

Single-mother Families in Canada

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The absence of a partner typically leaves single-parent families more vulnerable to socio-economic and health disadvantages than two-parent families. The large and growing proportion of single-parent families headed by women in Canada warrants a closer examination of this family structure. The following presents a review of the current socio-economic conditions and health status of single-mother families in Canada.

Demographic trends of single-mother families in Canada were tabulated using data from the 1996 Canadian Census. Relevant published reports by the Canadian government and private not-for-profit agencies, and Canadian published articles over the past ten years (PubMed, Medline, PsycINFO, and CINAHL) were reviewed. Search terms used included "single mother", "single parent", "lone mother", and "lone parent".

The term "single parent" includes persons who were never married, or who are separated, divorced, not currently living with a legal or common-law spouse, or widowed with children. Statistics Canada's definition is broader in that it includes single-parent families regardless of the children's age. Therefore, this definition includes groups of single-mother families that are very different from the majority of single-mother families with children under 18 that are the focus of most studies.

Demographics

Although two-parent families still constitute the largest majority of households in Canada, the number of single-parent families has been increasing over the past decades. In 1981, 11% of all families were single-parent families compared to 14.5% in 1996.¹ In 1996, single mothers headed five in every six (84%) single-parent families. Between 1981 and 1996, the proportion of single-mother families continued to increase at a slightly faster pace (29.4%) than single-father families (24.4%).¹ While the largest proportion of single mothers are divorced (Figure 1),² there are a growing proportion that are younger and have never been married (Figure 2).

Poverty

Poverty rates for single-mother families have remained unacceptably high over the past two decades. The 1999 poverty rate of 51.8% for single mothers was almost threefold higher than that for single fathers (18%); and fivefold higher than the rate (10.4%) for couples with children (Figure 3).³ Furthermore, single-mother families were almost three times as likely to depend solely on welfare and more likely to live in poverty for an extended time period than two-parent families.³

Despite Canada's commitment to eliminate child poverty by the year 2000, the proportion of poor children living with single mothers has grown substantially over the last two decades. In 1980, 33% of all poor children lived in families headed by single mothers, whereas 62% lived in two-parent families. In 1999, the proportion of poor children living with both parents decreased to 53%, as the proportion living with single mothers increased to 40%.³

La traduction du résumé se trouve à la fin de l'article.

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Poverty rates are usually inversely related to education level. However, education is not always a guarantee against poverty, notably for single parents raising a family on one income. The 1999 poverty rate for single mothers without a high school diploma (82.3%) was higher compared to single mothers with a high school diploma or more (44.1%).³ Nevertheless, the poverty rate for single mothers was still significantly higher when compared to partnered parents without a high school diploma (16.7%) or with a high school diploma or more (9.2%).³ Thus, the higher poverty rate among single mothers is largely a result of being the sole wage earner for the household.

Employment

Employment rates have increased for all family types during the last decade. The employment rate for single mothers was 59% in 1990 and increased to 67% in 2000.⁴ Children's age is a critical consideration in determining whether or not a single mother is able to seek paid employment. In 1999, 38% of single mothers with children under age three were employed compared to 63.1% of married mothers with children under age three, and 61% of single mothers with children under age 16.⁵ Moreover, the part-time employment rate for single mothers (26%) was also lower than that for married mothers (45%) in 2000.⁴

Avison (1995) and Ross et al. (1990) suggest there may be a subset of single mothers for whom the decision to forego employment is economically rational.^{6,7} Whether they work for pay or not, many single mothers find themselves trapped in poverty and exposed to similar levels of stresses, strain, and distress.⁸ The social and economic reality that women are primarily responsible for childcare and that wage disparities based on gender exist, combined with the lack of affordable and quality childcare, diminishes the prospects of single mothers overcoming poverty through employment efforts alone.⁴ For instance, single mothers are more likely to choose jobs based on priorities such as being close to home or children's school, part-time jobs with work hours that match children's school hours, and occupations where it is easier to exit and enter.⁴ In any case, single and married mothers both report only modest changes in household income when entering the labour force.⁸

Early childhood education and care

Daycare facilities are central to a mother's ability to obtain and sustain paid employment. The shortage of subsidized childcare facilities and extensive waiting lists remain serious concerns for single mothers. In 2001, there were 380,143 regulated childcare spaces, a total of 1,228,400 children with mothers who were working, and 303,900 children (14.5%) were living in single-mother families.⁹

The cost of childcare is a large expense in a family's budget. In most provinces except Quebec, maximum subsidies are less than the average cost of childcare. In some provinces, subsidized single mothers still have to pay a difference of approximately 30 to 50% of their household income for childcare.⁹ The absence of a national commitment to affordable, quality childcare continues to be the largest barrier to employment for all parents.¹⁰

Health status of single mothers

According to the 1996/97 National Population Health Survey (NPHS), single mothers reported worse self-perceived health than married mothers.¹¹ After controlling for age, education, income, and the number and age of children, single motherhood is not a significant predictor of poor health outcomes when compared to partnered mothers across several population-based studies.¹¹⁻¹³

Single mothers attempt to fulfill two roles, that of the nurturer and that of the provider.¹⁴ Fulfilling multiple roles may lead to role overload, increased stress, and a variety of mental health problems. Although employed single mothers express that participation in the workforce enhances their feelings of self-worth, competence, and financial independence, they also express guilt about leaving their children and having less time for their family.¹⁵ Single mothers appear to have significantly higher levels of caregiving strain and problems associated with work-home conflict.¹⁶ Accordingly, conflict between home and work roles has been found to be a significant predictor of depression among single mothers.¹⁷

There is substantial evidence to suggest that single mothers in Canada suffer more from mental health problems than partnered mothers.^{11,12,18-22} According to the

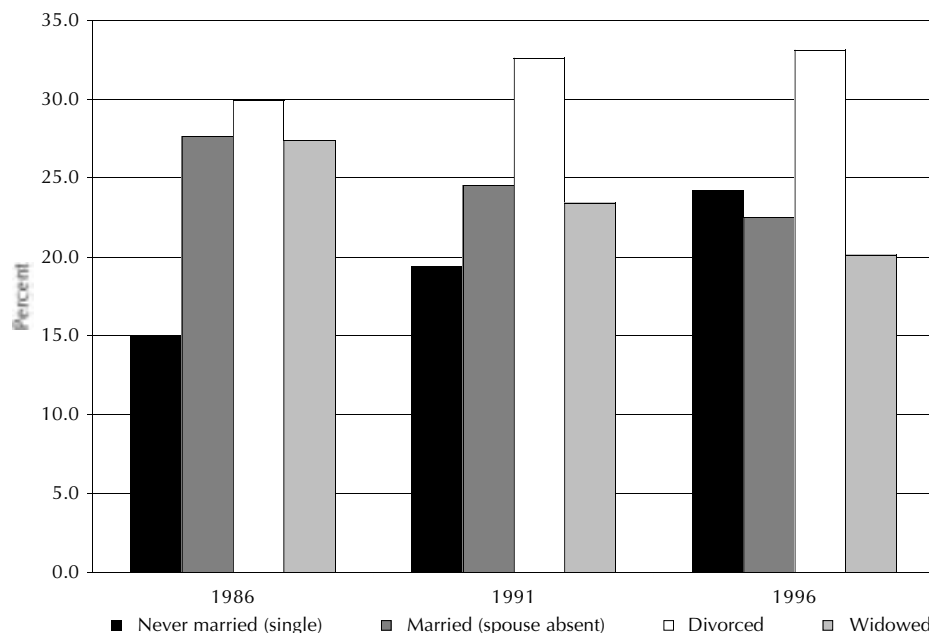


Figure 1. Marital status of single mothers
Source: 1996 Census, Statistics Canada

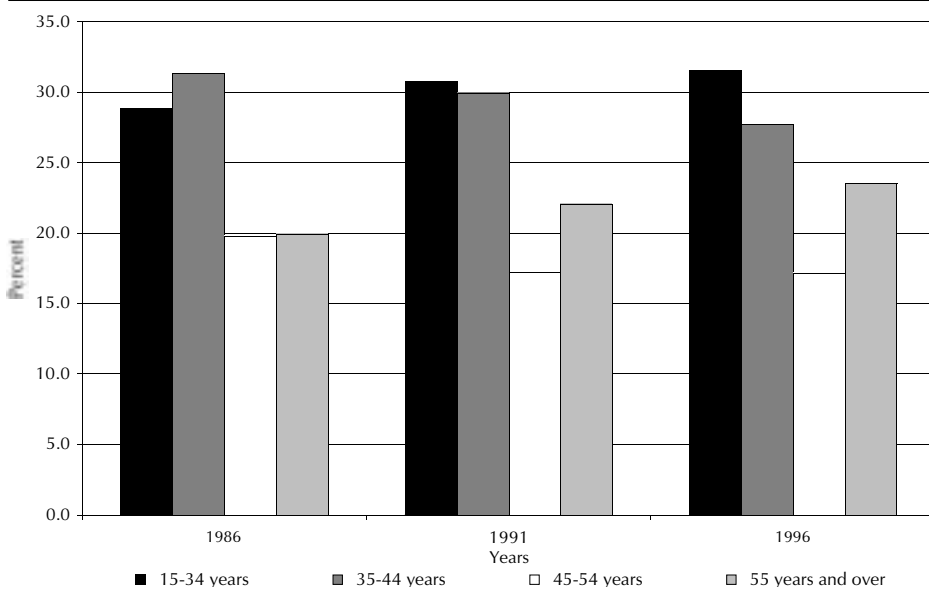


Figure 2. Percent of single mothers by age
Source: 1996 Census, Statistics Canada

1994 NPHS, single mothers had consistently higher rates of depression than married mothers.¹⁹ They were also more likely than other women to report stress, anxiety, and depression.²¹ The risk of mental health problems was especially pronounced among poorer single mothers.^{18,20} Single mothers also seek professional help for mental health problems and use mental health care services more often than married mothers,^{11,20} even after controlling for depression and sociodemographic factors.²³

Health status in children of single mothers

Children of single parents appear to be at greater risk for physical and mental health problems than children from two-parent families. Larson and Pless (1988) examined risk factors for injury in a cohort of children followed from birth to the age of three and noted that single parenthood was the strongest sociodemographic predictor of injury.²⁴ Furthermore, data analyzed from the 1995 National Longitudinal Survey of Children and Youth reported a

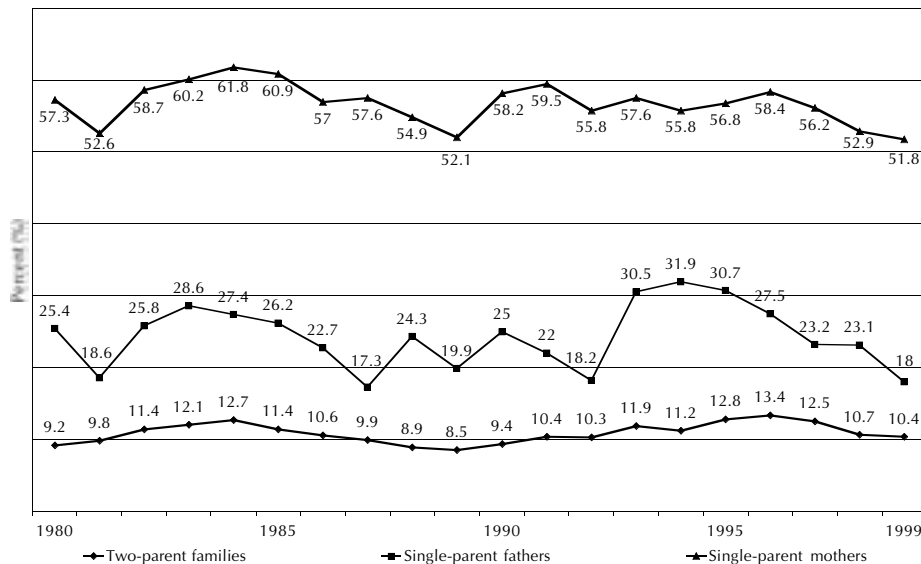


Figure 3. Poverty rates for families with children, 1980-1999
Source: National Council of Welfare, Poverty Profile 1999 (2002)

link between single-parent status and an elevated risk of injuries, but only for boys.²⁵

According to the NPHS (1998/99), 32% of all single-mother families were short of food and 28% reported that their diet was compromised.²⁶ Food deprivation is strongly correlated with poor nutrition,²⁷⁻³⁰ which is known to be associated with adverse mental, emotional, physical, and social development during infancy and childhood.³¹⁻³⁸ Children from single-parent families are at increased risk for a variety of psychosocial problems, such as psychiatric disorders, social problems, and academic difficulties.^{18,35-41} For many, these difficulties continue into adolescence, persist into early adulthood^{41,42} and may progressively worsen.³⁵ Other factors, common to all family structures, which influence developmental problems in children include low levels of parental education, parental psychiatric problems, poor parenting skills, adverse family function, lack of social support, and low economic status.^{18,39-41}

CONCLUSION

One of the main public health concerns for single-mother families is the high probability of being poor. Poverty may result in the mother's dependence on social assistance, lowered standards of living, and reduced opportunities for education and employment. Lack of affordable daycare, role overload, stress, and depression are also fre-

quent challenges for single mothers. Given these circumstances, it is not surprising that more single mothers and their children are reported to be in poorer physical and mental health than two-parent families. The literature strongly puts forward that single mothers do not have substantively different problems from those of other families; they simply are exposed to greater levels of challenges. Therefore, policy and programs should address and improve the social and economic conditions of all families.

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