

Single motherhood and mental health: implications for primary prevention

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Abstract

IN THIS ISSUE (page 639) Dr. Ellen L. Lipman and colleagues show that single motherhood is associated with an increased risk of affective disorder and poverty and with increased rates of mental health services utilization. These findings have important implications for primary prevention interventions that focus on the social determinants of family health. Studies have shown that higher levels of psychological distress among single mothers are more closely related to their exposure to stressors than to their personal vulnerability to stress. Research has also shown that the stresses that affect single-parent families are greater in degree but not in kind than those that affect other families. Therefore, intervention programs that address the needs of *all* families are preferable to those that target specific types of families. Community-based primary prevention programs can promote the well-being of all families by improving the social and economic conditions in which they live.

Résumé

DANS LE PRÉSENT NUMÉRO (page 639), le D^r Ellen L. Lipman et ses collaborateurs démontrent qu'il y a un lien entre l'état de mère célibataire, le risque accru de troubles affectifs et de pauvreté et des taux accrus d'utilisation des services de santé mentale. Ces résultats ont d'importantes répercussions sur les mesures de prévention primaire qui mettent l'accent sur les déterminants sociaux de la santé familiale. Les études ont démontré que des taux plus élevés de détresse psychologique chez les mères célibataires sont reliés plus étroitement à leur exposition à des facteurs de stress qu'à leur vulnérabilité personnelle au stress. Les recherches ont aussi démontré que le stress qui touche les familles monoparentales est plus important quant à son degré mais non à sa nature que celui qui touche d'autres familles. C'est pourquoi des programmes d'intervention qui visent à répondre aux besoins de *toutes* les familles sont préférables à ceux qui visent certains types de familles en particulier. Les programmes communautaires de prévention primaire peuvent promouvoir le mieux-être de toutes les familles en améliorant les conditions sociales et économiques où elles vivent.

One of the most significant demographic changes in North American society in recent decades has been an increase in the number of families headed by single mothers. This has resulted largely from increased rates of marital separation and divorce and from an increase in the proportion of mothers without partners. These changes are all the more significant given the ever-increasing proportion of women in the workforce, a trend that has been especially pronounced among women with children. However, despite their participation in the workforce, a substantial proportion of single mothers suffer from significant socioeconomic disadvantage, largely as a result of being the sole wage earner in the household. Thus, many single mothers shoulder multiple burdens: at the same time that they assume all or most of the responsibility for their children, they frequently live in poverty while still holding down a job.

It is by no means surprising that these stressors have consequences for the health of single mothers. There is widespread agreement in the scientific literature that single motherhood constitutes an important risk factor for psychological distress,¹⁻³ but few studies have estimated rates of diagnosable disorders among



Editorial

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single mothers. In this issue (page 639) Dr. Ellen L. Lipman and colleagues show that single motherhood is associated with an increased risk for affective disorder and with increased rates of mental health services utilization. They also demonstrate that single motherhood and poverty are strongly associated and, in tandem, have an especially detrimental impact on mental health. These findings make an important contribution to the growing body of research on the health consequences of single motherhood. However, the significance of Lipman and colleagues' work goes beyond the issue of single motherhood; their research has implications for primary prevention interventions that focus on the social determinants of family health.

Thinking about single-parent families

Lipman and colleagues' approach to the study of morbidity among single mothers reflects a subtle change of focus in recent work in this area. Earlier research tended to examine processes of adjustment to the dissolution of a marriage and the adaptation of teenage women to motherhood. Implicitly, if not explicitly, it often treated single motherhood as a temporary and deviant (or at least devalued) social status. By contrast, recent work regards families headed by single mothers simply as one variant within a range of relatively stable family structures.

This shift in focus has important implications. First, it directs our attention to social processes and experiences that determine the health of all families, rather than to circumstances specific to marital transitions. This enables us to examine the impact of family structure on health in the same way that we might consider other social factors such as class, employment status and sex as determinants of health.

This approach to the study of family structure is consistent with current thinking in prevention research. It avoids the pitfalls of viewing single motherhood as a stigmatized or deviant social position requiring intervention. Instead, the notion that families headed by single mothers are one of many possible family configurations reminds us that there will be substantial variation in health outcomes among these families just as there are among 2-parent families. It is important, then, to trace the social, psychosocial and health implications of this family structure. Such investigations are likely to identify important opportunities for primary prevention.

Single motherhood and mental health

Research on the mental health of single mothers has generated 2 main conclusions that have important implications for primary prevention. First, it seems clear that

the higher levels of psychological distress and psychiatric morbidity experienced by single mothers are more strongly related to the greater exposure of these women to stress and strain than to deficits in social competence or personal resilience. One program of research^{4,6} has shown that single mothers have greater exposure to ongoing financial strain, the stresses of caregiving and other sources of stress than other mothers do. These results suggest that the higher levels of psychological distress experienced by single mothers are due mainly to the substantially higher levels of stress in their daily lives and give no support to the contention that single mothers have greater reactivity or vulnerability to stressors. Single parenthood should be conceived as a risk factor for exposure to stress, rather than as an indicator of personal vulnerability.

The second main conclusion relevant to primary prevention is that there is an important association between single motherhood and poverty. Indeed, substantial numbers of single-parent families live in poverty. It is clear that poverty has wide-ranging effects on well-being. Economic disadvantage increases exposure to stress and strain, threatens one's sense of self and can ultimately manifest itself in mental health problems.⁶ Thus, the observation that many adversities are the consequence of poverty substantiates the need for interventions that address the social determinants of health.

Implications for primary prevention

Although it is clear that single motherhood has consequences for mental health and well-being, McLanahan and Sandefur⁷ have pointed out that the problems faced by single-parent families are not substantively different from those faced by other families: they are simply greater in number and degree. Examining single parenthood in the context of family structure allows us to think in terms of processes that affect *all* families. In this view, intervention programs that address the entire social context in which families live are preferable to those that address the needs of specific types of families. Such programs can reduce exposure to stressors and enhance well-being by bringing about change in social and economic conditions. They recognize that physical, social and emotional well-being is influenced to an important degree by experiences at home, at school and in the community.

Until recently, few community-based primary prevention programs were carefully tested for their effectiveness. In recent years, however, reviews of various community-based initiatives have shown that primary prevention interventions have considerable promise when they address multiple risk factors, focus on multiple settings (including the school, the family and the neighbourhood) and target neighbourhoods or communities with a high level of need



(e.g., areas with high proportions of single-parent families, low-income families or cultural minorities).^{8,9} Such interventions encourage families and neighbours to work together to reduce their exposure to the more stressful aspects of their lives. They also assist individuals and families to build relationships that enhance feelings of social support and a sense of self.

Lipman and colleagues have drawn our attention to the importance of family structure as a social determinant of mental health and remind us that social factors have a significant impact on well-being. With a better appreciation of the web of social and psychosocial processes that surrounds the association between family structure and morbidity, initiatives in primary prevention have the potential to address the mental health risks of single mothers. This is an important public health issue that deserves serious consideration.

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