported attending their G.P., while the remainder attended the Health Centre for this examination. Ten (6.1%) mothers gave the reason for not attending Developmental check as the failure to receive an appointment.

Immunisation:

One hundred and thirty four (81.2%) children were reported to have completed primary immunization with Diphtheria, Tetanus and Polio Vaccine while a lesser number of 119 (72.1%) were reported as having had all three Pertussis immunisations. (At the time of the survey the youngest child would have been over 20 months of age). The uptake for Measles Mumps and Rubella (MMR) vaccine was 78.2% with 129 children reported as having being immunized. BCG vaccine uptake was highest of all with 152 (92.1%) children reported as having been vaccinated.

Only 30 (18.2%) children attended a creche or nursery and 31 (18.8%) mothers were participating in the Family Development Programme.

The greater majority 155, (93.9%) of babies born to these young mothers had a satisfactory birth weight of 2.5 Kg. (5lb 8ozs). Only ten babies had a lower birth weight than this.

Breastfeeding was a practice almost universally absent with these young single mothers with 154 (93.3%) of them not using this method of feeding. Of the 11 mothers who did breastfeed, only three continued to do so for longer than one month.

Employment and Education:

Fifty-seven (34.5%) mothers were in employment at the time they became pregnant. Not surprisingly, 44 (77.2%) of these mothers were of an older age, being 17 years at time of pregnancy and 54 (95.0%) of these had left school with only partial secondary school education. Overall, only 13.3% of these young single mothers completed second level education.

School was the single most common source of sex education in this group of young single mothers with 61 (37.0%) mothers reporting it as such. This was followed by 'home' for 25 (15.2%) mothers and 'friends' for 23 (13.9%) mothers. A further 48 (29.1%) of the remaining mothers reported receiving their sex education from a combination of sources.

Home Background:

The majority, 141 (85.5%) of mothers described their home background as being "happy". Forty-two (25.5%) mothers were brought up apart from one or both parents and significantly less of these (29) mothers described their home background as being "happy" ($p < 0.001$). Separation of parents or desertion by one parent were by far the commonest reasons (30, 71.5%) given by the mothers who had been brought up apart from their parent(s).

Single Parents in Family:

Fifty-one (30.9%) mothers reported that there was at least one other single parent in their immediate family (sister, brother, aunt) and this group were more likely to have had two or more pregnancies ($p < 0.001$)

-5-
Chapter 3

RESULTS

STUDY 1

3.1 DEMOGRAPHY AND GENERAL CHARACTERISTICS OF THE SINGLE MOTHER

Of the 189 young single mothers living in Dublin who fulfilled the study inclusion criteria, 23 were not found at any available address and one mother refused to be interviewed. 165 single mothers participated in the study.

Residence:

The residence of mothers by Community Care Area (CCA) presented in Table 1:

Table 1:

CCA	No. (%)
1	18 (10.9%)
2	8 (4.8%)
3	19 (11.5%)
4	29 (17.6%)
5	32 (19.4%)
6	20 (12.1%)
7	18 (10.9%)
8	21 (12.7%)
Total	165 (100%)

AGE:

The age profile of mothers is presented in table 2:

Table 2:

Age	Frequency	(%)
14 years	2	(1.2)
15 years	12	(7.3)
16 years	44	(26.7)
17 years	107	(64.8)
TOTAL	165	(100)

Chapter 2

METHODOLOGY

STUDY 1 - The Descriptive Study

"A profile of young single mothers, 17 years and under". A census survey of these mothers was conducted.

2.1 STUDY POPULATION

All births to single mothers aged seventeen years and under during 1989 were chosen as the denominator population. Each was allocated a unique identifying number. The time frame 1st January to 31st December 1989 was selected, within which babies born to single mothers would be expected to have availed of certain health services as the youngest child identified would be at least 18 months old.

In order to be included in the study, the mother was required to meet the following criteria;

- (a) that she be still single*
- (b) that her baby be still living*
- (c) that her baby not be in long-term foster care*
- (d) that her baby not be adopted*
- (e) that she not be known to be co-habiting*
- (f) that she be still resident within the Dublin area*

189 mothers were eligible for inclusion in the study. 165 mothers participated in the study giving a response rate of 87.3%.

2.2 DATA COLLECTION

It was decided to use an interviewer administered questionnaire to collect data and data was collected under the following headings:

- A - DEMOGRAPHY AND DATA RELATED TO PREGNANCY**
- B - PUTATIVE FATHER**
- C - HOUSING**
- D - HEALTH SERVICES ELIGIBILITY AND UTILIZATION**
- E - HEALTH RELATED BEHAVIOUR OF MOTHER**
- F - FACTORS CONTRIBUTING TO PREGNANCY**

-1-
Chapter 1

INTRODUCTION

On the 21st June 1990 the Eastern Health Board (EHB) agreed to establish a committee with the following brief: "to draw up a preventive programme aimed at reducing the number of single parent pregnancies with particular reference to women under 20 years of age".

This EHB committee first met on 25th July 1990 at which time it was stated that "the primary concern of the committee shall be the health and welfare needs of single parents and their children. This would not normally include two parent families in stable non-marital relationships or separated parents". Within this context the committee commissioned a survey of the health and welfare needs of mothers and their children resulting from non-marital births as compared to those resulting from births within marriage.

The Study:

In order to conduct the commissioned study a research sub-committee was established within the EHB based in Community Care Area (CCA) 3. Relevant literature on the subject was reviewed. Having conducted this background research, it was decided that the best approach to address the questions posed by the committee would be to conduct a cross-sectional study.

The Approach:

In order to study the health and welfare needs of single mothers and their families, it was essential to identify the population of interest. This was done by reference to a central register of single (un-married) mothers from all CCA's in Dublin which was maintained at CCA3 headquarters.

It was decided to use all single mothers who gave birth during 1989 as the denominator population for study purposes. As it was intended to conduct the field work after mid 1991, the youngest child born between 1st January 1989 and 31st December 1989 would be at least 18 months old at this time and would be expected to have had the opportunity of availing of many child health services such as primary immunisations and developmental screening. If the

Research Group:-

Dr. Maeve Peyton , (Chairperson)
A/Director of Community Care &
Medical Officer of Health

Dr. Anna Clarke,
A/Senior Area Medical Officer

Miss Brid Clarke,
Head Social Worker

Miss Teresa Downes,
Area Administrator

Miss Elizabeth Duffy,
Superintendent Public Health Nurse

Miss Ann Flynn,
Senior Public Health Nurse

Dr. Jeremiah Fogarty,
Registrar in Public Health Medicine, (Western Health Board, July 1992)

Members of the Working Group:-

Dr. Maeve Peyton

Dr. Anna Clarke

Dr. Jeremiah Fogarty

Contents

	<u>Page No.</u>
Acknowledgements	
Chapter 1 Introduction	1
Chapter 2 Study One - Methodology	3
2.1 Study Population	3
2.2 Data Collection	3
2.3 Data Processing	4
2.4 Data Analysis	4
Chapter 3 Results	5
3.1 Demography and General Characteristics of the Mothers	5
3.2 Putative Fathers	8
3.3 Housing	8
3.4 Health Services Eligibility and Utilization	9
3.5 Health Related Behaviour of Mother	10
3.6 Factors Contributing to the Pregnancy	11
Chapter 4 Discussion	14
4.1 General Characteristics of the Mothers	14
4.2 Putative Fathers	16
4.3 Housing	17
4.4 Health Services Eligibility and Utilization	17
4.5 Health Related Behaviour of Mother	18
4.6 Factors Contributing to the Pregnancy	20
Chapter 5 Summary of Findings	22
Chapter 6 Study Two - Methodology	24
6.1 Study Population	24
6.2 Data Collection	25
6.3 Data Processing	26
6.4 Data Analysis	26