

A PROJECT ON LONE MOTHERS

FOR: ATLANTIC CENTRE OF EXCELLENCE FOR WOMEN'S HEALTH

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Table of Contents

Introduction.....	3
Women’s stories.....	3
Danika’s story.....	3
Hartie’s story.....	4
Susan’s story.....	5
Sarah’s story.....	5
Chris’s story.....	6
Catherine’s story.....	7
Dereka’s story.....	8
Analysis of the stories.....	10
Definition of health.....	10
Determinants of health.....	11
Income and social status.....	11
Housing and environment.....	12
Literacy and education.....	13
Health care services.....	13
Food security/nutrition.....	14
Social support networks.....	15
Healthy child development.....	15
Gender.....	16
Limitations to promote lone mothers health.....	16
What can be done.....	17
Suggestions and recommendations.....	18
Bibliography.....	19

Introduction

It has become evident that parenting puts demands on ones physical strength, emotional capability and even economic potentiality. Without the wider community's support, parents can experience breakdowns in their parenting role. This role becomes more strenuous when there is one parent, which in most cases is the mother. Even though some of the women are capable of caring for their children and providing for their needs, most women are still shorthanded. They are struggling to raise children on their own at a minimal household income that is meant to take care of household bills, child care, and personal needs. In this regard theirs and the well being of their children in terms of nutrition, mental and social health is jeopardized. Some programs such as Social Assistance are meant to help these women, but it only meets part of their needs and these women are left to find other ways to patch up the rest.

A qualitative research study was conducted in Nova Scotia. In addition to focus groups seven women were interviewed on a one to one basis to better understand their daily lives as lone mothers living in Atlantic Canada. Here are their stories as they reflect on their day to day living.

Women's Stories

{Depicted in these stories are the actual lives of these women as they have voiced it. The women have been given fictional names}.

Danika's Story

I arrived in Canada eight years ago as a landed immigrant through the Live-In Nannies program. I am originally from the Eastern Europe, and I am 33 year old. I lived in Ontario for four years and then I got married. And with my husband we decided to move here. But our marriage did not work and he also had some criminal charges. When we split he moved back to Ontario. I live here with my two and a half year old daughter. I am on Social Assistance so I am guessing my household income... its going to be the minimum, under \$15,000. I didn't know much about where I could get some help but after the birth of my daughter and my husband's problems then I guess the system started kicking in. The Public Health Nurse came over and told me about a centre that provides programs to single parents. There I get some support. I don't have any social support from my husband, and my family is far and can't tell them that my husband and I are not together any more. They know my husband lives in Ontario but they think it is job issues. And of course they are questioning me why is it taking so long and why it is now. I don't know what to tell them. I don't know what to tell my daughter when she is going to ask where is her dad and why her family is broken.

I had wanted to visit my family sometime back but could not because I had to do some legal papers to be able to take my daughter with me. By then the Legal Aid had told me they did not have the money, the people and the time, and should apply a year later.

Dealing with the legal system and taking care of my daughter was so tiresome and exhausting. Her father does provide for child support and I also get Child Tax Benefit and we add that to the social Assistance. But the basic income is what we have.

I was kind of lucky living in this area because the doctor is walking distance, the grocery store, even clothing if I need. I do baby sit now, two kids in here for a few hours a week or three days a week. And it does look like I may do some programs at the Centre. It's a lot of responsibility to baby sit with my daughter and they all have different napping times.

My neighbourhood is safe and I feel secure too, but people have told me of the crimes and drug dealings in this area and I decided to shut myself in. But nothing bad has ever happened to me. People around here are not very supportive. I tried to make relationship last spring by organizing a clean up around the building but nobody showed up.

Hartie's story

I am 24 years old. I have been living here for about two years, since I was pregnant. But I lived in BC before that, and then I came home to my mom when I found I was going to be alone for it [pregnancy], rather than have an abortion. My daughter is 15 months old now. I found this place through my friend. But I don't really feel safe here. Sometimes, like even through my pregnancy I wasn't comfortable. I mean people are getting shot. I mean when I was pregnant I didn't feel safe to walk in the street at night. I wanted to take my daughter for walks but I feel like I have to drive somewhere else to take her. I don't have friends in the building or neighbourhood. Every time I seem to meet people, I meet the wrong people and bad things happen. And with her, I don't want to take the chance anymore so I just stay to myself.

My annual household income is definitely under \$15,000. I have difficulty making ends meet. I have to make sure the bills are all paid and make sure she has diapers and food and all that stuff. You do a lot of discount shopping. I am on Social Assistance. I get my Child Tax. And my mom. If it wasn't for my mom, I don't think I would ...and she knows I absolutely despise asking her for money. She'll just come over or she'll ask me if I'll take her shopping, and then she'll just happen to buy me all this food. She is working. I am not working, but I am going to be watching the 3 boys [my brother's] during the day while their parents are both at work. But that will be like only 4 to 5 hours like maybe 2 or 3 days a week. But they are going to give me some cash for that, and every little bit is going to help. I cannot work because my daughter has no one to take care of in my absence. Day Cares are expensive and I can't afford one even on subsidy.

I have asked for maintenance support from my daughter's dad but he wanted the DNA test first. So we have to get that done. Besides money he is also one thing that gives me stress now. And the Social Assistance is kind of pushing that because they want to clarify if I have asked for support first.

I don't have any back – up emergency plan. I would think of my mom, if it came right down to it, if it was that big of emergency, I would have to break down and call my dad.

Well I am planning on my education stuff. I only got to grade 10 and I'm working on my GED. Social Service wants me to do school. I am not really sure how I will go about it [school]. I don't want to leave my daughter, I mean she is really young and I refuse to put her on day care. I have to do something; I can't stay on Social Assistance for the rest of my life. Maybe in the foreseeable future I can find a job outside home, but that's until she is in school.

Susan's story

I am 34 years and I live with my 8 year old daughter. I am lucky in that I live in a housing co-op so... three level townhouse for two of us, which is plenty of space. And it is a pretty mixed income co-op so that I am not ghettoized. I am not with a lot of other poor people who are stressed that way. My household income is under \$15,000. I have a B.F.A and I am currently not in any educational program. My dad is a lawyer and mom is a psychologist. As a single mother I am a little bit of an odd ball in that I haven't lived in poverty for a long time. We didn't necessarily have a lot of money growing up. It isolates me a little bit because there are a lot of women living in poverty who I can't relate to. And then I have a whole bunch of friends who are PhD students and things like that. And they all have more money than me. So I kind of fit in a funny place.

Every once in a while discrimination comes up in odd little ways. Like my daughter have two teachers in her classroom. I feel like when they want to approach me about something that is going on with my child..., I feel a little bit like not talked down to but sort of like they wouldn't approach me that way if...or they might be more diplomatic or subtle if I weren't a lone parent.

Yes, I have difficulty making ends meet. There are usually chunks of 5 days in the middle of any given month that I am completely conscious of what there is left to eat. I have done child care under the table. And if I didn't do that, we would go hungry or I would be at the food bank. That provides just enough buffer.

I don't have an ongoing support, but when my daughter was small; my dad would send me money sort of quarterly. But he doesn't do that any more. I don't have a credit card. I do owe a huge chunk on student loans. I do labour support but I probably only take 1 or 2 paying clients a year and the rest of the time, I do as volunteer work. And occasionally I've done post partum. The post partum thing was the employment program, and it didn't really go anywhere in terms of building a business. I do barter my services in exchange of other services; I've done child care with other people, for child care. I take another little girl from my daughter's class to swimming lessons with us. I work one day at my daughter's school for her tuition. I have found it more difficult to get out of poverty than I thought it was going to be.

Sarah's story

I am 51 years old and live with my 9 year old son in a busy part of town. Well, since the focus group, I have been lucky to get...I have been working part time Monday to

Friday, 8:30 to 1:00. And they are interested in going full time in April. So annually, they told me my income would be about \$25,000. I completed...I was raised in Quebec so I completed...I have what they call a Dach school [college diploma in social science], and I have a travel agent certificate.

If I need to raise \$500 in an emergency, I would do that probably either on credit or line credit. And I will make monthly payment. So I make sure I don't get past a certain point because it is still a monthly payment that you have to pay. As for other financial sources of support; I do get child support at this point in time. Now, my ex- husband actually just declared bankruptcy in the Province of Ontario. So we are hoping that...His impression is that it is going to continue, god willing. He has given me the impression he is going but I really don't know how it will all work. It will be the support payment and the custody__. So we'll keep our fingers crossed. I do get the Child Tax Benefit. As for necessities, well I think it would be nice for both my son and I to do more activities but I wouldn't say they are necessities. Like we do go to dinner occasionally. And probably we shouldn't when we could put the money towards something else. I just started going back to school now so I am taking a night class. Ideally, I would love to go full time. But with my work now we are managing.

We rent a two bedroom apartment and it is spacious. We're always talking about dreams. No, ideally as my son gets older, I would love to have just one separate room. Because we have one TV so when he has company over, he's in the living room. So I have to go to my bedroom. It just would be really, really nice to have just one little den that they could go. I would also love to have newer stove, newer fridge. There is quite a bit of mould in the bathroom. The place is old, but we have been there for 9 years now so we are still living and breathing.

I like my neighbourhood and I feel safe there. I can't think of times when I was isolated in my community. And being discriminated; not personally. Probably the hardest... Well, I don't even...Discrimination is too hard a word. But if there are activities that you like to sign your child up for, and you can't because of financial reasons. So they are not doing it to discriminate, it's just that there is a fee attached and you can't afford it. . It is just that there are some activities my son cannot participate in because I can't afford to pay.

I have social support, I am still very close to my in- laws. We hadn't seen her in like 4 years but we talk on the phone. In crisis you can talk to a friend, but right now a good friend of mine who is actually a single mother is very sick at the moment.

Chris story

I have four children, two boys and two girls. Boys are 18 and 16 and girls are 13 and 9. We have two birthdays coming in May. My daughter will be 10 and son will be 19. And my son and I are graduating this year. I will be graduating from a community college and he will be graduating from high school. I am looking forward to it. I am 37 years and I am Mi'kmaq though I identify with both Mi'kmaq and Native and the African Canadians. I live with 2 of my 4 children. My household income is student loans. What I am living off from January to June, it's under \$5,000. I only have like under \$1,500 left from now until June, which I am hoping to work and get a pay cheque. So then I can start

saving to pay my loan. Plus my Child Tax goes to my car payment. This year has been tough. From the time a year ago that I didn't graduate, went back to work in a fish plant for \$8 an hour. You might as well say \$8 a day in gas. Yeah, my daughter and then my son came back home but we are making it somehow. And there is like no little extras. So the whole idea of being alone and making decisions.... Like when there is crunch for finances. My daughter who is 13, she's had to have hearing aids since she was 10. She went through another surgery after all the different times with tubes. They were \$800 for those hearing aids. And the Native Council had...and I never got it from an organization. I had some chunk of rebate money or something, and I paid that.

Most of my life I have lived in the County. But years ago when I had my first child, I lived in another small town, I felt isolated. The father of my first child did not want to have a second child and I was pregnant at the time. So I felt really, really down and distraught. So I managed to work it out on my own through that. With no car at the time, I was just young, 18, 19 years old with 2 little children and nobody around to help. So you are at a loss there, feeling quite lonely and down. Once people found that you weren't with somebody ...If people have a boyfriend or somebody, I don't find you are looked down upon as bad as a single mother who is making it. Just for being poor, and a single mom. Most of my life I felt excluded from most things and people. And I didn't let that hold me down. People looked at me because I was definitely poor and the colour of my skin. To make ends meet the food bank helped a bit, and working. Last summer I wasn't in Social Assistance, through the years I was. I was off it from 2001 to 2005. And I worked until I couldn't ...I wasn't getting any income any more.

To raise money for emergency I would have to sell something. Honestly, if I had to for an emergency. I have a computer; I got it through the Learning Disability type of thing. It is folded up in a bag, it doesn't get used much because I don't have internet. I just want to make sure we can afford the things that we need- the rent, the power bill. I had bought an X box, and I felt bad. So I brought it back to pay the power bill. I can't let the bills not get paid because then you look like an irresponsible person.

Being a single mother is not easy but the shelter is available, if I need someone to talk to I go there.

Catherine story

I am 43 years old and a lesbian. I identify a little bit with my Mi'kmaq roots. A little bit of everything. I live in a rural community with my son, 2 cats and a dog. I have a Bachelor of Fine Arts, and upgrading at university level as well as a diploma course in Cabinet Carpentry. And my annual household income is definitely under \$15,000. When I hear the words lone mother or single mother, Oh, I always think of a lone wolf. I like lone mother more. Single mother sounds so depressing somehow. I identify as being a long mother. That is what I am. But I describe myself as a mother. I would say I am a damn good mother actually. I'll tell you, even when I go out in public, I don't bring up the fact that I am on Assistance or I don't even bring the fact that I am a single parent. I have learned that because of being older, where most of the stigma is attached to younger people being a parent, a lot of people think I am widowed or divorced so I get lots of respect. So they don't know if I am actually getting Assistance or maybe I have a trust

fund or I am independently wealthy. I make it sort of nebulous. Because, I find if you don't, you get classed and then you get treated differently.

There are 2 elderly people who live next door. And I let it slip, something about Assistance. Not exactly the word Assistance but something that could indicate I was getting money from somewhere else. And they started locking their door. I also once felt not welcomed. Well, just going into the bank. I had an account at the Lunenburg branch. I would go in there. And I had a bonus savings account. They would give me extra cheques on it, no big deal. But I came here after I had my son, and I was exhausted and I looked haggard and tired. And I went in to get some cheques on my account. Well, I was dragged right into the bank manager's office and interrogated while they checked out my ID to make sure it wasn't fake, in case I was trying to get cheques off of somebody else's account. They thought I was a deadbeat who picked up somebody's card and was trying to get some cheques off it and get the money out of that account.

I am already on the eccentric side to most people. So I just don't fit. But I chose to live in a rural area, I like rural areas better because it is safer for people with low incomes. In some ways, it's better for raising a child.

I try to have a circle of friends here. Well if I got a phone...I have it but I have it disconnected while I catch up on bills. But if I had a phone, I have like 2 people in here I could talk to. There is a small group of people from my religion here, and they have been very helpful.

I have already raised like \$600 in an emergency for the car. Necessities that I can't afford, like heat; well, we turn the heat down. I've got an oil heater, and you put on slippers. I don't have a job. I could work part time if I had a car. About 2 years ago I went back to work which I thought was full time, but they were only using me to get their office set up because I had secretarial skills. The working conditions were not good because they were spraying lacquer everywhere and it made me sick. They fired me and gave me few bucks which Social Assistance took 70% of.

I look at being on Assistance like a big grant. I am planning on having my own business and I already have a business plan. I feel I need time before I start but Social Assistance keep on pushing me because they feel people do not want to come out of the system.

Dereka story

I am 42 years and live in a small town. I have two children a boy and a girl who are now 21 and 14 years. I have one living at home, the girl. I was married for 10 years and then I divorced him. My family doesn't know what happened in my marriage. I won't share it. They don't know anything; they figured that he was just an alcoholic and a manic depressant. What was behind closed doors was behind closed doors. I kept it for 13 years until I came here at the Women's Centre and shared it with them. But the other reason why he also left was because he did not want to take responsibility of two sick kids; they are both bi-polar.

I did grade 12, and currently I just went..., a re-entry program. And then I am going to be doing a computer course. I have done 2 programs and I volunteered at the seniors' home. I have been there for 5 years. I am pretty active there. Well, I figured it

would get me ready mentally. And I didn't know what to do at the time but I knew I needed to get out. The stress at home was too much so I had to take care of myself because I took care of my kids.

Well, I've always had the support of my parents, of my family. And so I usually do volunteering when my daughter is in school. I don't have a paying job. My annual household income...I don't know. I've never looked at it. But I am low income. It's definitely around \$15,000.

I have difficulty making ends meet. My parents help. If it wasn't for them, I would be in a big mess. I don't know if I can raise \$500 for emergency. My folks are not working...Like my dad is not working any more, and my mom is ready to retire. I don't put myself in debt and owing money situation. Like my ex-husband, he was always putting us in debt. And we were so far behind that when he left, my name was on stuff. And one day I went to charge my daughter's prescription because some stuff isn't covered by the card, and I found out that I couldn't because he had put my name. I had to pay for the debt.

I rent a house, 3 bedrooms. I feel secure in it. The rent, well, it's hard but...There is a lot that we go without. I have to pay for the heat, and I have to pay for the lights. I struggle financially. I mean it would be nice to just go buy your kids an extra pair of shoes that they need or whatever they needed instead of waiting to even afford it. Like, we've always struggled for food. We have struggled for something, even growing up. So I think this is the way my life has always been. I feel positive about things in my future, and I want more.

Analysis of the stories

These women's stories reveal a number of factors that define who they are, and the kind of life they live together with their children. This paper will in turn approach these factors in form of determinants of health to analyze these women's lives. But to do that it will be idealistic to understand both the women's perspective and the scholarly definition of health.

Definition of health

Health has been defined by World Health Organization (2005) as "a state of complete physical, mental, social well being and not merely the absence of disease or infirmity". And some scholars have also looked at health as the "ability to lead a socially and economically productive life" and "a balance of physical, emotional, social, spiritual and intellectual health" (American University, 2002, and American Journal of Health Promotion, n.d.). Therefore health is not only disease pathology and curative medicine, but rather encompasses other components that surround and contribute to the day to day life of an individual directly or indirectly. The instability or inefficiency of one or more of these components can affect the homeostasis of ones' general health resulting in poor health.

To assess their knowledge and understanding of health, the women were asked what healthy meant to them and if they felt healthy. In general, women responded by describing their general physical feeling to include sicknesses, disease, healthy eating and physical activities. Other health dimensions such as mental and social well being were barely regarded as contributors to being healthy.

These are some of their responses;

- *My teeth are starting to be very bad, very painful.*
- *I eat well, get good night sleep and exercise*
- *I have on going gallbladder problems. Our food is fairly healthy; we don't eat a lot of junk.*
- *My back hurts now and then in the mornings*
- *I have learned a lot about managing my health through cosmetology(magazine)*
- *I am not unhealthy; it's just that I have allergies. I walk a lot, so I keep everything in control.*

Nevertheless, in general health has been looked at as a physical dimension while other dimensions were given a light acknowledgement in their association to health and being healthy. The Social Ecological Model has outlined a number of factors such as intrapersonal, interpersonal, community and institutional factors, and public policy to have a significant influence on the health of an individual. This model indicates an association of an individual to his/her larger society and policies that directly or indirectly

govern his/her life and how they influence each other to promote his/her health. Therefore an individual cannot promote his/her health without the day to day interaction with the social and physical factors.

Determinants of health

Public Health Agency of Canada has outlined determinants of health to include; income and social status, social support networks, education and literacy, employment, social and physical environment, healthy child development, gender, and culture. And just like a spider's web determinants of health are interconnected and interrelated, and do influence each other in building an optimal health or poor health. One's education and literacy level can determine the type of employment they get, hence their monthly income that can affect the household food quality, living environment and housing conditions, access to institutional services and social support networks they build. Nevertheless the betterment of one's health can be influenced by any determinant of health depending on other influential structures within the individual's circle of life.

Following is the analysis of lone mothers' health using the determinants of health;

a) Income and social status

Good income and social status have a substantial impact on health because high income determines good living conditions, adequate food and access to health care services. And if people are able to get suitable jobs and wealth is equitably distributed, then they have a higher chance of attaining good health. But lone mothers in Atlantic Canada, as according to the research findings, live on a low income. Six out of the seven women who were interviewed have an annual income of \$15,000 which is below the Low Income Cut Off [LICO] after tax as estimated by Income Statistics Division, [Statistics Canada] (2006). These women mention on several occasions that their income covers only necessities such as rent, power bills, telephone, and their children's school supplies. Indeed, most of them face having to make decisions about what they can afford and how they will make their ends meet for the month.

“Yes, that is the part that has been on my shoulders that I don't like – the decision part. Like when there is crunch for finances”.

Some have reached to their social network systems either through bartering or exchanging their services for other services such as child care for child care. Under the table jobs have also proved to be a relief to some of their financial crisis should there be an opportunity to do some.

“I take another little girl from my daughter's class to swimming lessons with us. Her mother pays for swimming because it would cost her the same amount to put her child in the after school program”.

Nevertheless the income they have limit the services they can access such as continuing their education, affording child care and even securing enough food that can last up to the next cheque. And being the primary care takers of their children, most of them are stay home mothers and are unable to find paid jobs resulting in their dependency on Social Assistance, child support and Child Tax Benefit for those who get them. And the insufficient income makes it difficult for them to have cover-up savings that could be used in case of emergencies or on health care services that are not covered by the MSI card.

Below is the table that shows the LICO estimates for 2005 after tax. From the table we can deduce the gap between the set cut off and the lone mothers' income.

No. of persons	Pop. 100,000 – 499,999	Pop. 30,000 and less
2	17,723	15,690
3	22,069	19,535
4	27,532	24,373

Source: Income Statistics Division, pg. 18, Table 1

b) Housing and Environment

“I am lucky in that I live in a housing co-op so... three level townhouse for two of us, which is plenty of space. And it is a pretty mixed income co-op so that I am not ghettoized. I am not with a lot of other poor people who are stressed that way”.

The quality of the environment/surrounding is as important a factor to health as one's living conditions is. And none secure environment is neither a conducive place nor a health promoting factor as it can directly or indirectly affect people's social, physical and emotional health. But low income lone mothers find themselves living in such environmental conditions because accommodation is more affordable. However such living environment can be depressing, stressful and even deprive its inhabitants to access resources within their locality because they feel unsafe to go out.

“But I don't really feel safe here. Sometimes, like even through my pregnancy I wasn't comfortable. I mean people are getting shot. I mean when I was pregnant I didn't feel safe to walk in the street at night. I wanted to take my daughter for walks but I feel like I have to drive somewhere else to take her”.

The housing conditions such as its quality, privacy, security and adequacy do also contribute to the health status of the occupants. Overcrowding can predispose occupants to communicable diseases while lack of other facilities such as heat and hot water, poor maintenance can directly or indirectly facilitate health related conditions. Nevertheless some interviewed women described their apartments/houses as spacious, and in good condition and were happy with their security. But Sarah said there was constant presence of mould in the kitchen of her apartment, while Hartie mentioned that the location she lives in is not safe even though the rent is reasonable.

Catherine pointed out that she chose a rural area because it was manageable with her income. Such expressions indicate that the economic status of these women influences their choices in regard to the physical environment and the type of housing they live in.

c) Literacy and Education

“There have been a few times where I have applied for work at a specific place, and I feel like the director of that place because she knows a bit about me and she knows that I am a single parent, and...I have been on Social Assistance, hasn’t hired me because she sees me as the needy and not able to fulfill that role even though I have the training and the skills necessary”.

Literacy does not only mean the basic knowledge of reading and writing but the ability to meet the challenges of living and competing in the job market, and attain a self sustaining job. And the higher the literacy the better the quality of life because it means reduced poverty, unemployment and decreased public assistance. Therefore each individual aims at reaching a certain level of education, follow a certain career path and also aspire to contribute to their society one way or the other. Most of the lone mothers interviewed were involved in programs that were geared towards improving their educational level that will enhance their chances of getting better paid jobs.

Well I am planning on my education stuff. I only got to grade 10 and I’m working on my GED. Social Service wants me to do school. I am not really sure how I will go about it [school].

But for most of them this is both socially and financially challenging because they still had to consider child care services that are affordable with their low income and put aside some for their education.

Lack of knowledge about the existing services for lone mothers on low income also seemed to be a problem to some of the interviewees. This could have been because they are not exposed or do not know what is available to them. With access to few social networks and media women are unable to know what is happening, and cannot share experiences and ideas with other women who go through same situations.

d) Health Care services

Regardless of the availability of health care services such as clinics, hospitals, and counselling services, for these women they are still not affordable or accessible to some extent. All the interviewed women mentioned that they do have family doctors or are able to get consultation through the out patient clinics, but they also expressed the need for other health care services like dental care, and prescriptions that are not covered by the MSI card. Preventative services like mammogram and immunizations might also be accessible but curative services to such could be unaffordable

especially when they do not have health care insurances to cover that up. Some have even mentioned chronic conditions which needed continuous prescriptions or/and specialists care; for example, arthritis, back pains, allergies, and bi-polar and dental care.

“My daughter who is 13, she’s had to have hearing aids since she was 10. She went through another surgery after all the different times with the tubes. They were \$800 for those hearing aids. And her father never had it saved up to hand it over....And I never got it from the Organization. I had some chunk of rebate money or something, and I paid that”.

Lack of cover-up plans and health care insurances might point out that they do not even have access to immediate health care services as they would want. And this can result in untreated or unattended health conditions, late treatment or no treatment at all which might end up in other health complications.

e) Food security/nutrition

“There are usually chunks of 5 days in the middle of any given month that I am completely conscious of what there is left to eat and how I am going to eat it and when we are going to eat it. We go through a lot of our crazy hungry days when my daughter clears the house. She can’t stop eating, so if she did it at the wrong time it’s like ‘oh no’”.

In each household of the interviewed women there was evidence of inadequacy of food. The women are to solicit for assistance from their social network systems which may include, family, friends, church community or/and the local food bank should they run off food before the next cheque. The income they receive does not enable them to afford adequate and good food that can sustain them until the next pay cheque. Because they have to give priority to paying bills, the quality and quantity of food they buy is sometimes compromised. And during the days when they have to go to food banks, they are provided with what is available and not necessarily with what meets the daily requirement. At the end of the day their nutritional intake does not match up with the recommended standards in the Canada’s Food Guide. *Danika* had to eliminate milk and its products from her diet because of her daughter’s allergies, but could not afford milk substitutes to replace the lost calcium found in milk and milk products. Health Canada’s food guide recommends an intake of “vegetables and fruit regularly, a diet rich in whole grains, two cups of milk every day, and meat and alternatives”. But most of the interviewed women have exhibited that this is beyond their capability. According to Glanville and McIntyre about 95% of single mothers do not meet the Canada’s food Guide recommended standard in all the food groups. Situations such as this make them prone to nutritional related conditions which can be a threat to their general health status.

f) Social support networks

“If I had a phone, I have like 2 people I could talk to on the telephone. It is small. My ex-girlfriend broke any contacts that I normally would have made in the upper echelons of social strata. Which made me even more isolated and more stressed, which flared up my sickness even more”.

Social support is one of the crucial factors that do determine one’s health. Support from friends, family and the community can assist one in problem solving, dealing with hardships, and help with coping skills. The care and respect they get from that social network can also act as a barrier against health problems. But from the women’s stories, there was minimal social support from their community, and some even mentioned cases of discrimination. *Hartie* and *Dereka* said their families give them support and *Hartie*’s mother even assist in buying her groceries if need be. Some mentioned isolation not only from their families but even the wider community where they are expected to access most of the resources. *Catherine* mentioned being interrogated at a local bank because the bank management did not think she owned an account with them as she is on low income. Susan felt that she is sometimes not given a fair treatment as other parents at her daughter’s school because she is a single mother.

Such discriminatory experiences make lone mothers on lone income to have minimal participation in some of the social activities within their society which would have helped them build social networks. Therefore they do not have a good social networks to help boost their social status except close relatives for those who have their support and centres like the Single Parent Centre where they constantly visit for supportive counselling and other programs.

g) Healthy Child development

Like my daughter has allergies on most foods and it is expensive to afford special food for her. She was showing allergic reaction to like anything that will have chemical preservatives.

All the determinants of health do affect the mental, social, emotional, physical and spiritual development of children positively or negatively. Even though to some extent parents do not have control over some of the determinants of health, children as dependents are totally powerless in controlling some of the issues in their lives. Children born in poor families might end up being disadvantaged of some basic needs such as good nutrition, education and health care services. From the interviews, it was evident that women were trying their level best with the available resources to provide food, good education and parental support to their children. But insufficient income, insecure environment, and little social support network proved to be a barrier to some extent. *Hartie* could not have an out door activities (walk) with her daughter because her environment is unsafe, while *Chris* decided to return the X box back to the store so she can pay bills. *Sarah* said that there could be activities that she would want to sign her child up for but financial limitations make that impossible. Therefore children raised by lone mothers on low income do not enjoy some of the

social activities and entertainment which other children might take for granted such as X box.

h) Gender

Generally women experience poorer health compared to men and such health conditions as depression, distress, and heart disease are more prominent among women. According to Statistics Canada they are among the poor and low incomers, but those who are mostly hard hit are lone mothers. In a general societal context women are seen as the principal child care takers and household managers, hence have limited time for full time jobs. And lone mothers do not only take child care responsibilities and household management but other roles such as being family providers and are expected to still excel in all. But such social expectations are not usually tied on men. Therefore men have the opportunity to engage in educational training and advance in careers fit for competition in the labour market. Furthermore child care has been mistakenly taken as bathing and feeding children and such responsibilities as discipline, parental guidance, and provision of love, and other needs have been lightly acknowledged. While women had to find other ways to top up the Social Assistance pay cheque their ex-partners made it difficult for them to get child support; Sarah's ex-partner declared bankruptcy while Hartie's wanted a DNA test result before he can consent to give her child support.

My son is very argumentative, has a mind of his own. And sometimes that's get in the way of school. And every year is different. If they [teachers] are not tough then it is a tough year for me.

Hartie mentioned that taking care of her daughter was her responsibility and she did not want to take her to day care. She feels it will be comfortable to get a waged job when her daughter is of school going age. *Sarah* felt that she needed help in disciplining her son, especially from his teachers as he tends to be more argumentative and stresses her out. And in most cases when relationships went wrong women were left to be the sole providers of their children which proved to be stressful to them.

Limitations to promote lone mother's health

Generalization of programs

- Assumption that all lone mothers on Social Assistance have the same problems and needs, therefore can be addressed the same. Despite living in the same locality each woman has problems and needs unique to their situation hence need special attention when they ask for assistance.
- Considering that the Canadian population is diverse with different problems and needs, some programs which are meant to promote their health have little or no appreciation of that diversity. For example, the Canada's food guide. Henceforth its recommendations on what each individual food intake is did not

consider low incomers like lone mothers. Therefore they go through much effort to try and keep up with its recommendations.

Failure to prioritize determinants of health

- Even though one determinant of health might seem to be the main concern it does not necessarily mean dealing with it will bring solution. For example; insufficient income is evidently a major problem for lone mothers, and its increase can be of assistance. Nevertheless lone mothers might still not be able to come out of Assistance because of some hindering factors. Unaffordable child care services, lack of social support, poor network systems, and education do contribute to lone mothers not able to search for jobs and sustain the ones they already have.

Programs and policies operating in isolation

- If programs and policies geared to benefit lone mothers are planned, implemented and evaluated without their input, then little will be known on what impact such programs and policies have on the beneficiaries (lone mothers).
- These programs might also be limited or unavailable in some areas, hence few women know about them and are able to access them

Balancing all health dimensions

- Health should be looked at in totality; that is the physical, mental, emotional and spiritual well being. Failure to do so might mean that some of the resources, services and programs that could benefit lone mothers and their families are not availed to them. For example if health is looked as physical then the mental and social aspects will be ignored.

Lack of money

- According to this research study a substantial number of lone mothers are on low income and are doing their level best to make ends meet. But their considerable time and energy is spent in satisfying their daily needs, therefore have limited involvement in other community activities. This can result in little or no information about programs that are available for them because they do not interact with other social networks.

What can be done

- Lone mothers should be acknowledged and involved in planning and evaluating programs and policies meant to benefit them.
- Understand and recognize their problems and needs
- Avail necessary information about programs and institutions that can be of assistance to all women. Pamphlets, leaflets and posters posted in public places will be helpful.

- Mini seminars and workshops, and programs such as mother and tots can be helpful in information dissemination.

Suggestions and recommendations

Accessing health care services

- To make available health services that lone mothers cannot afford, such as immediate health care services, dental care, eye care and other prescriptions. The MSI card should cover at least a certain percentage to meet these women half way.

Employment sustainability

- Social Assistance should continue in assisting lone mothers in securing sustainable jobs. If these women are in secure jobs they will be able to earn a substantial income that can sustain them and their children.
- And programs offered at the Single Parent Centres will also be helpful in building the women's resumes

Assistance in educational programs

- Most of the women want to upgrade their educational level but insufficient income makes it difficult. Therefore upgrading tuition should be affordable so that low income mothers can also enroll.

Recognition of child care period

- Lone mothers want to also enjoy time raising their children without being pressured to find waged jobs because they are on Social Assistance. It will therefore be profitable for them if Social Assistance recognize child care period so that these women are free to spend time with their children.

Bibliography

- American Journal of Health Promotion. (n.d.). Definition of health promotion. Retrieved March 17, 2007 from <http://www.healthpromotionjournal.com/>
- American University. (2002). Definition of health promotion. Retrieved March 27, 2007 from <http://www.american.edu/cas/health/nchf/nchfhpdef.html>
- Canadian Nurses Association. (2007). Healthy child development. Retrieved March 22, 2007 from http://www.cna-nurses.ca/CNA/issues/child-development/basic-needs/default_e.aspx
- Denton, M. (2004). Gender and differences in health: a Canadian study of the psychosocial, structural and behavioural determinants of health. *Journal of Social Science and Medicine*: 58, 12, 2585 - 2600
- Glanville, N. T. & McIntyre, L. (2006). Diet quality of Atlantic families headed by single mothers. *Canadian Journal of Dietetic Practice and Research*, Spring '06; 67 (1), 28 - 35
- Government of Canada. (2005). Literacy in Canada. Retrieved March 12, 2007 from http://www.hrsdc.gc.ca/en/hip/lld/nls/Resources/10_fact.shtml
- Health Canada. (2007). Eating well with Canada's food guide. Retrieved March 12, 2007 from http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html
- Income Statistics Division [Statistics Canada]. (2006). Low Income Cut- offs for 2005 and Low Income Measures for 2004. Catalogue No. 75F0002MIE – No. 004 Retrieved March 10, 2007 from <http://www.statcan.ca/english/research/75F0002MIE/75F0002MIE2006004.pdf>
- Kiser, M. (2005). Religion & Health: Transforming communities. Retrieved March 27, 2007 from <http://www.gvsu.edu/forms/ahf/KiserGrandRapidsFaithForum.ppt>
- Public Health Agency of Canada. (2006). Determinants of health. Retrieved March 05, 2007 from http://www.phac-aspc.gc.ca/media/nr-rp/2006/2006_06bk2_e.html
- World Health Organization [WHO]. (2007). An article by Ústúm & Jakob. Re-defining health. *Article 2005*; 83:802. Retrieved March 12, 2007 from http://www.who.int/bulletin/bulletin_board/83/ustun11051/en/